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MINISTRY OF HEALTH-ETHIOPIA
የዜጎች ጤና ለሃገር ብልጽግና!
HEALTHIER CITIZENS FOR PROSPEROUS NATION!



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Ministry of Women and Social Affairs-Ethiopia

PARENTING /CAREGIVING/ MANUAL MAY 2024





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MAY 2024

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ABBREVIATIONS AND ACRONYMS

ECCE Early Childhood Care and Education

ECD Early Childhood Development

ECDE Early Childhood Development and Education

FGM Female Genital Mutilation

HW Hand Washing

IDPs Internally Displaced Persons

InHED the Institute for Education, Health and Development (InHED)

NCF Nurturing Care Framework

PC Parental Care

SBCC Social and Behavioral Change Communication

UNESCO United Nations Education, Science, and Cultural Organization

UNICEF United Nations International Children’s Emergency Fund

USAID The United States Agency for International Development

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Federal Ministry of Education

ABOUT THE TRAINING MANUAL



THE TRAINING MANUAL

1. INTRODUCTION

Parenting/ caregiving is a very complex responsibility of guiding children to grow into individuals with all rounded developmental outcomes. It involves unconditional love of children, ensuring their basic survival needs, and protecting them from different risks and harm that may generate doubts, insecurities, injuries, traumatic events, and instabilities. It is also a process of socializing, educating and disciplining children so that they develop both independent (confidence, autonomy, creative and imaginative spirit) as well as interdependent skills (good character and virtue, sense of responsibility, compassion, and collaborative spirit).

Parents/ caregivers need to be knowledgeable and mindful of discharging these multifaceted responsibilities of caring for, supporting and guiding their children beginning from the time they are in the womb and continue after birth. This mindful and responsive act of parenting and caregiving children should also be guarded against the habits of growing children in ways parents/caregivers themselves were brought up; mainly because parents and children live in different times, places and conditions. Hence, parenting/caregiving needs to be deliberately constructed so that it can effectively construct the children. In this regard, there has been an increasing understanding of this matter globally in a way resulting into development of numerous intervention programs to empower parents and caregivers with required knowledge, skills and dispositions as nurturers. Even in Ethiopia, this has equally surfaced out over the course of the last few decades as noted in the revised Ethiopian National Early Childhood Development and Education (ECDE) Policy. The Policy highlights government intentions to promote holistic child development and learning through nurturing care by stakeholders. UNICEF is now with the opinion that there is a need for a more Multisectoral Holistic Parents'/ Caregivers' support package for ECD to provide comprehensive, contextually relevant, and methodologically sound intervention services to parents/ caregivers. In fact, this theme also provides a special platform for the three ECDE coordinating ministries to implement the package with the utmost collaboration.

While this parenting/ caregiving package is used as a tool to implement the ECDE policy, its objective is to help in facilitating the training of parents/ caregivers to develop competencies for effective, holistic and impactful parenting/ caregiving. In more specific terms, the training helps promoting children's holistic development and learning as well as parents'/ caregivers' health through:

- Building competencies of parents and caregivers in childcare and management
- Empowering parents and caregivers to effectively execute these childcare and management responsibilities, and
- Ensuring the sustainability of these changes through social and community engagements

Towards achieving these goals, this training manual presents the scope and contents, processes and methods, contexts and settings, and duties and responsibilities of actors of the training.

2. DEVELOPMENT PROCESS OF THE MANUAL

This manual is part of the Multisectoral Holistic Parents'/ Caregivers' support package for ECD. The development process involved several activities including a critical review of international literature to define the scope of PC and local literature to elaborate, profile and reframe this scope.

SCOPING PC

Review of international literature has sensitized that following the frameworks and principles below would provide requisite descriptors of effective parenting/ caregiving:

THE NURTURING CARE FRAMEWORK: this framework helped in identifying the key components of early childcare activities that include Health, Nutrition, Responsive Care, Safety and Security, and Early Learning.

BEYOND THE NURTURING CARE FRAMEWORK: parenting/ caregiving goes beyond routine care when it comes to older children. As children begin to grow, disciplining and child behavior management become an important concern and, therefore, parents/caregivers need to develop competencies in this regard.

DIVERSITY AND INCLUSION: Parents/ caregivers need competencies to help properly manage children with special needs. Parents need to have proper understanding of disability so that they can distill fact from opinion, provide proper support, and promote the development of children with special needs. Furthermore, they need to understand deep-rooted cultural malpractices that harm the participation and growth of girl children.

CONTEXT OF DEVELOPMENT: Children's development and learning is affected by the context they grow. Hence, parenting/ caregiving can't be a one size fit all approach. Of special concern are geographic (rural-urban-pastoral), religious (Muslim-Christian), and stability of residential environment (IDPs, refugees and host communities) differences. These different groups of children have dissimilar needs and parenting/ caregiving goals and orientations should reflect these differences.

PARENT EMPOWERMENT: More recent literature has also generated evidence as to how parents' own conditions affect their care practices and, therefore, it has become quite useful to provide training to empower parents in various ways.

COMMUNITY ENGAGEMENT: Community and family engagements are important for empowering parents/caregivers as well as ensuring the sustainability of interventions on parenting and caregiving.

