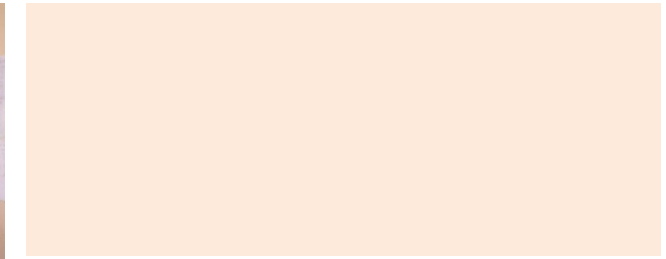


# PROMOTING EARLY CHILDHOOD DEVELOPMENT (ECD)

## Preparing Facility Healthcare Workers to promote child development during routine maternal and child healthcare



2023



## **INTRODUCTION**

This training manual and accompanying tools were co-created by PATH and Siaya County Health Management Team in 2023 through a process of human-centered design with financing from the Conrad N. Hilton Foundation. In-depth interviews and observations were conducted with caregivers and health care workers and maternal and child health services were observed in the health facilities.

The insights generated were used to prioritize and optimize three activities through which health care workers are most likely to promote child development interventions, namely, antenatal care, care in Maternity ward/first postnatal care consultation, and Child Welfare Clinic. Additionally, the training orients the healthcare workers on the use of the Mother Child Health Handbook as a resource for client education, including on early childhood development.

Siaya County  
2023

## **OBJECTIVES OF THE TRAINING:**

To equip the Healthcare Workers with knowledge and skills to:

1. Use the Mother Child Health Handbook (MCHH) to find relevant information to share with the caregiver;
2. Use the MCHH to monitor the overall development of children from birth to 5 years and take appropriate action;
3. Use the MCHH and relevant visual aids to share messages and practices with caregivers on child development, during ANC, Maternity ward/PNC and CWC;
4. Introduce and follow up on play sessions in the health facility waiting rooms, in coordination with community health promoters (CHPs).

## **TRAINING TARGET GROUP:**

- Health Care Workers:
  - Maternal and Child Health Nurses
  - Clinical Health Officers (where available)
- Mentors:
  - Facility in-charges
  - Ward Mentors
  - MCH Focal Person

## **CHARACTERISTICS OF THE TRAINING:**

- 3-day duration
- Simulation with scenarios and practise in ANC, Maternity ward/PNC, and CWC
- SOP (guide) on age-appropriate developmental monitoring and counselling
- Mother-child health handbook and ANC/PNC visual cards.

## TRAINING AGENDA

DAY 1		
TIME	CONTENTS	FACILITATOR
8:00-9:00	Registration & opening Pre-test Training objectives & agenda	
9:00-10:00	<b>Being a caregiver- and child-friendly healthcare provider</b>	
10:00-10:30	<b>Use &amp; knowledge of Mother Child Health Handbook by HCWs</b>	
10:30-10:45	<b>BREAK</b>	
10:45-11:30	<b>MCHH review:</b> Care in pregnancy and after birth	
11:30-12:30	<b>MCHH review:</b> Nutrition for the mother and the baby	
12:30 - 13:00	<b>MCHH review:</b> Child growth monitoring & immunizations	
13:00 - 14:00	<b>LUNCH</b>	
14:00-16:30	<b>MCHH review:</b> Child development monitoring and counselling	
16:30	Homework Daily evaluation	

DAY 2		
TIME	CONTENTS	FACILITATOR
8:00-8:30	Recap & Homework review	
8:30-9:30	<b>Introducing SOP on ECD</b>	
9:30-10:30	<b>Using SOP:</b> Checking for maternal depression and developmental delays	
10:30-10:45	<b>BREAK</b>	
10:45-11:30	<b>Using SOP:</b> Checking for maternal depression and developmental delays (cont.)	

11:30-13:00	<b>Using SOP:</b> Finding ECD messages and activities Practicing in ANC	
13:00 - 14:00	<b>LUNCH</b>	
14:00 - 16:00	<b>Using SOP:</b> Practicing in Delivery/Maternity / PNC	
16:00-16:30	Homework Daily evaluation	

### DAY 3

TIME	CONTENTS	FACILITATOR
7:30 – 8:30	Review of daily evaluation & homework Preparation for practice in the HF	
8:30-11:15	Travel to the HF/s <b>Practice sessions in the HF:</b> ANC, Maternity, PNC, CWC Each group practices in at least 2 touchpoints Travel back Break	
11:15-13:00	Reflection on practice	
13:00 - 14:00	<b>LUNCH</b>	
14:00-14:30	<b>HCWs supporting playbox sessions</b>	
14:30-15:30	<b>Mentoring HCWs on ECD</b>	
15:30 – 16:00	Post-test Family photo Closing	

## TRAINING MATERIALS

Material	Quantity	Comments
<b>MATERIALS TO DISTRIBUTE TO PARTICIPANTS</b>		
1. Training agenda	1 / participant	
2. MCH Healthbook	1 / pair	
3. ECD SOP	1 / participant	A2, laminated, color, one-sided for ANC, Mat, CWC  A4, laminated, color, 2-sided for mentors
4. ANC & Maternity visual cards (set of 4)	1 / table +1	A3, laminated, one-sided
5. Playbox flipchart	1 / table + 1	A3, laminated, 2-sided, w/ spiral
6. Notebook and a pen	1 / participant	
7. Plastic envelope with button	1 / participant	
8. Pre test & post-test	2 / participant	
9. Appendix 1 (interpersonal communication)	1 copy, cut up	
10. Appendix 2 (completing growth charts)	2 /table	
11. Appendix 3 (developmental monitoring)	2 /table	
12. Mentoring tool (ANC, Maternity, CWC, playbox)	1/ participant table 5 /supervisor	
<b>MATERIALS FOR ACTIVITIES</b>		
1. Daily sign in sheet (with consent form integrated)	1	
2. Photo consent forms for practice sessions	30 10	Individual written consent Large group (oral consent)
<b>STATIONERY &amp; TRAINING SUPPORT MATERIALS</b>		
1. Large flipchart paper	1-2	
2. Sticky tape	2 rolls	
3. Thick permanent markers (different colors)	15	
4. Scissors		
5. Baby size dolls	5-6	1 for each group/team
6. Colorful balloons	5-6	1 for each group
7. Homemade play items referenced in the MCHH/SOP	1 of each	

## KEY STEPS IN PREPARING THE TRAINING

1. Study this manual and related materials (e.g., SOP, MCHH, visual cards, pre-test etc.).
2. Hold a meeting with your co-facilitators to who will lead each activity. On the agenda, write down who is responsible for facilitating each session.
3. Organize the materials that are needed for each session.
4. Practice doing simulations, demonstrations and other activities under your responsibility.
5. Ensure practice sites are prepared in advance before beginning the training. Ideally, practice should be done in 1 or 2 HF's, in the following sectors:
  - ANC
  - Maternity ward
  - PNC
  - CWC.
6. Early on Day 1 of the training, 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.).
7. During the training:
  - Observe the performance of each participant and reflect how best to support them.
  - Model, praise and give feedback to the participants during their activities
  - Always ask your co-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.

## DAY 1

DAY 1, SESSION 1	8:00-9:00
Registration & opening Pre-test Training objectives & agenda	<b>MATERIALS:</b> <ul style="list-style-type: none"><li>• Sign-in sheet with consent form</li><li>• Training agendas</li><li>• Pre-test</li><li>• Notebooks and pencils</li><li>• Flipchart, sticky tape, colored markers</li></ul>
<b>BY THE END OF THE SESSION THE PARTICIPANTS SHOULD:</b> <ul style="list-style-type: none"><li>• Become comfortable with each other</li><li>• Do pre-test</li><li>• Be clear about the training objectives and the agenda for the next 3 days.</li></ul>	

1. Greet each participant warmly upon entering. Ask participants to sit next to people they do not know well or do not usually work together with.
2. Circulate the sign-in sheet and photo/video consent sheet.
3. Introduce the training and its objectives. Then invite the government representative to do the official opening.
4. Ask each person to introduce themselves and say what they like most in their workday as HCW. Appreciate the sharing done by the participants.
5. Ask the participants to locate the pre-test in their materials. Explain how to give the answers on the pre-test, depending on the type of question. Give 15-20 min for the pre-test.
6. Provide a brief overview of the agenda.
7. Clarify administrative matters, for example:
  - Schedule (when the day begins and ends, breaks, etc.)
  - Facilities (bathroom, dining room, etc.)
  - Expected presence (all days, from ... to ...)
  - Reimbursement of travel expenses and other expenses, if relevant.



