COVida End of Project Report

PATH report
July 2016–September 2019

Submitted by PATH

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Abbreviations

ART	antiretroviral therapy
CBO	community-based organization
CSI	Child Status Index (Matriz da Criança or MAC)
ECD	early childhood development
eECD	Expanding Early Childhood Development (project)
HIV	human immunodeficiency virus
INAS	Instituto Nacional de Acção Social (National Institute of Social Action)
IR	intermediate result
IYCF	infant and young child feeding
M&E	monitoring and evaluation
MGCAS	Ministério do Género, Criança e Acção Social (Ministry of Gender, Children and Social Action)
MUAC	mid-upper arm circumference
NUMCOV	Núcleo Multosectorial para as Crianças Orfãs e Vulneráveis (Multisectoral Nucleus for Orphans and Vulnerable Children)
OVC	orphans and vulnerable children
PEPFAR	President's Emergency Plan for AIDS Relief
PMTCT	prevention of mother-to-child transmission
PTO	provincial technical officer
RECDS	regional early childhood development specialists
SDSMAS	Serviços Distritais de Saúde, Mulher e Acção Social (District Services of Health, Women and Social Action)
TOT	training of trainers
UNICEF	United Nations Children's Emergency Fund
WHO	World Health Organization
WinOp	Window of Opportunity (project)

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PATH objectives under COVida

PATH joined the FHI360-led COVida consortium in Mozambique from July 2016 to September 2019, with the objective of building the capacity of consortium partners and project community-based organization (CBOs) to integrate nurturing care for early childhood development (ECD) and nutrition interventions for children aged 0 to 5 and their families into the COVida program package. This work built on the previous partnership between PATH, the Ministry of Gender, Children and Social Action (MGCAS), and the Ministry of Health to adapt the UNICEF/WHO *Care for Child Development* package for use both in health facilities and communities. The package includes step-by-step training manuals, service observation checklists and gender-sensitive visual counseling cards to support service providers and *activistas* in a systematic process, designed to promote developmental monitoring and counseling in responsive care, stimulation, and nutrition. Developmental monitoring and counseling are especially crucial for at-risk children such as those targeted by the COVida project, as children who are HIV positive or exposed to HIV are more likely to develop developmental delays[1] and are therefore in greater need of stimulating and responsive care.

COVida's ECD interventions were mostly structured around IR 3: Capacity to provide ECD services for vulnerable children under age 5 improved. PATH supported ECD integration into the COVida project though over 60 CBOs covering every province of Mozambique. This was achieved by establishing a team of three regional ECD specialists (RECDS) who sat in three regional FHI360 offices and were supported by the PATH national trainer and project lead,[2] to build the capacity of COVida's national and provincial technical officers.

PATH supported the achievement of the following original sub results:

- 3.1 The use of quality community childcare and development interventions increased.
    - Key activity: Creation and provision of informal playgroup services for children aged 3 to 5 years.
- 3.2. Parental care and responsiveness for children under 5 improved.
    - Key activity: Development of a package for and technical skills on developmental monitoring and counseling for child development as a part of CBO home visits to vulnerable children under 5.
- 3.3 Barriers to accessing early ECD education opportunities reduced.
    - Key activity: Integrating developmental monitoring counseling in health facility activities such as child health consultations and play sessions in the waiting rooms.

Sub results 3.1 and 3.2 were modified during the project life due to changes in donor priorities and funding levels. Specifically, PATH's efforts under 3.1 were reduced to the development of a community preschool manual for MGCAS. As for sub result 3.3, it was completely removed from the project scope.

[1] Sherr L, Mueller J, Varrall R. A systematic review of cognitive development and child human immunodeficiency virus infection. *Psychology Health Medicine*. 2009;14(4):387–404. doi: 10.1080/13548500903012897

[2] Note that ECD Specialists for Northern and Central region were contracted starting in early 2018, while Southern region had specialist support from project outset.

In addition to contributing to these sub results, PATH's RECDS operated as COVida team members and supported other COVida activities, which included selection and start-up of new CBOs in several provinces, general CBO training and supervision, and monitoring and evaluation (M&E) audits, among others.

Key results achieved

3.1 The use of quality community childcare and development interventions increased

While due to changes in COVida's scope it was no longer possible to promote creation of playgroups (a key activity under this sub result), PATH at the outset of this work ensured strong linkages with MGCAS and sought to support the Ministry's priorities. As a result, PATH was able to assist the Ministry in developing a national Community Preschool Manual and Technical Orientations under COVida. This manual was initially designed to be used for playgroup implementation; however, it is now a national tool available to any Ministry partner implementing group-based ECD activities for children aged 3 to 5 years.

The Community Preschool Manual was designed through a consultative process with key ECD stakeholders such as MGCAS, Ministry of Education and Human Development, Pedagogic University, Wona Sanana, Zizile, Save the Children, Essor, CARE, Aga Khan, World Bank, and UNICEF.

The highly pictorial manual consists of 40 activity cards including games, stories, songs, and conversation starters, as well as suggestions for play materials and basic health and safety standards of the community preschools (Figure 1). A community preschool supervision tool was also developed based on the "gold standard" tool (MELQO)[3]—which has been adopted in several countries in the region—and on MGCAS guidelines for community preschools.

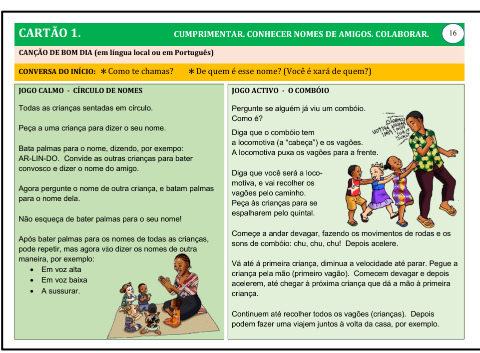
REPÚBLICA DE MOÇAMBIQUE
Ministério do Género, Criança e Acção Social

MANUAL DE ACTIVIDADES
NAS ESCOLINHAS COMUNITÁRIAS

Fevereiro 2018
Versão aprovada para testagem

In February 2018, the Consultative Council of MGCAS approved the manual for pretesting.

Since COVida funding was no longer available for implementation under this sub result, PATH and MGCAS met with UNICEF and successfully advocated for additional funding needed to complete the testing of the manual and support its eventual dissemination. As a result, the manual was piloted in 2018–2019 with UNICEF's and PATH's support, and the first cadre of national and provincial trainers has been trained. PATH has helped the Ministry to



CARTÃO 1. CUMPRIMENTAR. CONHECER NOMES DE AMIGOS. COLABORAR. 16

CANÇÃO DE BOM DIA (em língua local ou em Português)

CONVERSA DO INÍCIO: ∗ Como te chamas? ∗ De quem é esse nome? (Você é xará de quem?)

JOGO CALMO - CÍRCULO DE NOMES

Todas as crianças sentadas em círculo.

Peça a uma criança para dizer o seu nome.

Bata palmas para o nome, dizendo, por exempo: AR-LIN-DO. Convide as outras crianças para bater convosco e dizer o nome do amigo.

Agora pergunte o nome de outra criança, e batam palmas para o nome dela.

Não esqueça de bater palmas para o seu nome!

Após bater palmas para os nomes de todas as crianças, pode repetir, mas agora vão dizer os nomes de outra maneira, por exemplo:

- Em voz alta
- Em voz baixa
- A sussurar.

JOGO ACTIVO - O COMBÓIO

Pergunte se alguém já viu um combóio. Como é?

Diga que o combóio tem a locomotiva (a "cabeça") e os vagões. A locomotiva puxa os vagões para a frente.

Diga que você será a locomotiva, e vai recolher os vagões pelo caminho. Peça às crianças para se espalharem pelo quintal.