The relationships among these interlocking systems are presented in Figure 1. The figure shows that early child development and learning is promoted through the nurturing care that gradually needs to be more inclusive of older children, children with special needs and girl children. These parental responsibilities can be effectively delivered if parents are empowered (socially, economically, psychological, and politically). These early signs of parental/ caregiver empowerments can be sustained if the social and community capital is brought on board to support the system. The figure finally shows that all these childcare and management, parent/ caregiver empowerment and community engagements are structured by contextual factors where children grow.

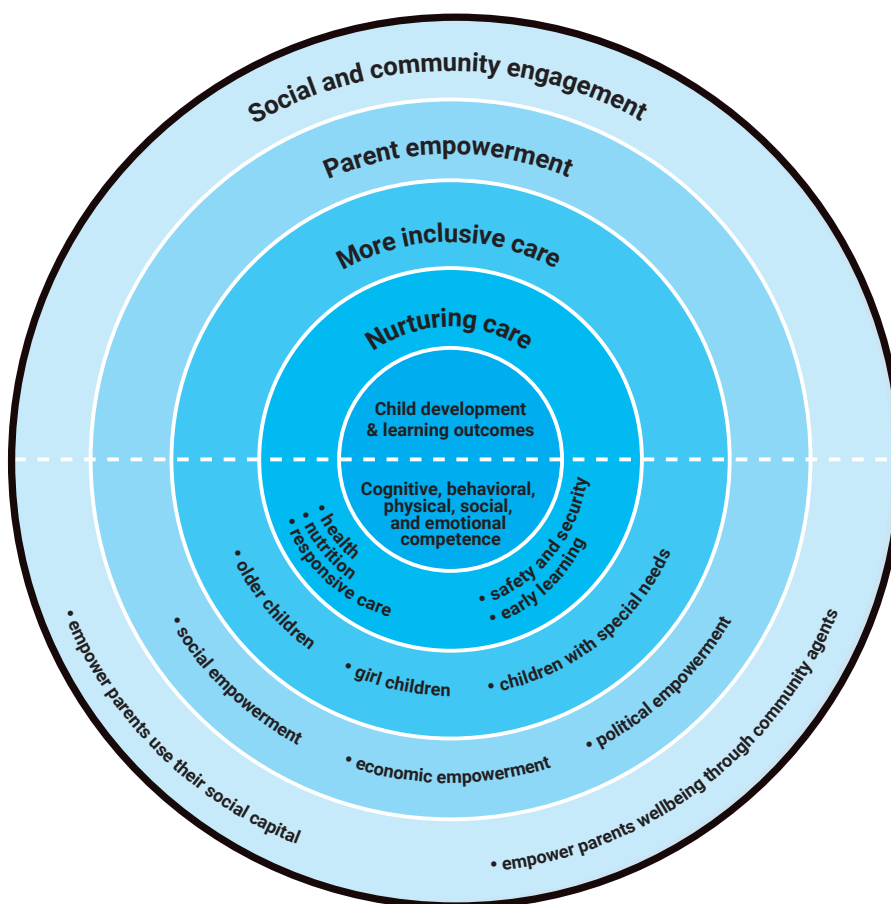


Figure 1: Effective PC and contextual factors affecting it

PC PROFILING

Once the scope and contents of effective parenting/ caregiving were identified, then relevant local literatures were reviewed to operationalize, elaborate, and profile PC in the Ethiopian context. In this regard, UNICEF's¹ most recent study that employed NCF to examine PC for early childhood development was reviewed to help profiling the PC area that require intervention. A number of other individual and institutional² studies were also reviewed to enrich this PC operational work.

Thematizing and sub-thematizing core messages through consultations: The following procedures were followed to further develop the parenting/ caregiving themes and subthemes. Firstly, attempts were made to identify an exhaustive list of themes, sub-themes and core messages by the consultant team. A total of 3 themes, 11 sub-themes and 64 core messages were then generated. From this pool, a total of 24 core messages were extracted while the themes and sub-themes were kept as is. Then, a consultative workshop was held in Adama with stakeholders from the three line ministries (Ministry of Education, Ministry of Health and Ministry of Women and Social Affairs) to discuss on the contents of the resources. The consultative workshop helped in revising the list, deepening the messages and redirecting focus areas in some cases and adding some new core messages. Then, the final list of sub-themes and core messages were developed (see Tables 1, 2, and 3).

¹ Spier, Elizabeth, et.al. (2023). Study on Parenting for Early Childhood Development in Ethiopia, AIR, <https://www.air.org/project/study-parenting-early-childhood-development-ethiopia>.

² USAID (2021). Nurturing Care to Improve Early Childhood Development: Ethiopia Country Profile, https://www.advancingnutrition.org/sites/default/files/2021-10/ecd_landscape_brief_ethiopia.pdf. USAID (2012). Cultural Barriers to Seeking Maternal Health Care in Ethiopia: A Review of the Literature, https://pdf.usaid.gov/pdf_docs/PA00JSN8.pdf

In order to frame the core messages for a radio spot, then the Social Behavioral Change Communication technique was followed. Analytic tables containing behaviors to be changed, primary and secondary influencers and barriers were developed for each of the 24 radio messages. Then, short-hand creative briefs were extracted from each lengthy communication table to guide the radio and script producers.

3. CONTENTS AND SCOPE: THEMES, SUBTHEMES AND CORE-MESSAGES

The Manual is composed of three major themes, 11 subthemes and 24 core message or training sessions. The first major theme on childcare and management is provided in Table 1.

