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Maternal and Child Survival Program

Ghana Early Childhood Development Toolkit

Ages 0–3 Years: Training of Trainers Guide

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MCSP is a global USAID initiative to introduce and support high-impact health interventions in 25 priority countries to help prevent child and maternal deaths. MCSP supports programming in maternal, newborn, and child health, immunization, family planning and reproductive health, nutrition, health systems strengthening, water/sanitation/hygiene, malaria, prevention of mother-to-child transmission of HIV, and pediatric HIV care and treatment. MCSP will tackle these issues through approaches that also focus on household and community mobilization, gender integration, and digital health, among others.

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Cover Photo: Ghanian mother and her child, Karen Kasmauski/MCHIP.

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Acknowledgments

The Ghana Early Childhood Development (ECD) Training of Trainers (TOT) Guide was developed for the United States Agency for International Development (USAID) Maternal and Child Survival Program (MCSP) in Ghana. Caroline Dusabe and Romilla Karnati, MCSP/Save the Children, were the principal writers, with major contributions by Abdul Salam Kamil, Joachim Gornah, Rashida Ibrahim, and Pearl Allotey, MCSP, who also provided significant support to the pre-testing and technical adaptation of the guide in Ghana. Note that this Guide supports implementation of the full Ghana 0–3 ECD Toolkit, including Parenting Sessions Manual, Flipchart, Counseling Cards, Poster and Brochure. The Ghana 0–3 ECD Toolkit was adapted from Save the Children's First Steps "Intera za Mbere" Package in Rwanda and Building Brains packages currently implemented in Nepal and Bhutan.

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Abbreviations

CHO	community health officer
CHPS	community-based health planning and services
CHV	community health volunteer
ECD	Early Childhood Education
MCSP	Maternal and Child Survival Program
PEE	Praise, Expand, Explain
TOT	training of trainers

Introduction and Goals

The overall goal of this Training of Trainers (TOT) Guide is to provide structured and effective training for government or partner organization staff who will in turn be training the 0–3 Early Childhood Development (ECD) facilitators on the MCSP 0–3 ECD Toolkit In Ghana the TOT Guide is designed for the staff of the Ghana Health Services, Ministry of Gender and Children and other government agencies with ECD mandate. The specific goals of this training resource are:

1. Build trainers' knowledge and skills of 0–3 ECD and ensure that trainers understand how 0–3 ECD is situated within the broader ECD and child health framework.
2. Build trainers' thorough understanding of the components and structure of the MCSP 0–3 ECD training toolkit.
3. Build trainers' skills to facilitate all aspects of the MCSP 0–3 ECD parenting education program, using a variety of training methodologies and through a variety of service delivery platforms, such as community group meetings, , health centers, cash transfer sites, etc., through a variety of modalities, including home visits, group sessions, one-on-one counselling, etc. (Please see the appendixes for information on facilitation skills, one-on-one counselling skills, and home visits).
4. Reflect on anticipated challenges and troubleshoot in advance.
5. Develop a clear implementation plan for the step-down training through government structures and platforms or other community and behavior change platforms.
6. Develop a clear monitoring and supportive supervision plan and tools to ensure quality of implementation.

***This is a 5-day TOT session. It is recommended that this training session be residential to ensure full participation, including informal discussion and activities after the formal training session. The training may be shortened to 4 days if it is not possible to have a full 5-day training as long as sufficient time is given for practice and demonstration of key sessions and activities.

Contextual Considerations

This training session has been created so that it may be used in many different countries. However, before beginning, the Parent Sessions Manual and accompanying materials need to be adapted to both the country program and the context. This adaptation has three aims:

1. To ensure that the training aligns with the national curriculum and country office system of 0–3 ECD trainings.
2. To ensure that all content is appropriate in the country and cultures in which it is being implemented.. For this training is to be effective*, the sessions must be altered to fit the local context.. Where possible, data from national studies and other studies carried out in the country should be referenced, and nationally approved developmental milestones and checklists should be used during the trainings. Pictures, languages, games, etc., should all be checked for cultural and context appropriateness. Indigenous knowledge, local resources, and parenting beliefs, preferences and practices should be considered during the adaptation process.*
3. Adaptation should also consider the time available for ECD messaging within the chosen platform and modality. Each session should be adapted to fit the given delivery time.

Expected Outputs

By the end of this training:

1. Trainers will have a first-hand understanding of 0–3 ECD and its place within 0–8 ECD and child health frameworks, policy and implementation at various levels of administration in the target country.
2. Trainers will learn how the MCSP 0–3 ECD modules are organized along with tools and resources to implement the activities.
3. Trainers will learn and identify ways of integrating 0–3 ECD into existing health education messages at facility and community level.
4. Trainers will practice and facilitate sessions using the list of training methodologies.
5. Trainers will reflect on challenges they anticipate in conducting the step-down trainings.
6. Trainers will develop a detailed plan for implementing the MCSP 0–3 ECD parenting sessions at local level.
7. Trainers will develop a plan for monitoring and evaluation (M&E) and follow-up actions on 0–3 ECD.

Trainer/Participants

Trainers: The trainer (or facilitator) of this TOT should be an experienced trainer and should be very familiar with the content of this training. Ideally, the trainer is familiar with early childhood care and development (ECCD) and has experience in preschools, health centers or working with young children (aged 0–5).

Participants: Participants will receive guidance from the trainer on use of the Ghana 0–3 ECD Toolkit and related early stimulation activities. In most contexts, there will be a step-down training including four levels: national level, regional level, district level, and field implementation (facility or parenting group) level. Those trained at the TOT (staff of the Ghana Health Services, Ministry of Gender and Children and other government agencies with ECD mandate) will go on to train community health officers (CHOs), who will directly oversee implementation of ECD activities at health centers and other community spaces. CHOs are also tasked with training community health volunteers (CHVs), who interact with beneficiaries at the household and support group level. Note that CHOs will utilize this manual when preparing for the training of CHVs.

Resources Included in the Training Toolkit

In addition to this TOT guide, the MCSP 0–3 ECD toolkit includes several resources to support participant learning and practice. In all, the resources include:

- MCSP 0–3 ECD Parenting Sessions Manual
- MCSP 0–3 ECD flip chart
- MCSP 0–3 ECD counselling cards
- MCSP 0–3 ECD poster
- MCSP 0–3 ECD Brochure
- Training PowerPoint slides
- Training of Trainers Guide *(this resource)*

The **MCSP 0–3 ECD Parenting Sessions Manual** leads the CHO/CHV or other service provider through each step of the caregiver ("caregivers" refers to parents as well as other adults who provide routine supervision and caretaking) training. It provides information about training materials, learning objectives, achieving learning objectives, key messages from each session and most importantly, various games or

activities which caregivers learn during the group meeting and later practice at home. The Parenting Sessions Manual is the main resource, used alongside the flip charts, during parent group meetings.

The **MCSP 0–3 ECD flip charts** are used during caregiver meetings alongside the Parenting Sessions Manual. The flip charts contain pictures on one side and reflection questions, key messages and suggested activities on the other side. During caregiver group meetings and trainings, the flip charts are used for discussion to introduce a topic and emphasize important messages and activities. The picture is used as a kind of icebreaker for discussion but also represents one of the suggested activities to play with children at home. Ideally, caregivers look at the flip charts in small groups.

The **MCSP 0–3 ECD counselling cards** are used during home visits and one-on-one sessions with caregivers outside of big group meeting sessions. They can also be used with small groups of 2–5 caregivers for discussions. The counselling cards contain pictures from the flip charts so they can be used by semi-literate and illiterate facilitators. However, in some countries like Ghana, the counselling cards also include key messages and reflection questions on one side.

The **MCSP 0–3 ECD poster** is used during short 5–10-minute overview discussions on 0–3 ECD, especially on cognitive development and stimulation. It can be stuck or hung on the walls of health facilities or other ECD facilities, especially waiting areas where caregivers can read them and hold short discussions with a health worker or other ECD facilitator. The poster can also be used at cash transfer points, parent-teacher association meetings and other platforms where caregivers of children aged 0–3 may meet for a few minutes while waiting for a service. The poster can also be used during mass sensitization events (such as community meetings called *dubars*) to provide basic information on ECD and encourage full session attendance at CHPS compounds and mother-to-mother support groups.

The **MCSP 0–3 ECD Training of Trainers Guide** (*this resource*). This guide is to be used to train the trainers who will offer the step-down training from national level (TOT level) to the local level (parenting group or facility level). As noted above, in most contexts the step-down training might include four levels; national level, regional level, district level and field implementation (facility or parenting group) level. In some contexts there will be fewer levels between TOT level and field implementation level. Included in this guide is a series of training PowerPoint slides that will supplement and enhance the material that the trainer will share orally during the training. Throughout this trainer's guide, there are notes that prompt the trainer to show a particular slide. To further support participant learning, the toolkit also includes several additional and optional materials, such as videos, which the trainers can use to enhance the training experience.

How to Prepare to Deliver this Training

The most successful trainer will have prepared extensively prior to each training. In order to be most prepared, we recommend following these steps:

One week or several days prior to the training:

1. Read through the entire TOT Guide, taking notes on any areas that seem difficult or unclear.
2. Review your notes regarding difficult sections and resolve them through closer reading, independent research or by contacting MCSP staff.
3. Check the number of participants. This guide was written with a group of 15–25 participants in mind. If your TOT will have more than 25 participants, you may want to read through the guide and make some changes, especially with regard to the practice facilitation. For example, you may want to ask more than one participant to prepare the same facilitation, then:
    a. Have them lead their practice facilitations back-to-back (one after another) and compare the differences.
    b. Have them co-facilitate the same material.

c. Ask one to substitute for the other periodically throughout the practice facilitation.

4. Gather all of the materials listed for each of the training days.
5. Try each of the games or activities that are suggested for the training to ensure that you are expert in leading them.
6. Practice the delivery of all of the content, writing yourself a script, if necessary.
7. Allow extra time if the training is going to be simultaneously translated into a regional/local language.

The day prior to each day of training:

1. Read through the content for that day and compare it with your script.
2. Ensure that your script follows the schedule of the day and meets all of the learning objectives.
3. Double-check that you have all of the required materials, including adequate copies of handouts and worksheets.
4. Prepare any additional materials, like chart paper, that are indicated at the beginning of the training day.

After each day of training, reflect on the day's training together with co-trainers make adjustments to meet the needs of participants and address issues and questions that arose.

