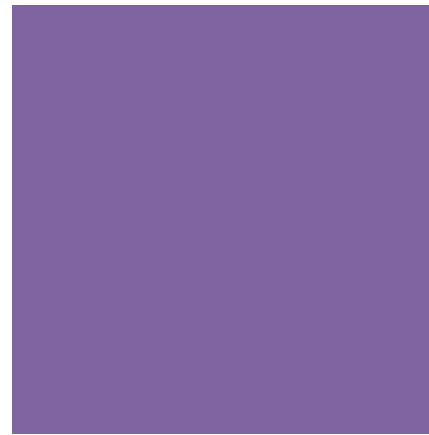


PROMOTING EARLY CHILDHOOD DEVELOPMENT (ECD)

Preparing Community Health Promoters to promote child development during household visits and at health facilities



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 community health promoters during home visits and playbox sessions in the facility waiting rooms.

The insights generated were used to improve two activities through which community health promoters implement child development interventions, namely, household visits and group health education at health facilities. Additionally, the training orients the community health 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 Community Health Promoters with knowledge and skills to:

1. Use the Mother Child Health Booklet (MCHH) to find the relevant information to share with the caregiver;
2. Use the Mother Child Health Booklet (MCHH) to monitor the overall development of children from birth to 5 years and take appropriate action;
3. Use the MCHH to effectively counsel caregivers on child development;
4. Conduct play sessions in the health facility waiting rooms, in coordination with healthcare workers.

TRAINING TARGET GROUP:

- Community Health Promoters
- Community Health Assistants
- Community Strategy Focal Person

CHARACTERISTICS OF THE TRAINING:

- 5-day duration
- Active learning methodology building on prior knowledge and practices and use of games and simulations
- Field practice with actual caregiver-baby pairs and in the HF waiting rooms
- Toolkit consisting of SOP (guide) on age-appropriate developmental monitoring and counselling; Mother-child Health Booklet and Playbox Flipchart

TRAINING AGENDA

DAY 1		
TIME	CONTENTS	FACILITATOR
8:00-9:00	Registration of participants & opening Training rationale and objectives Pre-test	
9:00-9:30	CHP tasks and responsibilities during household visits and at the health facility	
9:30-10:15	Use and knowledge of the Mother Child Health Handbook (MCHH) by CHPs	
10:15-10:30	BREAK	
10:30-11:30	MCHH review: Pregnancy and after birth	
11:30-13:00	MCHH review: Nutrition	
13:00 – 14: 00	LUNCH	
14:00-15:00	MCHH review: Nutrition (cont.) Child health monitoring	
15:00-16:30	MCHH review: Child Development	
16:30	Daily evaluation	

DAY 2

TIME	CONTENTS	FACILITATOR
8:00-8:30	Review of daily evaluation Recap of Day 1	
8:30-9:00	MCHH review: Child Development (cont.)	
9:00-10:00	Introducing SOP (guide) on Early Childhood Development	
10:00-10:30	Using the SOP <ul style="list-style-type: none"> • Checking for maternal depression 	
10:30-10:45	BREAK	

10:45-11:45	Using the SOP (cont.) <ul style="list-style-type: none"> Finding the correct milestones to check for 	
11:45-13:00	Using the SOP (cont.) <ul style="list-style-type: none"> Finding appropriate messages and activities to share 	
13:00 - 14:00	LUNCH	
14:00-16:00	Practicing activities with caregivers	
16:00-16:30	Bringing it all together: Simulation of household visits	
16:30	Homework Daily evaluation	

DAY 3

TIME	CONTENTS	FACILITATOR
8:00 – 9:00	Preparation for practice in the households	
9:00 – 9:20	Travel to the community	
9:20-12:30	Practice sessions in the community	
12:30-13:00	Travel back to the training venue	
13:00 – 14: 00	LUNCH	
14:00-15:15	Reflection on the practice Plans for the future	
15:15-16:15	CHPs in the HF: Playbox sessions in the waiting room	
16:15	Daily evaluation Homework	

DAY 4

TIME	CONTENTS	FACILITATOR
8:00-9:45	Day 4 opening and recap Review & completion of playbox kits	
9:45-10:30	Review of playbox session steps	

10:30-10:45	BREAK	
10:45-13:00	Review & practice of playbox activities	
13:00-14:00	LUNCH	
14:00-14:30	Practice of playbox activities (cont.)	
14:30 – 16:15	Bringing it all together: Simulation of playbox sessions	
16:15	Daily evaluation	

DAY 5

TIME	CONTENTS	FACILITATOR
7:30-8:00	Preparation for practice	
8:00 – 9:00	Travel to the HF/s	
9:00-10:30	Practice playbox sessions in the HF waiting rooms	
10:30-12:00	Travel back to the training venue Break	
12:00-13:00	Reflection on the practice	
13:00 – 14: 00	LUNCH	
14:00-15:45	Planning for implementation and mentoring	
15:45-16:30	Post-test Family photo Closing	

TRAINING MATERIALS

Material	Quantity	Comments
MATERIALS TO DISTRIBUTE TO PARTICIPANTS		
1. Training agenda	1 / participant	
2. MCH Handbook	1 / participant	Or 1 per each pair
3. ECD SOP	1 / participant	A4, laminated, color, 2-sided
4. Massage card	1/participant	A4, laminated
5. Playbox flipchart	1 / participant	A3, laminated, color, 2 sided, with spiral
6. Notebook and a pen	1 / participant	
7. Plastic envelope with button	1 / participant	
8. Pre test / post-test	2 / participant	
9. Mentoring tool (household visit; playbox)	5/ supervisor	
MATERIALS FOR ACTIVITIES		
1. Daily sign in sheet (with consent form integrated)		
2. Appendix 1: Delay or not?	5-6 copies	1 copy for each group
3. Appendix 2: Scenarios for counselling	1 copy, cut up	1 scenario for each group
4. Appendix 3: Drawings	5-6 copies	
5. Appendix 4: Playbox planning matrix	1 /HF team	
6. Photo consent forms for practice sessions	30 10	Individual written consent Large group (oral consent)
STATIONERY & TRAINING SUPPORT MATERIALS		
1. Large flipchart paper	4 sets	
2. Sticky tape	2 rolls	
3. Thick permanent markers (different colors)	15	
4. Playbox – model kit	1	
5. Baby size dolls	5-6	1 for each group/team
6. Colorful balloons	5-6	1 for each group
PRODUCTION MATERIALS FOR PLAY ITEMS		
1. Big scissors	1/ HF	

Material	Quantity	Comments
2. Needle and thread	1/HF	
3. Box of thick color pencils/ crayons	1/HF	
4. Scotch tape for packing	1/HF	Wide & transpared
5. Wire roll (for making cars)	1/HF	
6. Rolls of colorful médium synthetic rope	2 color /HF	
7. String bag to store toymaking materials	1/HF	
8. Rags (leftover fabric) for making dolls, balls, strings	1 large bag	
9. Cardboard boxes for cutting and making pictures	4-5	Large boxes but easy to cut
10. Plastic box for storing playbox items	1/HF	
11. Plastic bottles (small)	3/ HF	Pick at the training venue
12. Wooden blocks of different shapes and sizes	20-30 /HF	

MATERIALS THAT PARTICIPANTS SHOULD BRING WITH THEM	
1. Plastic bottle caps of different colors	5-10 / participant
2. Tin containers	2 / participant
3. Packaging and newspapers with interesting pictures	1-2 /participant
4. Stuffing (any) for homemade balls	1/participant
5. Five short sticks (10 cm) and Five long sticks (20 cm)	10 / participant

KEY STEPS IN PREPARING THE TRAINING

1. Study this manual and related materials (e.g., SOP, MCHH, playbox flipchart, scenarios 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 that are new to you.
5. Ensure practice sites are prepared in advance before beginning the training
 - Organize **Practice 1**: Identify households at least 2 weeks before the training. Prepare sufficient number of households with different categories of caregivers: pregnant women, women in the post-natal period (within 2 weeks of delivery), caregivers with children between 2 weeks to 2 years.
 - Organize **Practice 2**: Identify how many HFs you will need, for the groups to practice their playbox sessions. Note: You can use pediatric ward, where it exists, as an additional practice site.
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.).
 - Arrange the playbox kit in a visible manner, so that everyone can see the homemade toys /household items and the box.
 - Organize the materials to produce toys in a systematic way (each type of material in its own place etc.). Place the tools (scissors, sewing thread etc) in a separate place.
7. During the training:
 - Observe the performance of each participant and reflect how best to support them.
 - Model, give feedback and praise 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

SESSION 1	8:00-9:00
Registration and introductions. Pre-test Training objectives & structure	MATERIALS: <ul style="list-style-type: none"> • Sign-in sheet with consent form • Training agenda & pre-test • Notebooks and pencils • Flipchart, sticky tape, colored markers
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: <ul style="list-style-type: none"> • Become comfortable with each other • Do pre-test • Be clear about the training objectives and the plan for the next 5 days. 	

1. Greet each participant warmly upon entering. Ask participants to sit next to people they do not know well or do not usually interact 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 work as a Community Health Promoter. Appreciate the sharing done by the participants.
5. Familiarize the participants with the materials in their personal kit. Ask them to find the pre-test.
6. Explain how to give the answers on the pre-test. If necessary, read out the questions aloud and let participants write down or circle their answers before moving on to the next question. Give 15-20 min for the pre-test.
7. Provide a brief overview of the agenda.
8. Clarify administrative matters, for example:
 - Schedule (when the day begins and ends, breaks, etc.)
 - Facilities (bathroom, dining room, etc.)
 - Expected presence (all days, from ... to ...)
 - Reimbursement of travel expenses and other expenses, if relevant.

DAY 1, SESSION 2	9:00-9:30
CHP tasks and responsibilities during home visits and at the health facility	MATERIALS: <ul style="list-style-type: none"> • Flipchart and markers
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: <ul style="list-style-type: none"> • Agree on the structure and frequency of CHP household visits, including for different categories of caregivers and children, and on the tools used. • Agree on CHP tasks and tools in the HF. 	

1. Ask three volunteers to share what their typical household visit looks like.
2. **Probe** the participants, as they share:
 - a. How do you start each household visit?
 - b. And how do you finish each household visit?
 - c. What are some things you always make sure to do, in a household visit?
 - d. Who do you usually interact with, during a household visit?
 - e. Are all your households visits the same? If not, what makes them different?
 - f. How frequently do you visit a family with a pregnant woman? A family with a newborn?
 - g. What about a family with a child under 1 year old – how often will you normally visit them? And between 1 and 5 years?
 - h. What job aids do you use during routine household visits? Anything else?
3. If no one mentioned, ask if a typical household visit includes attention to child development, and if so, what exactly the CHPs usually do.
4. As people respond, your co-facilitator should pick key points and write them on a flipchart.
5. Summarize the key points written, and check with CHPs for correctness.