Table 1-Major Theme One: Childcare and Management

Sub-themes	Specific Core messages/ training sessions	Sub-themes	Specific Core messages/ training sessions
1) Hygiene and nutrition	1) Ensure hand washing (HW) during critical times	4) Safety, security and protection	12) Protect children from physical and Emotional harm
	2) Improve breastfeeding practice		13) Avoid harmful childcare practices
	3) Ensure complimentary feeding		14) Enhancing parental monitoring of children
	4) Timely care seeking for childhood illness (with focus on promoting immunization)		
2) Responsive caregiving	5) Responsive care	5) Behavior management	15) Positive child disciplining
	6) Enhance environmental and sensory stimulation		16) Enhance effective use of technology
	7) Mediated parent-child interaction and communication		
3) Early learning	8) Enhance effective use of oral literature with children	6) Inclusion of children	17) Reduce misconceptions of parents about children with special needs
	9) Promote mediated play with children		18) Respond to the needs and support children with special needs
	10) Enhance rich talk with children		19) Empower the girl child
	11) Guided reading activities of a child		

This first major theme focuses on building the competencies of parents/ caregivers on childcare and behavior management based on the five major components of the Nurturing Care Framework for younger children as well as two important additional needs for older children (behavior management and inclusion of children with special needs as well as girl children).

Table 2-Major Theme Two: Parent Empowerment

Sub-themes	Specific Core messages/ training sessions
7) Women's economic empowerment	20) Enhance women's decision-making power on household assets/income
8) Women's social and political empowerment through males'/ spouses' involvement	21) Enhance male/husbands' involvement in early childcare activities
9) Women's health empowerment	22) Enhance parents'/ caregivers' self-care competencies

The second major theme focuses on empowering the parents/ caregivers themselves so that they become in good shape to discharge their parenting/ caregiving responsibilities.





The third table presents parent/ caregiver empowerment through social and community engagements.








Table 3-Major Theme Three: Parent/ Caregiver Empowerment through Community Agents

Sub-themes	Specific Core messages/ training sessions
10) Parents' skills for utilizing social capital	23) Enhance parenting/caregiving skills for utilizing their social capital
11) Community engagement	24) Enhancing psychological wellbeing of mothers through community agents

4. COMPONENTS, TRAINING SESSIONS AND TIME ALLOTMENT

Each training session takes an average of 45 to 50 minutes and is composed of the following parts with their identifiers, time allotments and activities:

	Welcome and introduction (5 minutes): trainees are welcomed and new ones get introduced
	Brief Reflection on the Previous Session (10 minutes): some presentations and discussions on the previous session mainly based on take home activities given at the end of each session (this doesn't apply for the first session).
	Training Outcomes (5 minutes): trainees are expected to share their expectations and asked to check it with the learning outcomes of the session. They are also expected to check their expectations against the outcome of the training session.
	Materials and Resources for the Session which broadly includes this training manual, a 3 to 5 minutes radio spot prepared for this training purpose, the posters on the training hall and the flip chart. Additional resources are provided in each session as required.

	Session Opener (5 minutes): Trainees are presented with a core message on the training session of the day in a form of a proverb, a question, or even a short story and then asked to discuss and clarify their notions. Brief text messages are provided at the bottom to help clarifying notions.
	Radio Spot listening (4 minutes): Trainees are assisted to listen to a radio message related to each training session for about 3 to 5 minutes.
	Notes for Facilitators: Contains important information that guides facilitator on discussion question.
	Session Activities (15 minutes): Trainees are to work out activities (some individual and others in a small group of 4 to 6 members) developed based on radio messages.
	Recap (5 minutes): Reflecting at the end of the training to know what has worked well, what needs to change, if training expectations are met and what needs to be done for unmet expectations.
	Key Messages: Presents summary of core issues included in the session.
	Take Home Activities (2 Minutes): at the end of each training session , parents are expected to be given activities to take home and practice within the natural home setting under the supervision of significant others, who are informed by the trainee himself/ herself about the essence of the training attended. Last but important, this manual is also composed of at least two illustrative pictures for each core message. The pictures are meant to illustrate the main messages of the training sessions. In fact, the training is also to be supported by radio spots, flip charts, and posters to hang on the walls of the training rooms.

5. ROLES AND RESPONSIBILITIES

Three major actors are involved in this training: program organizers, trainers, and trainees.

Responsibilities of the Program Coordinators: Training program organizers are those assuming the role of leadership, coordination and monitoring of the training process. They are the ones who are expected to put the required logistics, organizing training of the trainers, as well as conducting review of the training program after it is completed in a particular round.