Sample Room Layout

The trainer can set up the room in any way that makes sense. However, if the trainer would like guidance, here is a suggested room layout:

1. The room layout should allow all participants to see each other and the trainer. A horseshoe arrangement is often used.
2. The room layout should allow easy shifting from large group to small groups and vice versa, so movable furniture is ideal.
3. All participants should have a comfortable area to sit, in which they are able to see training contents.
4. It is always good to have space between the sitting area and the wall in case participants need to move around, for example, to hang posters on the wall.
5. If possible, have some empty space in the room away from the seating area, where participants can practice ECD games and do warm-up activities. Alternatively, do warm-up activities outdoors.
6. You may want to have a display and materials table where you keep toys, books, paper, etc., that participants can access easily for use during activities.

Session 1: Introduction to Early Childhood Development

Introduction

This is the first day of a 5-day training program on Early Stimulation, Responsive Caring and Positive Parenting components of 0–3 ECD from MCSP. This day-long session provides an orientation to early childhood development domains, skills, research and programming, and provides information on the training methodologies and materials included in the MCSP Ghana 0–3 ECD program.

Materials needed	Handouts needed	Time needed	Training room setup
• List of participants • Chart paper, white board or blackboard • Chalk (with blackboard eraser) or dry erase colored markers with white board eraser • Tape • Easel • Laptop (if possible; if not, prepare PowerPoint slides on chart paper) • Projector (same as above) • Pencils, paper • Nametags (for both trainer and teacher participants) • Notecards • MCSP 0–3 ECD Parenting guide, flip charts, poster and counselling cards • Storybook—copies of baby books • Drawing materials (crayons, markers or colored pencils)	• **Printed version of:** • MCSP 0–3 ECD Parenting Sessions Manual • MCSP 0–3 ECD flip charts • MCSP 0–3 ECD counselling cards • MCSP 0–3 ECD poster • Training PowerPoint slides • Training of Trainers Guide *(this resource)*	30 minutes setup + 10 hours (including lunch and breaks)	Trainer's choice. ***Recommended horseshoe arrangement for first half of day

Overview of the Day 1 Session

Time	Step	Activity	Duration
	1	Arrival & Registration	30 min
	2	Welcoming remarks	10 min
	3	Ground rules, Setting Expectations & Agenda overview	20 min
	4	Pre-test	60 min
	5	MCSP ECD project presentation	20 min
	6	Coffee break	15 min
	7	Tower of Paper Cups game & Introduction to ECD	40 min
	8	Presentation on developmental milestones by domain and age & Reflection	25 min
	9	Introduction to the Ghana MCSP ECD materials: Parenting Sessions Manual, flip chart, poster and counselling cards	80 min

Time	Step	Activity	Duration
	10	Lunch	60 min
	11	Treasure hunt : Getting to know the parenting manual & flip chart	60 min
	12	Demonstration of session 1 (all steps)	40 min
	13	Reflection and questions on session 1	20 min
	14	Coffee break	15 min
	15	Group preparations to deliver sessions 2–6	60 min
	16	Reflection on Day 1 & Closing	15 min
			570 min (9 hrs & 30 min) inclusive of breaks

What to do

Step 0: Trainer preparation

Prior to the official start to the day's training, trainers should prepare the meeting room. Set out materials including – manuals, pens, etc. The pre-test tool should be prepared in advance of the training date and enough copies should be available for all participants

Step 1: Arrival & Registration

Have registration forms for participants to sign in for the day. Ensure that the form contains all the information needed for both daily attendance and other logistics, such as transport allowance, meal preferences, etc., where applicable.

Step 2: Welcoming remarks

Prepare for one of the trainers to give welcoming remarks to the participants emphasizing MCSP appreciation for collaboration with the government and other stakeholders. Include commitment to ECD and why it is important to national development in the opening remarks.

Step 3: Ground rules, Setting Expectations & Agenda overview

It is important to set ground rules for participants. Ask the participants to share suggested rules. You can use an interactive game: Ask participants to give you a rule, or several rules, starting with any letter of the word RESPECT.

For example:
R*espect one another, Respond to facilitator*

E*ngage with each other, Energetic during sessions*

S*ilence, supportive*

P*articipation, partnership, punctual*

E*xpand on knowledge*

C*ollaborate, cooperate*

T*ime-keeping*

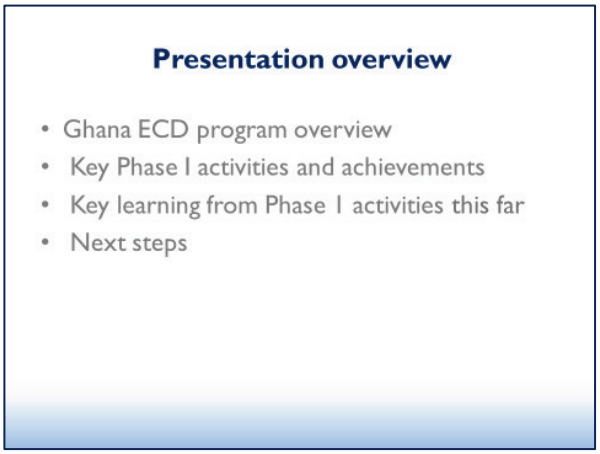
Step 4: Pre-test

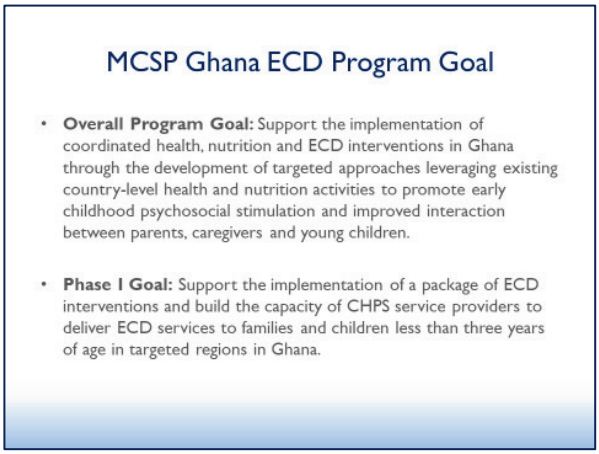
It is important to do a pre-test to assess participants' knowledge of 0–3 ECD..

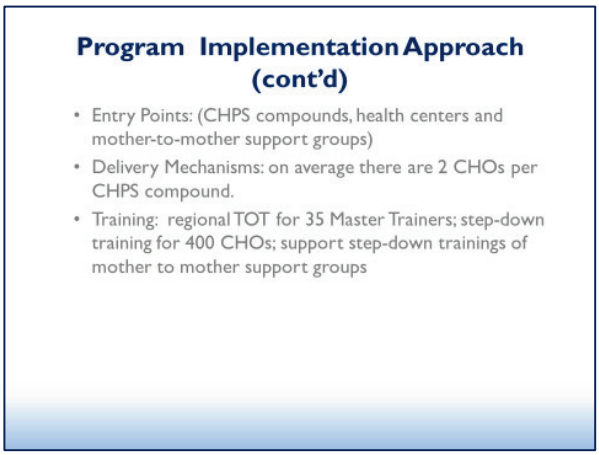
The pre-test takes 1 hour and is administered by the MCSP ECD M&E team lead or other data collector. If possible, after the pre-test, the administrator of the test should quickly do the analysis and share with the trainer(s)the summary results so that they can adjust the training content or style to emphasize areas of weaknesses while also ensuring that they draw and build on the knowledge of the participants.

Step 5: MCSP ECD project presentation

This step provides a background to the ECD project in the country of implementation. The presentation covers the project goal, implementation modality, implementation geographic area, targets, etc. It is also important to include in the presentation key areas of support and collaboration required or expected from the participants so that they understand their role in the project implementation.
For example, the Ghana MCSP 0–3 ECD project uses these training slides:







Note: If this is a regional or multicountry training, this step may be skipped or MCSP global program slides may be used. Alternatively, the step may be used to present about the WHO Nurturing Care Framework to give a global framework under which this work of 0–3 ECD falls. Trainers may find materials on the Nurturing Care Framework at http://nurturing-care.org/

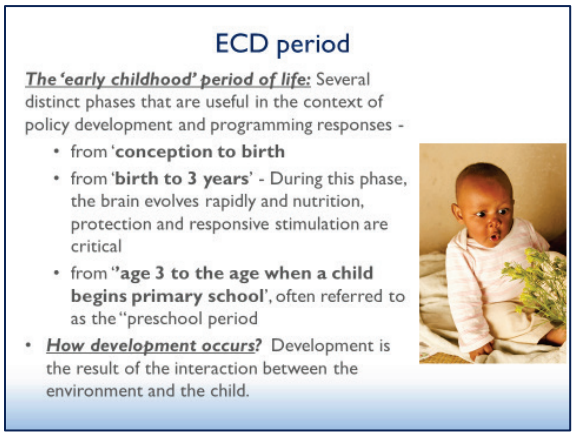
Step 7: Tower of Paper cups game and Introduction to ECD

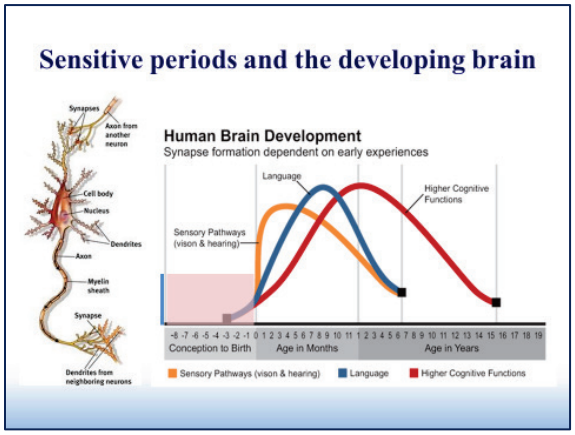
- The Tower of Paper Cups game may be used to discuss the importance of early childhood development, reflecting on the fact that ECD provides a solid foundation for future development and achievement of a child and has lasting impact into adulthood. –For this game you need at least three sets of two dozen paper or plastic cups
- Put participants in groups and ask them to build a tower using the cups.
- When everyone has a tower standing, ask them to remove a cup or two from the top. This will not have an impact on the rest of the tower if it has been built well.
- Then ask them to remove a cup or two from the bottom of the tower. The tower will fall.
- Ask the participants: *What are your reflections on building a strong tower? What is the importance of the foundational blocks?*
- Say: *Imagine that the tower is a child's development and ECD is the foundation. What are some things that need to go into the child's ECD foundation to help them have a solid and strong future? What are some of the things that can cause the foundation to have cracks or fault lines? What can caregivers do to ensure that their child develops optimally?*

Note: The trainer should build and expand on the answers of the participants.

- Introduction to ECD

After playing the game, the trainers should use the following slides to give a brief background on ECD.