6. Now, ask 3 volunteers to share what tasks they typically perform at a health facility.
- 7. Probe:**
 - a. How many days a week are you at the health facility?
 - b. What do you usually do when you are there?
 - c. Do all CHPs do the same activities, at the health facility?
 - d. How long time do you spend there, normally?
 - e. What job aids do you use, when you work at the Health Facility?
 - f. Do you record your work anywhere? (for example, health talks etc.)
8. If no one mentioned, ask how many CHPs have been conducting playbox sessions at the HFs, and how that activity was typically done.
9. As people respond, your co-facilitator should pick key points and write them on a flipchart.
10. Summarize the key points written, and check with CHPs for correctness.

DAY 1, SESSION 3	9:30-10:15
Use and knowledge of Mother Child Health Handbook by CHPs	MATERIALS: <ul style="list-style-type: none"> • Mother Child Health Handbook for each participant
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: <ul style="list-style-type: none"> • Share how they use the MCHH to share messages and counsel caregivers • Check their basic knowledge of the MCHH. 	

1. Ask three volunteers to share their experiences using the Mother and Child Health Handbook (MCHH).
- 2. Probe:**
 - a. In a normal home visit, do you ask the family for the Mother and Child Health Handbook?

- b. If you do, what do you usually use the Handbook for? Anything else?
 - c. Are there any parts in the Handbook that you find most useful, during home visit?
 - d. What do you tell the mother/caregivers about the Handbook?
 - e. From your experiences, how well do caregivers understand the Handbook?
 - f. What do caregivers find most useful in the Handbook?
3. **Explain:** The MCHH belongs to the mother, the father and their child. It is given to the mother during her 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. Please close your Handbooks!
 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? Each family can only have one MCHH. (False)
- 2) True or false? The Handbook should only be used by the nurse, to write vaccinations and the weight of the child. (False)
- 3) True or false? There is useful information in the Handbook for the family to read and to use in their daily life. (True)
- 4) True or false? There is no information on maternal nutrition, in the Handbook, because the booklet only talks about the child. (False)
- 5) True or false? The Handbook is to be used from pregnancy until the child gets the last measles vaccination at 18 months. (False – to be used until 5 years)
- 6) True or false? The Handbook does not teach parents about playing with the child, as this is a job of the ECD center. (False – see p.42)
- 7) List at least 5 topics that a family can find advice on, in the Mother Child Health Handbook. (Care during pregnancy; postnatal care; Malformations and milestones; Nutrition; Prevention of diseases; Play; Danger signs in pregnant woman and child; Family planning; Dental care; HIV prevention; ...)

- 8) True or false? There is a section in the Handbook that describes the role of the father. (True – p.3-4)
- 9) Show page 19 of the Handbook but cover the title above and the note below. You can bring the page closer to each group. After each group saw the page, ask: What does this page teach the family? (Danger signs)
- 10) True or false? There is a place in the MCHH where parents can write messages to their child. (True – last page)

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

It is important that CHVs understand the contents of this Handbook and feel confident using it to support caregivers.

Families should become familiar with and should be supported to practice the recommended activities in the Handbook; 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	10:30-11:30
SESSION: Review of Mother and Child Health handbook: Pregnancy and after birth	MATERIALS: <ul style="list-style-type: none"> Copies of Mother Child Health Handbook for each participant Baby-sized doll for each group (4-5)
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: <ul style="list-style-type: none"> Describe key content in the Mother and Child Health Handbook around care in pregnancy and after birth. 	

Pregnancy:

1. Brainstorm what CHPs are already doing to support mothers during pregnancy:
 - How often do you visit a pregnant woman?
 - What do you normally do?

2. Ask: What are the pages of the MCHH that have some good advice for families during pregnancy? (Let the CHPs work in groups, and identify pages 13,14 and 18, but also page 3 (father's role.)
3. Ask the CHPs to work in teams and prepare to show **8 care practices listed on page 13**, using only gestures and movements, without saying any words. Then call on each team randomly to show one practice, and ask the other teams to guess which practice is being shown. Continue until all practices have been demonstrated.
4. Ask the participants to spend 5 minutes reviewing danger signs in pregnancy (p.14). They can quiz each other, to remember better.
5. Then ask everyone to stand in a circle. Name one danger sign or a different sign, interchangeably. (For example: "I am pale!") When a danger sign is named, everyone should bend or sit down. When a different sign is named, everyone should continue standing.

Some non-danger signs:

- I want to go to the toilet all the time!
- I feel like singing!
- I have a runny nose!
- Baby is kicking a lot!
- I feel hungry!

After birth:

1. Brainstorm what CHPs are already doing to support mothers and newborns after birth.
 - How often do you visit the mother and the newborn?
 - What do you normally do?
2. Ask: What are the pages of the MCHH that have some good advice for families just after birth? (Let the CHPs work in groups, and identify pages 16,18 and 19, but also page 4 (father's role.)
3. Ask the teams to carefully observe the top of page 19 (**danger signs in the mother after birth**) and compare with danger signs in pregnancy on page 14:
 - Which danger signs are the same?
 - Are there any additional danger signs after birth?
4. Give a baby sized doll to each group. In groups, ask each participant to take turns and using the doll and page 19 in the handbook, demonstrate **danger signs they could see in a newborn baby**. After 5 minutes, ask a volunteer from each group to use a doll to demonstrate one danger sign at a time, until all signs are demonstrated.

5. Discuss with CHPs:

- Why is this so important for us and for the caregivers to know danger signs in pregnancy and after birth?
- Have you already had a case of a mother or a baby with a danger sign? What did you do?
- What could we do to teach these danger signs to the families?

Father role

1. Ask participants: In your community, do men usually support their spouses during pregnancy and after birth? If so, 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 questions:
 - Are there any tasks listed here that men rarely do, in your community?
 - How can you encourage the fathers to try out some of these new practices? What will make the fathers listen to you?

DAY 1, SESSION 5	11:30-13:00
Review of Mother and Child Health handbook: Nutrition	MATERIALS: <ul style="list-style-type: none"> • Copies of Mother Child health Handbook for each participant • Baby-sized doll for each group • Half-filled small balloon (breast with a nipple) for each group • Paper ball
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: <ul style="list-style-type: none"> • Describe key content of the Mother and Child Health handbook on maternal and child nutrition. 	

Maternal nutrition (11:30-12:00)

1. Ask: When you visit a pregnant or breastfeeding woman, what questions do you ask her, to check on her nutrition?

2. Ask: What are the pages of the MCHH that have some good advice on what mothers should eat during pregnancy and after birth? (Let the CHPs work in groups, and identify page 18.)
3. Ask the groups to review the page 18. Is there anything that is new to you, here?
4. **Say:** Let us imagine that all of us in this room are pregnant women, and we want to check how well we are following the MCHH advice. Each person in the room should write down all the times they ate yesterday, and what exactly they ate at each time.
5. After everyone has completed the task, ask the participants to check the following on their list:
 - Did they eat 4 times (meaning 3 times plus one extra meal)
 - Did they eat something from at least 5 groups, during the day? (ask for examples, and check jointly)
 - Did they drink a lot?
 - Did they drink anything nutritious (porridge water, fresh juice)?
6. Discuss what the participants learned about their own diet:
 - Which advice are they following? What are they not following? Why?
 - Having this personal experience, how could they now support pregnant mothers to eat better?

Breastfeeding (12:00 – 12:30)

1. Ask: When you visit a breastfeeding woman, what do you check for, about her breastfeeding?
2. Ask: What are the pages of the MCHH that have some good advice on breastfeeding? (Let the CHPs work in groups, and identify page 16 and page 41 (1st part).)
3. Give a baby sized doll and half-filled small balloon to each group. Within each group, the participants should take turns and using the doll and page 16 in the Handbook, demonstrate 1) good positioning and 2) good attachment to the breast. The team should check (and if needed correct) every practice demonstrated by the group member.

4. After 10 minutes, ask a volunteer from one group to come forward and demonstrate and describe 4 signs of good positioning, step by step, and another volunteer to demonstrate and describe 4 signs of good attachment to the breast.
5. Discuss with CHPs:
 - Why is this so important to teach mothers good positioning and attachment to the breast? (to avoid mother getting tired, developing cracked and painful nipples, baby not breastfeeding well.)
6. Ask the CHPs: Have you had a case of a mother who complained of not producing enough milk? If so, what was your advice to that mother?
7. Acknowledge the experiences shared and reinforce the following:
 - 99.9 % of the mothers (basically all mothers) have enough milk
 - However, enough milk may not be produced, if a mother does not breastfeed correctly or frequently
 - Teach the mother **correct attachment and position** on the breast
 - Make sure she breastfeeds (or expresses milk) at least **every 3 hours**
 - Make sure she lets the baby **empty the breast** before switching to the other one
8. Mention: Some mothers may not want to breastfeed because they are worried about the shape of their breasts. That is a different issue altogether, and requires counselling the mother.

Complimentary feeding (12:30 -13:00)

1. Ask: When you visit a family with a child older than 6 months, what do you check for, about child feeding?
2. Ask: What are the pages of the MCHH that have some good advice on child feeding? (Let the CHPs work in groups, and identify page 41.)
3. Ask the groups to review the page 41 for about 10 minutes. Group members can help each other review by asking questions, for example: "At what age...?".
4. 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.
 - 1) At what age should the child start eating foods other than breastmilk? (at 6 months)

- 2) How many times a day should a child eat, at 6 months? (Twice)
 - 3) How many table spoons should a 6-month-old eat, at each time (2-3 table spoons)
 - 4) By when you can stop mashing and start chopping food, so that a child can pick and eat with his fingers? (by 8-9 months)
 - 5) By when should the child have 3 meals and 2 snacks? (by 1 year)
 - 6) When a child is sick, should you feed her more or less frequently?(More frequently, but small amounts)
 - 7) Can you give a child egg from 6 months? (Yes!!)
 - 8) Can you give your child fish from 6 months? (Yes!)
 - 9) Can you give your child livers from 6 months? (Yes!)
 - 10) Why is it good to give a separate plate to your baby? (To be able to check how much she is eating.)
5. **Ask:** Do most families already follow these child feeding practices? If not, what are some challenges that families have?
 6. What could we do to support the families to follow these practices and overcome some of these challenges?

LUNCH

DAY 1, SESSION 5 (CONT.)	14:00-14:30
Review of Mother and Child Health handbook: Nutrition	MATERIALS: <ul style="list-style-type: none"> • Copies of Mother Child health Handbook for each participant • Baby-sized doll for each group
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: <ul style="list-style-type: none"> • Describe key content of the Mother and Child Health handbook on maternal and child nutrition. 	

Responsive feeding

1. **Say:** Sometimes children take long time to eat; others spread half of the food on their clothes or on the floor. Other children do not like certain foods.
2. **Ask:** How do parents usually react in such cases? (yes, some get angry; some try to force-feed their children; and some take time to help children try new foods)
3. Demonstrate force-feeding a baby, with a doll. Show the baby spitting the food but you collect it and 'shove' it back into his mouth, saying that 'you are not going to waste food. Eat up!'
4. **Then ask:** What happens when we feed the child in this way, just for him to finish and to be done? What happens when we show anger and impatience during meals?
5. Brainstorm and then add the following, if needed:
 - Children will be unhappy and stressed
 - Children may not like trying new foods
 - Meal times will not be happy times with the family.
6. Brainstorm: What can we do to help children eat well and try new foods? Listen carefully and add the following if needed (write key words in bold on the paper):
 - a. **Eat in a family, at the same time each day**, if possible. **Avoid sweet snacks between the meals.** This will ensure the child is hungry at meal time.
 - b. **Do not rush** meal times. Let the child take time and self-feed, even if it is messy.
 - c. Observe the child for the **signs of hunger or fullness**, during meals. Do not force-feed.
 - d. **Talk to the child** about what you are eating. Ask about color, texture or taste. Talk about foods you like most. Meal time is bonding time.
7. Explain: We call these practices **Responsive feeding**, since we respond to the child's cues when eating together.