Responsibilities of the Trainers: The trainers are professionals (early childhood teachers, health extension workers, nurses, social workers, psychologists, counselors) as well as educated youth volunteers who are willing to work with parents/ caregivers and attend the one week training of trainers program. The responsibilities of the trainers are to facilitate the training sessions which includes the following:

- Making required arrangements (venue, resources needed) for the training session to start
- Preparing oneself for each session by reading this manual and listening to the radio sessions beforehand

- Welcoming and introducing the session and its objectives
- Creating a conducive and enabling environment for trainees to engage in group and plenary discussions, self-reflections, skill learning practices
- Probing discussions
- Properly following up the discussions and capture some salient misconceptions
- Taking notes of the discussions
- Helping trainees reflect on, challenge and change misconceptions
- Hammering core messages so that trainees keep a closer focus
- Using text messages to infuse some critical notions relating the training of the day
- Providing technical, emotional and professional support for trainees with some kind of special needs
- Managing the training time properly
- Summarizing learning of the day and point out critical takeaways, get feedback from trainees about what has worked well and what needs to change and plan next sessions accordingly
- Pointing out take home activities for trainees and what they are expected to report in the next session
- Reporting the commencement, critical progress and completion of the training programs to the program leader/ coordinator. Include review report of the training in the last report

The trainers also need to make sure in the process that they are systematically supporting trainees to use the platform as a parent support group to share their worries, stressful experiences and challenges comfortably and secure social, psychological and emotional support from the group.

Responsibilities of the Trainees: Trainees need to be informed that they are in the training not to be educated by someone else but share their best experiences with others under the guidance of the facilitator. They need to understand the critical role in the training and be encouraged to learn through participation in group discussions, individual and group activities, and activities in the training hall and take home activities. Trainees need to be informed to seriously consider the home take activities, inform significant others at home about each training session after it is over, perform the activities under self-appointed significant others (one's older children, spouse, neighbor or a family member) as observers, get feedback from them, make required changes based on these feedbacks, report outstanding experiences to the trainees and trainer. Trainees are not advised to miss any of the training session to develop mastery of the core competencies. In an event that training sessions are missed, they need to talk to the trainer for make up session.

6. TRAINING MODALITY AND VENUE

This is a face-to-face training in which about 20 to 30 trainees are to participate per trainer. The training involves listening to radio messages and then make reflections and practice based on the core radio messages. The regular training sessions can happen under the shade of a tree or any other available spaces in the communities like preschool settings and schools, health posts, parks, religious worship places and other convenient spaces.

7. SUPPORTIVE MATERIALS

In all the training sessions, the trainer is expected to put to use the following resources:

- a) This training manual
- b) Radio-spots for each of the 24 core messages
- c) Roll up banner consisting of 12 pictures illustrating 12 selected core messages, and
- d) Flip charts illustrating 12 other remaining training session

8. HOW TO USE THE TRAINING MANUAL

CONNECTION WITH THE RADIO SPOT: This Manual is to be used in conjunction with the radio spot. The trainer is expected to open the radio spots first and call for the attention of trainees to listen. This can be repeated based on demand from trainees. Then, the training session follows based on the guidelines below and those mentioned in each training sessions.

OPENING, PROGRESSION AND CLOSE UP OF TRAINING SESSIONS: The trainer is required to be unconditionally welcoming, encouraging and empowering to help trainees feel accepted, realize the potentials in them and actively participate in the training process. This unconditional acceptance also helps trainees to self-reflect and identify areas of change. Once the trainer creates such conducive climate of learning, then he/ she is expected to continue facilitating individual and group discussions, debates and reflections through probing questions and views. The trainer needs to use the brief training notes not to prescribe solutions but augment critical issues that transpire from the discussion. Then, the trainer summarizes the discussion in ways that trainees can frame their take away for a home practice. Finally, the trainer needs to underscore the importance of the take home activity, how it is to be done and expectations of reports of outstanding experiences in the next session.

MAINTAINING CONNECTIVITY BETWEEN SESSIONS: This training manual is composed of core messages that are interconnected. The training sessions stand in unison to ultimately contribute towards acquisition of skills that are critical for the holistic development of children. Hence, the trainer needs to hammer this connectivity in each session by showing how the present session connects with the previous (at the beginning of the session) and also how it serves as a foundation for the next (at the end of the session).

FLEXIBILITY OF STEPS: while the trainer is required to follow the steps and protocols in the manual, it should also be understood that the manual is not a prescriptive document to be rigidly followed. It is rather a guide that needs to be flexibly used in ways to effectively accommodate the specific conditions of each training session. Therefore, the creative approaches of the trainer are appreciated the most.

HYGIENE AND NUTRITION



SESSION 1

HAND WASHING DURING CRITICAL TIMES



1. WELCOME (10 MINUTES)

- The facilitator welcomes parents/caregivers to the first session. The facilitator uses expressions that are warm with natural and pleasing tone and then invites the trainees to introduce themselves – Names, where they come from, number of children, and what they do for a living



2. TRAINING OUTCOMES (7 MINUTES)

- Facilitator Instructions – Facilitator asks parents/caregivers to form groups. Parents/caregivers are told that today's session is on '**handwashing during critical times**'. Each parent/caregiver will tell their ONE or TWO things they expect to get from this session; then at the end of the whole session, they will again discuss and see if their expectations from the session are met
- Facilitator shares the below session expectation/objectives with trainees:

At the end of this session, trainees will:

- Know the critical times of handwashing
- Know the importance of handwashing during the critical times to ascertain the wellbeing of children
- Feel empowered and motivated to protect their children from diseases, particularly diarrhea
- Begin to Wash their hands during the critical times



3. SESSION OPENER (10 MINUTES)

- Facilitator instructions – Facilitator begins the session with the following general discussion questions on fatal threats to children's lives related to hygiene and sanitation:
 - *Do people in our communities take diarrhea of children (i.e. passage of 3 or more loose or liquid stools per day) as life-threatening? Why or why not? (probe – ask common beliefs about diarrhea, such as 'no one ever dies of diarrhea', 'it is common for children to have diarrhea and it is not preventable', etc.)*
 - *Share the information in the box with parents/caregivers*