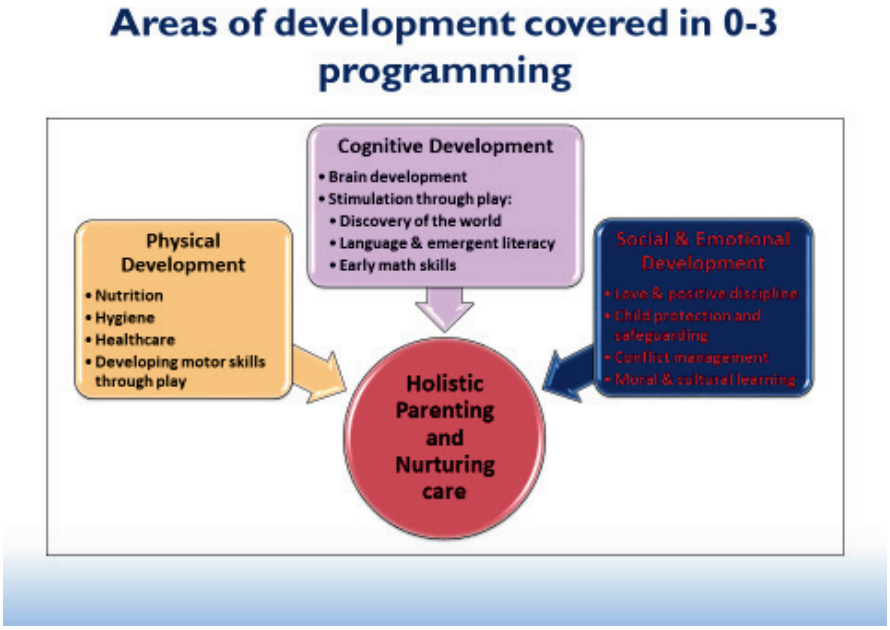
Some notes on the slides above:
The ages 0–3 years are the most critical stage of human development because more than 80% of the brain develops during these first 3 years, and by age 6, up to 95% of the brain has developed. The activity in the brain during the first 3 years of life is also much higher than at any other time and is marked by development and strengthening of neural connections. More than 700 neural connections are made per second in a baby's brain. However, lack of cognitive stimulation affects the growth and development of these neural connections. This leads to a process of pruning of unused connections or neuropathways, which affects the development of the brain. This, in turn, affects the child's learning and development.

The wiring of the brain occurs in a series of waves during late pregnancy and infancy. Neurons that contribute to our senses (vision/hearing) form first in late pregnancy and during the first year of life. Those involved in language form largely during the first year, while those involved in higher cognitive function start to form during the first year but continue to develop through childhood and adolescence. As noted above, in order to form strong connections, the baby needs to receive the appropriate stimulation at the appropriate time. If the brain fails to receive appropriate experiences during the sensitive periods, then those brain functions will be impaired. It's a case of use it or lose it.

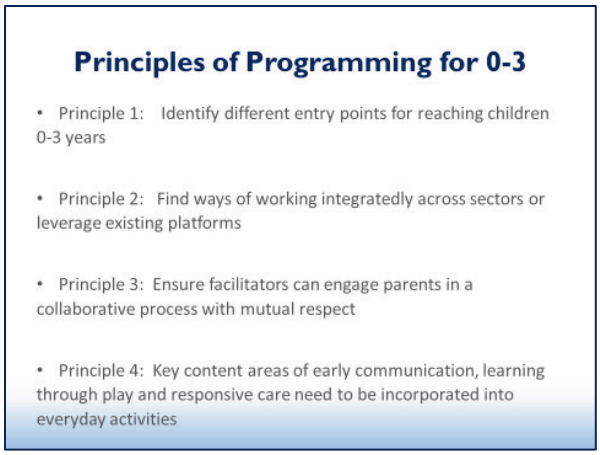
For more information, trainers can read about brain development from https://developingchild.harvard.edu/

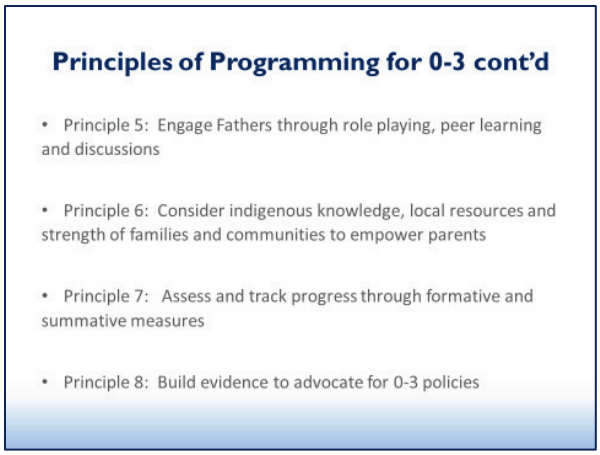
If time allows, the trainers can also show a video on brain architecture, such as:
1. Experiences Build Brain Architecture
https://www.youtube.com/watch?v=VNNsN9IJkws

2. Serve & Return Interaction Shapes Brain Circuitry
https://www.youtube.com/watch?v=m_5u8-QSh6A



Explain that there are three major domains that contribute equally to holistic child development: physical development, cognitive development (including language development) and social & emotional development. Interventions in ECD need to address the needs of the child in each domain in an integrated manner. Explain that the best way to ensure holistic development is to work with caregivers and other primary caregivers of children, since children under 3 spend most of their time in home environments. Explain also that caregivers are the most important and first teacher, playmate, protector and doctor for their child. They are the most important and critical players in a child's life. Explain that other caregivers also spend time with the baby or young child. These might be grandmothers or aunties.





Step 8: Presentation on developmental milestones by domain and age & Reflection

The objective of the presentation on developmental domains is to help participants understand the stages of child development and what a child is normally expected to do at different stages across all domains of child development.

Important notes to emphasize for participants:

1. **Not** all children display the same characteristics or abilities across all domains at the same rate or the same time. For example, one child may display fast gross motor development by starting to crawl, stand or walk by 12 months, while another child may not start walking until 15 or even 18 months. But the first child may be delayed in forming words compared with the second child.
2. The environment in which children grow has a direct impact on their development. For example, if caregiver never or rarely talk to their child, then the child will not acquire language skills even though he or she has no disability, learning difficulty or delay. Similarly, if a child is continually restricted from moving around or crawling, say, by being strapped to a baby chair/rocker for most of the day, then the child may be delayed in motor development.\
3. Only a trained special needs and disability expert can categorize a child as delayed or living with a disability. Caregivers should observe the child's development, and if they have concerns based on their understanding of developmental milestones, then they need to seek a trained practitioner who can screen for mild or serious delays or disabilities. Nurses and other health professionals can also refer caregivers for developmental screening if they are concerned about a child's development.
4. Early intervention is key to helping children overcome any delays in development. With correct and early intervention, for most children the delay is overcome completely.

Therefore, children need freedom to play, explore, move, talk and interact in order to develop well.

In this session the trainer should use the following slides to explain developmental milestones by age and domain. During and after each slide, allow participants to ask questions and reflect on implications for caregivers.

As an introduction, the trainer may ask: What are developmental milestones?
The trainer should remind the participants that the discussion on developmental milestones will be structured around the major developmental domains introduced above.

Developmental Milestones

Major changes or accomplishments in physical, cognitive, language, social and emotional development that evolve according to an orderly sequence of steps and appear within a fairly predictable age range

Language and Communication Milestones

Long before children can say words or join them into sentences, they are active language learners.

The trainer can say: "Now let's look at the cognitive and language development domain."

Language Milestones

Birth to 3 Months

- Responds to speech by looking at the speaker;
- Responds to voice of parent.
- Reacts to changes in tone, pitch, volume
- Communicates with bodily movements by crying, babbling and laughing
- Attempts to imitate sounds

Language Milestones

3 to 6 Months

- Exchanges sounds, facial expressions, or gestures with a parent or caregiver;
- Listens to conversations;
- Repeats some vowel and consonant sounds like da da.

6-9 Months

- Begins repetitive babbling (deaf children also start to babble with their hands) . Associates gestures with simple words and two-word phrases, like "hi" and "bye-bye"
- Uses vocal and non-vocal communication to express interest and influence others

Language Milestones

1-2 Years

- Understands many words, as well as simple phrases and directions ("Drink your juice")
- Follows a series of two simple but related directions
- Responds correctly when asked "where?"
- Says successive single words to describe an event

2-3 Years

- Joins familiar words into phrases
- Begins to use modifiers (adverbs and adjectives)
- Points to common objects when they are named
- Names objects based on their description

Cognitive Milestones

Birth -3 months

- Focuses on and follows moving objects, including human faces
- Sees all colors
- Distinguishes the pitch and volume of sound
- Responds with facial expressions
- Prefers high contrast items and geometric shapes
- Begins to anticipate events

Cognitive Milestones

3-6 months

- Recognizes faces
- Differentiates between different people based on the way they look, sound, or feel
- Reacts to and imitates the facial expressions of others
- Responds to familiar sounds

Cognitive Milestones

6-9 months

- Begins very early to have glimmers of how the world works.
- Distinguishes between inanimate and animate objects, and understand that inanimate objects must be propelled into motion by an external force.
- Distinguishes among pictures that show different numbers of items.

Cognitive Milestones

9-12 months

- Understands that an object still exists even when it's not in view
- Responds to simple directions and questions with gestures, sounds.
- Imitates gestures and actions.
- Experiments purposefully how work.
- Enjoys looking at picture books.