8. Invite someone to be a caregiver and demonstrate with the doll, how they would feed the child, following the practices we just learned. Invite the group to help the volunteer as needed, during the demonstration.

Vitamin A, deworming and MNPs (OPTIONAL, SKIP IF TIME IS SHORT)

1. Ask: What is the Vitamin that the child needs to take, at 6 months? (Vitamin A). Why is Vitamin A important? (It protects the child from blindness.)
2. Ask: How frequently should a child get **Vitamin A**? (If unsure, ask the groups to check first table on page 35). (Every 6 months)
3. Ask: And when should we start **deworming** the child? (If unsure, ask the groups to check in the bottom table on page 35.) (At 12 months) How frequently should a child be dewormed? (Every 6 months.) And what happens if we do not deworm the child? (The child might start getting sick.)
4. Ask: Has anyone had experience with **micronutrient powders**? If so, what are these powders for? (They add important nutrients to the child's food, which he may not be getting from his daily meals. They are especially important for developing healthy brain and good memory.)
5. Review jointly, on page 35 (middle section), how MNPs should be taken.

DAY 1, SESSION 6	14:30-15:00
Review of Mother and Child Health handbook: Child Health	MATERIALS: <ul style="list-style-type: none"> • Copies of Mother Child health Handbook for each participant • Baby-sized doll for each group
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: <ul style="list-style-type: none"> • Be able to use the mother and Child Health handbook to counsel caregivers on child health 	

Growth monitoring

1. Ask the CHPs to look through pages 27 to 30. What do they see? Do they usually look at these pages, during a home visit? Or are these pages only used by the nurse?
2. Explain that these pages are used by the nurses to write down the weight of the child, at every child health checkup. The nurse puts a dot where the weight and the age of the child cross (show how).

3. The nurse should be connecting these dots with a line, so that it looks like a road. We will call it a child's 'road to health'.
4. Ask: what direction do we want the "child's road to go? Up, flat or down? Review the KEY on page 27 together, to confirm what three 'road' directions mean.
5. Ask: Have you see any children who 'road to health' stayed flat or went down? Can you share what was happening with the child? (Add that child's illness or malnutrition can cause the road to become flat or go down.)
6. Ask: What color are the lines that you see, on both sides of the road? (Green, yellow, red). What do you think they mean?
7. Explain that in the case of the child who is growing well, his 'road to health' will be between the two green lines. If it gets outside to yellow or even red line, it is a cause for concern, as the child may not be growing well.

Immunizations

1. Ask: Why are vaccines so important for children? (They build resistance against future diseases, protecting the child from a disability or even death that a disease could have caused.)
2. Are most of the families you are visiting following the vaccination schedule? How can you check if the family is following the vaccination schedule?
3. Let the teams work and review pages 33-34, to come up with an answer. (Yes, by checking if the child has received the vaccines for his age.)
4. Quickly review page 44 for 6 major vaccination times.
5. Ask: do you do anything special when the child completes his or her last vaccine at 18 months? If not, what could we do, to celebrate with the family? 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)

Danger signs in a child

1. Ask: Who still remembers danger signs in a newborn? Let's review them (p.19).
2. As children grow, we should still be attentive to danger signs, and take them to the health center as soon as these appear. What signs should we watch for?

3. Ask the teams to review child danger signs on page 43. Then check for comprehension:
 - a. What danger signs are the same as in the newborns?
 - b. And what additional danger signs do you see?
 - c. Should any child with a cough be taken to the health center?
 - d. Should any child with a diarrhea should be taken to the health center?

4. OPTIONAL: Share the following scenario with the teams: You come to a household where a 1-year-old girl has been having diarrhea for the last day. When the mother tried to give her something to drink, she vomited, so the mother decided to wait and see if diarrhea passes on its own. Please share how you will support that family.

5. Let the teams share, and then together compare the answers with advice given on page 44.

DAY 1, SESSION 7	15:00-16:30
Review of Mother and Child Health handbook: Child development.	MATERIALS: <ul style="list-style-type: none"> • Copies of Mother Child health Handbook for each participant • Baby size dolls for each group • A variety of homemade play items
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: <ul style="list-style-type: none"> • Be able to use the mother and Child Health handbook to monitor child development 	

Developmental monitoring (15:00 – 16:00)

1. Ask: Besides checking the child’s weight and health, what else should we check, to know if the child is growing well? (The developmental milestones)
2. Ask the team to work together and 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 chronological order.
4. Ask: What are the 4 areas in which all children develop? Draw 4 circles, to reflect physical, mental, language, and socio-emotional development.

5. Ask which one of these areas most of our milestones belong to. Review together. Explain that physical milestones are easiest to see and to track, but we should also pay attention to the child's language, the way she thinks, and how she interacts with other people.
6. 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 (on the flipchart). Which are these? Are the ages the same?
 - Then ask to find some "new" milestones (that are not yet on the list). Which are these? At what age should these be checked?
7. 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 milestones earlier and some later.)
8. 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.)
9. Imagine that you have a 3-month-old in your household visit. 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 months, so she still has time to reach these milestones, even if she does not reach them currently.

10. 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 the age is a "limit" age, say 4, 6, or 9 months, check the milestones for 2-4, 4-6 or 6-9 months, respectively.**

11. Give the following scenarios (Appendix 1), 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 5-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

12. 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.
13. 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.)

Additional considerations (16:00 – 16:30)

Who is most likely to have delays or disabilities?

1. **Explain:** Some families need additional support to provide adequate care to their children, because their children are more at risk of poor development.
2. **Ask:** What children are more likely to have developmental delays? Listen and add the following as needed:
 - HIV-positive children
 - Children exposed to HIV
 - Children identified with malnutrition
 - Frequently ill children

 - Children that had some birth trauma
 - Children that had jaundice (yellow skin) at birth
 - LBW / prematurely born children (if they have not received a proper intervention)
3. CHPs should always monitor the development of such children more attentively.

Can delays be corrected?

1. **Ask:** Can some delays or disabilities in children be corrected?
2. **Explain:** Some delays and disabilities can be corrected, if they are found early. And others can be reduced but not fully corrected. For example:
 - A club foot in a newborn can be corrected, if detected after birth or as early as possible.
 - A cerebral palsy cannot be corrected, but the child can have better movements and learn many skills, if treatment starts in the 1st year.
 - A child that has delays caused by malnutrition, has better chance to improve his development, if delays are identified before he is 2 years old.

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?
3. Reaffirm: Yes, the first step is always to refer the child to the health center, so that the health worker can fully check the child and decide what help is needed. 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.

HOMEWORK AND DAILY EVALUATION (16:30)

1. **Give the participants a small homework:** Ask everyone to review page 42 this evening and use local materials or household objects to make 2 play items suggested here. They should bring the items with them the next morning.
2. 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?
4. 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 Recap of Day 1	MATERIALS: <ul style="list-style-type: none">• Evaluation notes from Day 1• MCHH
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: <ul style="list-style-type: none">• Obtain answers to the questions raised at previous day's evaluation• Review the homework	

Review of daily evaluation (5 min)

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 (10-15 min)

1. Stand in a circle
2. Ask everyone to place their 2 play items in the center of the circle
3. Describe what types of toys 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.

Recap of Day 1 (10-15 min)

1. Invite 2 volunteers: caregiver and CHP. Ask the CHP to role play the following:
 - a. Find out if the caregiver would like to know more about something related to her or child's health or nutrition
 - b. Show to the caregiver where that information is in the Handbook, and review jointly.
2. Ask others for feedback: What did the CHP do well? And what could she/he do better next time?
3. Repeat quickly with another pair of volunteers, if time allows.
4. Remind that CHP should not review the whole MCHH with the family, but should first ask questions and find out what the family wants to know, and then direct them to the relevant part of the Handbook.

DAY 2, SESSION 2	8:30-9:00
Review of Mother and Child Health handbook: Child development (cont.)	MATERIALS: <ul style="list-style-type: none"> • Copies of Mother Child health Handbook for each participant • Baby size dolls for each group • A variety of homemade play items
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: <ul style="list-style-type: none"> • Be able to use the mother and Child Health handbook to identify play and communication activities. 	

Play and communicate

1. In addition to checking the child for delays, we will want to help caregivers to play and talk with their children, because this will help their children develop well.
2. Let us first think together **what kind of play activities or exercises would be helpful, in case of specific delays.** (Describe the scenarios below and wait for ideas, then reinforce as needed.)
 - If the child has difficulty supporting his neck:
 - Put the child frequently on the stomach, to reinforce neck muscles
 - If the child is not (yet) sitting:

- Sit the child with supports, and gradually remove them
 - If the child is not (yet) walking:
 - Walk with the child by holding his hands
 - Build parallels bars for the child to practice walking
 - If the child is not (yet) talking:
 - Talk with the child about everything you do
 - Point and name things that are around the child
 - Ask the child questions and wait for an answer (even if it is a nod or a wink)
 - Teach the child to use gestures for common actions (eat, drink, sleep, play).
3. 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.)
4. 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?
5. Has anyone already tried to use this page, to counsel caregiver on how to support child development? If so, can you please share or show us how you did this?
6. 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.
7. Ask: Do caregivers usually make time to play and communicate with their young children? Allow 2-3 participants to respond.
8. Then say:

It is important that CHPs support caregivers to promote their children' development during routine household tasks, instead of waiting for a weekend or another free day. This will ensure that playing and talking with a child becomes a habit. When this happens, child's development will be accelerated.

DAY 2, SESSION 3	9:00-10:00
SOP for ECD	MATERIALS: <ul style="list-style-type: none"> • SOP for ECD, for every participant • Mother Child Health Handbook for every participant • Playbox Flipchart for each participant
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: <ul style="list-style-type: none"> • Explain what the objective of SOP for ECD is • Show which tasks on the SOP are for CHP and which are for HCW • Demonstrate how they would use the SOP. 	

1. Explain: Yesterday we reviewed the whole Mother Child Health Handbook. Today, we will go deeper into one part, namely, child development.
2. Explain that we talked to many CHPs and CHAs, as well as to the caregivers, and learned that it was not always easy for CHPs to know how to best promote child development, during household visits. For example: How to decide what to talk about, with a family that has a newborn and a 5-year-old? And how to help families start practicing new behaviors at home?
3. Distribute the SOP for ECD for each participant. Explain that this tool is a guide for CHPs and for healthcare workers, to promote early child development by using Mother Child Health Handbook.
4. Give the teams 5-7 minutes to review the guide. Then ask the following questions, and invite each team to take turns to answer:
 - 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 & OBSERVE all about? What are we asking about 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 play 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 guide).
- 9) The guide 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 does? (Check for congenital abnormalities, check the eyes; counsel during delivery).
- 11) And what are some tasks that only CHP does (Practice play activities with child 1 month to 5 years).