Começe a andar devagar, fazendo os movimentos de rodas e os sons de combóio: chu, chu, chu! Depois acelere.

Vá até á primeira criança, diminua a velocidade até parar. Pegue a criança pela mão (primeiro vagão). Comecem devagar e depois acelerem, até chegar à próxima criança que dá a mão à primeira criança.

Continuem até recolher todos os vagões (crianças). Depois podem fazer uma viajem juntos à volta da casa, por exemplo.

Figure 1. Sample pages from the Community Preschool Manual.

[3] UNESCO, UNICEF, World Bank. *Overview of the Measuring Early Learning Quality and Outcomes (MELQO) Initiative*. New York: UNESCO; 2017. https://unesdoc.unesco.org/ark:/48223/pf0000248053

collect and analyze the lessons from the pilot of the manual in five provinces and support MGCAS in making final revisions to the manual based on the pilot.

The pilot of the manual triggered important adjustments to the respective regulatory document—the national guide for the opening and functioning of community preschools—which is now being reviewed to ensure that the two documents are fully aligned. The manual content has also provided foundation for the basic level (Nível Básico) community preschool animator pre-service training course, which is currently in the final stages of development by MGCAS and the National Professional Education Authority. Furthermore, PATH supported MGCAS to align its community preschool supervision tool with the content of the new manual.

MGCAS is currently making final changes to the manual based on the pilot's results and will be rolling out modular training of the manual starting in 2020, with UNICEF's and PATH's support.

3.2. Parental care and responsiveness for children under 5 improved

Most of PATH's technical assistance provision centered around sub result 3.2. Under this sub result, PATH provided the COVida consortium with technical assistance on child development and nutrition, reinforcing monitoring of critical milestones and child nutritional status, as well as counseling on responsive care, play, communication, and infant and young child feeding (IYCF). Specifically, PATH achieved the following results over the course of implementation of the project:

A. ECD and nutrition content integrated into core project job aids (home visit cards, community dialogues).
B. ECD and nutrition integrated into project staff and CBO trainings, mentoring visits and routine planning meetings.
C. Capacity of provincial technical officers (PTOs) built to support CBOs on nurturing care for ECD and nutrition interventions.
D. ECD- and nutrition-related indicators integrated into evaluation and monitoring tools (e.g., Child Status Index; knowledge, attitude, and practice survey; activist activity registers; mentoring tools; etc.).
E. Initial changes in caregiver practices reported.

Leonora, mother of 2-year-old Joana, receiving nutritional screening. *Photo: PATH.*

"Our life and health have improved significantly since we started adhering to Teresa's [activist's] visits; how we always set aside the time for her. Teresa is not just an activist but also our counsellor: when we have problems or new ideas, we always talk to her and she gives us her support."

Leonora, Buzi District, Sofala Province.

A. ECD and nutrition content integrated into core project job aids

At the project start, PATH worked closely with FHI360 to design pictorial **Home Visit Cards** (Cartões para Visitas Domiciliárias) targeting all key seven services for vulnerable children, which integrated nurturing care for ECD. Specifically, PATH provided close to 30 unique visuals to be used in the cards, primarily on the topics of child health, child protection, ECD, and nutrition. PATH also helped to identify visuals for other services and provide key written messages for each service. These cards have since been used by every COVida activist during home visits.

Furthermore, in 2016, PATH supported N'weti in the design of the model group session of the community dialogues and developed the **group sessions on family nutrition and positive interactions with children**. The session on family nutrition promoted knowledge of food groups and their importance, while the session on interactions taught effective communication and positive discipline strategies to be used with children. To further support COVida's work on the group session manual, PATH provided N'weti with guidance for structuring the respective training guide.

Additionally, in 2019, PATH's team conducted revisions of Portuguese versions of ten Books for Africa and developed an **activist handout that summarizes key steps of interactive reading and storytelling**, which is now being used in Books for Africa trainings.

B. ECD and nutrition integrated into project staff and CBO trainings, mentoring visits and routine planning meetings

<u>Integration into trainings</u>

Over the course of the project, PATH developed several training tools on ECD and nutrition, in line with project needs and priorities. These included content for initial training of trainers (TOT) and replica trainings; content for case management TOT and trainings introduced in 2018; standalone TOT on ECD and nutrition; and step-by-step training guides for in-service training. The ECD session focused on 1) sensitive and responsive caregiving and how to promote it, 2) areas of child development and developmental milestones, 3) age-appropriate stimulation activities and the process of caregiver counseling, and 4) characteristics of good homemade toys and how to make them. The IYCF session built on general nutrition concepts introduced earlier in the day and focused on age-specific feeding recommendations —starting from exclusive breastfeeding to complementary feeding and continued breastfeeding up to 2 years of age—discussion of barriers to optimal feeding, and strategies for nutritional counseling during the home visit. Both sessions used participatory activities such as group work, simulations, and discussion of scenarios. The sessions were described in a step-by-step format in a training manual to facilitate replica trainings.

Photo: PATH.

""Today, Sonia is a happy and smart child because I talk with her when I do my chores. For example, when I cook, I talk about the vegetables I am using, and I tell her stories. She already knows how to answer the phone and she carries and hugs her doll in the same way as I do with her".

Rosa Fulende, Batue district, Manica Province.

PATH team members used these materials to train all national and provincial technical officers in planned TOTs and then provided technical support to CBO trainings in each round of trainings (2017 and 2018). In May 2017, PATH carried out a **national TOT on ECD in home visits** with support of FHI360 trainers. The training targeted key national and provincial consortium technical staff, as well as the Provincial Directorate of Gender, Children and Social Action project focal points from all the provinces where the project is currently operating. The objectives of the training were to:

1) Create unified understanding of the concept of ECD and of the scientific evidence supporting its importance.
2) Reinforce technical skills in key ECD activities during home visits.
3) Strengthen provincial teams to report on ECD and to conduct technical support sessions.
4) Plan steps ahead for the rollout of training activities for ECD during home visits.

Each technical team left the training with four prepared technical support sessions on ECD, a kit of play materials, and job aids to reinforce the support sessions. The training contributed towards a significant increase on participants' ECD knowledge, as showed by the percentage of participants who scored 80 percent or higher—which increased from 27 percent on pre-test (8 out of 30) to 61 percent on the post-test (17 out of 28).

At the end of 2017, PATH worked with FHI360 to design the most feasible strategy—within the financial and human resource limitations of the project—to provide ECD-specific training to all CBO activists. As a result, **ECD and nutrition were integrated into case management trainings** that began in January 2018. Two of the five days in provincial TOTs on case management were dedicated to ECD, specifically to developmental monitoring, stimulation, and child safety. PATH worked with the Ministry of Health, Nutrition Department to obtain the most up-to-date guidance on nutrition, and specifically IYCF in the context of HIV, and used that guidance to design interactive activities in the case management trainings. TOT participants included CBO coordinators and supervisors, District Services of Health, Women and Social Action (SDSMAS) technicians, CBO economic empowerment supervisors, program officers, and HIV/AIDS focal points. PATH also provided technical assistance to CBO trainers and SDSMAS supervisors in the replica training of chief activists

and other activists on ECD in case management. The replica trainings lasted four days, of which one day was dedicated to ECD.

Furthermore, starting in 2018, PATH introduced **short, step-by-step training guides** on specific topics, which can be used in regular CBO refreshers or planning meetings, and can be facilitated by CBO supervisors. Three short guides were produced in response to the technical gaps identified during support visits, addressing 1) monitoring critical child developmental milestones; 2) preparing protein-rich (bodybuilding) meals for young children; and 3) creating home gardens. All the guides follow the same simple format to facilitate the delivery of these mini-trainings during regular CBO meetings.