Notes for facilitator

- Diarrhea is defined as the passage of 3 or more loose or liquid stools per day (or more frequent passage than is normal for the individual). Frequent passing of formed stools is not diarrhea, nor is the passing of loose, pasty stools by breastfed babies.
- Each episode of diarrhea deprives the child of the nutrition necessary for growth. As a result, diarrhea is a major cause of malnutrition, and malnourished children are more likely to fall ill from diarrhea.
- Diarrhea is a leading killer of children worldwide, taking the lives of over 1,200 young children dying each day, or about 444,000 children a year.
- A significant proportion of diarrheal disease can be prevented through adequate hygiene and sanitation that include hand-washing during critical times.



4. RADIO SPOT 1 (20 MINUTES)

- **Facilitator instructions** – Facilitator plays the radio spot on ‘ensuring handwashing during critical times’, confirms parents/caregivers were able to listen to the radio spot (play the radio spot one more time, if needed). Following, have plenary discussion based on the questions below:
 - *During the conversations, Askale mentions the importance of handwashing with soap. What are the critical times for washing our hands that Askale mentions? (Probe – if not mentioned, include handwashing before eating, before feeding babies, before preparing food, after using toilet, and after cleaning babies’ bottoms.)*
 - *Askale, Tigist, and Dires discuss the importance of handwashing with soap. Why is it important to wash our hands with soap and water during critical times? (Probe – if not mentioned, include – to avoid diarrhea and even death of children, and to keep children and family healthy.)*
 - *Tigist mentions that there is a simple mechanism of making handwashing device. How is it made? (Probe – if not mentioned state that a handwashing device can be made by puncturing a hole at the bottom of a jerrycan and closing the hole with a nail. Also mention that there are many variations to make this device and parents/caregivers can try these at home)*
 - *Are there alternatives to soap that are used by the community? (Probe – provide examples of soap alternatives such as ash/አሞድ, and እንዶድ.)*



5. RECAP (5 MINUTES)

- **Facilitator instructions** – Facilitator asks the original groups of parents/caregivers to have discussions based on the following questions:
 - *Can you recall your initial set of ONE or TWO expectations at the beginning of today's session? Were these expectations met?*
 - *What did we learn today?*
- **Facilitator instructions** – Facilitator summarizes today's session focusing on the key messages below:



Key Messages

- Diarrhea is fatal to children and is the leading cause of childhood deaths
- Diarrhea can be significantly avoided, and fatality of children curbed by simple behaviors of handwashing with soap or alternatives
- The critical times of handwashing with soap or alternatives are: Before eating; Before feeding babies; Before preparing food; After using toilet; and After cleaning baby's bottom.
- There are various norms present in our communities that support the behaviors of personal and environmental hygiene and need to be continued.



6. TAKE HOME ACTIVITIES (3 MINUTES)

- Teach children the importance of handwashing with soap or alternatives and inform them the critical times for handwashing
- With your children, make a handwashing device at your home, if water faucets are not available or if there is recurrent water shortage
- Practice handwashing with soap or alternatives during the critical times

*The critical times of handwashing with soap or alternatives are:
Before eating; Before feeding babies; Before preparing food; After
using toilet; and After cleaning baby's bottom.*



SESSION 2

IMPROVE BREASTFEEDING PRACTICE



1. WELCOME (3 MINUTES)

- The facilitator welcomes parents/caregivers to today's session
- Newcomers introduce their names, where they come from, number of children, and what they do for a living



2. REFLECTION ON THE PREVIOUS SESSION (7 MINUTES)

- Facilitator Instructions – Facilitator asks parents/caregivers to share experiences on the Take Home activities of the previous session and allow reflections and feedback from the group based on the questions below:
 - *Were you able to make a handwashing device with your children at your home? What challenges did you face and how did you resolve these challenges? (Probe – facilitator encourages parents to share their experiences)*



3. TRAINING OUTCOMES (7 MINUTES)

- Facilitator Instructions – Facilitator asks parents/caregivers to form groups. Then, parents/caregivers are told that today's session is on '**improving breastfeeding practice**'. Each parent/caregiver will tell their partner ONE or TWO things they expect to get from this session; then at the end of the session, they will again discuss and see if their expectations from the session are met
- Facilitator shares the below session expectation/objectives with trainees:

At the end of this session, trainees will:

- Know the importance of early initiation and exclusive breastfeeding
- Feel empowered and motivated to protect their children from diseases and death by the simple act of breastfeeding
- Practice early initiation and exclusive breastfeeding



4. SESSION OPENER (5 MINUTES)

- Facilitator instructions – Facilitator begins the session with the following general discussion questions on breastfeeding:
 - *What do you think are some of the advantages of breastfeeding? (probe – if not discussed, mention importance related to supplying nutritional needs of infants; fostering bond between mother and child; protection against illnesses; saves money, etc.)*