5. Check if there are still some parts on the SOP that may not be clear.

6. Give the following scenarios and invite volunteers to describe what they would do, **following the SOP (guide):**

- a) You do a household visit to a family where the woman is 6 months pregnant and there is an 18-month-old child. What will you do to promote ECD? Which parts of the SOP will you use?
- b) You visit a family with a 2-week-old baby and a 3-year-old. What will you do to promote ECD? Which parts of the SOP will you use?
- c) You come to a household that has a 9-month-old child. What will you do to promote ECD? Which parts of the SOP will you use?

7. After each response, invite others to comment and add what may be missing, until all relevant parts of the SOP have been addressed.

Note: When there is more than one child, or when there is a pregnant woman and a child, the CHP should address ECD needs of each one.

8. In the end, tell: We know that CHPs visit a pregnant woman 4-8 times, and the family with a newborn 3-4 times. (Show this information on the first SOP page on the bottom). Since you have several visits, you do not need to share all the messages or practice all the activities at once but you can do it over time.
9. For example, what message and practice would you share during first newborn visit? And what message and practice you could save for the second or third visit? Very good!

DAY 2, SESSION 4	10:00-10:30 BREAK 10:45 – 11:45
Using the SOP: Checking for maternal depression Finding milestones to check on	MATERIALS: <ul style="list-style-type: none"> • Copies of Mother Child health Handbook for each participant • Baby size dolls for each group • A variety of homemade play items
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: <ul style="list-style-type: none"> • Be able to use the SOP together with the MCHH, to identify and check for maternal depression or for the right milestones. 	

Maternal depression (10:00-10:30)

1. **Tell:** There is something we should check for in the mother during pregnancy and after birth, according to the guide. What should we check for? (maternal depression)
2. **Ask:** Why do we want to check on 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 signs of maternal depression that appear in the SOP. How might you check for these? What will you ask? And what might you observe? (Ask the teams to work in groups and role play how they would ask and observe. Circulate and support the groups.)
5. **Ask:** What can you do if you identify the mother with some symptoms of depression? Listen and reinforce with the following, if needed:
 - Make sure that the mother 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
 - If the mother appears really distraught, to the point that she ignores the needs of the baby, refer the mother to the health facility (*See reminder on the bottom of SOP*).

BREAK

Developmental milestones (10:45 – 11:45)

1. Check: According to this guide, when should you start checking the child's milestones? (From 1 month onwards.)
2. Let us do one scenario together, just to practice. Imagine that you visit a 2-month-old baby.
 - 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, with this doll? (Observe and support as needed.)
3. And what if you visit a 3-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.

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. Review in large group how to evaluate any milestones that small groups seemed to struggle with.
6. Evaluate the last scenario together: Checking for milestones in a 4-year-old. Invite a volunteer to demonstrate which milestones s/he will check (18 to 24 m), and how.
7. Remind CHPs that any child with at least 1 delayed milestone should be referred to the health center, and should be supported with play activities at home.

DAY 2, SESSION 5	11:45-13:00
Using the SOP: Finding messages and activities on ECD to share	MATERIALS: <ul style="list-style-type: none"> • Copies of Mother Child health Handbook for each participant • Baby size dolls for each group • A variety of homemade play items
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: <ul style="list-style-type: none"> • Be able to use the SOP together with the MCHH, to identify messages to share and activities to demonstrate, during home visits. 	

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 that is 3 years old, what can your message focus on? Will you share one or two messages? *(Best to share 1 message per visit.)*
 - And if you are visiting a child that has just started to eat solid foods, at 6 months, what will your message be?
 - And if you are visiting a child that is just starting to crawl or to walk, 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 family that has a newborn, and it's your first visit, what will your message focus on?

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

Remember: Select just 1 message for each visit, that is most appropriate for the child or the family.

Activities on ECD

1. Tell: Let us know look at the ECD activities in the guide. In which column can you find these activities? (PRACTICE)
2. Why do you think most of the PRACTICE activities, especially as the child gets over 1 month of age, is left for household visits? (Because nurses are usually not able to practice with caregivers, during routine services, due to lack of time.)
3. Why do you think we should not stop at giving MESSAGES but should also PRACTICE some play activities, with the families we visit? Listen to the answers and add, as needed:
 - It is only by practicing that caregivers learn new behaviors
 - If we want caregivers to play, we need to first practice play with them
 - This may be especially important for adolescent mothers, and for parents whose parents never played with them.
4. Ask to look at the guide again and discuss:
 - a. How many play activities should we practice with a family, in every visit, in your opinion? (One is sufficient!)
 - b. But why are there places on the guide with 3 or even 6 activities? (So that CHPs can choose and decide which one to practice, in every visit. They can mark the ones they did, and do the next.)
5. Give the following scenarios to the groups to discuss and share in plenary:
 - Which activity can you practice, in your visit to the family with a newborn?
 - Which activity can you practice, when you visit a 3-month-old?
 - Which activity can you practice, when you visit an 8-month-old and a 4 year old? (*Tip: 1 activity per each age.*)

- Which activity can you practice, when you visit an 18-month-old?
- Which activity can you practice if you visit a 3.5-year-old and a newborn? (*Tip: 1 activity per each age.*)

6. Review the answers together in plenary and support as needed.

LUNCH	
DAY 2, SESSION 6	14:00-16:00
Practicing ECD activities with caregivers	MATERIALS: <ul style="list-style-type: none"> ● MCHH for every participant ● SOP on ECD for every participant ● Massage card for every participant ● Baby size dolls for each group ● A variety of homemade play items
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: <ul style="list-style-type: none"> ● Describe key practice steps ● Demonstrate the use of key practice steps with ECD activities. 	

Learning three steps of effective practice (14:00 – 14:30)

1. 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.

2. 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?

3. **We call these three steps of effective practice.** Let us try and follow these 3 steps, when we teach something to the caregiver.

4. Imagine that we want to practice baby massage with a mother of a newborn. Here I have the **massage card** with me. (Distribute the card) What will be the first thing I do? (I will need to demonstrate how to do the steps, so that caregiver can observe me.)
5. Put two chairs on one side of you and 2 on the other. Invite 4 volunteers that have baby dolls next to them, to come forward with their 'babies'. These will be the caregivers.
6. Position yourself so that the 4 caregivers can observe you well. Pick one of the baby dolls, and:
 - a. Share key message from the SOP on the first page (why massage is important)
 - b. Demonstrate the steps on the massage card. Start by talking to the baby, and as you continue talking to the baby, massage her with gentle movements from head to toe and then turn the baby to massage her back.
 - c. Invite 4 volunteers to try out what they just observed, with their 'babies', on their lap.
 - d. Circle and provide feedback, always starting with praise and then adding 1-2 suggestions if needed.
7. Ask the volunteers how they felt: Was the demonstration helpful? Was the practice helpful? And what about the feedback?
8. 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.

Learning new play activities (14:30 – 16:00)

1. Divide the participants into role-play pairs (caregiver and CHP). Each participant should select 1 activity of their choice, from the SOP (guide).
2. Ask one participant (CHP) in the pair to demonstrate selected activity, let "caregiver" practice, and provide useful feedback during practice. Remember: always start the feedback by praising.
3. Circle and support the pairs. Then ask them to change roles and repeat the role-play. Support the pairs with 3 practice steps.

4. Ask the participants: When you were demonstrating play activities to caregivers, just now, did you feel unsure about how to do some of the activities?
5. Make a list of the activities that the participants did not feel confident about. If not mentioned, add the following activities to the list:
 - Copying baby's sounds and gestures (6 weeks -6 months)
 - Asking the child questions (12 months to 2 years)
 - Counting, naming and comparing things like bottle caps (2 years and older)
 - Making patterns with bottle caps (2 years and older)
 - Games with pictures (2 years and older)
6. Demonstrate (or ask a volunteer to demonstrate), ask the participants to practice, and then provide feedback on the activities the participants mentioned.

Copying the baby's sounds and gestures (6 weeks to 6 months):

- Ask: Can you find this activity on the guide? (Check that all have found it.)
- First share the key message, which explains why this activity is important.
- Invite 2 volunteers, one to demonstrate with the doll how one can copy baby's sounds and gestures, and the other to practice. Support if needed (*When the baby coos, you coo. When the baby blinks, you blink.*)
- Remind the first volunteer to provide feedback to the volunteer that practiced.

Asking questions as child plays or helps you (12 months to 2 years):

- Ask: Can you find this activity on the guide? (Check that all have found it.)
- Call a volunteer to be a child, and give him a toy car to play. **As the child is playing**, demonstrate simple questions you can ask the child:
 - *Charles, where is your car going?*
 - *Is it moving fast or slow?*
 - *Who is in your car? Is your mommy there? And your daddy? And who else?*
 - *Is your car big or small?*
- Invite a volunteer to practice asking questions, with the same “child”, but now give the child **a doll** instead of a car. Support by praising and by providing helpful feedback.
- Now role-play **asking questions when you and your child do some domestic task together** (ex. washing clothes). Demonstrate:
 - *Dickens, whose shirt is this? And whose skirt is this?*
 - *What color is daddy’s shirt? Is it big or small?*
 - *Is the water warm or cold? Which one do you like best?*
 - *Can you make some bubbles? Show me!*
- Invite a volunteer to practice asking questions, with the same “child”, but now change a domestic task to **cooking**. Support by praising and by providing helpful feedback.

Counting and naming bottle caps (2 years and older)

- Ask: Can you find this activity on the guide? (Check that all have found it.)
- Ask everyone to come forward and stand in a circle, to see better. Invite 2 volunteers -“caregiver and child” - to come the middle. Have a bag of 10-15 colorful bottle caps ready.
- Show one bottle cap to the “child” and ask what this is.
- Take all the bottle caps and spread them on the floor. Ask the “child” to show you a white bottle cap, a red one, then a blue one (use the colors you have). Praise.
- Say: Let’s count how may red bottle caps we have. Help the “child” count red bottle caps. Praise the child.
- Now invite the “caregiver” to practice the same activities with the child. Praise and provide any useful feedback (for example, move each bottle cap as you count them).

Making patterns with bottle caps or sticks (2 years and older)

- Ask: Can you find this activity on the guide? (Check that all have found it.)
- Continue with the same volunteers: “child” and “caregiver”. Ask the child: Should we make a flower with these bottle caps? Show to the child how to make a flower on the floor, with the bottle caps.
- Tell to the child: Now it’s your turn, please make a beautiful flower. Praise the child.
- Now invite the caregiver to try and make some shape from the bottle caps, for the child to copy. Praise and provide helpful feedback (what if you use different colors for flower petals, and talk about colors with the child?).
- Now substitute bottle caps for some short and long sticks, and ask caregiver to make some patterns for the child to copy. Support as needed.

7. Explain that we will learn the remaining activity (**games with pictures**) tomorrow, when we start training on playbox sessions.