In 2019, PATH designed a one-day **training on Books for Africa** and conducted a TOT for 27 national and provincial project officers. The training was designed to promote reading and storytelling among children aged 0 to 14 years in the project families, in children's clubs, and at the health facilities (in pediatric ART clinics), using a set of ten illustrated, high-quality children's books. For this purpose, PATH developed a step-by-step training guide and an activist handout that summarizes key steps of interactive reading and storytelling. The training was built on the traditional practice of storytelling common in Mozambique and provides participants with an understanding of the importance of books and stories for children's development and equips them with strategies for making reading interactive and educational. The training also provides guidance for cases where parents have low literacy skills and are unable to read the books to their children (a reality of many rural families, especially in the northern provinces).

Mother and daughter exploring one of the Books for Africa in the waiting room of Carapira Health Center, Monapo, Nampula. *Photo: PATH.*

Integration into mentoring visits and routine planning meetings

Along the partnership life cycle, PATH's technical assistance increasingly moved from directly supporting CBOs to building the PTOs' capacity to support CBO supervisors and chief activists, who in turn supported the activists. The overall approach was to build the capacity of PTOs to monitor CBO performance on ECD and IYCF as a part of their routine technical support activities.

Due to budget cuts, PATH's RECDS provided more intensive (monthly) assistance in the province where they resided (Nampula, Zambézia or Maputo) and conducted quarterly assistance visits to the other provinces. In specific cases where direct assistance was not possible, PATH employed regular Skype calls to talk to the PTOs. In general, all PTOs participated in at least three joint technical assistance visits with PATH RECDS, and all existing CBOs received one to three technical assistance visits that integrated an ECD component prior to PATH's departure from the project.

The technical assistance to PTOs was provided during joint field visits to specific CBOs and invariably included observation and analysis of home visits, observation or modeling of refresher session/s, and review of data collection tools and processes. Both refreshers and home visits were used by the RECDS to observe how PTOs support the CBO, and how CBO supervisors and chief activists support the activists and to follow up on any gaps.

C. Capacity of PTOs built to support CBOs on nurturing care for ECD and nutrition interventions

Technical assistance reports demonstrate that most PTOs improved their capacity in ECD and nutrition over time. Only two PTOs still required more intensive support at the time of PATH's suspension of field activities. Specifically, as of June 2019, PTOs in Tete and Sofala provinces were still not reaching the expected standard in terms of integrating ECD and nutrition in their routine support to CBOs. The majority of the PTOs began including ECD in the terms of reference for their field visits and demonstrated skills supporting CBO supervisors and chief activists in integrating and documenting developmental and nutritional screening and counseling activities.

CBO supervisors and chief activists increasingly ensure ECD is integrated into case management services for children under 5, and a large proportion of them have been observed to use the mentoring form which includes verifying ECD and nutritional activities, among others. In every region, specific CBOs have been identified by PATH as "model" CBOs in terms of their delivery of ECD and nutrition services, and these can be used as learning and experience exchange sites for other CBOs (Table 1). These CBOs demonstrate increased integration of developmental monitoring and nutritional screening in home visits, better use of Home Visit Cards and toys during home visits, and more regular discussions around ECD and nutrition in weekly activist planning meetings. Overall, these CBOs have shown stronger coordination between supervisors, chief activists and activists.

Table 1. CBOs in each region with high quality ECD and nutrition services.

Model CBOs in the south	Model CBOs in the center	Model CBOs in the north
AIPDC—Vilanculos, Inhambane **Reencontro, Moz Hope**—Maputo City **CMA, SANTAC**—Boane district, Maputo Province **Kindlimuka**—Matola, Maputo Province	**CAB**—Barue district, Manica Province **CCS Marromeu**—Marromeu district, Sofala Province **ESPANOR**—Milange, Zambézia **UNIDOS**—Mopeia, Zambezia	**Kaerea**—Pemba City, Cabo Delgado Province **AMASI, Niiwanane**—Nampula City, Namplula Province **AMASI**—Monapo District, Nampula **Hankoni**—Cuamba (Niassa)

Photo: PATH.

"I learned that a child needs special attention: in the same way as the sapling needs to be given care to become a tree, a child needs to be cared for to become a man."

Nauno Menio Armando, CBO Supervisor, AMASI, Nampula City.

D. ECD- and nutrition-related indicators integrated into evaluation and monitoring tools

While not responsible for reporting on project indicators, PATH supported the integration of relevant ECD content into several COVida M&E tools over the course of the project. These included:

- **Community resource mapping tool**, where PATH supported the inclusion of mapping of available formal and informal ECD programs. The tool was pre-tested and found to be effective in identifying both formal preschools as well as informal childcare services.
- **ECD indicators integrated on the Child Status Index (CSI) tool** (Matriz da Criança). PATH jointly with FHI360 advocated with MGCAS to include ECD more robustly under education (as preschool education) and under psychosocial support (as stimulation at home). The adapted tool is now being used by COVida nationally, however, advocacy is still needed to ensure its adoption by MGCAS for national-level rollout.
- **Home visit mentoring tool.** PATH used its quality improvement experience with community health workers and other providers to contribute to the design of the tool that is used by COVida to observe and improve the quality of the home visits.
- **Developmental record tool**. In 2019, PATH developed and piloted a one-page developmental record tool (Annex 1) that builds on milestones included in Mozambique's child health card and allows activists to track the development of every child aged 0 to 5 years over time, and to register if a referral has been made. This developmental record tool (called "Ficha de monitoria de desenvolvimento" in Portuguese) is complementary to the home visiting tool, since the latter only records the activity and not the result of the monitoring and does not permit to follow the child's development on a continued basis. The tool was successfully piloted with AMASI activists under the PATH's nurturing care collective action model in Nampula and is ready for larger COVida uptake. Pilot lessons show that, for the tool to be used at scale, it is important that COVida's M&E team ensures that referrals for developmental delays and malnutrition are included as distinct indicators in the CBO database (as these are currently lumped together with other referrals) and for PTOs sensitize all CBO supervisors on the importance of the tool and on how to use the tool correctly.

Additionally, PATH supported several formal and informal studies under COVida. Specifically, under IR 3.1, PATH conducted a small qualitative assessment of six home-based playgroups in rural and urban areas, the results of which were used to design the approach to establish and structure COVida playgroups. Additionally, PATH worked with

Palladium to identify relevant items on ECD knowledge and practices, nutritional intake, and dietary diversity for COVida's baseline and endline survey, and supported ECD data analysis and interpretation at baseline.

In 2018, PATH provided technical support to UNICEF for a qualitative study on caregiver practices of children aged 0 to 2 years, by reviewing the protocol, tools, and preliminary results, and by linking UNICEF with COVida sites and CBOs for pretesting study tools and collecting data in Nampula, Zambézia, and Tete. Finally, in 2019, PATH hosted a research team from Spring Impact, who conducted research on place-based ECD approaches in Monapo District of Nampula Province—an approach that includes PATH's collaboration with COVida among other partners.

Photo: PATH.

"My wife would go and sell goods in downtown Maputo while I would stay at home and take care of the children, play with Beatriz [my daughter]... I did this because I learned that this was the way to help Beatriz improve."

Sergio Navingo, father, Boane District, Maputo Province.