5. RADIO SPOT 2 (20 MINUTES)

- Facilitator instructions – Facilitator plays the radio spot on ‘improving breastfeeding practice’, confirms parents/caregivers were able to listen to the radio spot (play the radio spot one more time, if needed). Following, have plenary discussion based on the questions below:
 - *We heard from the nurse on the radio spot that early initiation of breastfeeding is important. At what time should mothers start breastfeeding? Why is early initiation of breastfeeding important? (Probe – if not mentioned during discussions, please state that breastfeeding should be initiated within the first hour after birth and helps protect infants against diseases and is even considered as the first vaccine)*
 - *Fetiya and Tigist share their views on why mothers do not feed colostrum to their infants, what are these views? Is it also practiced in your community? Why or Why not? (Probe – mention that it might be considered as heavy for infants, yet also mention the importance)*
 - *The nurse mentions some liquids given prior to colostrum (pre-lacteals); is this also practiced in your community? What do you think are the adverse effects of feeding pre-lacteals? (Probe – if not discussed, mention the adverse effects such as reduced breastmilk intake, non-absorption of breastmilk nutrients, and risk of contamination)*



Notes for facilitator

- Early initiation of breastfeeding is the practice of feeding colostrum/ “the first milk” within the first hour of birth.
- Colostrum is often considered the baby’s first immunization, as it protects the baby against diseases, infections, and even death.
- Offering pre-lacteals such as water, non-human milk, etc. during the first few days after birth reduces breastmilk intake, interferes with full absorption of breastmilk nutrients, and increases the risk of illness from contaminated water and other liquids.
- Exclusive breastfeeding means that an infant receives only breastmilk with no additional foods or liquids, not even water for the first 6 months.
- Exclusive breastfeeding is one of the most effective interventions for preventing child deaths. Infants under 2 months old who are not breastfed are six times more likely to die from diarrhea or acute respiratory infections than those who are breastfed.
- Breastfeeding promotes recovery of the sick child as continued breastfeeding during diarrhea reduces dehydration, the severity and duration of diarrhea, and the risk of malnutrition.



6. RECAP (5 MINUTES)

- Facilitator instructions – Facilitator asks the original groups parents/caregivers to have discussions based on the following questions:
 - *Can you recall your initial set of ONE or TWO expectations at the beginning of today's session? Were these expectations met?*
 - *What did we learn today?*
- Facilitator instructions – Facilitator summarizes today's session focusing on the key messages below:



Key Messages

- Early initiation and exclusive breastfeeding are important for the health of infants, helping to avoid infections and even death
- Colostrum is considered as the baby's first immunization
- Offering pre-lacteals during the first days after birth interferes with the child's healthy development



7. TAKE HOME ACTIVITIES (3 MINUTES)

- Share what you have learned on early initiation and exclusive breastfeeding with your neighbors
- Advocate for avoiding pre-lacteals in your community, explaining the disadvantages of feeding liquids other than breastmilk in the first few days after birth

Early initiation and exclusive breastfeeding are important for the health of infants, helping to avoid infections and even death



SESSION 3

COMPLIMENTARY FEEDING



1. WELCOME (3 MINUTES)

- The facilitator welcomes parents/caregivers to today's session
- Newcomers introduce their names, where they come from, number of children, and what they do for a living



2. REFLECTION ON THE PREVIOUS SESSION (7 MINUTES)

- Facilitator Instructions – Facilitator asks parents/caregivers to share experiences on the Take Home activities of the previous session and allow reflections and feedback from the group based on the questions below
 - *Were you able to discuss the disadvantages of pre-lacteals with your neighbors? What were some of these disadvantages (Probe – if not mentioned during discussions, please state the adverse effects such as reduced breastmilk intake, non-absorption of breastmilk nutrients, and risk of contamination)*
 - *Close this session by reminding the key messages from the previous session*



3. TRAINING OUTCOMES (7 MINUTES)

- Facilitator Instructions – Facilitator asks parents/caregivers to form groups Parents/caregivers are told that today's session is on '**complimentary feeding**'. Each parent/caregiver will tell their partner ONE or TWO things they expect to get from this session; then at the end of the whole session, they will again discuss and see if their expectations from the session are met
- Facilitator shares the below session expectation/objectives with trainees:

At the end of this session, trainees will:

- Know the benefits of starting complimentary feeding after 6 months from birth
- Know the types of foods to be included in complimentary food and frequency of feeding
- Feel empowered and motivated to maintain health of children
- Provide children with complimentary feeding, having proper variety and frequency



4. SESSION OPENER (5 MINUTES)

- Facilitator instructions – Facilitator begins the session with the following general discussion questions on complimentary feeding:

- *When should an infant start to feed on additional meals other than breastmilk? Why is complimentary feeding needed? (Probe – during the discussions, if not mentioned, state that after 6 months from birth, infants require additional food to meet their needs in addition to breastmilk.)*



5. RADIO SPOT 3 (20 MINUTES)

- Facilitator instructions – Facilitator plays the radio spot on ‘complimentary feeding’, confirms parents/caregivers were able to listen to the radio spot (play the radio spot one more time, if needed). Following, have plenary discussion based on the questions below:
 - *On the radio spot, Tigist mentions four types of food sources from which complementary food needs to be prepared; what are these sources (Probe – make sure that the food types from the following sources are mentioned; Animal-source foods, Staples, Legumes, and Vegetables/Fruits.)*
 - *Is there availability of food from these four food sources (i.e. Animal-source foods, Staples, Legumes, and Vegetables/Fruits) in your community? Please mention some of these food types and can complimentary food be prepared from these food sources? (Probe – mention that complimentary food should be prepared from 3 to 4 different family foods to provide children with optimal complimentary feeding)*
 - *During her conversation with Deres, Tigist also mentions the frequency of feeding infants above 6 months; How many times should children between 6 to 24 months be fed and why? (Probe – mention that the number of times a child is fed should be gradually increased from 2 to 3 meals per day for infants to 3 to 4 meals for children above 9 months)*