DAY 2, SESSION 7	16:00-16:30
Bringing it all together: Simulating household visits	MATERIALS: <ul style="list-style-type: none"> • Copies of Mother Child health Handbook for each participant • Baby size dolls for each group • A variety of homemade play items
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: <ul style="list-style-type: none"> • Be able to check for and promote child development in a household visit with a pregnant or postpartum woman, or with a child under 5 years 	

1. Explain: Tomorrow we will have household visits in the community, to practice what we learned.
2. Ask: Who would like to explain, step by step, what you will do tomorrow, on child development, during a household visit.
 - As you listen, check that the CHPs use the SOP to mention the main tasks, such as: Check for depression or milestones; Share key message; Practice one play activity.
3. Ask the participants to divide into pairs or groups of 3 (where one is a caregiver, one is a CHP, and the third is either a father or a child older than 2). Pairs can use dolls or improvise babies from materials in the room.
4. Distribute one scenario to each pair or group, for simulation (use Appendix 2; note that you can give the same scenario for 2-3 pairs if needed). Ask the participants to follow the SOP, as they work through their scenario.
5. Circle and support the groups to follow the SOP as they respond to their particular scenario. Give groups 15 minutes.
6. In plenary, discuss any challenging situations that you observed or questions that participants would like to clarify.

HOMEWORK AND DAILY EVALUATION (16:30)

1. Ask the participants to review page 42 this evening and to make one more play item suggested here. They should bring the items with them the next morning.
2. Ask the participants to also bring with them, for practice session tomorrow:
 - sets of colorful bottle caps and sticks they prepared
 - SOP, MCHH, Massage card.
3. 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?
4. Collect the papers, thank the participants and release them. Agree on a place to meet for the practice.

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:
 - Make practice pairs (pair up weaker and stronger CHPs)
 - Assign households to each pair
 - Assign supervisors to each group of CHPs and agree how these will move around and support CHPs
 - Agree on departure time.

DAY 3

DAY 3, SESSION 1	8:00 – 9:00
Review of daily evaluation Preparation for practice in the households	MATERIALS: <ul style="list-style-type: none">• Mother Child health Handbook, Massage card & SOP for each participant• Homemade play items that each participant prepared
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: <ul style="list-style-type: none">• Be ready for the practice session.	

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.
3. Check that participants brought bottle caps and sticks, and that bottle caps are 10-15 per set and have at least 2 colors, and sticks are of two different lengths.

Review of household visits

1. Explain that we are not going to the families most CHPs know and visit regularly. So this will not be a normal household visit. However, we want to use this visit to practice what we learned in the last two days, namely:
 - a. Identify family needs and share relevant information in Mother Child Health Handbook
 - b. Check on the mother and the child, share key messages, and practice one play activity, using the SOP and the Handbook.
 - c. Address ECD needs of every pregnant woman or child in the household.

2. Ask a volunteer to take everyone through the steps they will follow, using the SOP. Encourage others to add if anything is missing.
3. Assign everyone their pair and their families (mention the mother status or the child's age, to help the pair prepare, as they travel to the household). If possible, at least 2 households should be assigned to each pair.
4. Agree on the return time and location.

TRAVEL TO THE COMMUNITY: 9:00 – 10:00

PRACTICE SESSIONS IN THE HOUSEHOLDS: 10:00 – 12:00

TRAVEL BACK: 12:00 – 13:00

Note: Make a plan with other facilitators regarding follow up with CHP pairs during the visits and return to the central location for travelling back.

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.

LUNCH

DAY 3, SESSION 2	14:00-15:15
Reflection on the practice Plans for the future	MATERIALS: <ul style="list-style-type: none"> • Flipchart and markers • SOP on ECD • MCHH
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: <ul style="list-style-type: none"> • Be able to summarize what they learned from practice session. 	

Reflection on the practice (14:00 – 15:00)

1. Before or during lunch, prepare a flipchart with the following questions (use 1 sheet for each question). Use these to facilitate discussion and encourage every CHP to share some experience from today.

- 1) How many CHPs had visited pregnant women? And families with newborns? And children under 5 years?
- 2) What were the families' needs or interests, around maternal or child health?
 - Which parts of the MCHH did you share, as a result?
- 3) Were you able to follow all the steps on the SOP (the guide)?
 - If not, what was challenging?
- 4) Checking for depression: Successes and challenges. Did you identify any cases that may need a referral or support?
- 5) Checking milestones: Successes and challenges. Did you identify any cases that may need a referral or support?
- 6) What were some of key messages you shared?
 - How did you select these?
- 7) What were some of the activities you practiced?
- 8) Successes / challenges when practicing activities?
- 9) Is there anything on the SOP (guide) that you think we could improve or change?

Plans for the future (15:00 - 15:15)

1. Thank the participants for the reflection. Inform that, after this training ends, we are expecting that CHPs will be using the SOP and the MCHH in every visit, and will be able to apply these tools as brilliantly as they did today.
2. Ask the CHPs to discuss the following, in groups:
 - 1) How will CHPs use their new knowledge of the MCHH to support caregivers, not just on ECD but on other issues?
 - 2) How will CHPs need to prepare for their home visits, from now on?
3. Let each group present their reflections. Address any questions or concerns.

DAY 3, SESSION 3	15:15-16:15
Introducing playbox sessions	MATERIALS: <ul style="list-style-type: none"> • Copies of Mother Child health Handbook for each participant • Baby size dolls (5-6) • A model playbox kit
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: <ul style="list-style-type: none"> • Be able to describe playbox session objectives and steps 	

1. Congratulate the participants on completing Part 1 of the training (covering MCHH and home visits), and starting Part 2, on playboxes.
2. Invite 3 volunteers who have had experience facilitating playbox sessions. Let each one share their experiences and thoughts on the following topics:
 - 1) how they used to conduct the sessions
 - 2) what they felt worked well
 - 3) what were some of the challenges.
3. Summarize the key lessons learned, around each topic.
4. Explain that in the last few months CHMT and PATH have talked to many CHPs and facility providers, to understand how playbox sessions in the waiting rooms should be revitalized, since many playbox sessions stopped running after COVID pandemic.
5. Ask: Why do we want to do playbox sessions? What are our objectives? Let the participants brainstorm. Then add the following, if not yet suggested:
 - Since providers have very little time during consultations, playbox sessions in the waiting rooms may be **a better place to teach caregivers** about playing and talking to children.
 - **Nurses and other providers can then simply reinforce or follow up** on what CHPs have taught the family during playbox session.
 - Playbox sessions serve to both **educate families on importance** of play and conversation with young children as well as **help them learn new play activities**.
 - To learn new activities, caregivers need to **observe a CHP doing them, try them out, and get feedback on whether they did it well**.

6. Explain that you will now demonstrate the new (updated) steps of a playbox session. The participants should take part, and will in the end share what was different about this session compared to the ones they are used to.
7. Invite the participants to use dolls or organize themselves in caregiver-child pairs.
8. Have your playbox flipchart ready. You will use a flipchart page **Children that already walk but are not yet 2 years old** for this demonstration. Select from the playbox the play items you will need: at least 2 recipients, some colorful bottle caps and some sticks, a car and a doll.
9. Demonstrate the steps as described below:
 - 1) Invite the “CWC provider” (ex., another facilitator) to introduce the playbox and to explain that s/he will follow up in the consultation room.
 - 2) Share with “caregivers” at least 3 reasons why playing and talking with young children is important. For example:
 - it stimulates the brain and develops 4 areas in the child;
 - it helps build close relationships between children and their caregivers;
 - it helps caregivers notice if the child is growing well or not.
 - 3) Ask if any caregivers here have children that already walk but have not yet turned two years. *Please raise your hand! Today you will be learning some activities especially suitable for children of this age.*

Activity 1A: Putting items in a container.

- Show the 1st picture on the flipchart page and ask what caregivers can see.
- Demonstrate how a child could pick and put different objects, from the floor into the container.
- Explain that this activity helps the child coordinate eye and hand movements.
- Give the play items to one parent with a child under 2, and ask a parent to try the activity with the child. Praise and support.
- Then ask a different parent to try as well.

Activity 1B: Sorting items.

- Show the 2nd picture on the flipchart and ask what caregivers can see.
- Then demonstrate how to put sticks in one container and bottle caps in another. Talk as you do this, for example: sticks go here and caps go there.
- Explain that the child learns sorting similar things together, in this activity.
- Pass the containers, the sticks and the bottle caps to a nearby parent of a child under 2, and ask her to try the activity with the child.
- Praise and support, then ask another caregiver to try as well.



Activity 2: Talking as you play

- Show the 3rd and 4th picture on the flipchart and ask what caregivers can see.
- Explain that a good way to help our children learn, is talk to them and ask them questions as they play with a doll or a car. They might not respond at once, but will start talking gradually.
- Pick a doll or a car from the playbox, and give it to the nearby child under 2. Ask the child:
 - *What is the name of your doll? What does she like to eat? Where are her papa and mama? OR...*
 - *Is this a car or a bus? Is it a big or a small car? Where is it going? Can I go in this car?*
- Then give another doll to a nearby caregiver and a child, and ask the caregiver to ask the child short questions as the child plays. Praise and support.
- Then give a car to a different caregiver, and ask them to try asking questions to their child about the car. Praise and support.

-
- 4) Take out the other toys from the playbox and explain that all the children are now invited to play, from babies to older ones. Invite everyone to find something they like, and to play with their child. Add that just talking or singing to your child is great, since play does not always require toys.

- 5) Encourage caregivers to continue playing and talking with their children at home, when washing dishes, cooking, fixing something or walking in the field, and ask to prepare a similar playbox for them at home.

- 6) Pretend to leave. After a few minutes, come back to check in on the caregivers and publicly acknowledge (praise) those who are still playing and talking with their children.

- 7) Write down the activity in the register (it can simply be the number of caregivers present today).

10. After the demonstration ends, ask the participants:

- 1) How did I **prepare for the session?** (I selected a specific page (age group) on the flipchart and then prepared play items based on that page.)

- 2) What were some of the **new steps or things** you observed, compared to how playbox sessions used to be run? (provider opening; use of a flipchart; focusing on one age group; demonstration and practice; checking in with families after a while; some new play items such as picture cards)

- 3) What were some of the **steps that got dropped?** (hand-washing; one-on-one counselling)

- 4) What do you think about these steps overall? Anything might be easier or more difficult now?

11. Thank the participants.

HOMework AND DAILY EVALUATION (16:15)

1. Organize the participants in groups by HF.
2. Quickly demonstrate each play item in the playbox kit, and ask groups to find the same item on the flipchart list of play items.
3. Remind that **good play items are those that:**
 - a. Are safe (do not have sharp parts)
 - b. Are well made and can last for some time
 - c. Have some colors (are attractive)
 - d. Have moving parts and pieces, that make them more interesting
(for example, cars with doors or trunk that opens; dolls with hair that can be braided; mobiles that can be pulled and pushed; bottle caps and sticks that can be sorted or built with etc.)
4. Explain that blocks will be provided, but that the participants should prepare all the other materials for their facility playbox. Ask them to divide the tasks among themselves, so that by tomorrow each participant has made at least one new material for their playbox.
5. Show where toymaking materials are (scissors, wax crayons etc.), for each team to pick their kit.
6. 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?
7. 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.