E. Initial changes in caregiver practices reported

Sub result 3.2 is ultimately about changes in parental care and responsiveness for children. The COVida baseline study conducted by Palladium reinforced the need for investing into parenting practices around ECD, demonstrating, for example, that while 68 percent of children under 5 had some play materials at home, only 35.5 percent of parents played and talked with their children during daily chores and routines, and only 14 percent of caregivers (and 6.5 percent of fathers) regularly engaged in at least four common stimulation activities such as taking a child for a walk, singing to the child, etc.[4]

While the endline study on caregiver practices has not yet been conducted by COVida, qualitative data collected by CBOs and shared with PATH during the implementation suggests that here is increased awareness among caregivers of the importance of play and communication for healthy child growth and development, and improved practices such as talking and playing with the children and increased toy-making at home. In the area of nutrition, caregivers reported providing more diverse and nutritious foods to their young children, and many families in the northern region who were visited already have home gardens which were created with the support of activists. This anecdotal evidence will need to be corroborated by endline findings.

[4] Chapman JL, Cabral I, Lauchande C, Cossa M, Albert LM. *Monitoring well-being outcomes among COVida project beneficiaries: Key findings from the baseline evaluation.* Maputo, Mozambique: COVida; 2018.

Photo: PATH.

"[The activist] comes here to our house, talks about taking care of children, such as playing with children ... making toys. I've made the doll for him (my son) to play. He likes it ... he calls it baby. "

Claudia Mate, COVida beneficiary, Maputo City, December 2017.

3.3 Barriers to accessing early ECD education opportunities reduced

Key activities under this sub result included integrating ECD in strategic health facility services, such as PMTCT and pediatric ART and in facility waiting rooms; tracking children identified with developmental delays; and technical assistance to Ministry of Health for integration of ECD in relevant Ministry's plans, tools and materials. Unfortunately, this sub result was dropped from PATH's scope of work in 2017 due to shifts in project priorities.

Additional project results

ECD as a standing agenda item in annual meetings of the Multisectoral Nucleus on Orphans and Vulnerable Children (NUMCOV)

In 2017, PATH was able to negotiate for inclusion of ECD on the agenda of the annual NUMCOV meeting, which brings together representatives of the Directorates of Gender, Children and Social Action from every province and the parent Ministry for stock-taking and to define next year's priorities for orphans and vulnerable children (OVC)–related activities. ECD content was included in NUMCOV meetings in 2017, 2018, and 2019, covering topics such as the new Community Preschool Manual, analysis of data on coverage of ECD services, and community-based rehabilitation for children under 5 with disabilities, among others.

Toy-making sessions integrated into Children Day's celebrations

Starting in 2017, PATH, FHI360/COVida, and other partners have been invited by MGCAS to be part of the celebrations around the International Children's Day, celebrated on June 1st. In 2017, PATH set up a toys workshop, where children were invited to produce cars, booklets, and dolls from recycled materials, that they later took home. The toys workshop was an initiative where PATH chose to call attention to the importance of playing and adequately stimulating children, especially in the early ages, in order to develop their full cognitive and psychomotor potential

Two friends communicating via the telephone they produced together on Children's Day. *Photo: PATH.*

into adulthood. Since then, the toy workshop became routinely included by MGCAS in Children's Days celebrations.

Journalists trained for the first time on ECD

At the end of 2017, PATH partnered with FHI360 and IREX to provide training to 22 community radio journalists from Nampula, Zambézia, Cabo Delgado, and Niassa. As a result of the training, the journalists learned to produce radio spots, programs, and community mobilization sessions on ECD-related topics, such as how to play and communicate with young children at home, the role of fathers in child development, and identifying children with developmental delays, among other topics. The journalists were provided with the contacts of COVida focal points in each target province, to enable them to collect more information about ECD interventions under COVida in their respective provinces.

Nurturing care for ECD pilot in Monapo

In alignment with the nurturing care framework proposed in the Lancet ECD series issued in 2016 (Figure 2), PATH began collaborating with key implementing partners in Nampula Province—UNICEF, ALCANÇAR, COVida, ICAP, H2N—to design a comprehensive, collective action nurturing care intervention for children ages 0 to 3 years at clinical and community levels in one pilot district. As part of this collective action intervention, in September 2018, PATH signed a collaboration agreement with FHI360/COVida to strengthen the integration of nurturing care for ECD in Monapo District of Nampula Province. The Monapo nurturing care for ECD collaboration was intended to not only enhance COVida's impact but also to help PATH meet its COVida match contribution requirements, and finally to demonstrate the benefits of a coordinated, collective action approach to maximize development assistance outcomes for vulnerable communities. The impact of this collective action model on child development and parental knowledge and behaviors in Monapo will be evaluated in 2020 under the leadership of ECD experts from Harvard T. H. Chan School of Public Health.

Figure 2. Nurturing care model (Lancet 2016).

PATH, COVida (FHI360 and AMASI), and other nurturing care for ECD pilot stakeholders held quarterly coordination meetings at provincial and district levels and aligned their interventions to ensure that caregivers and children under 3 in Monapo receive the same quality counseling on responsive care, stimulation, and nutrition from AMASI activists, community health workers, health committees, and health centers, and any other development actor; and that any developmental or nutritional problems are detected and referred early on. In July 2019, PATH supported one-day refreshers for all AMASI activists, chief activists, linkages facilitators, M&E officers and supervisors in Monapo. The refreshers aimed to strengthen AMASI's skills in nutritional and developmental screening, and record-keeping and counseling through several practical exercises. The developmental record tool described above was introduced to AMASI during the refreshers and is currently being piloted. In the coming months, PATH and AMASI will be working together to promote learning between COVida and ADEMO activists, who support families of children with disabilities, as well as to support regular COVida activist meetings, thereby strengthening CBO's performance in nurturing care for ECD and nutrition interventions.

COVida activist demonstrating his routine activities at a home visit, during a formative assessment session conducted by PATH in preparation for CBO refreshers. AMASI, Monapo, Nampula. *Photo: PATH.*

Key challenges and constraints

Changes in scope of COVida ECD activities

Reductions in COVida's scope and budget led to significant reductions in ECD activities in the project, so that, out of three IRs planned, only one was fully implemented (3.2 Parental care and responsiveness for children under 5 improved).

IR 3.1 (The use of quality community childcare and development interventions increased) was implemented only partially, leading to the design and approval of the national Community Preschool Manual. IR 3.3 (Barriers to accessing early ECD education opportunities reduced), which was focused on promoting ECD monitoring and counseling in health facilities, was completely eliminated. This led to a much more limited set of ECD-related project results, achievements, and lessons than was initially expected.

High rotation of activists coupled with weak capacity of some CBOs

While most activists were trained in ECD as part of case management, high turnover of activists resulted in many untrained activists which, in turn, contributed to poor quality of ECD and nutrition services. Additionally, some CBOs demonstrated weak capacity and may still require more support. The text below summarizes some common challenges of weaker CBOs and CBOs affected by high rotation of staff, as observed in technical assistance visits:

- Some activists do not provide ECD services even if there are children 0 to 5 years present. Alternatively, if more than one child under 5 is present, the ECD services are provided to the youngest child with little attention to older eligible children.
- Some activists under-report ECD activities, registering them only at the first visit and not at follow-up visits, even when they conduct such activities.

- Some activists perform poor nutrition screening, specifically as it pertains to explaining the activity to the caregiver and to ensuring immediate referral (and even accompanying the family if possible) when mid-upper arm circumference (MUAC) is on red or yellow.
- Some activists still find developmental monitoring challenging. Key challenges relate to knowing which milestones to check at what age; lack of tools to record monitoring results (home visit tool only records the activity but not the result); and lack of clarity as to how to record developmental delays on the referral form.
- When counseling on IYCF, many activists still find it challenging to find examples of nutritious, locally available foods. Additionally, some activists still hold preconceived beliefs about dangers of breastfeeding HIV-exposed children due to a lack of knowledge of the added protective effects of breastfeeding this particularly vulnerable target group.
- Some activists do not pay attention to the interaction between the caregiver and the children, and just focus on the observation of the presence of toys. Additionally, some activists face challenges in recommending age-appropriate toys or play activities to caregivers.
- Some CBO supervisors and chief activists do not consistently use the mentoring form.