<b>DAY 1, SESSION 2</b>	<b>9:00-10:00</b>
Being a caregiver- and child-friendly healthcare provider	<b>MATERIALS:</b> <ul style="list-style-type: none"> <li>• Flipchart and markers</li> <li>• Scenarios (Appendix 1)</li> </ul>
<b>BY THE END OF THE SESSION THE PARTICIPANTS SHOULD:</b> <ul style="list-style-type: none"> <li>• Describe what makes a provider child- and caregiver-friendly</li> <li>• Practice some of friendly behaviors</li> </ul>	

1. Share: There is something very important that we do every day as HCWs, that makes our work so much more effective. Can anyone guess what it is?
2. Say: Yes, it is our **interpersonal communication with our clients**. You may have the perfect test or the perfect treatment available, but if you do not communicate well, the client may not agree to do the test, or may stop following the treatment.
3. Ask: Can anyone share a story where the way you communicated with a caregiver or a child, made a difference? Anyone else?
4. Share the following evidence from studies:
  - a. Over **40% of treatment** success depends on provider-client relationship
  - b. When communication is good, both adults and children become more open in sharing their symptoms and concerns, and this **helps reach a correct diagnosis**
  - c. When communication is good, both adults and children become more likely to **accept and follow recommended treatment**
  - d. When communication is good, clients are more likely to **come back for follow up consultations**.
5. Discuss: How important are these results to you?
6. Ask everyone to reflect individually for 3-4 minutes: What makes your own practice child- and caregiver-friendly? What do you currently do to have good communication with both adults and children that come to you?
7. Invite volunteers to share, and summarize current practices on the flipchart.
8. Appreciate what was shared. Add some key recommended practices to create good interpersonal communication, from the literature:
  - 1) Put caregiver and child **at ease** and generate **positive emotions**
  - 2) **Invite sharing of concerns** & listen well

3) **Inform what you are doing and why**, and what treatment options are available.

9. Ask to brainstorm how exactly you would do each of these practices, one by one, in small groups. After summarizing the ideas around each practice, you may invite volunteers to role play some of the strategies to get a sense of how they might look in real life.

10. Give the following 5 scenarios (cut up from Appendix 1) to 5 different groups. Each group should role play its scenario, where they show how they can use interpersonal communication to generate rapport and eventually achieve better health results for the client:

1	<p>A pregnant adolescent comes alone to the ANC. She keeps looking down and does not talk much. When she responds, it's just Yes and No, and you can hardly hear her voice.</p> <p><b>Possible actions:</b></p> <ul style="list-style-type: none"> <li>○ Look her in the eyes, touch her on the shoulder and talk in a friendly manner</li> <li>○ Find out who supports and understands her at home /in the community and encourage her to talk to them regularly</li> <li>○ Ask about something she enjoys (or enjoyed) doing and talk about that</li> <li>○ Help her talk to her unborn baby, and explain that the baby listens to her when she talks.</li> </ul>
2	<p>You come into Maternity Ward to check on the mother who gave birth an hour ago. You find a father there. The father stands up and starts leaving as soon as he sees you.</p> <p><b>Possible actions:</b></p> <ul style="list-style-type: none"> <li>○ Invite the father to stay. Show how happy you are that he came to visit his spouse and baby</li> <li>○ Encourage him to hold the baby and talk to him. Praise him and explain how important he is in his baby's life.</li> </ul>
3	<p>A grandma comes with a 3 month old baby into your CWC room. The baby smells a bit, and cries. The grandma explains that the mother is sick at home, so she brought the baby instead.</p> <p><b>Possible actions:</b></p> <ul style="list-style-type: none"> <li>○ Praise the grandma for making the effort to bring the baby, even when the mother is sick.</li> </ul>

	<ul style="list-style-type: none"> <li>○ Inquire what is happening with the mother and recommend her to come for check up</li> <li>○ Smile and talk gently with the baby</li> <li>○ Help the grandma change the baby's diaper and delicately check on hygiene practices, before you examine the baby</li> </ul>
4	<p>A mother comes into the CWC with a 18 month old. The baby starts crying as soon as he sees your white coat, and tries to hide behind the mom.</p> <p><b>Possible actions:</b></p> <ul style="list-style-type: none"> <li>○ Call the baby by name and greet him.</li> <li>○ Offer one of the homemade toys you have and play a bit with him, for him to get used to you.</li> <li>○ When you do your check up, make it like a game: ask him to open his mouth like a lion, or stretch his arms up like he is trying to pick some mangões.</li> </ul>
5	<p>A father comes in with a 1 year old for the CWC. The baby is very active and does not want to sit on the lap. She wiggles out and gets on the floor, and heads straight for the bottle with Vitamine A pills on your table. The father starts speaking sternly to the baby.</p> <p><b>Possible actions:</b></p> <ul style="list-style-type: none"> <li>○ Tell to the father not to reprimand the baby. Comment that the baby has a lot of energy, which means that he is healthy.</li> <li>○ Distract the baby with one of the homemade toys you have. Show the father how he can play with the baby.</li> <li>○ Continue with your consultation while the baby and the father are playing.</li> </ul>

11. Ask 2 volunteers to summarize strategies for being a caregiver- and child-friendly provider. Praise the volunteers and add if anything has been missed.

<b>DAY 1, SESSION 3</b>	<b>10:00-10:30</b>
Use and knowledge of Mother Child Health Handbook by HCWs	<b>MATERIALS:</b> <ul style="list-style-type: none"> <li>• Mother Child Health Handbook for each participant or pair</li> </ul>
<b>BY THE END OF THE SESSION THE PARTICIPANTS SHOULD:</b> <ul style="list-style-type: none"> <li>• Share how they use the MCHH in their routine work</li> <li>• Check their basic knowledge of the MCHH</li> </ul>	

1. Ask three volunteers to share their experiences using the Mother and Child Health Handbook (MCHH).
2. **Probe:**
  - a. When do you use the MCHH in ANC?
  - b. What do you tell the mother/caregivers about the Handbook?
  - c. And how do you use MCHH during Maternity stay or in PNC?
  - d. What about during CWC – how do you use the MCHH?
  - e. Are there any parts in the Handbook that you find most useful, when talking to the mother or the father?
  - f. From your experiences, how well do caregivers understand the Handbook?
  - g. What do caregivers find most useful in the Handbook?
3. **Summarize:** As many of you mentioned, the MCHH is given to the mother and the father during their first ANC visit at the health facility. It is used to record the child's health information and the services the mother and the child receive. It is also intended to educate families on good care for the mother and the child.
4. **Say:** Let us do a fun quiz, to check how well we know the MCHH.
5. Make 3 or 4 teams, and draw a column for each team on the flipchart to write their scores. Ask a question, and the team that answers first and gives a correct answer, gets a point. In the end, count the points and congratulate the winning team.

Quiz:

- 1) True or false? The Handbook should only be used by the Health care provider, to document vaccinations and the weight of the child. (False)
- 2) The handbook teaches about danger signs in what clients? \_\_\_\_\_  
(write down your answer) (Pregnant women; Women after birth; Newborns; Children)
- 3) After the child gets her last measles vaccine at 18 months, the mother is not required to bring the child regularly to the health center. True or **False**?  
(False)
- 4) If a child is not sick, it is not necessary to get the growth of child charted regularly on growth monitoring chart. True or **False**?
- 5) Congenital abnormalities are assessed within 24 hours after childbirth and are repeated at 6 weeks. True or **False**? (False)
- 6) Monitoring of Developmental milestones in children is found in what page of the MCHH? \_\_\_\_\_ (pg 25)
- 7) The Handbook does not teach parents about playing with the child, as this is a job of the ECD center. True or **False**? (False – see p.42)
- 8) A baby who is exclusively breastfed may pass stool many times or may not pass any for some days. **True** or False? (True - pg 24)
- 9) At six months, parents should just give baby porridge. They can start adding egg, fish or livers between 9 and 12 months. True or **False**? (False – see p.42)
- 10) The role of the father is described in what pages of the handbook? \_\_\_\_\_  
(p.3-4)
- 11) Parents can write sweet messages to their child in what page of the handbook? \_\_\_\_\_ (Last page)

6. After you congratulate the winning team, conclude with the following:

*It is important that HCWs know well the contents of this Handbook and are comfortable using it to support caregivers.*

*Caregivers should not only appreciate the contents of but also practice the recommended activities in the handbook; these are activities for their own health and well-being and those that promote the health and development of their child.*

*That is why we will spend the rest of the day studying this handbook.*

## BREAK

DAY 1, SESSION 4	10:45-11:30
Review of Mother and Child Health handbook: Care during pregnancy and after birth	<b>MATERIALS:</b> <ul style="list-style-type: none"><li>• Copies of Mother Child Health Handbook for each participant</li><li>• Baby-sized doll for each group (4-5)</li></ul>
<b>BY THE END OF THE SESSION THE PARTICIPANTS SHOULD:</b> <ul style="list-style-type: none"><li>• Describe key content in the Mother and Child Health Handbook around pregnancy and postnatal care</li></ul>	

### **Pregnancy: (15 min)**

1. Ask: How often do you see a woman at ANC, normally? What kinds of questions do you usually ask her, to understand her care practices at home?
2. Ask:
  - What are the pages of the MCHH that have some good advice for families during pregnancy? (Let the HCWs identify & review pages 13,14 and 18, but also page 3 (father's role.)
  - What do they focus on?
3. Ask: Do you use any of these pages, during ANC? If not, why not? If yes, can you explain or demonstrate how you use these?
4. Ask: If you are very short on time, but you still want the families to know the messages on care in pregnancy, in the MCHH, what can you do?  
(Ideas to discuss:
  - Select 1-2 messages / pictures to share
  - Ask families to read or look at some pages at home and follow up next time
  - Ask CHV to share these messages in the waiting room during health talk.)