DAY 4

DAY 4, SESSION 1	8:00 – 9:45
Recap of Day 3 Review and completion of playbox kits	MATERIALS: <ul style="list-style-type: none">• Model playbox kit• Cardboard boxes for HF playbox kits for practice)• Materials for making play items
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: <ul style="list-style-type: none">• Be able to complete their playbox kits.	

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 each team to place their playbox kit items in front of themselves.
3. Ask everyone to slowly walk around the circle and carefully observe the play items made by others. They have to identify 1 play item that they particularly like and that meets the conditions we talked about yesterday.
4. Let everyone return to their places in the circle.
 - Call on 3 volunteers to describe some of the items they noticed, and explain why they thought they were great.
 - Then select 2-3 items that you thought were well made and comment as well, keeping in mind the criteria of good play items, especially (d).
5. Pick some cardboard cards with interesting drawings, if these were produced. Show the cards and praise the participants for well-done drawings. Inform that we will soon learn some games to play with these drawings.

6. Ask the HF teams to sit together and to complete their playbox kits based on the play item listed on the flipchart. Circle and support.
 - Distribute black and white copies of sample drawings to each group (Appendix 3), to help them make more drawings.
 - Give suggestions as to how to make the play items more mobile and interesting (criterion d).

7. In the end, brainstorm the following, in plenary:

- **How will you know, how many play items to have in your playbox?**

Add if needed: Start with quantities suggested on the flipchart. Then observe which toys are popular with children, and make sure to make more of these.

Note: Items such as bottle caps and sticks may not be interesting to families at first, until you show parents and children what can be done with these.

- **How can you maintain the toys, so that they do not disappear or get worn out?**

Add if needed: Ask caregivers to treat the play items well, and to put them in the box when they go for consultation, so that other children can play with them tomorrow.

Suggest to families to prepare the same items at home, if children liked certain play item.

Check the materials against the list, at the end of each play session.

DAY 4, SESSION 2	9:45 – 10:30
Review of playbox session steps	MATERIALS: <ul style="list-style-type: none"> • Playbox flipcharts
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: <ul style="list-style-type: none"> • Be able to list and explain the playbox session steps. 	

1. Ask the teams to quickly review playbox steps that the participants saw yesterday, by writing them from memory on paper. The teams cannot look at the flipchart.
2. Now, review the steps together and arrive at the full list in plenary.
3. Finally, compare with the flipchart list.
4. Ask the groups to work and brainstorm **what 3 reasons** they can give to caregivers, to encourage them to play and talk with their young children. These should be the reasons you will want to share during playbox sessions (Step 2).
5. Let one group present their reasons. They have to speak with emotion and conviction, to convince all of us!
6. Check if the other groups have other good reasons to add. If no one mentioned these reasons, share these ones as well:
 - *Child's brain develops fastest from birth to the first 3 years. This is when it should be most stimulated. Play stimulates child's brain.*
 - *Talking to newborn and young child also greatly stimulates the child's brain and intelligence, even though the child cannot yet respond in words.*
 - *Playing and talking with your child daily helps you become good friend. This friendship will help you deal with challenges that may arise later on.*
 - *Playing also helps you know if your child is healthy or sick, or if he has some delay in development. A playful child is a healthy child.*

7. Discuss the following:

- a. **Why do we want the healthcare worker to be the one introducing the playbox session?**
(Because it will make caregivers more attentive, especially once they know that the provider will ask them about what they learned, during consultation.)
- b. **What are the most important steps in a playbox session, in your view?**
(Demonstrate, practice, and give feedback, just like in a household visit.)
- c. **How many age groups should CHP cover during a playbox session?**
(Just one, but in the end they should take out all the toys and invite the caregivers with children of other ages to play as well.)
- d. **Why do we want CHP to focus on only one age group per group?**
(So that CHPs can go deeper into activities for each age, and promote age-appropriate activities and play items.)
- e. **Why do we want the CHP to return and check if caregivers are playing, and then praise them publicly?**
(This will encourage caregivers to continue with the new practices.)
- f. **Where is it best to register the playbox session?**
(Registering playbox sessions in the same register where health talks are recorded, is best for sustainability.)
- g. **How many playbox sessions should be run in a HF every week?**
(3 sessions a week is the recommended frequency of playbox sessions in a given HF; less frequent contact is likely have very little impact on caregiver practices.)
- h. **Discuss: What do you think will happen if CHP:**
 - Skips demonstration and practice steps, and just explains importance of playing and talking to children?
 - Forgets to explain the importance of early stimulation, and goes straight into demonstration?
 - Introduces playbox session by him/herself, without a provider?
 - Forgets to praise those who continue playing with children?
 - Forgets to take out play items suitable for other ages?

BREAK

DAY 4, SESSION 3	11:45 – 13:00
Practice of play activities	MATERIALS: <ul style="list-style-type: none">• Playbox flipcharts• Playbox kits (made by HF teams)
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: <ul style="list-style-type: none">• Be able to demonstrate all the activities on the playbox flipchart	

1. Explain that, to be able to demonstrate to caregivers, we ourselves should practice and be confident about how to do all the play activities on the flipchart.

Activities for newborns and children who do not yet sit by themselves

2. Instruct the teams to open Page 1 of the Flipchart: **Newborns and babies that do not yet sit on their own**
3. Ask:
 - For what age are these activities? (For newborns until about 6 months when babies start to sit.)
 - How many activities can you see? (3)
 - What are the activities you can see? (talking to baby; passing colorful objects in front of the baby; putting baby on the tomy.)
4. Ask: Who in this room has babies or grandbabies of that age? Great, let us practice with your help!

Activity 1:

- Remind that babies can hear already during pregnancy, and enjoy hearing our voices.
- Invite a volunteer (who has a baby at home) to demonstrate how to talk to the baby, using a doll. If needed, remind them to look the baby in the eyes; talk about where you are and what you will do next; pause after each sentence to let the baby “respond”, even if simply by looking or with gestures or sounds.
- Ask everyone to practice talking to their imaginary babies, following the demonstration. Circle, praise and support as needed.

Activity 2:

- Explain that babies can already see from birth, even though not very far. We should hold things about 20-30 cm from their faces.
- Ask a volunteer to demonstrate activity 2 with the doll baby, slowly moving a colorful homemade mobile in front of the baby's face. Remind to talk to the baby all the time: *What is this, Nikita? Can you reach it? Which color do you like? Oh, yellow?*
- Give the mobiles you have, to 4-5 "caregivers", to practice playing with their babies (dolls), following the demonstration. Circle, praise and support as needed.



Activity 3:

- Invite a volunteer to demonstrate the last activity in the flipchart, namely, to put the baby on the stomach; place a colorful ball close by, for the baby to look at and try to reach; talk to the baby and encourage her to go after the ball.
- Explain that putting the baby on the stomach strengthens neck, back and arm muscles, and helps the baby learn to support himself, to start sitting and to crawling.
- Invite 4-5 "caregivers" with young babies (dolls) to try to same activity with their babies. Give them attractive items to place in front of the baby. Circle and support.

Activities for children who sit on their own but that have not yet started walking

1. Ask the teams to open Page 2 of the Flipchart: **Children who sit on their own but that have not yet started walking.**
2. Ask:
 - For what age are these activities? (For babies who already sit but do not yet walk.)
 - How many activities can you see? (2)
 - What are the activities you can see? (banging on objects; playing with interesting mobiles.)
3. Ask: Who in this room has children of that age? Great, let us practice with your help!

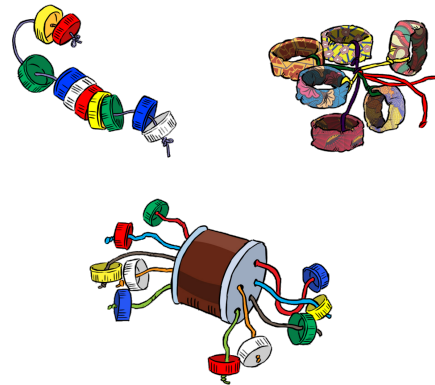
Activity 1:

- Explain that after children start sitting, they enjoy picking, banging and dropping things. This is how they explore new things and learn to use their hands.
- Invite a volunteer to sit on the floor and to hold the baby doll in a sitting position. Put 2 containers and a wooden block in front of the child. Ask the volunteer to play and sing with the child, like in the picture.
- Ask several “caregivers” to practice playing in the same way with their babies (dolls), by taking some items to bang on, from their playbox. Circle, praise and support as needed.

Activity 2:

- Explain that besides banging, babies love looking at colors and shapes, and just feeling the things with their hands. Interesting mobiles that have colorful pieces that can be moved or pulled on, are great things for play.
- Demonstrate **3 types of mobiles** that allow babies do interesting things:

- a. Colorful bottle caps on a string, that can be moved up and down
- b. A container with holes and strings, and bottle caps attached to both ends of the strings, for the baby to pull on either side.
- c. Bottle rings cut up and wrapped in some colorful cloth or string, then tied together loosely with a string.



- Call two volunteers to sit with the babies on the floor. Give a different mobile to each baby to manipulate. Encourage ‘caregivers’ to comment on what the baby is doing.
- Ask several “caregivers” to practice playing in the same way with their babies (dolls), by using some mobiles from their playbox. If the mobiles are not well made (do not allow movement), point that out and instruct the participants to redo the mobiles.
- Circle, praise and support as needed.

Activities for children that have started walking but are not yet 2 years old

1. Show the next page of the Flipchart to the participants. Remind them that we did this page together yesterday, during demonstration.
2. Check if the participants have any questions about the activities on this page. If not, move on to the next page.

Activities for children that are 2 years and older

1. Ask the teams to open Page 4 of the Flipchart: **Children that are 2 years and older**
2. Ask:
 - For what age are these activities? (For children who are 2 years and older.)
 - How many activities can you see? (3)
 - What are the activities you can see? (games with picture cards; building with blocks; making patterns with bottle caps or sticks)
3. Ask: Who in this room has children of that age? Great, let us practice with your help!

Activity 1:

- Show the first two drawings again.
- Explain that often we do not talk to older children enough. We just send them on errands. However, for them to be ready for school, it is important to talk to them, to teach them names of things around and to ask them questions. One way to do that is by playing picture games.
- Show a set of 6-8 picture cards from your model playbox. These can be pictures of a sun, a fish, a rooster, a banana, a boat, a car, a bike, a butterfly etc. – things that children will easily recognize. These can be hand drawn or cut from magazine.
- Let everyone come closer in a circle.
- Invite a volunteer to sit on the floor and pretend to be a 2.5-year-old child. Invite the “child” to play a game with you. Put 6-8 cards on the floor, and tell the child:



- *Let's play a game. Something here has 2 wings. What is it? (The child should point to a butterfly or a rooster). Good!*
 - *And something here lives in the water. Can you see it? (The child should point to a fish.) Great job!*
 - *And what is very very hot? (the sun)*
 - *And now, can you give me things that have wheels? (Car, bike). Great!*
 - *And now, please give me things I can eat. (Fish, banana). Very good!*
- Then turn all the cards upside down. Ask the child: *Where is the fish?* Let the child turn the card and check. If she found a fish, she takes the card. If not, she has to put the card back. Then ask: *Where is the flower?* Continue this way until the child finds at least 3 cards. Praise the child.
 - Invite each group to practice playing with picture cards in the same way. Give 5-6 different picture cards to each group. Circle, praise and support as needed.