Using weekly planning meetings to close key gaps in capacity seems to be a viable strategy to improve activist performance, according to RECDS' and PTOs' reports.

Lack of robust linkages to other health and social action programs

Partly due to funding limitations and partly due to the nature of PEPFAR projects, COVida activists currently do not uniformly create robust linkages to existing government services and platforms. For example, most activists have difficulties in interpreting a **child's health card** and family members' **ART cards**, and do not ask caregivers to see these documents during home visits. This limits the information that the activists are able to obtain on the child's health status, which can result in missed referrals (for consultations or vaccinations) or counseling opportunities.

Similarly, while there may be **other community actors operating in the communities**, such as community health workers, health committees, agricultural extension workers, public works activists, INAS (Instituto Nacional de Acção Social) representatives and other activists, there is not always clear coordination and collaboration among the different actors. For example, in several provinces, community nutrition rehabilitation programs are under way, and COVida activists could refer children with malnutrition to these programs instead of sending them to a distant health facility. Similarly, as of next year, community health workers will be holding growth-promotion activities in the communities for children ages 0 to 2 years in eight provinces, and if COVida activists are aware of the schedule and location of these activities, they can refer caregivers to attend. Following the approach in Monapo, COVida CBOs' participation in regular district-level, government-led stakeholder meetings can help improve such collaboration.

Recommendations for COVida going forward

Project-wide promotion of quality improvement strategies tried and tested in some CBOs

During technical assistance visits, PATH was able to document several innovative low-cost strategies that specific “model” CBOs used to improve the quality of their services, especially in the context of high activist turnover. These can be made accessible to other CBOs through experience exchange visits or through video recordings. Quality improvement practices of special interest and promise include:

During home visits:

- Invite all chief activists to periodically participate in “high quality” home visits, so that they are able transfer good practices to their own activists later on.
- Put activists to work in pairs, so that they can support each other. This is especially helpful in case of new/young/inexperienced activists.
- Train and support the activists to request the child health card and child consultation card at every home visit, and to use these to identify essential child health information, including on adherence.
- Encourage inter-family support, where experienced families help newly joined project families with activities such as establishing home gardens, etc.

During weekly sharing and planning meeting of activists:

- Use these meetings as a platform for in-service training on ECD/nutrition.
- Divide activists in groups based on commonly experienced challenges (making of toys, age-appropriate counseling in stimulation etc.) and ask chief activists to provide targeted support to each group.
- Ask each chief activist to lead specific sections, for example, using the three step-by-step guides or specific pages in the Home Visit Cards or Child Health Card, or lead practice in use of MUAC and developmental record tool.
- Ask chief activists to invite strong activists to share effective strategies used when working with families. Acknowledge and praise successful practices.
- Encourage chief activists to promote competition among activists to see who will produce the most interesting toys, to avoid everyone producing just shakers and balls.
- Take photos and, if possible, videos of important technical support sessions, and share these with other CBOs.

Generally:

- Help CBOs create strong partnership with SDSMAS and other district services including nutrition projects, to facilitate referrals and counter-referrals of beneficiaries.

Use of the developmental record tool piloted in Monapo

In line with the new Children in Adversity global strategy, OVC interventions should monitor developmental milestones in children under 5 and refer/counsel based on monitoring results. To help COVida comply with this recommendation, and as described above, PATH has helped pilot the developmental record tool based on the critical milestones recorded on the

Mozambican child health card, by using it with COVida/AMASI activists in Monapo District of Nampula Province. The tool was found to be helpful in reminding activists to conduct developmental monitoring, facilitate monitoring activity, and facilitate recording of monitoring results.

Technical assistance visits demonstrated that many activists still have challenges in monitoring developmental milestones and using milestones contained in Home Visit Cards just for counseling. This has resulted in several failures to detect children with developmental delays—some of these children were subsequently identified during technical assistance sessions. Introduction of a developmental record tool is expected to increase the number of children monitored and number of children identified with and referred for developmental delays, resulting in better prospects for these children. PATH recommends that FHI360 and CARE roll out the developmental record form across all CBOs, and then monitor changes in ECD data, particularly in developmental monitoring, before and after the tool is introduced.

Improving timely referrals of children with acute malnutrition

While most eligible children (6 to 59 months) seem to now receive MUAC screening, the referral data made available to PATH suggests that not all children with red or yellow measurement results are being referred. Since acute malnutrition (indicated by these results) can deteriorate very quickly including leading to the child's death, it is important to review the action protocol with CBOs and ensure that all children with such measurement results are immediately referred and preferably accompanied to the health facility.

Strengthening the use of Books for Africa and homemade toys in health facility waiting rooms for children that are HIV positive, to increase return for services

Considering that increasing return of HIV-positive children for ART services is one of the project's priorities, PATH recommends that COVida makes more targeted use of the ECD tools at its disposal that are likely to increase such return for services. These tools include homemade toys (which all CBO activists were trained to make) and Books for Africa. PATH's formative assessment conducted in Maputo Province suggested that presence of toys and books in the waiting rooms increases client satisfaction with health services and makes both caregivers and children more motivated to return for health services.[5] This approach is also aligned with the Ministry of Health's strategy for improving retention in pediatric HIV services.

Advocating with MGCAS for the revised CSI form (Matriz da Crianca) and Home Visit Cards to become national tools

Several changes were made to the standard MGCAS CSI over the course of the implementation of COVida, including more prominent integration of ECD content. Similarly, COVida piloted simple Home Visit Cards to be used by activists when working with OVC. Finally, useful monitoring tools such as the home visit form and the mentoring tool, which all firmly integrate ECD among OVC-related scope of activities, have been piloted. As the project enters its final years, it is important to advance strategic discussions at MGCAS as to

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[5] Karuskina-Drivdale S, Kawakyu N, Mulhanga F. A playbox intervention in health facility waiting rooms in Mozambique: Improving caregivers' knowledge, skills and communication with health professionals. *The International Journal of Birth and Parent Education*. 2019;6(3):29–32.

whether and how MGCAS can uptake these tools and make them national, so that any new OVC partner would be required to use these, and in this way standardize the care that OVC families receive. Opportunities such as OVC technical working group meetings, annual NUMCOV meetings, and MGCAS sectoral annual planning meetings should be used to share lessons learned and to promote uptake of these useful tools.

Additional recommendations should supplemental funding become available

Introducing a playgroup or community preschool intervention for children aged 3 to 5 years

While PATH under COVida has contributed to the development of the national Community Preschool Manual, COVida could offer significant support to the government if it were able to also promote community-based play activities for children aged 3 to 5 years in its areas of implementation. The coverage of ECD programming among this age bracket in Mozambique continues to be the lowest in the region, at 5 percent,[6] which may result in Mozambique not meeting Sustainable Development Goal 4.2 (All boys and girls have access to quality early childhood education). The preschool model promoted by the national manual is low cost and can be easily scaled up. MGCAS has trained trainers (government and partner) in 5 out of 11 provinces, and UNICEF is eager to cover some of the costs associated with community preschool rollout. Considering these favorable factors, and the special importance of ECD programming for children infected or exposed to HIV, targeted investment by COVida in this area would be well warranted.

Research on change in parental reading behaviors and in child literacy awareness and language skills as a result of introduction of Books for Africa

The massive introduction of children's books in COVida beneficiaries' homes, children's clubs, and health center waiting rooms across the country represents the first time that children's books have become available to so many vulnerable families. Considering usually low contact with print materials, especially among mothers (only 51 percent of women know how to read and write)[7] and high primary school dropout rates, providing access to attractive children's books coupled with developing families' skills in reading and storytelling has the potential to change attitudes and behaviors around reading. It would therefore be important to document the impact of this intervention, especially compared to sites where no families were put in contact with and/or coached in using the books.