Notes for facilitator

- Complementary feeding is the process of feeding an infant when breastmilk alone is no longer sufficient to meet the nutritional requirements of an infant and when other foods and liquids along with breastmilk are needed. The age range for complementary feeding is generally 6-24 months.
- Good nutrition is essential at this time to ensure healthy brain and body development.
- Poor feeding practices and low-quality food can affect future learning ability, economic productivity, immune response, and reproductive outcomes.
- Challenges to proper complimentary feeding include poorly timed introduction of complementary foods (too early or too late); infrequent feeding (children need to be fed frequently throughout the day, 4 to 5 times, because of their small stomach size); poor feeding methods, hygiene, and childcare practices; unsupervised feeding; and lack of interaction between caregiver and child.
- The complementary feed should be a variety of food types composed of 3 to 4 different family foods: Animal-source foods, Staples, Legumes, and Vegetables/ fruits.



6. RECAP (5 MINUTES)

- Facilitator instructions – Facilitator asks the original groups parents/caregivers to have discussions based on the following questions:
 - *Can you recall your initial set of ONE or TWO expectations at the beginning of today's session? Were these expectations met?*
 - *What did we learn today?*
- Facilitator instructions – Facilitator summarizes today's session focusing on the key messages below:



Key Messages

- At 6 months, an infant's need for energy and nutrients starts to exceed what is provided by breast milk, and complementary foods are necessary to meet those needs.
- Complimentary food should be comprised of 3 to 4 food sources, i.e. Animal-source foods, Staples, Legumes, and Vegetables/fruits
- The frequency of complementary feeding should be gradually increased with age



7. TAKE HOME ACTIVITIES (3 MINUTES)

- Prepare complementary food based on what you have learned and share your experiences during the next session
- Share what you have learned on complimentary feeding with your neighbors

At 6 months, an infant's need for energy and nutrients starts to exceed what is provided by breast milk, and complementary foods are necessary to meet those needs.



SESSION 4

TIMELY CARE SEEKING FOR CHILDHOOD ILLNESS, WITH FOCUS ON FULL IMMUNIZATION



1. WELCOME (3 MINUTES)

- The facilitator welcomes parents/caregivers to today's session
- Newcomers introduce their names, where they come from, number of children, and what they do for a living



2. REFLECTION ON THE PREVIOUS SESSION (7 MINUTES)

- Facilitator Instructions – Facilitator asks parents/caregivers to share experiences on the Take Home activities of the previous session and allow reflections and feedback from the group based on the questions below
 - *Based on what we discussed during the last session, were you able to prepare complimentary food? What food sources did you use? Were there any challenge that you faced? (Probe – allow parents to share experiences and if they forget the food sources, remind them that complimentary food should be comprised of 3 to 4 food sources, i.e. Animal-source foods, Staples, Legumes, and Vegetables/ fruits)*



3. TRAINING OUTCOMES (7 MINUTES)

- Facilitator Instructions – Facilitator asks parents/caregivers to form groups. Parents/caregivers are told that today's session is on '**timely care seeking for childhood illness, with focus on full immunization**'. Each parent/caregiver will tell their partner ONE or TWO things they expect to get from this session; then at the end of the whole session, they will again discuss and see if their expectations from the session are met
- Facilitator shares the below session expectation/objectives with participants:

At the end of this session, participants will:

- Know the importance of having children fully immunized
- Feel safe as a result of getting children fully vaccinated and knowing when to take them to health facilities
- Get children fully immunized



4. SESSION OPENER (5 MINUTES)

- Facilitator instructions – Facilitator begins the session with the following general discussion questions on immunization and care seeking practices:
 - *What do you think is the importance of vaccination? (Probe – if not mentioned, state that vaccines are considered as one of the best methods to protect children from life-threatening diseases and have reduced the prevalence of diseases like polio, measles, and smallpox, helping children grow up happy and healthy.)*



Notes for facilitator

- Vaccine preventable diseases contribute substantially to death of children under five
- Vaccinated children do better at school, with economic benefits that ripple across their communities.
- Parents/caregivers should immediately take children to health facilities when they observe the following signs: breathing difficulties; lips or fingers turning blue in color; convulsions with breathing; repeated bouts of vomiting; severe dehydration (dry mouth, very little or no urination, sunken eyes); diarrhea lasting longer than two days; and high fever



5. RADIO SPOT 4 (20 MINUTES)

- **Facilitator instructions** – Facilitator plays the radio spot on ‘promoting full immunization’, confirms parents/caregivers were able to listen to the radio spot (play the radio spot one more time, if needed). Following, have plenary discussion based on the questions below:
 - *We had earlier discussed the importance of vaccines for the health of children and on the radio spot, Askale also mentions some of the advantages of not only the first doses right after birth, but also the importance of having children fully immunized with all the remaining doses. What is the advantage of getting children fully immunized (Probe – if not mentioned during discussions, state that full immunization protects children and even death from diseases such as tetanus, hepatitis, etc.)*
 - *Do parents/caregivers in your community get children fully immunized (i.e., at birth, 6 weeks, 10 weeks, 14 weeks, and 9 months)? If not, why? (Probe – especially focus on the doses after birth and their reasons for not completing all doses)*
- *On the radio spot, Askale mentions some of the strategies that can be employed by parents/caregivers to remind them of parents/caregivers to remember the different doses to get their children fully immunized. What are these and other strategies that can*

we employ in order to remember all doses of vaccination for our children? (Probe – let parents/caregivers discuss on different practical ways to remember the dates beginning from clearly asking health professionals during visits/at birth the exact vaccination dates and also associating these days local events, religious/cultural celebrations, etc.)