### **During and after birth: (15 min)**

1. Ask:
  - How long do the women usually stay in Maternity Ward?
  - What kind of health education do you usually provide, in Maternity or PNC?

2. Ask:
  - What are the pages of the MCHH that have some good advice for families just after birth? (Let the HCWs identify & review pages 16,18 and 19, but also page 4 (father's role.)
  - What do they focus on?
3. Ask: Do you use any of these pages, during women's stay in Maternity Ward? If not, why not? If yes, can you explain or show what you do?

**Father role (15 min)**

1. Ask participants: In your health facility, do men usually support their spouses during ANC? What about during or after birth, Maternity? What do they do?
2. Ask the teams to quickly review the pages 3 and 4 on the role of the father, and answer the following question:
  - Are there any tasks listed here that you see men rarely do?
  - How can you encourage the fathers to try out some of these new practices? What will make the fathers listen to you?

<b>DAY 1, SESSION 5</b>	<b>11:30-12:30</b>
Review of Mother and Child Health handbook: Nutrition for the mother & the baby	<b>MATERIALS:</b> <ul style="list-style-type: none"> <li>• Copies of Mother Child health Handbook for each participant</li> <li>• Baby-sized doll for each group</li> <li>• Paper ball</li> </ul>
<b>BY THE END OF THE SESSION THE PARTICIPANTS SHOULD:</b> <ul style="list-style-type: none"> <li>• Describe key content of the Mother and Child Health handbook on maternal and child nutrition.</li> </ul>	

**Maternal nutrition (10 min)**

1. Ask: When you see a pregnant or breastfeeding woman, what questions do you ask her, to check on her nutrition? What are the most common challenges you see?
2. Ask:
  - Where in the MCHH is there advice on what mothers should eat during pregnancy and after birth? (Let the HCWs identify and review page 18.)
  - What type of advice is given?

3. Ask: Do you use this page, during ANC? If not, why not? If yes, can you explain or demonstrate what you do?

### **Breastfeeding (10 min)**

1. Ask: When a breastfeeding woman comes to your consultation, what do you check for, about her breastfeeding? What are the most common challenges you see?
2. Ask:
  - What are the pages of the MCHH that have some advice on breastfeeding? (Page 16 and page 41 (1<sup>st</sup> part).)
  - What type of advice do they give, in summary?
3. Ask: Do you use this page, during PNC or CWC? If not, why not? If yes, can you explain or demonstrate what you do?

### **Complimentary feeding (20 min)**

1. Ask: When you see a child older than 6 months, what do you check for, about that child's feeding? What are the most common challenges you see?
2. Ask:
  - What are the pages of the MCHH that have some good advice on child feeding? (Let the HCWs identify page 41.)
3. Give teams 5 minutes to review the advice.
4. After 5 minutes, ask everyone to stand in a circle and have a paper ball ready. Stand in the middle and throw the ball to a different participant each time, and ask them a question. They should answer and throw the ball back to you. If they make a mistake, ask someone in the group to help and correct the answer.
  - i. How many times a day should a child eat, at 6 months? (Twice)
  - ii. How many table spoons should a 6-month-old eat, at each time (2-3 table spoons)
  - iii. By when you can stop mashing and start chopping food, so that a child can pick and eat with his fingers? (by 9 months)
  - iv. By when should the child have 3 meals and 2 snacks? (by 1 year)
  - v. When a child is sick, should you feed her more or less frequently?(More frequently, but small amounts)



- vi. Is it recommended to give a child egg immediately from 6 months? (Yes!!)
  - vii. Is it recommended to give a child fish from 6 months? (Yes!)
  - viii. Is it advisable to give a child livers from 6 months? (Yes!)
  - ix. How many new foods can you introduce at a time? (One)
5. Ask: Do you use this page, during CWC? If not, why not? If yes, can you demonstrate what you do?
  6. Brainstorm: If you do not have time to counsel on child nutrition during CWC, what can you do? How can you still make use of this resource in MCHH?

### **Responsive Feeding (20 min)**

1. Ask: Do you also ask caregivers about their feeding practices (and not just about food they give children)? What are the most common challenges they share?
2. Describe: Sometimes we see caregivers following strict feeding schedules or forcing the baby to finish a set amount of food . Other caregivers still feed the child even if the child is able to self-feed. And others are uninvolved or distracted with TV or cell phones during meals, do not interact with the child during meals, or get angry with children who soil themselves during meals or who eat too slowly.
3. Explain: These are all examples of **non-responsive feeding**. That means, these caregivers are not responding to what children need, during feeding.
4. Give small groups 5 minutes to brainstorm possible questions to ask caregiver, to check if their feeding practices are responsive.

#### Possible questions

- How do you recognize when your baby is hungry or full?
  - How do you respond when your baby shows signs of hunger?
  - How do you respond if the baby makes a mess during meal?
  - How do you respond if the baby is eating slowly?
  - Do you have TV on or off, during meals?
5. Explain: Responsive feeding is when the caregiver pays close attention to the baby's hunger and fullness cues. Such caregiver also gives the child the time she needs, and accepts that feeding may be messy. She often interacts with the baby to help her eat.

Here are some helpful tips to provide caregivers during counseling:

- Start with small servings and offer more when the child shows interest (**see pg 41 of MCHH on portions, meal frequency and food consistency**)
- Allow child to explore with their food and make a mess; they are learning after all.
- Feed the child slowly and patiently, encouraging the child to progressively self-feed.
- Feeding times are opportunities for learning and bonding with the child. Talk to the child and make eye-to-eye contact during feeding<sup>1</sup>.

### Supplementation (optional – if time allows)

1. Ask: Do you explain to caregivers why you give Vitamin A, do deworming or give micronutrient powders to the child? If not, why not? If yes, what do you usually say?
2. Remind that explaining to parents why you provide certain services is a part of good interpersonal communication.

### LUNCH

DAY 1, SESSION 6	12:30-13:00
Review of Mother and Child Health Handbook: Child Health	<b>MATERIALS:</b> <ul style="list-style-type: none"> <li>• Copies of Mother Child health Handbook for each participant</li> <li>• Baby-sized doll for each group</li> </ul>
<b>BY THE END OF THE SESSION THE PARTICIPANTS SHOULD:</b> <ul style="list-style-type: none"> <li>• Be able to use the mother and Child Health handbook to explain to caregivers regarding child growth and immunizations</li> </ul>	

### Growth monitoring (20 min)

1. Ask the HCWs to look through pages 27 to 30. Discuss how these growth charts are used by the nurses.
2. Explain that sometimes these growth charts are not filled out adequately, and this makes it difficult for parents and providers to monitor child growth.
3. In groups, do exercises in Appendix 2, to practice identifying complete and incomplete growth plotting, and filling growth charts correctly.

<sup>1</sup> Adapted from “Nurturing young children through responsive feeding” thematic brief (WHO, 2021).

4. Ask: Have you seen any children whose growth line stayed flat or went down? Can you share what was happening with the child?
5. Ask: Do you explain the growth charts to the parents? If so, what do you usually say?
  - Ask a volunteer to share, and invite others to comment as needed.

Alert that it is helpful to let the parents know that, when the child is growing well, his growth line will be between the two green lines. If it gets outside to yellow or even red line, it is a cause for concern.

6. Remind that explaining to parents what and why you mark on the child's growth chart is a part of good interpersonal communication.