Cost share

According to the agreement, PATH was to provide a cost share equivalent to 15 percent of the total expenses incurred by PATH under the COVida project. This is equal to $193,948.49 of the $1,292,989.91 spent.

PATH utilized funding from various projects to raise the cost share required. These included the Window of Opportunity (WinOp) project funded by BHP Billiton in Maputo Province, Conrad N. Hilton Foundation–funded Expanding Early Childhood Development (eECD) project in Maputo and Nampula provinces, as well as UNICEF funding for the Monapo

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[6] MGCAS, 2018

[7] National Institute of Statistics (INE) (Mozambique) website. *Mozambique Population and Housing Census 2017 webpage*. http://www.ine.gov.mz/ Accessed December 9, 2019.

Nurturing Care Pilot in Nampula Province. The WinOp and eECD projects funded the development, piloting, and evaluation of tools and training packages that strengthened ECD services in Mozambique, and were then used in the COVida project.

Staff working on both the WinOp and eECD projects contributed to the cost share. PATH had recruited indispensable staff who were covered 100 percent by the project, and even though funding was reduced, PATH still had to deliver on the project deliverables while not compromising on internal controls. With the funding constraints and reductions of the COVida project, staff had to be covered by the eECD and UNICEF projects while working on some of the COVida project activities.

Finally, PATH brought in a vehicle from its office in South Africa for use on the COVida project, and the cost of bringing in that vehicle was counted as cost share. The quantitative information on cost share is included in the financial report submitted separately.

Key COVida products developed or significantly contributed to by PATH

Training materials:

- TOT manuals on ECD (milestones, stimulation and nutrition)
- Step-by-step training guides for in-service CBO trainings (3) (Annex 1)
- Books for Africa training guide

M&E tools:

- ECD items for CSI
- Developmental record tool (Annex 2)
- Home visit mentoring tool
- ECD and nutrition items for COVida baseline caregiver survey

Job aids:

- Home Visiting Cards
- Community dialogues on nutrition and caregiver-child interactions (with Nweti)
- Books for Africa handout (Annex 3)
- Community Preschool Activity Manual, Community Preschool Technical Guidelines (under review by MGCAS) (Annex 4. Note: Due to size, sent as a separate document).

Annexes

Annex 1. Step-by-step training guides.

MONITORIA DE DESENVOLVIMENTO DA CRIANÇA: MARCOS CRÍTICOS

Guião passo-a-passo (1)

Material necessário:

- Cartão de Visitas Domiciliárias dos Activistas;
- Marcos críticos para cada faixa etária escritos no papel gigante;
- Caixa de marcadores permanentes de cor (1 para cada 2-3 participantes);
- Papel gigante.

Tempo: 45 minutos.

Passo-a-passo:

1. Pergunte: Como é que sabemos se a criança está a ter um bom desenvolvimento? O que podemos observar? Recolha 2-3 ideias ligadas a alguns marcos de desenvolvimento.

2. Pergunte: **Porque é importante saber, se a criança se desenvolva bem?** No fim reforce:

   - A HIV, malária, assim como desnutrição, podem fazer com que uma criança comece a andar e a falar tarde, a ter problemas de memoria, e a não conseguir aprender bem na escola;

   - Mas se descobrimos esses problemas cedo, podemos fazer algumas actividades com as criancas (por exemplo, brincadeiras, exercícios, conversas) que vão corrigir muitos desses atrasos.

3. Peça a cada Activista para abrir o seu Cartão de Visitas Domiciliárias na página que contém os Marcos de Desenvolvimento.

4. Pergunte: O que estão a ver? (Marcos de Desenvolvimento). Convide um Activista a explicar como é que usa (ou podia usar) o Cartão DPI 1 nas Visitas Domiciliárias.

5. Explique que aqui no cartão, há muitos marcos para observar. Agora, para facilitar seu trabalho, passaremos a escolher somente alguns, que são **Marcos Críticos** para cada idade.

6. Explique que os **Marcos críticos** são as capacidades **mais importantes** da criança. Por exemplo, queremos que todas as criancas sentam, ou que todas falam. Se um destes marcos faltar, toda a vida da criança pode ficar prejudicada.

7. Explica que vai ler os **marcos criticos** em voz alta, um por um, e os activistas devem procurar cada marco, nos seus cartões da visita, e **circular com marcador permanente**.

   Lê os seguintes marcos, dando tempo para os activistas circular cada marco no cartão DPI 1.

IDADE DA CRIANÇA	MARCOS CRÍTICOS
Aos 3 meses	✓ Segue os objectos com o olhar ✓ Sustenta a cabeça ✓ Sorri quando lhe falam

Aos 6 meses	✓ Alcança e pega os objectos com a mão
Aos 9 meses	✓ Senta sem apoio ✓ Balbucia (nenene..., dadadadada...)
Aos 12 meses	✓ Fica de pé ✓ Diz primeiras palavras
Aos 18 meses	✓ Anda sozinho
Aos 2 anos	✓ Responde aos pedidos simples (Traz me...)
Aos 3 anos	✓ Consegue se despir e vestir (pelo menos 1 peça) ✓ Fala em frases curtas (conta sobre si...)

8. Explique que **o activista deve verificar esses marcos, em cada visita domiciliaria**.

   Se a criança tem idade que não aparece na lista (por exemplo, 5 meses), o activista deve observar os marcos da idade anterior que aparece na lista (3 meses).

9. Reforce que, se a criança não atinge qualquer um dos marcos críticos da sua faixa etária, o Activista deve:
   - **REFERIR** a criança para a unidade sanitária, anotando como motivo, atraso de desenvolvimento;
   - **ACONSELHAR** o cuidador em actividades estimulantes e monitorar o desenvolvimento dessa criança.

10. Convide uns voluntários para simular, como vão verificar os marcos críticos, nas crianças. Prepare uma "família" onde há duas criancas: **uma de 10 meses** (boneca) e **uma de 3 anos e 1 mês** (um voluntario). A criança de 10 meses ainda não balbucia.

11. Peça para os restantes Activistas ficarem atentos pois serão convidados a comentar sobre os pontos fortes e fracos da simulação do seu colega. Dê 5 minutos para a simulação.

12. No final da simulação elogie o Activista por se ter voluntariado e analisem juntos usando as seguintes perguntas:

    - **O Activista explicou a mãe o que estava para fazer?** (observar se as crianças estão a desenvolver bem)

    - **O Activista verificou os marcos críticos certos, para cada idade?** (comparar com tabela)

    - **O que o Activista fez apos observar a criança?** (Disse a mãe se a criança está ou não a crescer e desenvolver bem? Tomou decisão certa, sobre referir a criança ou não? Aconselhou?)

    - **Como o Activista vai registar essa actividade, na Ficha de Visita?** (Revejam juntos os campos relevantes (DPI: Monitoria e Referência), e o que o activista vai registar para cada criança.)

13. Se tiver tempo, repita a simulação com outra faixa etária. Explique que essa será a forma de trabalhar, a partir de agora, Por último agradeça a atenção de todos.

ALIMENTAÇÃO DAS CRIANÇAS A PARTIR DE 6 MESES:

ALIMENTOS QUE AJUDAM A CRESCER

Guião passo-a-passo (2)

Material necessário:

- Cartões de visitas domiciliárias, ou chão e giz / pauzinhos e areia.

Tempo: 1 hora.