Cognitive Milestones

1-2 years

- Imitates adults' actions and language
- Understand words and commands and respond appropriately
- Begins to match similar objects
- Recognizes and identify familiar objects in storybooks with adult assistance
- Distinguishes between "you" and "me"

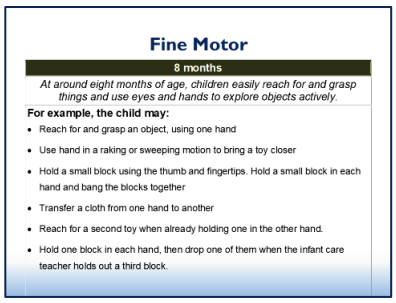
Cognitive Milestones

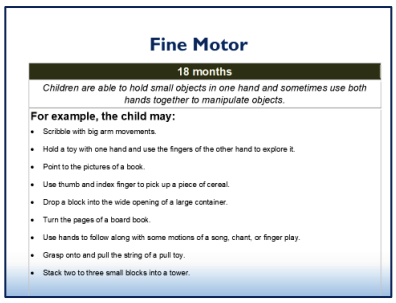
2-3 years

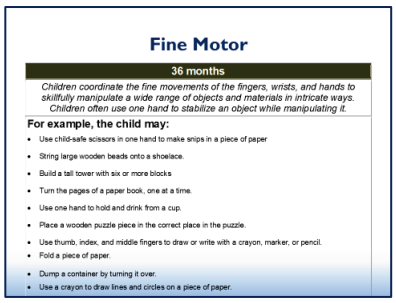
- Responds to simple directions
- Groups objects by category
- Choose a picture books, name pictured objects, and identify several objects within one picture
- Stacks rings on peg in order of size
- Relates what they are doing to others
- Observes and imitate more complex adult actions (for example, housekeeping play)

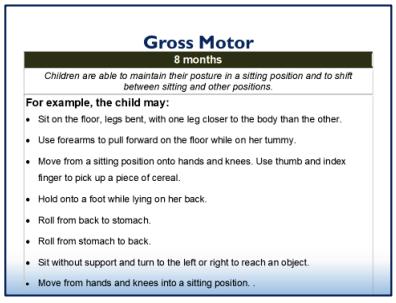
The trainer may emphasize that the domain of cognitive and language development is critical for early learning and later performance in school, and this is why caregivers should do their best to stimulate the child through singing, playing, reading, talking, counting, etc., which helps the brain to grow stronger.

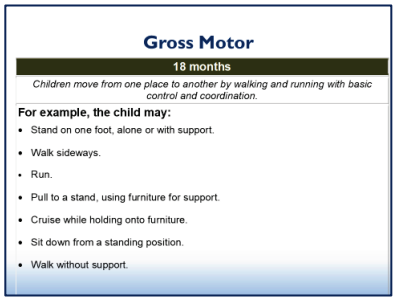
The trainer may say, "Let's now look at the milestones in the social and emotional and physical development domains."

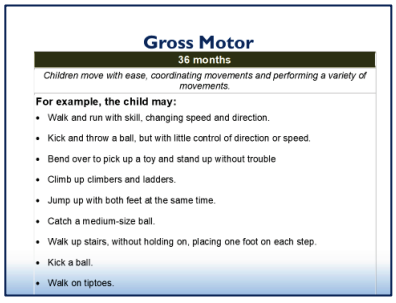












Note: During the discussion on child development milestones, the trainer should link milestones and some suggested activities that caregivers can do to support development of those milestones. The trainer should also pause and ask participants to reflect on the milestones discussed, drawing on participants' experience and knowledge. See examples below.

Developmental Norms/ Milestones	Examples of activities from Play and Communication sections of the Parenting Sessions Manual which help
From birth to 6 months, children will: • Track people and objects with their eyes • Respond to bright colors and faces • Reach • Discover their hands and feet • Be able to lift their heads toward sound • Begin to smile • Listen intently • Respond when spoken to • Laugh, gurgle, imitate sounds • Put objects in mouth	• Dangle bright objects for child to look at and follow with eyes • Provide safe clean and colorful objects for your child to reach and grasp • Provide child rattle to play with • Copy sounds child makes
At 6–12 months, children will: • Remember simple events • Identify themselves, body parts, familiar voices • Understand their own name • Say first meaningful words • Explore, bang, shake objects • Find hidden objects, put objects in containers • Sit alone • Creep, pull themselves up to stand, walk	• Make actions for your child to copy • Play ball games • Tell your child names of objects • Play mirror game
At 12–24 months, children will: • Imitate adult actions • Speak and understand ideas • Enjoy stories and experimenting with objects • Walk steadily, climb stairs and run • Solve problems • Show pride in accomplishments	• Let child enjoy scribbling • Encourage child to crawl toward favorite objects or people • Provide push and pull toys • Tell child a simple story every day

Important context adaptation note:
If the country, like Ghana, already has a development milestones checklist and standards approved by the government, then the trainers should refer to that document and include it in the discussion here. The slides above may also be replaced with slides showing nationally approved ways of discussing the milestones. In countries where a developmental milestones list exists in the child health care book provided at health centers, this document should be used. The trainer may put participants in groups to discuss this document and come up with some reflections instead of doing a whole group presentation.

Step 9: Introduction to the Ghana MCSP ECD materials

The objective of this session is to explore and familiarize the participants with the MCSP 0–3 ECD materials adapted for their context. For example, in Ghana the MCSP 0–3 ECD materials have gone through extensive adaptation to ensure appropriateness of culture, language and needs. The trainer should remind the participants of the materials that make up the MCSP 0–3 toolkit and explain how the materials are used. The materials are also described on pages 7–8 of this TOT guide.

The materials are used to inform and sensitize caregivers. They comprise

- MCSP 0–3 ECD Parenting Sessions Manual
- MCSP 0–3 ECD flip charts
- MCSP 0–3 ECD counselling cards
- MCSP 0–3 ECD poster
- MCSP 0–3 ECD brochure

Additional materials for trainers

- Training PowerPoint slides
- TOT Guide *(this resource)*

The trainers should explain that this session is going to be focused on learning how to use the materials. The trainers should show each of the materials and explain what it is, what it is used for, when it is used, why it looks the way it looks, etc., using the descriptions on page vii.

Answer the **5Ws+H** on the materials.

What is the name of material?

Why is the material included in the toolkit? Why was it designed, or why does it look like this?

Who (is it used to train or who uses it),

When is it used? Is it used during clinic visits, home visits or group meetings?

Where is it used? Is it used at the CHPS compound, Mother to Mother support group site, home, or elsewhere?

How is it used?

The trainer should explain that the main document used for training caregivers is the Parenting Sessions Manual, which is structured around four broad topic areas, as seen in the graphic below.

Materials – Parenting Session Manual

Four topics and 13 sessions

Step 11: Treasure hunt: Getting to know the Parenting Sessions Manual & flip chart

In this session the trainer allows participants to freely explore and dig into the materials. It is called the treasure hunt because participants discover the treasure in knowledge, games and messages in the materials. The trainer should put participants in small groups of 3–5 people so that they can collaborate on the treasure hunt.

After the treasure hunt the trainer should lead a debrief and reflection on the materials.
The following reflection questions can be asked to facilitate the discussion:

1. What did you learn about the materials and how they feed into each other?
2. What was the most interesting session or game you discovered?
3. What are some challenges you might encounter in using the materials? How can we overcome these challenges?
4. Did you recognize any repetitive pattern in the structure of the parenting sessions? What are your thoughts on this?
5. Do you think caregivers will enjoy the parenting sessions?
6. Do you think that community health workers will find it easy to integrate these materials with the existing health and nutrition messages and materials?

Step 12: Demonstration of session 1of the Parenting Sessions Manual (all steps)

In this step the trainer(s) demonstrates how to deliver one sample parenting session using the Parenting Sessions Manual. The trainer should give the demonstration session the way a session would be given to a group of caregivers, carrying out all steps in the sessions manual and playing all required games. The trainer should also demonstrate using the flip chart during a parenting session.

Step 13: Reflection and questions on session 1

After the demonstration, the trainer(s) should lead a debrief and reflection on the session.

The trainer(s) may use the following reflection questions as a guide:

1. What was the most interesting part of the parenting session?
2. What went really well?
3. What can be improved?
4. How would you improve the session to make it even better?
5. What were the key messages from the session?
6. Do you think community health workers would be able to deliver this session to caregivers?

Important note:
The trainer should note that all 13 sessions of the Parenting Sessions Manual follow the same steps and all sessions start and run in the same way. The only thing that changes is the content and games covered in each session. It is also important to note that the guide is scripted and provides suggested words that can be used by trainer. However, it is not mandatory to use the words exactly as suggested. The trainer is free to paraphrase, adjust, add and adapt to respond to the context and situation in the group meeting. It is important, however, to emphasize the message of the day and follow the content.

It is also important to keep to the scheduled time so as not to wear out the caregivers.

Step 15: Group preparations to deliver sessions 2–6 of the Parenting Sessions Manual

In this step, the trainer asks participants to work in small groups to practice and later demonstrate how to deliver sessions 2–6 using the Parenting Sessions Manual and flip charts. After each group demonstration, the trainer should lead a whole group reflection on the demonstration and how to deliver the session in the field.

Step 16: Reflection on Day 1& Closing

In this step, the trainer leads, or asks one of the participants to lead, a reflection on Day 1 of training.

The trainer may use games like "The talking ball," where a ball is passed around the room and whoever has the ball in hand has to say something they remember from the day's session.

The trainer may also ask participants to write down one thing they remember from the training, one question they still have on 0–3 ECD, or something they would like to see or learn the next day, etc.

The trainer may also give participants a Workshop Reflection form and ask them to complete the column for Day 1.The trainer may also remind participants about their homework assignment (preparing for demonstration of sessions on Day 2), thank them for their participation, and let them know that you look forward to seeing them for Day 2.

Important note
After the close of the training, trainers should do a quick debrief on the Day 1 training, the pre-test results and the learning from the last exercise of the day (step 15). Day 2 training should be adjusted to reflect the needs of the participants.

Session 2: Deep Dive MCSP 0–3 ECD Sessions 2–4

Introduction

This is the second day of a 5-day TOT program on MCSP 0–3 ECD. The second day is dedicated to practice and demonstration of sessions 2– 4 in the Parenting Sessions Manual. The trainer should endeavor to use some of the games in the Parenting Sessions Manual as icebreakers and warm-up activities so that there are many opportunities for participants to play and learn new games. It is also important to have opportunities to demonstrate how to read and enjoy books with young children.

Materials needed	Handouts needed	Time needed	Training room setup
• List of participants • Chart paper or blackboard • Chalk (with blackboard eraser) or colored markers • Tape • Easel • Laptop (if possible; if not, prepare PowerPoint slides on chart paper) • Projector (same as above) • Pencils, paper • Nametags (for trainer and participants) • Notecards • Storybook • Drawing materials (crayons, markers or colored pencils) • Ball • Basket or bag • Toys • 6–10 different items (could be anything: a rock, a piece of chalk, a stick, etc.)	• MCSP 0–3 ECD Parenting Sessions Manual • MCSP 0–3 ECD flip chart(s)	60 minutes setup + 8.75 hours, (including lunch and breaks)	Trainer's choice

Overview of the Day 2 Session

Time	Step	Activity	Duration
	1	Arrival & Registration	30 min
	2	Reflection on Day 1 & Setting expectations for Day 2	30 min
	3	Demonstration of session 1 (all steps)	90 min
	4	Reflection & questions on session 1	15 min
	5	Coffee break	15 min
	6	Game	30 min
	7	Group preparations to deliver sessions 2–4	45 min
	8	Group 1 Presentation & Reflection on session 2	60 min
	9	Lunch	60 min

Time	Step	Activity	Duration
	10	Game & Reflection on Group 1 presentation	30 min
	11	Group 2 Presentation & Reflection on session 3	75 min
	12	Coffee break	15 min
	13	Group 3 Presentation & Reflection on session 4	60 min
	14	Sharing a story	15 min
	15	Reflection on Day 2 & Closing	15 min
			585 min (9.75 hrs) inclusive of breaks

What to do:

Step 0: Trainer preparation

Prior to the official start to the day's training, trainers should prepare the meeting room. Set out materials, including manuals, pens, etc.