### **Immunizations (10 min - optional)**

1. Ask: Why are vaccines so important for mothers and for children? (They build resistance against future diseases, protecting a mother or a child from a disability or even death.)
2. Ask: Do you explain why you give vaccines, to the parents? If so, what do you usually say?
3. Remind that explaining to parents why you give certain vaccine, is a part of good interpersonal communication.
4. Ask: Do you do or say anything special when the child completes his or her last vaccine at 18 months? Why is it important to celebrate such moments? (to build family's confidence, to develop a stronger relationship with you, and to encourage them to continue with good health care practices)

DAY 1, SESSION 7	14:00-16:30
Review of Mother and Child Health Handbook: Child development monitoring and counselling	<b>MATERIALS:</b> <ul style="list-style-type: none"> <li>• Copies of Mother Child health Handbook for each participant</li> <li>• Baby size dolls for each group</li> <li>• Appendix 2 (scenarios for developmental monitoring) for each group</li> <li>• A variety of homemade play items</li> </ul>
<b>BY THE END OF THE SESSION THE PARTICIPANTS SHOULD:</b> <ul style="list-style-type: none"> <li>• Be able to use the Mother and Child Health Handbook to monitor child development</li> <li>• Be able to identify age-appropriate play and communication activities in the handbook</li> </ul>	

### Checking for congenital abnormalities (45 min)

1. Ask: Besides checking the child's weight and overall health, what else should we providers check, to know if the child is going to grow well? (check for birth malformations as well as developmental milestones)
2. Let the providers work in groups and generate a list of congenital abnormalities they would check for, in a newborn. Give a baby-sized doll to each group, if helpful.
3. After 5-10 minutes, review the work, by asking one group to share the list and the others to complete it.
4. Ask: When should we be checking for these abnormalities?
5. Ask the providers where they can find the information on congenital abnormalities in the MCHH (on page 17). Ask them to review it and identify any conditions that were not mentioned during brainstorming.
6. Then ask to confirm, on the same page, when to check for these abnormalities (48 hours after birth and 6 weeks after birth). In what touchpoints should these be checked, then? (Maternity Ward/PNC and CWC).
7. Invite a CWC provider to demonstrate how they check for congenital abnormalities, at 6 weeks. Ask the others to comment and support as needed.
8. Ask: Do we really check for the abnormalities, before 48 hours and at six weeks, with every child? If not, what are the reasons? And what happens if we do not check?
9. Explain that some abnormalities or disabilities can be corrected and some can be reduced, if detected early. Discuss the following scenarios:

- What will be the outcomes for a child identified with club foot in Maternity ward compared with a child identified with club foot after 1 year?  
*(Response: Full reversal of club foot condition in the first case, and life-long disability in the second case.)*
- What could be the outcomes for a child identified with cerebral palsy at 3 months, compared with a child identified with CP at 1.5 years?  
*(Response: A child able to do many basic movements and activities and to follow instructions, vs a child that is likely to have muscles too rigid to move, to pick things or to feed himself, and with more profound cognitive and language delays)*

10. Discuss where HCW should refer children with congenital abnormalities. Specify that most cases should be seen by a medical doctor, to check for any other underlying health conditions. However, physical abnormalities such as club foot should also be immediately referred to a physiotherapist, to increase the chance of recovery.

### **Checking for eye problems (15 min)**

1. Ask the providers: Do you check children for eye problems? If so, what kinds of problems do you look for? Ask a volunteer to demonstrate with a doll.
2. Check: Are there recommended ages when we should check for eye problems? If so, what are these?
3. Ask everyone to review page 25 (second half) and find if anything was missed, in the answers above.
4. Brainstorm: How can you make sure to remember to check for eye problems, at 6, 9 and 18 months, during CWC?
  - Add that many children with cerebral palsy have eye problems, and should be routinely checked.

### **Developmental monitoring (60 min)**

1. Remind that after the newborn stage, we should be monitoring child's developmental milestones, to watch out for any delays.
2. Ask the teams to think of some milestones they know, along with the age when the child should achieve each milestone. Give them 5 minutes.
3. Debrief the teams, asking each team for one milestone and writing them up on the flipchart in a chronological order.
4. Ask the teams to find the page in the MCHH that has a list of developmental milestones (pg.25).

- First ask to find and circle the milestones that are already on our list. Which are these? Are the ages the same?
  - Then ask to find any “new” milestones (that are not yet on the list). Which are these? At what age should these be checked?
5. Ask: Why do you think it says in the handbook that the child can start sitting between 6 and 9 months, or start saying first words between 9 and 12 months? (Because all children develop differently, some reach a milestone earlier and some later.)
  6. Looking at this milestones table in the Handbook, and at the instructions below it, when should we be worried about child development? (when a child does not achieve some milestone within the proposed time limits.)
  7. Imagine that you have a 3.5-month-old coming for vaccinations. Which milestones will you check – 0 to 2 months or 2 to 4 months? Discuss and agree on the following:

- You will need to check on the milestones for earlier age, that is, for 0-2 months.
- This is because milestones for 2-4 months are to be reached by 4 months. The child is still 3.5 months, so she still has time to reach these milestones, even if she does not reach them currently.

8. What about a 15-month-old? Which milestones will you check for? (9-12 months) And with a 3-year-old? (18 to 24 months). And with a 9-month-old? (6-9 months)

**Summarize:**

- **Always check the milestones for an EARLIER AGE.**
  - **If child’s age is at the “limit”, say the child is 2, 4, 6, or 9 months, check the milestones for 0-2, 2-4, 4-6 or 6-9 months, respectively.**
9. Give the following scenarios (Appendix 2), and let the teams work by themselves and decide in each case, if the child has a delay or not, by checking the age of the child and the milestones for an earlier age, in the table on page 25:

Scenario	Delay or not?
A 2-month-old baby does not turn the head towards the sound	Not a delay, as this milestone should be achieved by 4 months
A 5-month-old does not turn the head towards the sound	A delay, as this milestone should have been achieved by 4 months
A 4-month-old cannot reach and grasp an object with her hand	Not a delay, as this milestone should be achieved by 6 months

A 24-month-old cannot kick a ball	A delay, as this milestone should have been achieved by 24 months
An 18-month-old is not able to pick small things with her fingers	A delay, as this milestone should have been achieved by 12 months
A 6-month-old does not say mamama or bababa	Not a delay, as this milestone should be achieved by 9 months
A 2.5-year-old child does not say any words	A delay, as should already speak in sentences by 24 months
A 12-month-old does not yet wave good bye or clap hands	A delay, as should be able to do this by 12 months

10. Discuss the scenarios one by one, calling on different team to provide and explain their answer. Check whether everyone feels confident now about how to check for the developmental milestones.
11. Ask: Why do you think it is important to check the developmental milestones? What can happen if some delays are not discovered until school age, for example? (It may be much more difficult or even impossible to correct such delays.)
12. Check with HCW where and how they will register the result of developmental monitoring (in Column U of CWC register).

***Who is most likely to have delays or disabilities?***

1. Discuss: What children are more likely to have developmental delays?
2. Answers may include.
  - HIV-positive children
  - Children exposed to HIV
  - Malnourished children
  - Frequently ill children
  - Children with birth trauma /jaundice at birth
  - LBW / prematurely born children (if they have not received a proper intervention)
3. HCWs should always monitor the development of such children more attentively.

***What to do if you find a child with a delay:***

1. Ask up to three volunteers: In your experience, have you come across a young child with a delay or a disability? If so, what did you do?

1. Reaffirm: Yes, the first step is always to refer the child to the next level of care, for full assessment. However, there are two more things you can and should do:
  - a. Reassure and give support to the family, by sharing stories of other children who became better under similar conditions, or by connecting with other families or with local support organizations.
  - b. Encourage the family to stimulate the child at home as much as possible.

### **Play and communicate (30 min)**

1. Finally, in addition to checking the child's development, we will want to help caregivers learn to play and talk with their children, because this will help their children develop well.
2. Ask: Will we only be concerned with those children who have delayed milestones? (No, we want to see all children develop well.). Where can we find advice in the MCHH, on how to support all children with their development? (On page 42.)
3. Ask all the teams to look at page 42 of the Mother Child Health Handbook. Please spend a minute to check what kind of information you can find here. Invite a couple of volunteers to share what they found.

#### **Probe:**

- For what ages can you find activities to support child development?
  - What are two main types of activities?
  - What play activity could you recommend for a 3-month-old? Can you show with this doll?
  - And what communication activity would you suggest for a 1-year-old? Can you show with this doll?
4. Has anyone already tried to use this page, to counsel caregiver on how to support child development? If so, can you please explain or show us how you did this?
  5. Praise the volunteer. Ask if there is anyone else who already used this page during home visit, and if they did something different. Invite to share or even role-play.



<b>DAY 1, SESSION 8</b>	<b>16:30 -</b>
Homework Daily evaluation	MATERIALS: <ul style="list-style-type: none"> <li>• Mother Child health Handbook for each participant</li> </ul>
<p>BY THE END OF THE SESSION THE PARTICIPANTS SHOULD:</p> <ul style="list-style-type: none"> <li>• Be clear on their homework assignment</li> <li>• Evaluate their day.</li> </ul>	

- 1. Give the participants a small homework:** Ask everyone to review page 42 this evening and use local materials or household objects to prepare 1-2 play items suggested here. They should bring the items with them the next morning.
- Distribute small pieces of (color) paper to the participants. Ask them to write responses to two questions:
  - 1) What is something new you learned today?
  - 2) What question or comment do you have?
3. Collect the papers, thank the participants and release them.