Passo-a-passo:

1. Pergunte aos activistas: Quais são os alimentos que podemos dar às crianças logo aos 6 meses (a idade quando estão a começar a comer)? *Escute as respostas, prestando atenção se alguém menciona os* ***alimentos que ajudam a crescer*** (AMENDOIM, FEIJÃO, CASTANHA, MORINGA, OVOS, LEITE, IOGURTE LOCAL, PEIXE, OVOS, RATO DO MATO, LARVAS, GAFANHOTOS, GALINHA, FIGADO, RINS, CARNE).

2. Elogie e diga que alguns dos alimentos que foram mencionados, são **mais importantes** para a criança do que outros. Pergunte quais são. Se precisar, repita os alimentos que ajudam a crescer, que foram mencionadas.

3. Pergunte: **Porque** é que esses alimentos são os mais importantes para a criança? Recolha ideias. A seguir, peça para abrir o Cartão de Alimentação (1), nos Cartões de Visitas Domiciliarias. Pergunte: Estão a ver esses alimentos aqui? Aponte no grupo correcto de alimentos. Como é que chamam-se esses alimentos que são tao importantes? (ALIMENTOS QUE FAZEM O CORPO CRESCER).

4. Pergunte: Alguém sabe porquê é que devemos dar **muita atenção** a este grupo de alimentos? Oiça as respostas.

5. Caso precisar, explique que as crianças mais dos que outras pessoas, precisam destes alimentos porque esses:
   1) ajudam o **corpo, os órgãos a crescer**

2) ajudam ao **cérebro a desenvolver** (crianças a **ter boa memoria**, **aprender rápido**)
3) ajudam o **corpo a recuperar** rápido após ferimentos, queimaduras e cirurgias
4) mesmo **durante a gravidez**, ajudam a formar o corpo e o cérebro do feto.

Crianças com falta desses alimentos, muitas vezes tem **altura baixa** comparando com outras crianças, ficam doentes mais facilmente, e podem ter problemas **da memória** e de **aprendizagem**.

6. Pergunte: Sabemos que a carne e o frango são muito bons para criança crescer, mas são difíceis de arranjar, nas comunidades. O que é que as famílias podiam conseguir arranjar, que tem as mesmas propriedades como carne e frango? (Conversem sobre práticas de consumir **leite fresco fervido**, **iogurtes caseiros**, **castanha, moringa**, e os **bichos e animais que existem na comunidade** e que são consumidos pela população.)

7. Reforce que todos esses alimentos podem e devem ser comidos **a partir de 6 meses**. A criança está pronta para comer todos esses alimentos, basta esses estar **bem preparados e esmagados**. Se a criança começar a comer esses alimentos a partir de 6 meses, isso vai evitar com que ela fique desnutrida.

8. Divida os participantes em 2-3 grupos pequenos. Peça para que cada grupo imagine 2 pratos (refeições) diferentes que podem preparar para suas crianças. Nesses pratos deve ter:
    a. Um alimento que ajuda a criança a crescer
    b. Também algo que proteja das doenças (Mostrar no Cartão de 4 grupos)
    c. E o prato deve ter um sabor que acha que as crianças vão gostar ☺.

9. Após 5 minutos convide cada grupo a partilhar as suas receitas. Verifique que cada receita está de acordo com as instruções dadas. Elogie, e encoraje a ensinar essas receitas nas famílias que vão visitar.

10. Finalmente, trabalhem em grupo para criar uma canção onde:
    a. Mencionam pelo menos **5 alimentos que ajudam a criança e ao cérebro dela a desenvolver**, e que tem na sua comunidade
    b. Explicam **o que acontece com a criança, quando ela come esses alimentos** (fica mais alta, esperta, recupera mais rápido etc.).
    c. Usam **gestos**, para demonstrar os alimentos e aquilo que acontece com a criança quando ela coma esses.

11. Pratiquem várias vezes a canção, para fixar bem na memoria. Elogie o grupo, e encoraje lhes para explicar sobre esses alimentos importantes, nas famílias, e ensinar as crianças e os cuidadores a canção, durante as visitas domiciliarias.
    Nota: Encoraje iniciar os próximos 3 encontros de activistas, com essa canção!

HORTA CASEIRA: COMO CRIAR E CUIDAR

Guião passo-a-passo (3)

Material necessário:

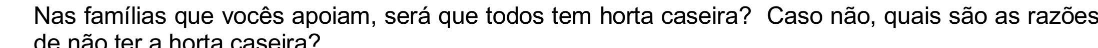
- Papel gigante, marcador.
- Passos de produção de uma horta caseira recortados

Tempo: 1 hora.

Passo-a-passo:

1. Pergunte aos activistas:

   - Quem de vocês já tem uma horta em casa? O que cresce na sua horta? Como preparou essa horta? Oiça pelos menos 2 respostas.



   - Nas famílias que vocês apoiam, será que todos tem horta caseira? Caso não, quais são as razões de não ter a horta caseira?

2. Caso não tenha sido referido explique que a **horta caseira** é a uma parcela de terra perto da casa, que serve para produzir os produtos que são mais consumidos pela família. Geralmente podem ser:
   - verduras (alface, couve, salsa, cebolinha, etc.)
   - legumes (tomate, pepino, abobora, cebola, etc.)
   - leguminosas (feijão, amendoim, ervilha, etc.)
   - também podem ser plantadas cereais (milho, mexoeira) e tubérculos (batata-doce, batata-reno, mandioca).

3. Acham que **é muito importante ter uma horta caseira, aqui nas nossas comunidades**? Porquê? Oiça as respostas e no final acrescente, se ainda não tiver sido referido: As hortas podem trazer os seguintes benefícios:

   - Ajudam a ter uma alimentação saudável pois permitem ter alimentos frescos e de variar o que a família come;

   - Permitem poupar dinheiro porque cultivando os seus próprios alimentos, a família deixa de ter que comparar;

   - Contribuam para o bem-estar da família: por exemplo, os pais e as crianças podem trabalhar juntos para preparar e cuidar da hora; os pais podem conversar com as crianças sobre o que cresce na horta e que refeições poderão fazer, etc.;

   - Embelezam o ambiente da casa.

4. Pergunte: **Em que espaço podemos fazer uma horta caseira?** Escute as respostas e elogie, depois faça um resumo explicando que a horta caseira pode ser feita em qualquer espaço que sobra no quintal, desde que ele esteja a receber sol, ser limpo, livre de pedras e de entulhos. Sempre que possível, o espaço deve ser vedado para evitar a entrada de animais que possam destruir a horta.

5. Pergunte: **E numa zona urbana, com pouco espaço, será que é possível fazer uma horta?** Como? Recolhe as experiências e a seguir reforce:

   - Num bairro urbano, a horta caseira pode ser criada em recipientes como caixas de madeira, latas ou bidons furados, bacias furadas, potes, vasos, sacos ou outros recipientes que já não estejam em uso por estarem furados ou partidos.
   - Estes recipientes podem ficar pendurados ou guardados no chão em espaço livre ou numa varanda.

6. Convide os participantes para formarem grupos de 4 ou 5. Distribua os passos para criação de uma horta caseira recortados e baralhados (copiar a folha no fim do guião). Explique que cada grupo terá de agrupar de forma correcta os passos para a produção de uma horta caseira. Dê 5 minutos para a actividade.

7. Convide um grupo para colocar os passos agrupados no centro da sala, de forma a que todos os outros possam observar. Peça aos restantes grupos para comentarem e juntos organizarem a sequência correcta dos passos.

> Para o facilitador: **Passos a seguir para criar uma horta caseira:**
>
> 1) Identifique o local onde irá criar a horta caseira.
> 2) Livre o espaço de capim, pedras, lixo e entulho.
> 3) Sempre que possível, vede o espaço para evitar entrada de animais.
> 4) Divida o espaço em canteiros (isso permite plantar culturas separando por espécie).
> 5) Espalhe o adubo natural pelos canteiros e misture com areia.
> 6) Lance as sementes na areia, sem enterrar muito para facilitar a germinação (1 a 3 cm de profundidade).
> 7) Cubra o espaço com capim seco para conservar a humidade.
> 8) Regue logo depois de semear e todos dias nas manhãs e ao entardecer sem encher água(pode usar a água que resta depois de lavar a loiça, desde que esteja separada dos restos de comida para evitar ataque de insectos.)
> 9) Não deixe o capim crescer entre as culturas da horta.