Step 1: Arrival & Registration

Have participants register for the day as they come in. Ensure that the registration form contains all the information needed for both daily attendance and other logistics, such as transport allowance, meal preferences, etc., where applicable. Hand participants any materials that they need for the day.

Step 2: Reflection on Day 1 & Setting expectations for Day 2

Welcome the participants to the second day, then lead them outside to play Catch and Talk/ Talking ball game. Have the participants stand in a circle. Explain that you will be tossing a ball to one another, and whoever catches the ball must say one thing that they learned on Day 1. They may repeat each other if more than one person wants to talk about the same thing. Do this until everyone has had a chance to share at least one thing, then move the group back inside.

Ask participants to share their expectations for the day and write them down on a flip chart.
Provide an area (parking lot) where participants can write questions and other issues they would like to discuss further during the day. The parking lot can be as simple as a blank flip chart.

Steps 3–13: Group demonstration, Practice and Reflection of sessions

Explain that Day 2 will involve a lot of demonstration, practice, reflection and giving feedback at the end of each demonstration by the groups formed on Day 1.

Introduce the idea of the "sandwich feedback technique"– for giving constructive criticism.

In the sandwich method, the person giving feedback opens with a compliment, then mentions an area for improvement and then concludes with a compliment or positive comment about the presentation or something unique the person did which can be taken as good learning.

Once you have explained the feedback technique, invite each group to present on the session that they were assigned to prepare for homework. After each group has finished, do the following before moving on to the next group:

The trainer asks the whole group to reflect on the presentation by asking questions like:

- What did the group do very well?
- What can be improved?
- What do you think are the challenges in delivering this session?
- What modifications would you make to the session while in the field?

The trainer summarizes and adds key messages from the session.
After all of the groups have made their presentations, thank them for a job well done.
This process is repeated from Step 3 through Step 12.

Important note:
Throughout Day 2, use games and other interactive activities to energize the participants. This can be done between demonstrations and presentations, especially if energy levels are beginning to decrease.

Icebreakers, Openers & Energizers
1. Have a repertoire of icebreakers, openers, and energizers memorized (or written on an index card) which you can use whenever a session slows down or participants look disengaged.
2. Be conscious of other people's boundaries—different people will be comfortable with different levels of physical and emotional intimacy, discussion of professional and personal information and public speaking.
3. Decide and let participants know the purpose of the icebreaker.
4. Make sure the activity is age and gender appropriate.
5. Be aware of the physical limitations of participants.
6. Keep it brief (less than 10 minutes).
7. Make sure the activity is appropriate for the amount of space that is available.
8. Give participants the option to skip their turn or not participate.
9. Set an example by participating enthusiastically. (Don't ask participants to do things that you are not willing to do yourself.)
10. Don't use activities that are too clever or complicated—by the time everyone figures out the directions and rules, the fun is probably over and the activity has lasted too long.
11. Be creative: an activity can be adapted in accordance with group size, session objectives or time allotments.
12. As much as possible, use the games in the MCSP 0–3 ECD Parenting Sessions Manual as energizers and to increase familiarity with the games.

Step 14: Sharing a story

Reading to babies and young children is very important for development of early literacy, early language and communication skills. Sharing a book with a child is also a great opportunity for bonding with the baby. Sharing a book can also be one of the routines of the day that a parent has with the baby and young child. However, some of the participants may never have experienced the joy of sharing a book with a baby or young child. So, it is important for the trainers to demonstrate how to read a book with a baby or young child. In this activity:

- Show how to read a baby book using pictures, making up a story based on the pictures, changing voices and using your voice to read with expression, and using hand and facial gestures.
- Choose a book that has no or very few words for the first book-sharing activity. On Day 3 you may choose a book for a different age group from the one used on Day 2.

Step 15: Reflection on Day 2 and Closing

Close the session by noting the sessions and topic areas covered, asking for feedback and reviewing the material that was covered. The trainer may also ask participants to write down any questions or issues they would like to discuss on Day 3. This is also an opportunity to revisit the parking lot and look at issues that need to be quickly discussed or moved to the Day 3 training agenda.

Important note:
After the closing, trainers should do a quick debrief on the Day 2 training, including looking at feedback papers from participants, looking at the issues in the parking lot and adjusting the Day 3 training to reflect the participants' needs.

Session 3: Deep Dive MCSP 0–3 ECD Sessions 5–9

Introduction

This is the third day of a 5-day TOT program on MCSP 0–3 ECD. Similar to Day 2, the third day is dedicated to practice and demonstration of sessions 5–9 of the Parenting Sessions Manual. The trainers should endeavor to use some of the games or activities in the Parenting Sessions Manual as icebreakers and warm-up activities so that there are more opportunities for participants to play and learn new games. It is also important to have opportunities to demonstrate reading and enjoying books with young children.

Materials needed	Handouts needed	Time needed	Training room setup
• List of participants • Chart paper or blackboard • Chalk (with blackboard eraser) or colored markers • Tape • Easel • Laptop (if possible; if not, prepare PowerPoint slides on chart paper) • Projector (same as above) • Pencils, paper • Nametags (for trainer and participants) • Notecards • Storybook • Drawing materials (crayons, markers, or colored pencils) • Ball • Basket or bag • Toys • 6–10 different items (could be anything: a rock, a piece of chalk, a stick, etc.)	• MCSP 0–3 ECD Parenting Sessions Manual • MCSP 0–3 ECD flip chart(s)	60 minutes setup + 9.5 hours, (including lunch and breaks)	Trainer's choice

Overview of the Day 3 Session

Time	Step	Activity	Duration
	1	Arrival & Registration	30 min
	2	Reflection on Day 2 & Setting expectations for Day 3	30 min
	3	Game	15 min
	4	Group work on sessions 5–9	75 min
	5	Coffee break	15 min
	6	Group 1 presentation & Reflection on session 5	60 min
	7	Group 2 Presentation & Reflection on session 6	60 min
	8	Lunch	60 min
	9	Group 3 Presentation & Reflection on session 7	60 min

Time	Step	Activity	Duration
	10	Group 4 Presentation & Reflection on session 8	60 min
	11	Coffee break	15 min
	12	Group 5 Presentation & Reflection on session 9	60 min
	13	Reflection on Day 3 & Closing	30 min
			570 min (9.5 hrs) inclusive of breaks

What to do:

Step 0: Trainer preparation

Prior to the official start to the day's training, trainers should prepare the meeting room. Set out materials, including manuals, pens, etc.

Step 1: Arrival & Registration

Give participants a registration form to fill out at the beginning of the day. Ensure that the form contains all the information needed for both daily attendance and other logistics, such as transport allowance, meal preferences, etc., where applicable.

Step 2: Reflection on Day 2 & Setting expectations for Day 3

Welcome the participants to the third day of training and then give each participant a post-it note or notecard and a pen. Ask them to write down one thing that they learned on Day 2 and post the notes on the wall to form a quilt of Day 2 learning. Have the participants stand in a semicircle around the quilt and quickly go through the key information from Day 2. Emphasize any key messages that come out of the reflection. Then, ask participants to share their expectations for the day and write them down on a flip chart.

Step 3: Game

Play one of the games from the play topic area in the MCSP 0–3 ECD Parenting Sessions Manual.

Steps 4–12: Group demonstration, Practice and Reflection of sessions

Explain that, similar to Day 2, Day 3 will involve a lot of demonstration, practice, reflection and giving feedback at the end of each demonstration by the groups formed on Day 1.

Remind them to use the sandwich feedback technique of giving feedback and comments to fellow participants.

Important note:
Remember to take breaks as per the proposed schedule, and use energizers if you sense that the participants are getting tired or have low energy.

Step 13: Reflection on Day 3 and Closing

Close the session by noting the sessions and topic areas covered, asking for feedback and reviewing the material covered. The trainer may also ask participants to write down any questions or issues they would like to discuss on Day 4. This is also an opportunity to revisit the parking lot and look at issues that need to be quickly discussed or moved to the Day 4 training agenda.

Homework assignment:
Ask participants to make a toy for a child aged 0–3 years and bring it to the next day's session. Explain that for children under 3 years, a book can also be a toy if it is made of cloth, board or other safe and appropriate material.

Important note:
After the close of the training, trainer(s) should do a quick debrief on the Day 3 training, including looking at feedback papers from participants, looking at the issues in the parking lot and adjusting the Day 4 training to reflect the participants' needs.

Session 4: Deep Dive MCSP 0–3 ECD Sessions 10–13

Introduction

This is the fourth day of a 5-day TOT program on MCSP 0–3 ECD. The fourth day is dedicated to practice and demonstration of sessions 10–13 in the Parenting Sessions Manual. Participants will have an opportunity to practice facilitation and delivery of the 0–3 ECD program.

Materials needed	Handouts needed	Time needed	Training room setup?
• List of participants • Chart paper or blackboard • Chalk (with blackboard eraser) or colored markers • Tape • Easel • Laptop (if possible; if not, prepare PowerPoint slides on chart paper) • Projector (same as above) • Pencils, paper • Nametags (for trainer and participants) • Notecards • Storybook • Drawing materials (crayons, markers or colored pencils) • Ball • Basket or bag • Toys • 6–10 different items (could be anything: a rock, a piece of chalk, a stick, etc.)	• MCSP 0–3 ECD Parenting Sessions Manual • MCSP 0–3 ECD flip chart(s)	60 minutes setup + 9.1 hours, (including lunch and breaks)	Trainer's choice

Overview of the Day 4 Session

Time	Step	Activity	Duration
	1	Arrival & Registration	30 min
	2	Reflection on Day 3 & Setting expectations for Day 4	30 min
	3	Telling a story	15 min
	4	Group work on sessions 10–13	45 min
	5	Coffee break	15 min
	6	Group 1 Presentation & Reflection on session 10	45 min
	7	Group 2 Presentation & Reflection on session 11	60 min
	8	Group 3 Presentation & Reflection on session 12	60 min
	9	Group 4 Presentation & Reflection on session 13	60 min
	10	Lunch	60 min
	11	Game	20 min
	12	Practical session on how to make a book at home	30 min
	13	Reading our homemade books	10 min
	14	Coffee break	15 min
	15	Exploration of homemade toys found in Ghana	15 min
	17	At the clinic: Using the poster/brochure	20 min
	18	Reflection on Day 4 and Closing	20 min
			550 min (9.1 hrs) inclusive of breaks

What to do:

Step 0: Trainer Preparation

Prior to the official start to the day's training, prepare the meeting room. **Set out materials, including manuals, pens, etc.**

Step 1: Arrival & Registration

Give participants a registration form to fill out at the beginning of the day. Ensure that the form contains all the information needed for both daily attendance and other logistics, such as transport allowance, meal preferences, etc., where applicable.