Activity 2:

- Show activity 2 on the flipchart and ask participants to describe what they see (a father playing and talking with the girl who is building with the blocks).
- Explain that children can learn how to think and solve problems, as they build with blocks, sticks or any other things they can find. Both boys and girls should participate.
- Add: The parents can play alongside and ask children questions, to help them think and learn more.
- Invite a volunteer take be a 4-year-old child. Give her the blocks from your model playbox. Ask the child: *What should we build? A house? A bridge? Go ahead with the idea of a child.*
- As the child is building, comment on her actions or ask her:
 - *This is a very tall house you are building. How many people will live here?*
 - *Where will the cat stay? And the baby? And the grandma?*
 - *Where will they cook food? Etc.*
- Ask each group to try out the activity with the blocks in their playbox kits, where one participant is a caregiver and another - a child. Circle and support them.



Activity 3:

- Show activity 3 on the flipchart and ask participants to describe what they see (some bottle caps arranged in patterns; a mother playing with the boy with some sticks).
- Explain that sticks and bottle caps can be used for many different things. Ask the participants to remember, what activities we already practiced with these items, on Day 2 (sorting by type and color, counting, making patterns etc.),
- Explain that these games train attention and thinking in the child.
- Invite a volunteer “child”. Give the bottle caps to the child and let him play freely with the caps. Then make a tower and invite him to copy. Then ask the child to do something with the bottle caps, and you copy. Praise the child.
- Ask the participants to try the same role play in group. First they let the “child” play freely, then they demonstrate and ask the child to copy, and then vice versa. Support and praise.



Explain that we have reached the end of our practice and thank the participants.
Note: Continue after lunch if you need more time for practice.

LUNCH

Continue with practice of activities if needed, until 14:30 or 14:45.

DAY 4, SESSION 4	14:30 – 16:15
Simulation of playbox sessions	MATERIALS: <ul style="list-style-type: none"> • Playbox flipcharts • Playbox kits (made by HF teams)
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: <ul style="list-style-type: none"> • Be able to conduct a full playbox session. 	

1. Divide the participants into 4 teams. Attribute one age group to each team. The teams have to prepare to facilitate a full playbox session, from beginning to end. They should divide the roles for different tasks among themselves.
2. Give the teams 15minutes to prepare.
3. Call on each team to simulate its playbox session. Do the simulations outside, if possible, to have a change of environment. If time is short, select randomly just 2 teams to simulate, by drawing sticks.
4. At the end of each simulation, review the performance together, by checking against the playbox steps in the flipchart:
 - a. Did the team have the ‘provider’ to **introduce the playbox** correctly?
 - b. Did the team mention at least **3 reasons** for importance of play?
 - c. Did the team check **how many caregivers** had children of certain age?
 - d. Did the team **show the pictures** on the flipchart?
 - e. Did the team **demonstrate all 2 or 3 activities** for their age?
 - f. Did the team **invite some caregivers to try out** the activity?
 - g. Were these caregivers **praised and supported**?
 - h. Did the team **invite all children to play, in the end**?
 - i. Did the team encourage caregivers to **play and talk at home**?
 - j. Did the team **praise the caregivers** that continued with activities?
 - k. Did the team **register the activity**?

PREPARATION FOR PRACTICE & DAILY EVALUATION (16:15)

1. Explain that tomorrow morning the teams will conduct playbox sessions in the health center waiting rooms, as practice.
2. The teams will stay the same as today, but will need to prepare for a different age group. (Attribute new age groups to each team.)
3. Tell that each team should:
 - a. Divide their roles for tomorrow
 - b. Make sure their playbox is complete, and take it with them for practice.

Give the teams 10 minutes to prepare.

4. 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?
5. Collect the papers, thank the participants and release them, after agreeing on the time and place to meet tomorrow for practice.

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 plan for tomorrow:
 - Location: 4 Health centers with 1 common waiting room area, or 2 Health centers that also have large inpatient pediatric wards
 - Travel logistics
 - Practice schedule.

DAY 5

DAY 5, SESSION 1	7:30 – 8:00
Review of daily evaluation Preparation for practice in the HF	MATERIALS: <ul style="list-style-type: none">• Flipchart and playbox kit for each team
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: <ul style="list-style-type: none">• Be able to conduct the playbox session effectively in the health facility	

Review of daily evaluation

1. Stand in a circle. 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.

Review of playbox session steps

1. Ask a different volunteer each time to mention one step of the playbox, then another, until all the steps are mentioned.
2. Check that the teams have their playbox kits and their flipcharts.
3. Assign the teams (and facilitators) to specific HFs or areas within HF.
4. Plan for a meeting with the provider, to ask him/her to introduce playbox activity to the caregivers and to inform about the need for follow-up during consultation (Step 1).
5. Agree on the return time and location.

TRAVEL TO THE HF: 8:00 – 9:00

PRACTICE OF PLAYBOX SESSIONS IN THE HEALTH FACILITIES: 9:00 – 10:30

TRAVEL BACK: 10:30 – 11:30 / TEA TIME: 11:30 - 12:00

Encourage facilitators to document good practices observed through photos or videos, with oral /group caregiver permission. Use group consent forms, which should be signed by the provider after receiving oral caregiver consent.

DAY 5, SESSION 2	12:00-13:00
Reflection on the practice	MATERIALS: <ul style="list-style-type: none"> • Flipchart and markers
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: <ul style="list-style-type: none"> • Be able to reflect on what they learned from practice session. 	

1. Prepare a flipchart with the following questions. Use these to facilitate discussion and encourage every CHP to share some experience from today.
 - 1) **How many children** were present during your playbox session? What were most common **ages**?
 - 2) Was your team able to follow all the **playbox steps**? If not, what was challenging?
 - 3) **Introducing playbox and explaining importance of play:**
What went well? What was challenging?
 - 4) **Demonstrating and practicing new activities:**
What went well? What was challenging?
 - 5) Can you share how you **praised** the caregivers? What was the result?
 - 6) After this experience, is there anything on the **playbox flipchart** that you think we could improve or change?

LUNCH

DAY 5, SESSION 3	14:00-15:45
Planning for implementation and mentoring	MATERIALS: <ul style="list-style-type: none">• Flipchart and markers• Notebooks• CHP playbox planning matrix• Mentoring tool for household visits• Mentoring tool for playbox part sessions
BY THE END OF THE SESSION THE PARTICIPANTS SHOULD: <ul style="list-style-type: none">• As CHPs, prepare for conducting playbox sessions in their health facility• As CHAS, prepare for their role as mentors of CHPs.	

Note: Divide the facilitators into 2 teams and conduct these 2 sessions in parallel. Bring everyone together after 1 hour.

Planning session with CHPs (14:00 -14:45)

1. Inform the CHPs that, after this training ends, we are all expecting that CHPs will be conducting playbox sessions in their health facilities at least 3 days per week.
2. Put the CHPs in groups by their facility. Ask them to discuss and write down key ideas for their work, by using the matrix in the Appendix 4.
3. Circle and support.

Planning session with CHAs (14:00 - 14:45)

1. Explain that to ensure that CHPs have learned well their skills, they need to receive at least 3 mentoring visits, in the first 1-2 months after the training. The mentoring should cover both household visits and playbox sessions.
2. Ask: What are 3 most important activities that a CHA should try to do, during mentoring, be it in the community or at the facility? Brainstorm and then add, if needed:
 - 1) Observe CHP to do an activity
 - 2) Provide positive feedback on all parts CHP did well
 - 3) Demonstrate and help CHP practice, the parts where CHP struggled.

3. Distribute the CHP mentoring tool and ask the CHAs to study it in pairs, for 10 minutes. Discuss any questions or comments.
4. Ask CHAs to sit in a small group and plan out the mentoring of the CHPs that were just trained. They can use the template on the back of the CHP mentoring tool, for planning.
5. Circle and support.

Bringing everyone together (14:45 – 15:45)

4. Invite the CHPs and then the CHAs to present their plans and ideas. Discuss and help the teams improve their plans. Take photos of all the plans.

DAY 5, SESSION 4	15:45-16:30
Post test Closing	MATERIALS: <ul style="list-style-type: none"> • Post-test

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

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	

APPENDIX 2

SCENARIOS FOR COUNSELLING DURING HOUSEHOLD VISITS

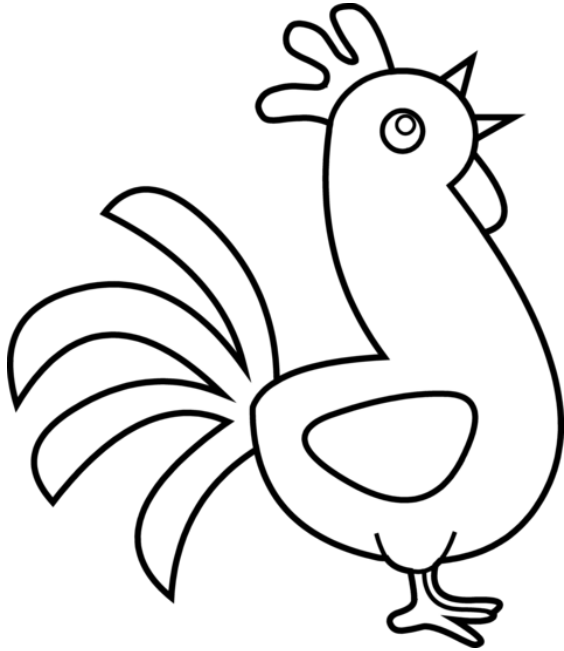
1	During one of your visits to Isiah, you diagnose acute malnutrition in his 20-month-old son John. Isiah shares that the child has been losing weight, stopped walking a few weeks ago, and lacks the energy to play.
2	Mary, a mother of a 7-month-old son feels too burdened and stressed to play with her child. She does all the house chores by herself as the husband leaves home very early in the morning and comes back home very late in the evening from work.
3	During a home visit, you encounter a grandmother who is taking care of her 10-month-old grandchild. However, you notice that she is not actively engaging the child in play or talking.
4	You are in a household with a newborn baby. You notice poor attachment to the breast and no communication between the mother, the father and the baby. There is also a 3 year old.
5	You encounter an adolescent mother who seems to be downcast. She explains that she is still attending school and that the pregnancy was unplanned. To add to her burdens, her boyfriend abandoned her after learning about her pregnancy.
6	You meet a father, a mother and their 9-month-old child. The parents are playing peek-a-boo with the child, and telling him the names of the things around such as a red cup, showing pictures in a book and reading for the child.
7	During a home visit, you encounter a mother and her 7-month-old child during feeding. You notice that the mother is forcefully feeding the child and frequently scolds the child for grabbing objects, i.e. wooden spoon.