8. Pergunte se existem dúvidas quanto aos passos. Acolhe e reconheça as experiências diferentes de criar a horta, que também são fazíveis.

9. Explique que no passo 5 falou de **adubo natural**. Pergunte o que é? Como se faz? Caso não seja dito, explique que o adubo natural pode ser feito com casca de ovo, cascas de frutas, folhas de hortaliças, capim e outros material de origem vegetal. Pode-se adicionar fezes de galinhas, vaca ou porco para enriquecer o adubo.

> **Para preparar o adubo /estrume natural:**
>
> 1) Fazer uma cova, de preferência numa sombra dentro do espaço da horta.
>
> 2) Colocar os restos do dia-a-dia, incluindo o capim e as fezes de animais/galinhas, tapando cada vez com uma camada fina de areia para evitar ratos, moscas e que o sol incida directamente sobre os restos.
>
> 3) Por um pouco de água só para umedecer, mas não encher até ficar empapado. Mexer um pouco o adubo a cada vez que adicionar os restos.
>
> 4) Continuar a adicionar os restos em camadas, durante uns 3 a 4 meses.
>
> 5) Para ver se o adubo está pronto, coloque um ferro de construção ou um tubo até o fundo e deixa por cerca de 10 minutos, depois retira e observa. Se o ferro /tubo estiver frio, o adubo esta pronto e pode ser usado. Caso esteja quente aguarde alguns dias e volte a testar.

TPC PARA MESES SEGUINTES:

10. Como TPC, convide a todos os activistas que ainda não o fizeram, a abrirem **as covas para fazer adubo**, nas suas casas dentro desse mês, para depois conseguir ensinar as famílias com quais trabalham, a fazer o mesmo.

11. Em cada encontro seguinte, verifiquem quantos activistas já produzem adubo em casa, e elogie. Peça aos que conseguiram produzir adubo, para apoiar aos outros que tenham dificuldades.

12. Acompanhe o processo de produção de adubo, e após 3 meses, volte a incentivar os activistas que não fizeram isso ainda, a **começar com a criação da sua horta caseira**, passando a seguir a ensinar a mesma actividade nas famílias que visitam.

13. Verifique o trabalho dos activistas com as hortas caseiras nas suas casas, e nas casas de beneficiários, em cada encontro, e elogie os activistas que mostram bons avanços. Peça aos que conseguiram ter uma boa horta, para apoiar aos outros que tenham dificuldades.

Referências bibliográficas

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2. Pastoral da Criança. Alimentação e hortas caseiras na Pastoral da Criança. Curitiba. 2009.

Annex 2. Developmental record tool.

Data da visita						
Idade da criança						

IDADE DA CRIANÇA	NOME DA CRIANÇA: ________________________________							
		MÊS 1	MÊS 2	MÊS 3	MÊS 1	MÊS 2	MÊS 3	REFERIDA PARA US?
AOS 2 MESES	A CRIANÇA SEGUE O OBJECTO COM OLHAR?	SIM NÃO						SIM NÃO
	A CRIANÇA VIRA A CABEÇA PARA O LADO DO SOM?	SIM NÃO						SIM NÃO
ENTRE 3 E 5 MESES	A CRIANÇA SUSTENTA A CABEÇA?	SIM NÃO	SIM NÃO	SIM NÃO				SIM NÃO
	A CRIANÇA SORRI QUANDO LHE FALA?	SIM NÃO	SIM NÃO	SIM NÃO				SIM NÃO
ENTRE 6 E 8 MESES	A CRIANÇA MANTÉM-SE SENTADA SEM APOIO?	SIM NÃO	SIM NÃO	SIM NÃO				SIM NÃO
ENTRE 9 E 11 MESES	A CRIANÇA GATINHA?	SIM NÃO	SIM NÃO	SIM NÃO				SIM NÃO
	A CRIANÇA FICA EM PÉ COM APOIO?	SIM NÃO	SIM NÃO	SIM NÃO				SIM NÃO
ENTRE 12 E 17 MESES	A CRIANÇA ANDA APOIADA PELA MÃO?	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO
	A CRIANÇA DIZ TÁ-TÁ?	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO
ENTRE 18 E 23 MESES	A CRIANÇA ANDA SOZINHA?	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO
	A CRIANÇA USA 6 A 20 PALAVRAS?	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO
ENTRE 2 E 5 ANOS	A CRIANÇA CORRE?	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO
	A CRIANÇA DIZ O PRIMEIRO NOME?	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO
A PARTIR DE 5 ANOS	A CRIANÇA VESTE-SE SOZINHA?	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO
	A CRIANÇA CONTA OS 5 DEDOS NA MÃO?	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO	SIM NÃO

Annex 3. Books for Africa handout.

COMO CONTAR E LER HISTÓRIAS ÀS CRIANÇAS? 1

1. POSICIONE BEM AS CRIANÇAS:

- Sente as crianças em forma de U.
- Sente-se em frente delas de modo que todas possam lhe ver.
- Levante o livro à altura das crianças.

2. MOSTRE A CAPA DO LIVRO ÀS CRIANÇAS E PERGUNTE:

- O que estão a ver?
- Já viu (esse animal)? Aonde?
- O que acham, sobre que é esse livro?

3. QUANDO LÊ OU CONTA HISTÓRIAS...

- USE VOZES E GESTOS DIFERENTES
- LÊ A HISTÓRIA DEVAGAR
- MOSTRE OS DESENHOS E NALGUMAS VEZES SE DESLOCA PARA AS CRIANÇAS VEREM BEM OS DESENHOS

4. NO FIM DA HISTÓRIA, FAÇA UMAS PERGUNTAS, POR EXEMPLO:

- O que gostaram mais, na história?
- Com quem nos encontramos, na história?
- E se isso acontecer consigo, como faria?

Peça as crianças para contar a história para outras crianças ou adultos!

COMO CONTAR E LER HISTÓRIAS ÀS CRIANÇAS? 2

EM CASA – "HORA DE HISTÓRIAS"

1. Explique à família porquê os livros e histórias são importantes para as crianças.
2. Demonstre como ler ou contar uma história.
3. Põe o adulto ou irmão mais velho a praticar a ler ou contar a história.
4. Elogie muito mesmo!
5. Ajude a família a encontrar a hora quando sempre possam ler ou contar histórias.
6. Ajude a encontrar um espaço seguro onde guardar os livros.

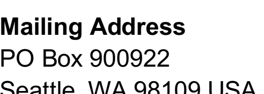
NO CENTRO DE SAÚDE

1. Põe caixa com livros ao dispor das crianças no TARV pediátrico / chá positivo.
2. Encoraje as crianças a pegar e ver os livros.
3. Explique aos pais a importância de histórias para as crianças.
4. Demonstre como ler ou contar uma história.
5. Põe os pais a ler histórias as crianças. Elogie muito!
6. Encontre um sítio seguro onde guardar os livros.

NO CLUBE INFANTIL

1. Deixe os livros ao dispor das crianças.
2. Pode ler ou contar uma história com expressão, e fazer perguntas.
3. Põe uma criança mais velha a ler uma história para todos.
4. Elogie muito!
5. Encontrem um sítio seguro onde guardar os livros.

@ Desenhos: Zacarias Chemane (PATH; Escolinha de Verão (Save the Children/ UNICEF)).



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