Step 2: Reflection on Day 3 & Setting expectations for Day 4

Ask participants to work in pairs and share two things they learned from the Day 3 session, one thing they would like to explore further or a question they still have. After pair work, let each pair share a summary of what they discussed.
Then, ask participants to share their expectations of the Day 4 session. Write the expectations on a flip chart.

***Address any issues in the parking lot before starting on the main Day 4 activities.

Step 3: Telling a story

Tell or ask one participant to tell an oral story. After the storytelling, discuss the use of storytelling in promoting cognitive stimulation and early learning. Remind participants that storytelling can be one of the interesting routines in the baby/young child's day. Remind the participants that having routines fosters child

development and helps babies feel confident and safe as they are able to anticipate and predict what is coming next.

Step 4: Group work on sessions 10–13

Place participants in small groups to prepare to deliver sessions 10–13 in the same manner that they delivered sessions 2–9 on days 2 and 3. The trainer may also choose to keep participants in the groups formed on Day 1 if all participants are participating actively and being given equal opportunities to present and contribute.

Steps 6–9: Presentation & Reflection on sessions 10–13

Facilitate the group presentation, reflection and feedback on sessions 10–13 of the Parenting Sessions Manual. Encourage shy participants to step up and lead some of the presentations, or ask them to provide feedback and reflection on group presentations.

Remind the participants to use the sandwich method of providing feedback to group presentations.

Remember to reflect each day on the following, after a group presentation:

- What did the group do very well?
- What can be improved?
- What do you think are the challenges in delivering this session?
- What modification would you make to any of the sessions while in the field?

Step 11: Game

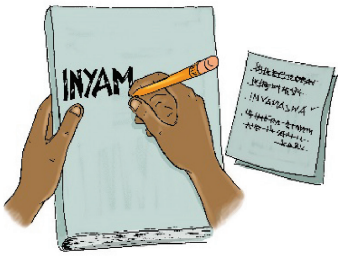
Play a game from the Parenting Sessions Manual or another game that you can play with children. You can also choose to ask one of the participants to teach the group a game that can be used for a post-lunch warm-up.

Step 12: Practical session on how to make a book at home

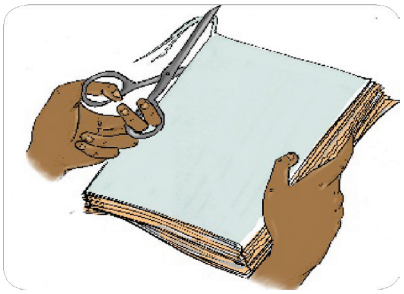
In this session the facilitator shows participants how to make a book out of locally available materials, such as old cardboard boxes, thread, pictures cut out from magazines, simple drawings, etc.

Follow the simple steps below:

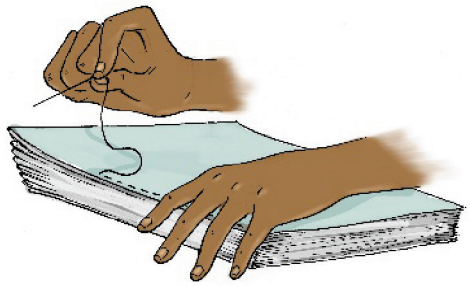
1. Choose what the book is going to be about.



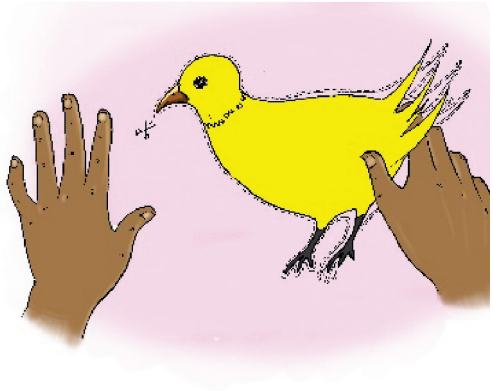
2. Prepare the paper or cut out pages from old cardboard boxes or other material.



3. Sew or staple the pages together to make a book.



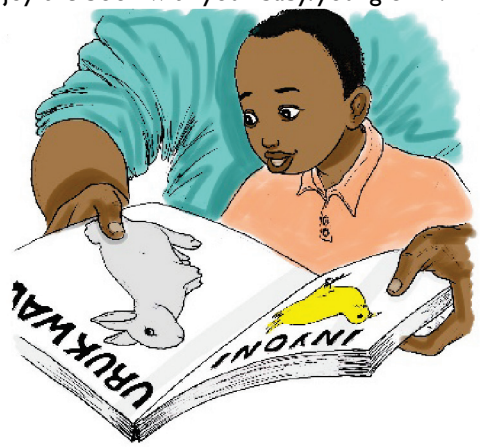
4. Prepare picture cut-outs from magazines or draw/paint a simple picture.



5. Stick the pictures/illustrations on the pages of the book. Stick letters or write words below the pictures.

Note: If you don't have store-bought glue, you can use homemade glue from cassava or other flour mixed with hot water to make a sticky paste.

6. Enjoy the book with your baby/young child.



Step 13: Read/Share the homemade books

Ask participants to share their books with the whole group demonstrating how to read a book with a baby or young child.

Step 15: Exploration of homemade toys found in Ghana

Ask participants to each share about the toy they made as part of the homework from Day 3.

Use the following questions to guide the discussion:

- What is the name of your toy?
- What materials did you use to make that toy?
- How is the toy used?
- What do children learn while playing with that toy?
- Do you think ordinary caregivers would be able to make and use that toy with their children?

Step 17: At the clinic: Using the poster/brochure

Put the MCSP 0–3 ECD poster up on the wall in different parts of the room (poster area). Have participants go to each poster area, look and reflect on the poster and discuss how the poster can be used at the health clinic, health post or health compound, such as a CHPS compound.

Explain that the poster is meant to be used for quick 5–10-minute discussions on ECD while families are waiting at the clinic or other community service areas. Families can also read the messages and look at the pictures while they wait to be served.

** The poster can be used at cash transfer waiting sites, community meetings, etc., for short discussion of ECD. Poster discussions are an opportunity to refer families to group sessions where they can learn more about ECD through attending 0–3 ECD parenting sessions.

Step 18: Reflection on Day 4 and Closing

Have participants stand in a circle and play "catch and talk" using a ball. Let the ball be thrown from participant to participant until everyone has had a chance to share one or two key messages that they remember from Day 4. This is also an opportunity to revisit the parking lot and look at issues that need to be quickly discussed or moved to the Day 5 training agenda.

Session 5: Planning, Monitoring and Supervision of Field Implementation of the MCSP 0–3 ECD program

This is the last day of a 5-day TOT program on MCSP 0–3 ECD. The last day of training is devoted mainly to action planning for field implementation and discussion about monitoring and supervision of field-level implementation. Some suggested monitoring and supportive supervision tools will be shared. Participants also get an opportunity to consider and reflect on use of counselling cards during home visits.

Materials needed	Handouts needed	Time needed	Training room setup
• List of participants • Chart paper or blackboard • Chalk (with blackboard eraser) or colored markers • Tape • Easel • Laptop (if possible; if not, prepare PowerPoint slides on chart paper) • Projector (same as above) • Pencils, paper • Nametags (for trainer and participants) • Notecards • Storybook • Drawing materials (crayons, markers, or colored pencils) • Ball • Basket or bag • Toys • 6–10 different items (could be anything: a rock, a piece of chalk, a stick, etc.)	• MCSP 0–3 ECD counselling cards • Monitoring and supportive supervision tools • Post-test questionnaire	60 minutes setup + 9 hours, (including lunch and breaks)	Trainer's choice

Overview of the Day 5 Session

Time	Step	Activity	Duration
	1	Arrival & Registration	30 min
	2	Reflection on Day 4 & Setting expectations for Day 5	30 min
	3	Use of counselling cards & Home visiting	60 min
	4	Reflection on home-visiting session	15 min
	5	Coffee break	15 min
	6	Monitoring, Accountability and Learning (Monitoring, supervision, process and success story documentation and Learning discussion)	90 min
	7	Reflection on Monitoring, Accountability and Learning	30 min

Time	Step	Activity	Duration
	8	Stakeholder engagement in choosing programming platforms	30 min
	9	Lunch	60 min
	10	Action planning	60 min
	11	Sharing action plans by region	30 min
	12	Closing & Goodbye	30 min
	13	Coffee & Networking	60 min
			540 min (9 hrs) inclusive of breaks

What to do:

Step 0: Trainer preparation

Prior to the official start to the day's training, prepare the meeting room. **Set out materials, including manuals, pens, etc.**

Step 1: Arrival & Registration

Give participants a registration form to fill out at the beginning of the day. Ensure that the form contains all the information needed for both daily attendance and other logistics, such as transport allowance, meal preferences, etc., where applicable.

Step 2: Reflection on Day 4 & Setting expectations for Day 5

Use the "Catch and Talk" game for reflection. Whoever is holding the ball should say:

1. Something they remember from yesterday's session
2. Something they liked from yesterday's session
3. A question they still have about yesterday's session
4. What they expect from today's session

** One of the co-trainers can take note of what the participants are saying so that you can address any issues arising through the day's session.

Step 3: Use of counselling cards & Home visiting

Explain that the MCSP 0–3 ECD counselling cards are an important part of the toolkit. The majority of training has focused on the Parenting Sessions Manual and flip charts, because the counselling cards are drawn from the flip charts. The counselling cards contain pictures from the flip chart and are color coded the same as the flip chart and Parenting Sessions Manual. Explain that there is a 1:1 match between pictures in the flip chart and the sessions manual.

This was done to ensure that the counselling cards are easy to use by a CHV or CHO for pair or small-group (2–3 people) discussions, such as during a home visit. The pictures on the counselling cards are used to guide the discussion and counselling. Field teams (CHVs or service providers) may also request counselling cards with text. Using pictures as cues for discussion allows semi-literate volunteers to carry out family support easily.