APPENDIX 2

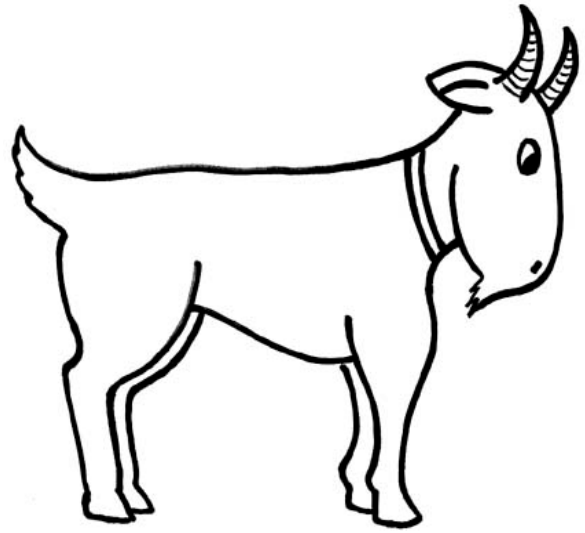
RESPONSES: SCENARIOS FOR COUNSELLING DURING HOUSEHOLD VISITS

1	<ul style="list-style-type: none"> ○ Refer the child immediately to the hospital and make follow ups on his progress ○ Counsel Isiah on responsive play using pg 42 of MCHH ○ Emphasize that play will help with quick recovery of the child and with reserving delays ○ Counsel on adequate nutrition using pg 41 of MCHH and on locally available foods
2	<ul style="list-style-type: none"> ○ Check Mary for signs of depression. ○ Listen to Mary. Help her identify a key person who she can share her feelings with and maybe even obtain help with the child. ○ Encourage her to take small breaks throughout the day to relax and recharge ○ Build her confidence by showing how she can play with the child as she does her chores ○ Encourage open communication with her husband about her needs and his involvement in household responsibilities.
3	<ul style="list-style-type: none"> ○ Build rapport and praise the grandmother for taking good care of her grandchild ○ Explain the importance of play and conversations for the child's brain to develop. ○ Help the grandmother practice play activities using pg. 42 of the MCHH ○ Make a follow-up plan to see how the grandmother's skills are improving.
4	<ul style="list-style-type: none"> ○ Help mother practice good positioning and attachment to the breast. Praise her. ○ Explain that babies can see, hear, and smell at birth, and begin to recognize their mothers. When caregivers look at the child's eyes and smile and talk to them, the child learns to communicate ○ Demonstrate and help the mother practice talking to the newborn while breastfeeding. ○ Check 3 year old for milestones, share one message and teach one play activity.
5	<ul style="list-style-type: none"> ○ Check the mother for signs of depression. ○ Explain to her that it is normal to experience negative emotions in her situation. ○ Share with her that the baby needs her love and involvement to grow healthy and thrive ○ Demonstrate and help the mother practice interactive play activities using pg42 of the MCHH nd watch the child respond ○ Make a follow-up plan to monitor the mother and the baby.
6	<ul style="list-style-type: none"> ○ Praise the caregivers for playing and talking to the child, as this will help the child learn. ○ Encourage the family to teach other families about the importance of play. ○ If needed, introduce a new activity from pg. 42 of MCHH.
7	<ul style="list-style-type: none"> ○ Tell the mother the dangers of forceful feeding to the health of the child ○ Demonstrate and help practice responsive feeding

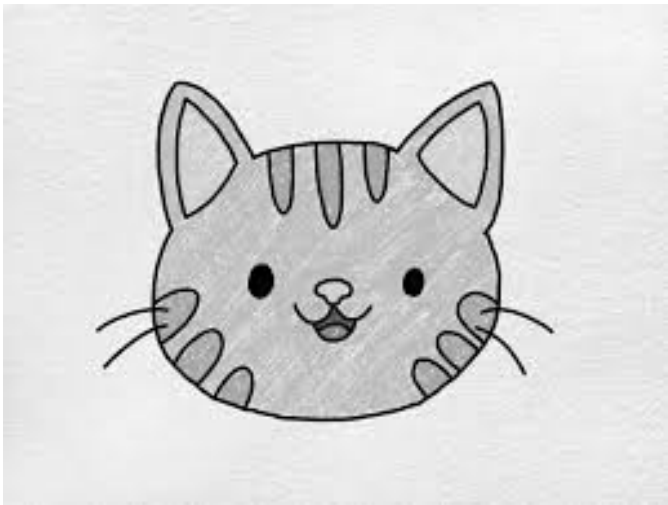
APPENDIX 3
DRAWINGS TO COPY OR TO CUT AND COLOR



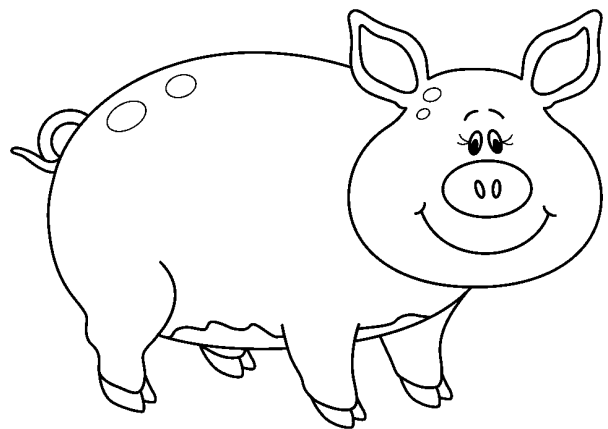
ROOSTER



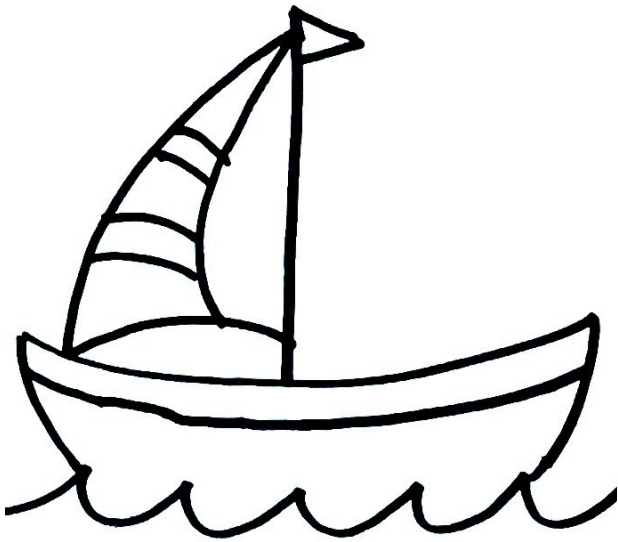
GOAT



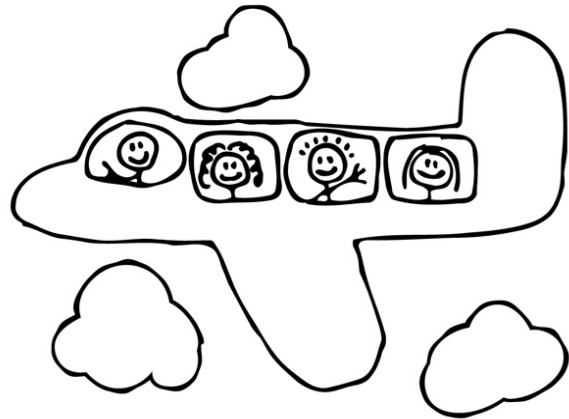
CAT



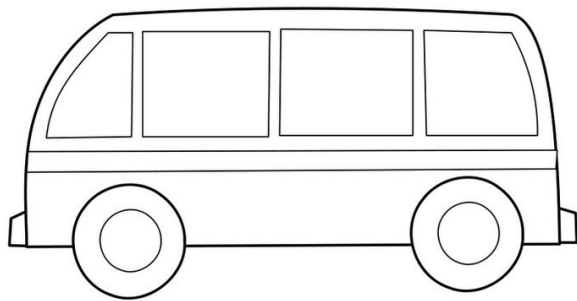
PIG



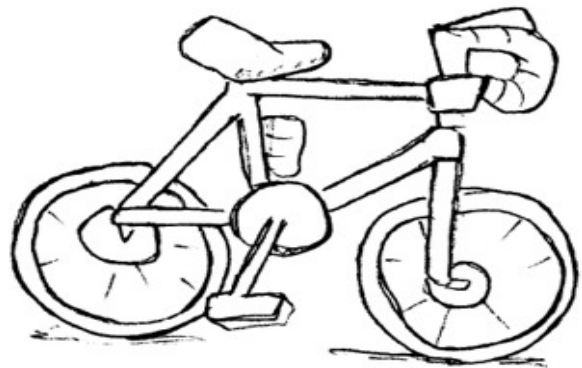
BOAT



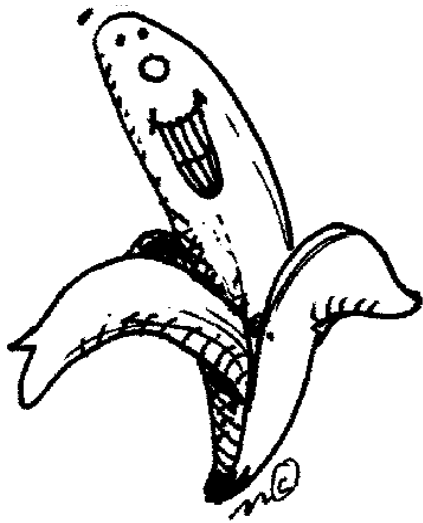
PLANE



MATATU



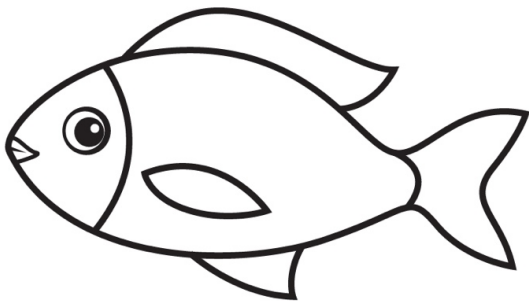
BYCICLE



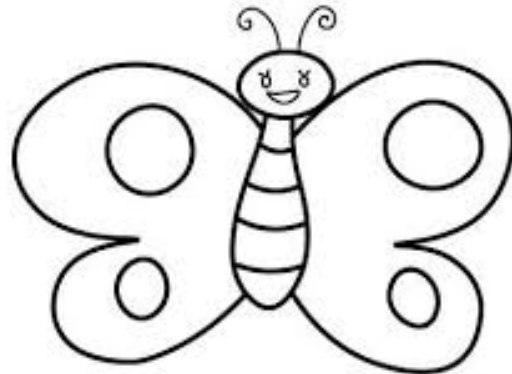
BANANA



MANGO



FISH



BUTTERFLY

APPENDIX 4
PREPARING FOR PLAYBOX SESSIONS

TASK	HOW YOU WILL DO IT	WHO AND BY WHEN
1. Complete playbox kit so that there are enough materials for the number of children in the waiting room.		
2. Ensure adequate storage of playbox and flipchart.		
3. Ensure adequate maintenance of play items.		
4. Develop a well-functioning CHP duty roaster.		
5. Ensure that a provider introduces each playbox session.		
6. Ensure that playbox steps are well followed.		
7. Register playbox activity.		