#### DAILY REVIEW (FACILITATORS ONLY)

1. Analyze the responses, by grouping similar answers, questions and comments together.
2. Decide on who and who will respond to the comments /questions tomorrow morning.
3. Review the day, identifying 1) what went well and 2) what can be done differently tomorrow, by the facilitators.

## DAY 2

DAY 2, SESSION 1	8:00-8:30
Review of daily evaluation Review of homework	MATERIALS: <ul style="list-style-type: none"><li>• Evaluation notes from Day 1</li><li>• MCHH</li></ul>
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: <ul style="list-style-type: none"><li>• Obtain answers to the questions raised at previous day's evaluation</li><li>• Review the homework</li></ul>	

### Review of daily evaluation

1. Greet the participants and check how was their rest.
2. Thank them for their evaluation and share key highlights. Jointly with your colleagues answer any questions that have been raised during evaluation.

### Homework review

1. Stand in a circle
2. Ask everyone to place their 1-2 play items in the center of the circle.
3. Describe what types of play items you can see and praise the participants for creativity and effort.
4. Pick 3 toys that are simple yet different from others, invite their "owners" to explain how these were made and how they would be used. Praise.
5. Ask: How do you feel when you are praised? Why do you think praise is so important, when working with families? Add:
  - a. When we praise, we show to the families that we recognize their skills and strengths. That gives them courage to do more or better next time.
  - b. We also develop closer relationships with that family, which will help us when we need to encourage the family to take action.
6. Reinforce that praise is part of good interpersonal communication.

DAY 2, SESSION 2	8:30-9:30
Introducing SOP for ECD	<b>MATERIALS:</b> <ul style="list-style-type: none"> <li>• SOP for ECD, for every participant</li> <li>• Mother Child health Handbook for every participant</li> </ul>
<b>BY THE END OF THE SESSION THE PARTICIPANTS SHOULD:</b> <ul style="list-style-type: none"> <li>• Explain what the objective of SOP for ECD is</li> <li>• Show which tasks on the SOP are for CHP and which are for HCW</li> </ul>	

1. Explain: Yesterday we reviewed the key parts of the MCHH. Today, we will go deeper into one part, namely, child development.
2. Explain that we talked to many HCWs as well as to the caregivers, and learned that it was not always easy for health workers to promote child development, during routine consultations.
  - They recommended to prioritize some touchpoints, such as ANC and Maternity Wards, for ECD counselling, and to limit other touchpoints (such as CWC and others) to simply sharing a few messages.
  - They also recommended greater use of MCHH for developmental activities.
3. Distribute the SOP for ECD for each participant. Explain that this tool is a guide for both facility and community health workers to help them promote early child development by using MCHH.
4. Give the teams 5-7 minutes to review the guide. Then ask the following questions, and invite each team to answer, in the form of competition (write the scores for each team on the flipchart paper):
  - 1) For what families are the activities on the front of the guide? (For families with pregnant women, women in labour, and families with newborns)
  - 2) And for what families are the activities on the back of the guide? (For families that have children between 1 month and 59 months, or 5 years)
  - 3) What does the sign of syringe mean, on the back page? (These are the ages when the child should go for vaccinations.)
  - 4) And what does the drop with A mean, on the back page? (These are the ages when the child should come for Vitamin A.)

- 5) What is the column ASK AND OBSERVE all about? What are we asking and observing? (Maternal depression, child development)
  - 6) And what is the column TELL all about? What does it contain? (Key messages on ECD, to share with caregivers.)
  - 7) And what is the column PRACTICE all about? What should we practice, with the families? (Age-appropriate activities that promote good development.)
  - 8) How will we know where in the MCHH to find the development milestones or the activities we need? (By looking at page numbers in the SOP).
  - 9) The SOP has some tasks for the CHPs and others for the CHWs. And some tasks are for both. How can we know, which tasks are for whom? (Follow the signs that say CHP or HCW)
  - 10) What are some tasks that only HCW will do? (Check for congenital abnormalities, check the eyes; counsel during delivery).
  - 11) And what are some tasks that only CHP will do (Practice play activities with child 1 month to 5 years).
5. Count the scores and congratulate the winning team.
  6. Check if there are still some parts on the SOP that may not be clear or that may need to be improved on.
  7. Give the following scenarios and invite volunteers to describe what they would do, **following the SOP**:
    - a) You do an ANC with a woman who is 7 months pregnant. The father is present as well. What will you do to promote ECD? Use the SOP.
    - b) You want to discharge the mothers from the Maternity ward. The companions and some fathers are present as well. What will you do to promote ECD? Use the SOP.
    - c) You are doing a CWC with a 9-month-old child. What will you do to promote ECD? Use the SOP.
  8. After each response, invite others to comment and add what may be missing, until all relevant parts of the SOP have been addressed.
  9. In the end, tell: We know that ANC is provided over several visits, and the family with a newborn comes for PNC several times as well. Since you have several contacts with a family, you do not need to share all the messages or practice all the activities at once but you can do it over time.

DAY 2, SESSION 3	9:30-10:30 BREAK 10:45 - 11:30
Using the SOP: Checking for maternal depression and developmental delays	MATERIALS: <ul style="list-style-type: none"> <li>• Mother Child health Handbook for each participant</li> <li>• Baby size dolls for each group</li> </ul>
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: <ul style="list-style-type: none"> <li>• Be able to use the SOP together with the MCHH, to identify and check for the right milestones or for maternal depression</li> </ul>	

### Maternal depression

1. Tell: There are two things we will check on, according to the SOP. What are these? (maternal depression and child development)
2. Ask: Why do we want to check regarding maternal depression? Listen to the answers, and then add as needed:
  - Sometimes we focus a lot on the child and forget the mother. The mother needs to be well, for the child to be well.
  - Children whose mothers are not well emotionally, often do not grow well, and might even lose weight and become sick.
3. Ask the volunteers to share if they ever came across pregnant or breastfeeding mother that seemed depressed. Could you share what you observed? And how did you support that mother?
4. Ask to review two questions on maternal depression that appear in the SOP. Explain that these come from a validated tool called PHQ-9.
5. Ask: How might you ask these questions? What will you observe, besides asking? (Ask the teams to work in groups and role play. Circulate and support the groups.)
6. Reinforce the importance of doing the following, when the mother appears depressed:
  - Make sure that she has at least one close friend or family member with whom she can talk about how she feels
  - Praise her for something she does well, to give her strength and lift her mood
  - Help her take some time for herself, to rest or to do something she enjoys, while others help with the baby
  - After birth, help her talk or play with her baby: Seeing the baby respond to her may alleviate depression.

- If the mother appears really distraught, to the point that she ignores the needs of the baby, refer the mother to the mental health services.

### Developmental milestones:

1. Check: According to this guide, when should you start checking the child's milestones? (From 14 weeks or 2.5 months onwards, as at 6 weeks we will still be checking for congenital abnormalities.)
2. Let us do one scenario together, just to practice. Imagine that you receive a 2.5 month old baby which comes for vaccination.
  - Where will you find the milestones to check? (Page 25, milestones for 0-2 m)
  - Which milestones will you check for? (smiles, follows object)
  - Can someone demonstrate, with this doll, how you will check these milestones? (Observe and support as needed.)
3. And what if you see a 3.5-month-old? Which milestones will you check? 0-2 or 3-4? Why?
  - Remind that you should still check for milestones for 0-2s, as the milestones for 3-4-month-olds only need to be met by the time the child is 4 months.

### BREAK

4. Give the following scenarios to each group and let them practice with a doll to evaluate the milestones, so that each group member gets to practice and evaluate some of the milestones. **Make sure each group identifies the right milestones to monitor (the ones for earlier age).** Circle and check on the groups.

#### GROUP 1, 2

- A 4.5 month old baby (Note: should check milestones for 2-4 m)
- A 9 month old baby (Note: should check milestones for 6-9 m)

#### GROUP 3,4

- A 19 month old child (Note: should check milestones for 12-18 m)
- A 2 year old(24 month) child (Note: should check milestones for 18 to 24 m)

#### GROUP 5,6 (if exist)

- A 7 month old baby (Note: should check milestones for 4-6 m)
- A 13 month old child (Note: should check milestones for 9 to 12 m)

5. Evaluate the last scenario together: Checking for milestones in a 4 years old. Invite a volunteer to demonstrate which milestones s/he will check (18 to 24 m), and how.
6. Remind HCWs that any child with at least 1 delayed milestone should be referred to the next level, and should be supported with play activities at home, by the CHP.