In small groups, have participants look at the counselling cards, discuss and answer the following questions:

- How can I use these counselling cards?
- When can these counselling cards be used?
- Apart from me, who else at my CHPS compound or health clinic can use them?
- How can I support an illiterate or semi-literate volunteer to use these cards to train and counsel caregivers?
- What are some challenges in using these cards, and what are the solutions to address these challenges?
- How many times do you think a family can be visited in a quarter?

After the group discussion:
Have the different groups present what they discussed. Facilitate the discussions and offer advice on using the cards, especially during routine home visits.

*** Home visits can be carried out by CHOs, CHVs, social workers or any other field-level staff who visit households as part of their job. The users should be trained to use the cards and provide key messages that need to be emphasized during interactions with caregivers.

Step 4: Reflection on home-visiting session

Summarize the key opportunities and challenges of using the counselling cards during home visits and lead a quick reflection on how to use the counselling cards. For example, if the participants say that they would not have time to carry out home visits to every family, encourage them to consider prioritizing visits to high-risk families.High-risk families or highly vulnerable families may include:

- Very poor families/households
- Families with a premature baby
- Families with a child or adult living with a disability
- Single-parent households
- Families with a critically ill member
- Families/households with other vulnerabilities

Important notes:
**** Vulnerability or risk is determined by the context in which the household is living. Participants should use their knowledge of the context to determine who needs a visit or an extra visit compared with other families.

**** Often during a home visit, participants may notice that a family needs help or they may receive a request for help in an area beyond their expertise. It is important to remind participants that they need to refer families to appropriate structures or offices in the community for such help.

**** Remind participants that home visits are not for monitoring, policing or supervision, so they should avoid surprise visits to families.

**** Participants should also be reminded that ECD messaging is expected to be integrated into their routine home-visiting activities instead of being viewed as a separate and standalone activity.

Step 6: Monitoring, Accountability and Learning (Monitoring, supervision, process and success story documentation and Learning discussion)

Share about the purpose of monitoring and supervision.

Share any suggested monitoring tools and checklists (e.g., The Caregiver Observation Checklist in the appendix).

Review again the sandwich method of providing feedback during supportive supervision and monitoring visits.

Discuss and agree on roles and responsibilities of every participant in monitoring and supervision.

Answer the following questions during the presentation and discussion:

- Who will carry out monitoring and supervision?
- How many times will they carry it out?
- Why will they carry this activity out? What is the purpose of monitoring and supervision in the project?
- What tools will be used during this activity?
- How will feedback from supervision and monitoring flow through the various levels of administration and management? What does the feedback and change loop look like for this program?

Share about process and success story documentation.

Share about the importance of documenting and sharing learning. The following questions can be used for reflecting on the program implementation for learning purposes:

- What is going very well?
- What is not going very well?
- What needs to be changed?
- What can be improved?
- What needs to be totally dropped or removed from the program?

Ask participants to work in groups to develop some learning questions specifically for their context and planned delivery modalities.

Step 7: Reflection on Monitoring, Accountability and Learning

Carry out a quick reflection on the suggested monitoring, supervision, documentation and learning activities/processes.

****You may also use this time for a post-test, if applicable.

Step 8: Stakeholder engagement in choosing programming platforms

Together with participants, list platforms that can be used to deliver the 0–3 ECD program or to sensitize the community. Write the list of platforms on a flip chart. They may include, for example:

- Mother-to-Mother support groups
- Cooperative and social groups
- Religious groups
- Child Welfare Clinic (CWC)
- Cash transfer sites

Important note:
There are a variety of platforms for delivery of a 0–3 ECD program. Among the most promising are those that have:

- Regular meetings
- Regular and consistent memberships
- Enough caregivers of children aged 0–3
- Organized leadership (someone who convenes and leads meetings)
- Strong links to an established system
- The possibility of linking with the health, education or social protection sector

Explain that in order to succeed, we have to work in partnership with other stakeholders, especially when carrying out community-based activities such as parenting group sessions.

Ask participants to work in small groups, preferably according to their districts, regions or workstations, to discuss:

- What is the most viable platform for use in our setting?
- Who are the influencers and stakeholders in my community?
- What community structures do we need to engage in order to succeed? For example, do we need to engage the Community Health Committee (CHC)?
- What will this stakeholder engagement look like?
- How can we engage other influencers in the community?
- What materials or information do we need to do this effectively?
- What will be the role of these stakeholders? How can we leverage their existing work to succeed in implementing 0–3 ECD?

Ask participants to write the answers on a flip chart. The information on the flip chart may be relevant for the Action Planning session in the afternoon.

Step 10: Action Planning

Have the groups formed earlier in the day plan for the next level of trainings. Ask them to add as much detail as possible, including dates, responsible persons, materials needed, support needed from MCSP, etc.

Step 11: Sharing Action Plans by region

Ask each group to share a summary of its plans with the whole group. They don't need to read every detail.

Step 12: Closing and Goodbye

Close the workshop with a word of thanks and a ceremony during which a certificate of participation is handed out. A certificate template is provided in the appendix. Provide your contact information so that participants have a way to reach you with any questions or support requests.

Step 13: Coffee and Networking

Invite participants to enjoy coffee and snacks while networking with colleagues.

Appendix

I. General Facilitation Tips

Here are some helpful tips for skillful facilitation adapted from Advancing Youth Development (AYD) Facilitator BEST Practices: BEST Youth Development © 2010. These may help you if you are feeling nervous about a training session, or if you are experiencing a problem with one or more of the participants or your own facilitation skill.

Time Management

1. Always build in a "time cushion" for unexpected delays, such as starting late or the need to extend an explanation or debrief.
2. Set an example for your participants by arriving early and starting on time.
3. Have an assigned timekeeper and pre-arranged time signals with your co-trainers (if applicable).
4. Be sure to get the main content and points of the session out early so you will not be rushed if you get into a time shortage at the end.
5. Be flexible—make judgment calls as to when it is important to go off schedule in order to better explain an unclear concept or continue an important discussion; then adjust the schedule with input from participants.
6. Have a clock strategically placed on a table or wall so that you can keep track of the time without checking your watch while participants are speaking.

Participant Support

1. Establish ground rules at the beginning—others can be added throughout the training program.
2. Try to keep your own personal/religious beliefs out of the discussions.
3. Be open to new views and ideas. Remember, participants come with knowledge, use it!
4. Put really difficult questions or issues not directly related to the training in the "parking lot" for later discussion.
5. Not all comments need an answer. For some, just a "thank you" will do.
6. Open up tough questions to the group for discussion. (e.g., "I can see how that would be a difficult situation to handle. Has anyone in the group ever been faced with this issue?")
7. Know how to bring discussions back from topics not related to the training; e.g., state the question again if the discussion gets off topic.
8. If participants get into unending, back-and-forth debate, don't try to settle it. Instead, say something like, "In this training (curriculum), we define it as…." or "The major researchers support…."
9. When there is no response from the participants, give them time to process the information, then state the question in a different way, or make it a statement and ask for their thoughts.
10. When participants are angry or frustrated about their jobs or outside situations, you can:
    a. Validate their feelings (e.g., "That sounds really frustrating....").
    b. Admit you don't have the solution to the problem.
    c. Ask the group for their ideas.
    d. Talk to group member(s) on breaks, etc., to "check in" on how they are feeling.

e. If a participant is having a strong emotional response, is disgruntled or seems withdrawn—use time during the break or at lunch to "check in" with her or him.

f. Discuss the problem with the co-trainer(s).

11. Use your active listening skills!

Content Delivery

1. Open with a review of previous content.
2. Don't rush the content—allow time for questions and let participants process the information.
3. Move around the room and vary your tone and volume.
4. Infuse your delivery with interactive activities and humor (where appropriate).
5. Accommodate different learning styles— deliver the content in many different ways.
6. Don't take participants' reactions to or questions about the content personally.
7. Divide the tables and the room to ensure diversity. Regroup participants several times during the training to promote networking among participants from different Early Childhood Care and Development (ECCD) centers.

Handouts & Flip charts

1. Be sure handouts are relevant to the material covered in the session.
2. Be sure handouts are easy to read: not blurry, not too much information.
3. Don't dispense handouts while another facilitator is presenting: it distracts the participants.
4. Be sure handouts are numbered for easy reference during sessions.
5. Know what is in the handout and how it is organized.
6. Make a complete notebook or folder for participants so handouts will not need to be distributed at each session.
7. Prepare flip chart sheets with main points, agenda, concepts, small group questions, etc., ahead of time whenever possible.

Debriefing Strategies

1. Write up participant responses on paper so everyone can read them easily.
2. Include participants in the debrief, don't just lecture. Ask for their ideas and opinions.
3. Always allot time to debrief, don't just end an activity without debriefing it. Participants need closure and connection back to session content or prior sessions.
4. Review and clarify main concepts — have main points written up ahead of time.
5. Ask questions of the participants to be sure the main concepts were understood.
6. Prepare a debrief tool so that all role plays and small group presentations are debriefed consistently.
7. Avoid asking "why" or "how" questions in your debrief. They are unclear and can get participants off-track, opening the session back up, as opposed, to closing it out. Instead, use "what", "when" or "where" questions, which are clearer and ask for concise information. Avoid asking "closed" questions, which only allow for "yes/no" responses.
8. Thank participants for sharing, and repeat/explain what participants say to confirm understanding.

9. Use a variety of debriefing techniques, such as:
    a. Have participants pair off and discuss main points.
    b. Ask, "What worked? What didn't work?"
    c. Ask, "What did we just do?
    d. Ask participants to reflect on one idea that resonated with them.
    e. Ask participants what aspect of the session they believe will impact their work with caregivers and their children: "What aspect of the session do you believe will help your work with young children?"
    f. Ask participants what about the session affirms their own classroom experiences.
    g. Have participants use index cards for their questions or comments. Collect the cards and share.

II. One-on-One Counselling Skills Bonus Training Session

You can use the following bonus session to carry out a short training on one-on-one counselling if this is a viable and primary platform identified during the training.

Introduction (5 min)

Explain that caregivers may come to them with specific questions or concerns. During this time, they will need to carefully listen to the caregivers and provide appropriate advice.

Dos and Don'ts while counselling (10 min)

Ask participants to write on flash cards the features of a good one-on-one counselling conversation (dos). Then ask participants to write the features of a poor one-on-one counselling conversation (don'ts)

Collect the cards and summarize the main points of good listening.
Good listening involves:

- How you act (smile, nod, make eye contact if appropriate, lean slightly forward if appropriate).
- What you say (repeat or elaborate on some of the points that someone has said to you so that they know you have heard them).