DAY 2, SESSION 4	11:30-13:00
Using the SOP: <ul style="list-style-type: none"> <li>○ Finding messages and activities on ECD to share</li> <li>○ Practice in ANC</li> </ul>	<b>MATERIALS:</b> <ul style="list-style-type: none"> <li>● Mother Child Health Handbook for each participant</li> <li>● ECD Visual Card (ANC)</li> </ul>
<b>BY THE END OF THE SESSION THE PARTICIPANTS SHOULD:</b> <ul style="list-style-type: none"> <li>● Be able to use the SOP together with the MCHH, to identify messages to share and activities to demonstrate, during facility services</li> </ul>	

### Messages on ECD

1. We have now learned how to check for maternal depression and milestones. Let us look at some of the messages on child development we want to share.
2. Give the groups 5 minutes to review the messages, in the column TELL on the SOP, and answer the following questions:
  - Are the messages always the same or different?
  - If they are different, why are they different?
3. Practice the following scenarios, in a large group, by calling on the volunteers:
  - If you are visiting a child 3-year-old, what will your message focus on?
  - And if you are visiting a child that is just starting to crawl or to walk (9-12 months), what will your message focus on?
  - And if you are visiting a pregnant woman, what will your main message be?
  - And if you are visiting a child that has just started to sit, around 6 months, what will your message be?

4. Thank the participants, and encourage to always use the guide to know what messages to share.

### Activities on ECD

1. Tell: Let us now look at the ECD activities. In which column can you find these activities? (PRACTICE)
2. Why do you think most of the PRACTICE, especially as the child gets over 1 month of age, is left for CHPs / household visits? (Because facility providers are usually not able to practice with caregivers, during routine services, due to lack of time.)
3. In which services will providers still help caregivers practice certain ECD activities? (In ANC and Maternity/PNC).
  - Explain that the ECD study showed that providers have a bit more time to counsel in these maternal health services than in child services. That is why the nurses here are asked not just to share messages but also to practice certain skills with the mothers.
4. Ask: When you are learning a new skill, like cooking a new dish or using a sewing machine, what do you usually do? Brainstorm together.
5. Highlight key points:
  - 1) When you are learning a new skill, it is helpful to **observe** someone do it first
  - 2) It is also helpful to **try it out** (and not just think about it 😊)
  - 3) And it is helpful when someone gives you **feedback**: Did that dish taste well? Should I have added more spices? Was the dress I sewed well designed? But too tight? Should I do measurements differently next time?

We call these *three steps of effective practice*.

### Practice in ANC

1. Ask everyone to check in the SOP, which practice activity the providers are expected to do during ANC. (Talking to the baby in utero).
2. Does anyone have experience teaching this practice to the pregnant women and their partners? If so, can you demonstrate how you do that? Praise and thank the volunteer.
3. Let us discuss what we saw, by thinking about the SOP and the 3 steps of effective practice:
  - a. Did the provider share the message as to why this practice is important?



- b. Did the provider demonstrate, how to talk to the unborn baby?
  - c. Did the provider ask the women to try it? What ab the partner?
  - d. Did the provider give any feedback? (praising and suggesting what to improve, if necessary)
4. Show a visual card of counselling in ANC. Explain that this card will be given for display in all ANC rooms, to serve as a reminder to counsel on talking to your unborn baby.
  5. **Hang the Visual Card on the wall in an imaginary ANC room.** Invite 3 volunteers – a HCW, a pregnant woman and her partner – to receive counselling on ECD in ANC. Remind the HCW to use the SOP and the visual card, to start with a message, and to follow 3 steps of practice. Review these if necessary.
  6. Observe the role play. Then, request the participants to provide positive feedback (what the provider did very well) and add your own feedback at the end. Next, solicit feedback on what could be improved, based on the SOP and 3 steps of practice; add your own feedback last.
  7. OPTIONAL: If the role play was not well done, invite another team of volunteers and repeat the exercise.
  8. Suggest that such counselling be done **in the first ANC**. In the following ANC visits, the provider can simply check in with the mother and the partner if they are practicing talking to the baby, and ask them to demonstrate once in a while, how they do it.

**LUNCH**

<b>DAY 2, SESSION 5</b>	<b>14:00-16:00</b>
Using the SOP: <ul style="list-style-type: none"> <li>○ Practice in Delivery room and Maternity Ward /PNC</li> </ul>	<b>MATERIALS:</b> <ul style="list-style-type: none"> <li>● Mother Child Health Handbook for each participant</li> <li>● ECD Visual Cards (Delivery; Maternity/PNC)</li> </ul>
<b>BY THE END OF THE SESSION THE PARTICIPANTS SHOULD:</b> <ul style="list-style-type: none"> <li>● Be able to use the SOP and Visual cards to promote practice of ECD activities after birth</li> </ul>	

**Practice in Delivery room (14:00-14:30)**

1. Tell: Let us now check what practice the HCWs are expected to support, just when the mother gives birth.

2. Request a volunteer nurse to describe what her actions are immediately after the baby is born.
3. Then show an ECD Visual Card for the Delivery ward, and ask the participants to describe what action they see.
4. Ask: Has anyone tried this practice before (asking the mother to greet her newborn baby)?
5. Ask: Why would this practice be important?
6. Remind that in ANC the mother and the father were counselled to talk to the baby, as she could hear them from 6 months onwards. Explain that when the baby is born, the nurse can follow up on that advice. For example, she can tell that the mother should greet the baby and the baby will recognize her mother's voice, since the mother was talking to her during pregnancy.
7. **Hang the ECD Visual Card in the imaginary delivery room.** Invite 2 volunteers – a HCW and the mother with a newborn – to role play these first moments after the baby is born and put skin to skin. Remind the nurse to follow the SOP, to share key message and to use 3 steps of practice – demonstrate, ask the mother to try, and praise her /give feedback.
8. Observe the role play and jointly with other participants provide feedback, just like before. If needed, invite another pair of volunteers to role play one more time.

### **Practice in Maternity Ward / PNC (14:30 -16:00)**

1. Ask: How long do women usually stay in Maternity Ward, after the birth of the baby? (24 hours or more in case of complications). Remind that the first PNC check-up is also usually done in the Maternity Ward, because of this prolonged stay.
2. Ask: Who are the women usually with? Discuss who typically accompanies the women and what they do. And what about male partners? Do they usually come? If so, when?
3. Ask: Do the nurses usually include companions and partners, in their counselling activities in the Maternity Ward? Who can share some experiences about this?
4. Say: 24 hours in the Maternity Ward is an excellent opportunity to counsel mothers, and to enlist help of their companions and their male partners. This is especially important in case of first-time mothers and adolescent mothers.
5. Say: Let us look at the SOP. What 2 messages re ECD do we want to share in the day/s after birth? And what two practices do we want to promote?

6. Show the 2 ECD Visual Cards for Maternity Wards, and ask providers to describe which card promotes which practice. Hang the cards in the imaginary Maternity Ward.
7. Discuss: Do most mothers talk to their newborns? If not, what can be some of the barriers? And how can we address these? Listen to the ideas and then add:
  - We can remind the mothers that the baby could already hear them since pregnancy, and now recognizes their voice
  - We can explain that talking stimulates baby's brain and helps it develop
  - We can point out that the babies will not respond at once, but they can show us that they are listening, by looking, making sounds and moving.
8. Demonstrate how to talk to a newborn. Take pauses for the baby to "respond", even if just by looking. Explain that you can talk about anything: What you are feeling or doing now, what you will do after going home, who is waiting for baby at home etc.
9. Tell: The woman is transferred from the delivery room to the Maternity ward. There, the providers will usually counsel the woman on good attachment to the breast and importance of breastfeeding. Let's now add a new practice to this, which is talking to the baby when breastfeeding.
10. Invite 3 volunteers – a provider, a new mother with a baby, and a companion - to role play how a typical counselling about breastfeeding happens, and integrate talking with the baby.
11. Check the role play against the SOP, key message and the practice steps, and provide feedback. Always start by sharing positive feedback.
12. Point out that the visual card also shows the father talking to the baby. Ask: Why do we want to engage the fathers already in the maternity ward? Listen and add, as needed:
  - A healthcare provider is a respected figure. If the father hears from the provider that he should talk to and hold the newborn, he is more likely to do it.
  - Many fathers are afraid to hold a newborn. Starting it in the maternity ward can help them gain confidence.
  - By talking to the newborn, fathers start building their own relationship with their baby. A stronger relationship means that a father will be more involved in the baby's life.
13. Invite the volunteers – provider, mother with a newborn and a father – to role play counselling the father to hold and talk to the baby. Provide feedback.