What you don't say (don't interrupt, save questions for the end, don't ignore their concerns/issues

Role play of good listening while counselling (15 min)

Ask participants to form groups of three to demonstrate good listening skills. Before beginning, demonstrate good listening with another facilitator, e.g., good body language, repeat back with statements or questions.

- One participant will share a story, one will be the active listener, and one will be the observer.
- As one recounts a story, the other will listen carefully. The listener can ask questions or repeat parts of the story so that the storyteller feels like the listener is listening.
- The observer will examine the interaction.
- Share feedback in groups using the "sandwich" feedback technique (*explained in Session 2 of this guide*). Active listening skills are important during counselling.

Counselling using the Praise, Expand, Explain (PEE) technique:

Explain and share the PEE technique during counselling.

Praise: Praise the caregiver for any good practice and activity they are doing.

Expand: Expand on the good practice that the caregiver has shared and advise on how to build on that with other good practices. For example, if a caregiver says they talk to their child sometimes, tell them that talking stimulates the baby's brain and helps the baby to develop well, so it is important that he/she be intentional in using daily routines to increase the opportunities for talking with the child. Explain that daily routines such as feeding, bathing and going to the market are great opportunities for talking to the child about what is happening, what they are seeing, hearing, smelling, touching, etc.

Explain: Further explain the suggested activity and why it is important. Show the pictures on the flip chart/counselling cards and discuss the game/activity. Use the reflection questions on the back of the flip chart/counselling cards to have the discussion. Share key messages and suggested activities on the back of the flip chart/counselling card.

Counselling to problem solve (20 minutes)

Distribute each scenario below to each participant. They should think of possible recommendations.

Child situations (write on cards and distribute to the groups):

- A 4-month-old child doesn't make sounds. (Possible recommendation: The mother can hold the baby and sing or talk gently when doing activities.)
- A 9-month-old child doesn't crawl. (Possible recommendation: The caregiver can create a safe space for the baby to crawl and provide interesting toys for the baby to reach.)
- A 2.5-year-old child says "no" all the time. (Possible recommendation: Children even at this young age want to control the world around them. Offer the child simple choices when doing activities.)
- A 10-month-old child does not yet speak. (Possible recommendation: Many children do not speak at this age. To prepare them for speech, it is important to speak often with them.)
- A 3-year-old child cannot see. (Possible recommendation: The caregiver can use the sense of touch to teach the child to sort shapes, count, and other activities. Discuss the adaptations that could be made in the activity to help the child learn.)
- An 8-month-old child drops all her toys. (Possible recommendation: Many children drop their toys to "study" what happens. Give the child safe objects to bang and drop. The activity can also help the child to learn to grab and hold an object, for example, a cup with a handle.)

Family situations (write on cards and distribute to the groups):

- A mother does not have time to play with the child. She lives alone and her husband is a migrant worker. (Possible recommendation: Engage the child in activities while doing daily chores like cooking.)
- A caregiver says he cannot read the books because he never went to school. (Possible recommendation: Children below 3 years are not expected to know or learn how to "actually read words or decode." The introduction of books is to help them acquire pre-reading skills like book knowledge. There is a lot that an illiterate caregiver can do to help a child learn about books and enjoy stories. The caregiver can just describe the pictures and use pictures as cues to make up a story.)
- Other situations can be developed by the participants.

II. The home visit process

Home visits are a great opportunity to discuss 0–3 ECD messages with caregivers in their natural setting. During a home visit, a health worker or other home visitor has the opportunity to reinforce messages given during a parenting session, CWC visit, etc. It is also an opportunity to observe the parent–child interaction and praise good practices as well as give advice on what can be improved.

A good home visit is well planned. Planning for a home visit includes booking an appointment with the family at a convenient time. Planning also includes making sure that the home visitor has all the materials that are needed (for example, counselling cards) and ensuring that key messages on the topic of conversation have been reviewed. Home visitors also need to know about other service providers in the community so they can provide a referral if they are not able to meet a need of the family. For example, community health workers can refer domestic or child abuse issues to social workers, and social workers can refer families to community health workers for health services, such as requests for drugs or questions on services at the health facilities.

In preparing for a home visit, one can follow the following steps:

Preparation: Write the home-visiting steps on a flip chart for participants.

Say: Here are the five steps to the home-visiting process (15 min).

- STEP 1 Open: Explain why you are conducting a home visit. For example, it could be that you are following up on the group session activities.
- STEP 2 Observe: Ask the caregiver to show you the game(s) they learned during the group session or a previous home visit.
- STEP 3 Provide feedback: Use either PEE or the sandwich technique (described *in Session 2 of this guide*) to offer feedback and advice to caregivers.
- STEP 4 Counsel: Help the caregiver to solve a problem, teach new activities and addresses the caregiver's questions or issues. The home visitor can use the counselling cards for this section of the meeting.
- STEP 5 Close: The home visitor thanks the caregiver for the time and participation in the home-visit activity and arranges the date for the next visit.

Note: It is important that the home visitor ask the caregiver to try out a new activity with the child during the home visit.

III. Caregiver Observation Checklist

During a home visit, it is important to have an observation checklist to observe interaction between the caregiver and child. The observation checklist is not a supervision tool since home visitors SHOULD NOT and DO NOT supervise parent–child interaction. The checklist helps the home visitor to note down good practices which need to be praised, recommended and encouraged, as well as areas that need to be improved or practices that need to be stopped because they are harmful to a child. Observations form a basis for the home visit discussion and counselling.

Note: If there is no time for a long observation, the home visitor can ask the caregiver to demonstrate one activity or behavior and then discuss the questions in the table below to encourage the caregiver to think about how they conduct that activity most of the time.

The checklist points to a few common signs of the quality of the caregiver–child interaction. For example:

- The caregiver is aware of the child's movements.
- The caregiver easily comforts the child.

- The caregiver can gently, effectively correct the child.
- The caregiver knows how to play and communicate with the child.
- The caregiver knows how to get the child to smile.

Note: Those implementing activities are encouraged to expand on this list or adjust it as needed, depending on the activities covered in the curriculum.

Look	Praise the caregiver if caregiver:	Advise the caregiver and solve problems if caregiver:
How does caregiver show that she is aware of child's movements?	Moves toward and with child, and talks to or makes sounds with child.	Does not move with child, or controls child's movements: Ask caregiver to copy child's movements, to follow child's lead.
How does caregiver comfort the child and show love?	Looks into child's eyes and talks softly to child, gently touches child or holds child closely.	Is not able to comfort child, and child does not look to caregiver for comfort: Help caregiver look into child's eyes, gently talk to child and hold child.
How does caregiver correct the child?	Distracts child from unwanted actions with appropriate toy or activity.	Scolds child: Help caregiver distract child from unwanted actions with alternative toy or activity.
How does the caregiver play with the baby/child?	Moves the baby's arms and legs, or gently strokes the baby. Gets baby's attention with a shaker toy or other object. Plays word games or plays with toy objects, appropriate for age.	Does not play with child: Ask caregiver to play or communicate, appropriate for age.
How does the caregiver talk to his or her baby/child?	Looks into baby's eyes, talks softly to baby, asks questions.	Does not talk to baby or talks harshly to child: Ask caregiver to look into baby's eyes and talk to baby. Give ideas to caregiver about how she can talk with child.
How does the caregiver get the baby/child to smile?	Responds to baby's sounds and gestures to get baby to smile.	Tries to force smile or is not responsive to baby: Ask caregiver to make large gestures and cooing sounds, copy baby's sounds and gestures, and see baby's response.

IV. How to engage with children during a home visit or a group activity

During home visits or other activities such as parenting sessions, there is a lot of opportunity to engage and play with children. For example, during a parenting or CWC session, one can be asked to facilitate a play session with children while caregivers attend a session led by a co-trainer. During a home visit, a home visitor can be asked to demonstrate a certain behavior or activity with the child. In most cases, the child is not familiar with the service provider.

The following guidelines can help ensure that both the child and service provider are comfortable and enjoy the activity.

Note: One should never force a child to play or engage. Interaction and play with children should always be free, enjoyable and freely chosen.

V. Secure consent of caregiver:

Get permission and consent from the caregiver to play with the child.
Ask the caregiver if it is ok to play with the child. Have the caregiver introduce you to the child and tell the child that you would like to play. Let the caregiver ask if the child would like to play with you, too.

1. Approach the child.
    - The child may be afraid of strangers. Some ideas:
        - Move slowly and make sure that the child sees you. Observe whether the child is lethargic, interested or fearful.
        - Sit down near the child, if the child is not fearful.
    - Wait patiently for the child to recognize that you are not going to hurt her/him. If the child reaches toward you, respond by reaching toward the child. Wait for the child to touch you first. Do not move forcefully toward the child.
2. Get the child's attention.
    - Show the child a small item appropriate for the child's age. Move the item slowly in front of the child. See if the child grabs it. Give it to the child to hold.
    - If the child is unresponsive, touch the child with an item he can sense (e.g., a soft cloth, a dry sponge). If necessary, use a gentle "startle effect" to draw the child's attention. Use toy items that are appropriate for the child's age and condition. For example, for a young child, make a soft, short noise with a rattle. For an older child, bang a spoon lightly against a metal pot.
3. Follow the child's lead, copy the child's sounds and gestures.
    - Make sure that you have the child's attention and that you are looking at each other.
    - Wait until the child moves or makes a sound. If the child is sick, the child's first movements may be small, for example, only closing and opening the eyes. Then copy the child's movements with an exaggerated response. Copy sounds in a playful way.
    - Repeat until you get a responsive "conversation" with sounds and gestures. Ask participants to notice the rhythm — your copying comes after the child's response. You wait for the child to repeat it or make a new response, which you then copy again.
4. Play and communicate with the child, using activities and toys appropriate for the child's age and condition.
    - Refer to the counselling cards. Select a play activity that is appropriate for the child.

- Put only one item in front of the child at a time. Engage the child in playing with the item before adding more items.
- Increase the level of activity. For example, start with a small item. Add more items and ask the child to put the items into a bowl. Make a game of sorting the items and dropping them into the bowls to make a noise.
- Praise the child and show delight in the child's accomplishments.
- If the child loses interest, change the activity and toys.

5. Increase the child's level of activity and use of new skills.
    - When the child becomes more active and can do the activity, then select another, more difficult play or communication activity from the card.
    - Assist the child in getting started. Observe how the child responds to the activity. Praise the child's accomplishments.
    - Answer any questions participants have on the demonstration.

Note: A common mistake is to put several choices in front of the child. Multiple choices can overwhelm or distract the child from staying with a new activity until the child learns it. Give the child one toy at a time. With too many items, the child will not focus well on learning a new activity.

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Signature and Title of Government Official and/or MCSP Country Director