14. Ask: When is the **main** moment for counselling, in Maternity Ward? (Just before discharge.). Is it one on one or group counselling? (Usually in a group.). What does a HCW counsel on, before discharge?
15. Explain that from now on, we will also want to use discharge time to reinforce ECD. We will do two things:
  - When talking about breastfeeding, we will reinforce talking to the baby (including father talking)
  - We will use discharge time to teach a new ECD practice, namely, baby massage.
16. Brainstorm: What are the benefits of baby massage? Generate a list and then add the benefits mentioned on the ECD Visual Card on massage. Add that daily massage is another great opportunity to talk to the baby, in addition to breastfeeding time.
17. Ask the participants in teams to review the Visual Card on baby massage, and practice the steps on the doll they have. They should also remember to talk to the baby, as they do massage steps!
- 18.** Discuss whether any massage step was unclear. Explain that the steps are arranged in a sequence from head to toes, to allow the nurse also do a physical exam of the baby. **The nurse can demonstrate massage and check for any abnormalities at the same time!**
19. Remind that when teaching baby massage, the provider will still follow the 3 steps, that is, demonstrate, invite to practice and provide feedback. They should also share the relevant message on massage, in the SOP.
20. Invite a volunteer provider to simulate with the whole group (who will be mothers, companions and fathers) how to counsel on baby massage. A volunteer should:
  - Share key message from the SOP (why massage is important)
  - Demonstrate the massage steps on the massage card. Remember to talk to the baby.
  - Invite the “mothers” to try the massage with their babies, with companions and fathers providing support.
  - Circle and provide feedback, always starting with praise and then adding 1-2 tips if needed.
21. Ask the “mothers” and other participants how they felt: Was the demonstration helpful? Was the practice helpful? And what about the feedback?

22. Review steps of massage once more, to make sure everyone feels confident to teach massage to the families. Reinforce that they should encourage the caregivers to talk to the baby throughout massage, so that it is not just a physical activity but also a bonding and learning time.
23. Share that the HCWs can also teach these ECD practices – talking to the newborns during breastfeeding and baby massage – during follow-up PNC visits.

### Bringing it all together

1. Explain that tomorrow we will practice using what we learned, during ANC, in Maternity ward, in PNC, and in Child Welfare Clinic.
2. Using the SOP, review what the HCWs will do in each of the touchpoints. Draw attention that they should start by asking and observing, and then share key message, in CWC. In ANC, Maternity and PNC they will have an additional step of practice.

DAY 2, SESSION 6	16:00-16:30
Homework Daily evaluation	MATERIALS:
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: <ul style="list-style-type: none"> <li>• Be clear on their homework assignment</li> <li>• Evaluate their day.</li> </ul>	

1. **Give the participants a homework:** Ask everyone to prepare 1 more item by reviewing page 42 this evening.
2. Remind that they play items will be used by providers in their CWC, to make it more child-friendly.
3. Participants should bring this and the previous day's play item with them the next morning.
4. Additionally, ask the participants to bring their SOP, ECD visual cards, and their MCHH with them tomorrow, and agree on a meeting place for tomorrow's practice in the health facility.

## DAILY EVALUATION

1. Distribute small pieces of (color) paper to the participants. Ask them to write responses to two questions:
  - What is something new you learned today?
  - What question or comment do you have?
2. Collect the papers, thank the participants and release them.

## DAILY REVIEW (FACILITATORS ONLY)

1. Analyze the responses, by grouping similar answers, questions and comments together.
2. Decide on who and who will respond to the comments /questions tomorrow morning.
3. Review the day, identifying 1) what went well and 2) what can be improved.
4. Review the practice plan for tomorrow:
  - Check number and location of HFs for practice
  - Make practice pairs (pair up weaker and stronger HCWs)
  - Assign touchpoints to each pair: ANC, Maternity, PNC, CWC.
  - Agree how participants will rotate between touchpoints (for example, switch touchpoints after seeing 3 clients).
  - Assign supervisors to each group of HCWs, and agree how these will move around and support the HCWs.
  - Agree on departure time.

## DAY 3

DAY 3, SESSION 1	7:30 – 8:30
Review of daily evaluation & homework Preparation for practice in the HF	<b>MATERIALS:</b> <ul style="list-style-type: none"><li>• Mother Child health Handbook, SOP – for every participant</li><li>• ECD Visual Cards for the sectors (ANC, Delivery, Mat)</li><li>• Homemade play items that each participant made</li></ul>
<b>BY THE END OF THE SESSION THE PARTICIPANTS SHOULD:</b> <ul style="list-style-type: none"><li>• Be able to conduct ECD activities in selected touchpoints, according to the SOP</li></ul>	

### Review of daily evaluation

1. Greet the participants and check how was their rest.
2. Thank them for their evaluation and share key highlights. Jointly with your colleagues answer any questions that have been raised during evaluation.

### Homework review

1. Stand in a circle. Ask everyone to place their new play items in the center of the circle
2. Describe what types of toys you can see and praise the participants for creativity and effort.

### Preparation for practice

1. Ask a volunteer to describe what s/he will in ANC, using the SOP. Encourage others to add if anything is missing.
2. Then repeat the same process with Delivery room / Maternity ward/ PNC.
3. Finally, repeat the same process with CWC.
4. Assign everyone their pair and their touchpoint and explain when and how to change the touchpoints.
5. Agree on the return time and location.

**TRAVEL TO THE HEALTH FACILITY: 8:30 – 9:00**

**PRACTICE SESSIONS IN THE HOUSEHOLDS: 9:00 – 10:30**

**TRAVEL BACK: 10:30 – 11:00 / BREAK TIME: 11:00 -11:15**

Encourage facilitators to document good practices observed through photos or videos, with caregiver permission. Distribute consent forms to the facilitators, which should be signed by the caregiver.

<b>DAY 3, SESSION 2</b>	<b>11:15-13:00</b>
Reflection on the practice	<b>MATERIALS:</b> <ul style="list-style-type: none"><li>• Flipchart and markers</li><li>• SOP on ECD</li><li>• MCHH</li></ul>
<b>BY THE END OF THE SESSION THE PARTICIPANTS SHOULD:</b> <ul style="list-style-type: none"><li>• Be able to summarize what they learned from practice session.</li></ul>	

### **Reflection on the practice**

1. Before or during lunch, prepare a flipchart with the following questions (write key words). Use these to facilitate discussion and encourage every HCW to share some experience from today.

#### **ANC:**

- 1) How was your experience?
- 2) Were you able to follow all the steps on the SOP?
  - a. If not, what was challenging?
- 3) What went well, when checking for depression? And what was challenging? Did you identify any cases that may need a referral or support?
- 4) What went well, when practicing the activities? And what was challenging?
- 5) After this experience, is there anything on the SOP for ANC that you think we should improve or change?

#### **Delivery/Maternity ward:**

- 1) How was your experience?
- 2) Were you able to follow all the steps on the SOP?



- a. If not, what was challenging?
- 3) What went well, when checking for depression? And what was challenging? Did you identify any cases that may need a referral or support?
- 4) How did checking for abnormalities and eye problems in a newborn go? What was easy and what was challenging?
- 5) What went well, when practicing the activities? And what was challenging?
- 6) After this experience, is there anything on the SOP for Delivery/Maternity that you think we should improve or change?

**PNC:**

- 1) How was your experience?
- 2) Were you able to follow all the steps on the SOP?
  - a. If not, what was challenging?
- 3) What went well, when checking for depression? And what was challenging? Did you identify any cases that may need a referral or support?
- 4) How did checking for abnormalities and eye problems in a newborn go? What was easy and what was challenging?
- 5) What went well, when practicing the activities? And what was challenging?
- 6) After this experience, is there anything on the SOP for PNC that you think we should improve or change?

**CWC:**

- 1) How was your experience?
- 2) What did you do to make your consultation child- and caregiver-friendly?
  - o Were you able to use some of the play items you made? Please share.
- 3) Were you able to follow all the steps on the SOP?
  - a. If not, what was challenging?
- 4) What went well, when checking developmental milestones? And what was challenging? Did you identify any cases that may need a referral or support?
- 5) What went well, when practicing the activities? And what was challenging?
- 6) After this experience, is there anything on the SOP for CWC that you think we should improve or change?

## LUNCH

DAY 3, SESSION 3	14:00-14:30
HCWs supporting playbox sessions	<b>MATERIALS:</b> <ul style="list-style-type: none"><li>• Playbox flipchart for each group</li></ul>
<b>BY THE END OF THE SESSION THE PARTICIPANTS SHOULD:</b> <ul style="list-style-type: none"><li>• Be able to support playbox sessions in their health facility</li></ul>	

1. Ask how many providers are already familiar with playbox sessions in the HF waiting rooms. What do the playbox sessions typically involve?
2. Explain that the CHPs have been (or about to be) trained in the updated playbox steps. One of these steps has links to HCWs.
3. Ask the providers to review the playbox flipchart on their tables, specifically, the playbox steps.
4. Discuss the playbox intervention:
  - a. Since CWC and other child consultations do not offer a lot of time for demonstration and counselling, such activities will be done instead in the waiting rooms by CHPs.
  - b. It is very important that providers introduce the playbox activity, to give it more weight, and to make links with their consultation.
5. Ask 2-3 providers to role play introducing playbox activity to the caregivers in the waiting room. Reinforce that introduction should say:
  - what is about to happen and why
  - that provider will follow up on playbox session, in the consultation.
6. Brainstorm: How can you follow up on the playbox, in your consultation? Listen to the ideas and add the following, if needed:
  - You can simply ask the caregiver what they learned in the playbox, and then praise them.
  - You can do this before you start using the SOP.

<b>DAY 3, SESSION 4</b>	<b>14:30-15:30</b>
Mentoring HCWs on ECD	<b>MATERIALS:</b> <ul style="list-style-type: none"> <li>• SOP</li> <li>• HCW ECD Mentoring tool</li> </ul>
<b>BY THE END OF THE SESSION THE PARTICIPANTS SHOULD:</b> <ul style="list-style-type: none"> <li>• Be able to provide and receive mentoring on ECD</li> </ul>	

1. Explain that to ensure that HCWs have learned well their new skills, they need to receive at least 3 mentoring visits, in the first 1-2 months after the training. The mentoring should cover all the targeted touchpoints, namely, ANC, Maternity/PNC, and CWC, and it should also check if providers are supporting the playbox sessions.
2. Ask: Who are the HCW mentors? (in-charges; ward based mentors)
3. Ask: What are 3 most important activities that a mentor should try to do, during mentoring? Brainstorm and then add, if needed:
  - Observe HCW to do an activity
  - Provide positive feedback on all parts HCW did well
  - Demonstrate and help HCW practice, the parts where s/he struggled.
4. Distribute the HCW mentoring tool and ask everyone to study it in pairs, for 5 minutes. Discuss any questions or comments.
5. Ask the mentors to sit in a small group and during next 10-15 minutes plan out the mentoring of the HCWs that were just trained. They can use the template on the back of the mentoring tool. Circle and support.
6. At the same time, ask the providers to spend some minutes reflecting and imagining their upcoming work day. What will they do differently in their practice? What support might they need?
7. Invite first the HCWs and then their mentors to share their reflections and ideas. Discuss and help the mentors improve their plan. Take photos of the plan.

<b>DAY 3, SESSION 5</b>	<b>15:30-16:00</b>
Post test Closing	MATERIALS: <ul style="list-style-type: none"><li>• Post-test</li></ul>

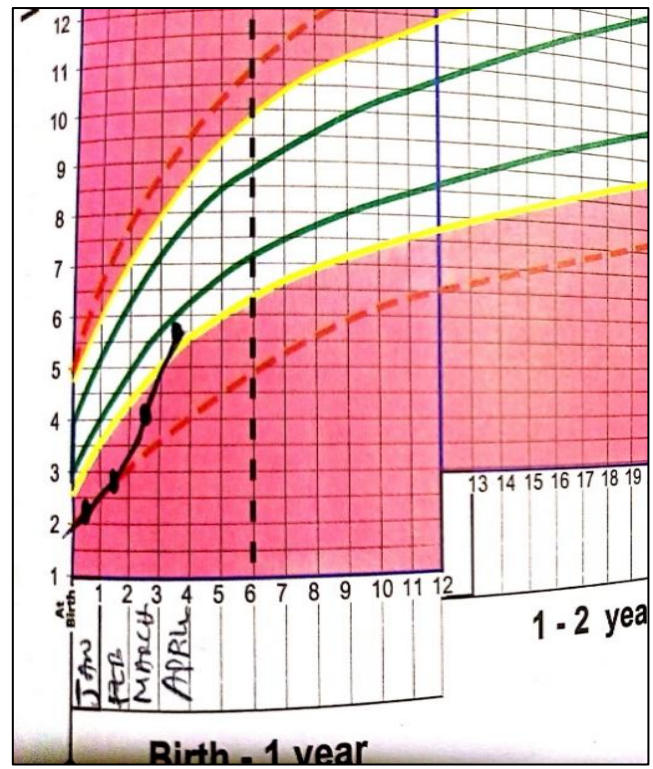
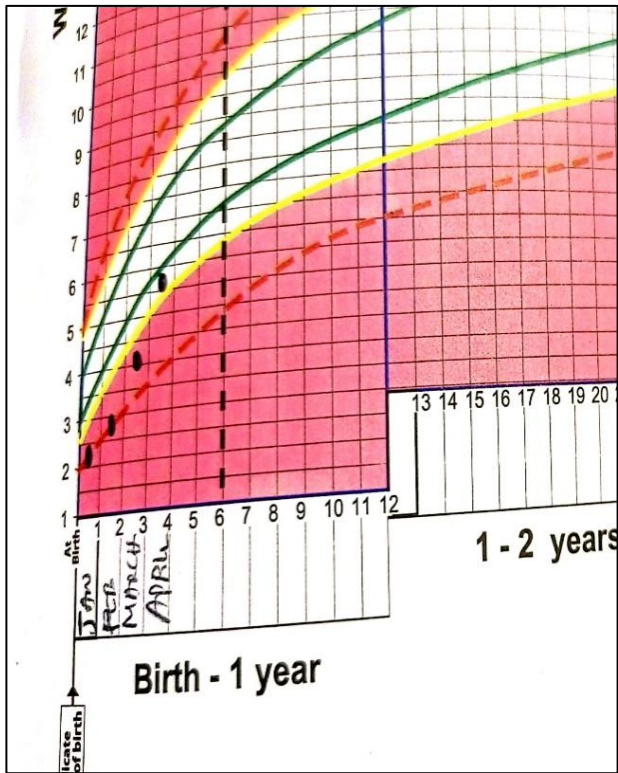
1. Distribute post-test and invite the participants to complete it.
2. Invite CHMT representative to close the training.
3. Take a photo of the “family”.

APPENDIX 1  
A CHILD- AND CAREGIVER-FRIENDLY PROVIDER

1	<p>A pregnant adolescent comes alone to the ANC. She keeps looking down and does not talk much. When she responds, it's just Yes and No, and you can hardly hear her voice.</p> <p><i>How can you be an adolescent-friendly provider?</i></p>
2	<p>You come into Maternity Ward to check on the mother who gave birth an hour ago. You find a father there. The father stands up and starts leaving as soon as he sees you.</p> <p><i>How can you be a father-friendly provider?</i></p>
3	<p>A grandma comes with a 3 month old baby into your CWC room. The baby smells a bit, and cries. The grandma explains that the mother is sick at home, so she brought the baby instead.</p> <p><i>How can you be a caregiver-friendly and child-friendly provider?</i></p>
4	<p>A mother comes into the CWC with a 18 month old. The baby starts crying as soon as he sees your white coat, and tries to hide behind the mom.</p> <p><i>How can you be a caregiver-friendly and child-friendly provider?</i></p>
5	<p>A father comes in with a 1 year old for the CWC. The baby is very active and does not want to sit on the lap. She wiggles out and gets on the floor, and heads straight for the bottle with Vitamine A pills on your table. The father starts speaking sternly to the baby.</p> <p><i>How can you be a caregiver-friendly and child-friendly provider?</i></p>

APPENDIX 2  
COMPLETING GROWTH CHARTS

1) Which of the following growth charts is complete?



**Notes:**

- Growth curves help you interpret plotted points.
- The chart has reference lines also referred as z-score (standard deviation =SD)
- There are positive and negative z-scores.
- The farther the curve is from the median, the more likely it is that there is a growth problem.

**Cases to plot (use MCHH distributed to providers)**

1. Joshua was born on 3rd October, his birth weight was 3.7Kgs, on 15<sup>th</sup> of November he weighed 5.1 kgs, 13<sup>th</sup> December 6Kgs and 11<sup>th</sup> January weighed 6.7Kgs.

Plot Joshua's curve. What will you tell Joshua's parents?

2. Lisa was born on 24th October, her birth weight was 3.6 kgs. On 5th of December, she visited the health facility and weighed 5.2 kgs, 2nd January she weighed 6.2 kgs, and on 30th of January she weighed 6.9 kgs.

Plot Lisa's curve. What will you tell Lisa's parents?

APPENDIX 3  
SCENARIOS FOR DEVELOPMENTAL MONITORING

N	Scenario	Delay or not?
1	A 2-month-old baby does not turn the head towards the sound	
2	A 5-month-old does not turn the head towards the sound	
3	A 4-month-old cannot reach and grasp an object with her hand	
4	A 24-month-old cannot kick a ball	
5	An 18-month-old is not able to pick small things with her fingers	
6	A 6-month-old does not say mamama or bababa	
7	A 2.5-year-old child does not say any words	
8	A 12-month-old does not yet wave good bye or clap hands	

Preparing CHVs to promote child development at home visits and health facilities