6. RECAP (5 MINUTES)

- **Facilitator instructions** – Facilitator asks the original groups of parents/caregivers to have discussions based on the following questions:
 - *Can you recall your initial set of ONE or TWO expectations at the beginning of today's session? Were these expectations met?*
 - *What did we learn today?*
- **Facilitator instructions** – Facilitator summarizes today's session focusing on the key messages below:

Key Messages

- Parents/caregivers should get their children fully immunized completing all doses of vaccination
- Parents/caregivers should immediately seek medical help when children are faced with shortness of breath, high fever, acute vomiting and diarrhea, and convulsions



7. TAKE HOME ACTIVITIES (3 MINUTES)

- Make sure your children are fully immunized, completing all the vaccination doses
- Share what you have learned on vaccination and seeking medical help with your neighbors

Vaccine preventable diseases contribute substantially to death of children under five



RESPONSIVE CAREGIVING

*(QUALITY TIME AND INTERACTION
WITH THE CHILD)*



SESSION 5

RESPONSIVE CARE



1. WELCOME (4 MINUTES)

- The facilitator welcomes trainees to today's session
- Newcomers introduce their names, where they come from, number of children, and what they do for a living



2. REFLECTION ON THE PREVIOUS SESSION (10 MINUTES)

- Facilitator Instructions- Facilitator asks trainees to share experiences on the Take Home activities of the previous session and allow reflections and feedback from the group based:
 - *Last session, we took an assignment to check if our children are fully immunized (i.e., at birth, 6 weeks, 10 weeks, 14 weeks, and 9 months). Did you notice any missed vaccinations? If so, when can you take your children to the nearest health center to get their timely immunizations? (Probe – allow parents to make pledges/commitments for setting specific dates for these missed vaccinations. Also, as discussed during the previous session, link these dates with local events, religious/cultural celebrations, etc. for easy remembrance)*



3. TRAINING OUTCOMES (5 MINUTES)

- Facilitator Instructions-Facilitator asks trainees to form groups and tells trainees that today's session is on '**responsive care**'.
- Each trainee will tell their partner ONE or TWO things they expect to get from this session; then the facilitator needs to align the expectations with the session objectives below. In fact, the facilitator is expected to check if their expectations from the session are met at the end of the session through discussions
- The session has the objectives below (don't forget to give space for the expectations of participants):

At the end of this session, participants will understand:

- *the concept of responsive care*
- *the signs and baby's/child's needs*
- *how to connect to the child*
- *how to become a responsive caregiver*
- *how to respond to baby's or child's needs following the signs or cues*



4. SESSION OPENER (5 MINUTES)

- Facilitator instructions – Facilitator begins the session with the following general discussion questions on the signs children show when they need something, feel discomfort, are hungry, etc.:
 - *What is responsive care?*
 - *When should we respond to children's needs?*
 - *What do you think are some of the signs, cues, signal infants and toddlers show when they need something? (hint – cry, movement, sound)*
 - *Do people in our communities take crying as a signal that an infant or a toddler can use it to communicate with the caregiver? (Probe – ask why do babies cry?)*
- Share some of the information below with parents/caregivers



Notes for facilitator

- *Babies use cry to communicate their needs*
- *Cries generally tell caregivers that something is wrong: hunger, pain, wet bottom, being tired, a need to be held and cuddled, or for no clear reason*
- *Sometimes the type of cry can also tell caregivers the needs of babies. Babies cry when they are hungry, tired, ill, feel pain or discomfort*
- *Remember that crying is one way babies react when they are overloaded*
- *If babies cry and can't be calmed right away, they may develop insecurity*
- *Immediate responses to baby cries let them know that they are safe, secure, and cared for*
- *Always respond to baby cries. Responsive care giving matters!*
- *The belief that too much attention spoils babies is wrong*
- *There are several ways that babies use to communicate with their parents/ caregivers*



5. RADIO SPOT 5 (19 MINUTES)

- Facilitator plays the radio spot on responsive care, and confirms trainees were able to listen to the radio spot (play the radio spot one more time, if needed). Following the radio message, have plenary discussion based on the questions below:
 - *What did you learn from the radio spot/message?*
 - *You have heard on the radio that Tigist and Askale discussed the importance of responding to children's needs. They mention the reasons why children cry and*

the possible responses, too. What is your reflection on Tigist's and Askale's ideas?

- *How do we know about children's needs?*
- *What do you think are the reasons children cry?*
- *What should you do if your child cries?*
- *How do you respond to children's cries?*



6. RECAP (5 MINUTES)

- Facilitator instructions – Facilitator asks trainees to have discussions based on the following questions:
 - *Can you recall your initial set of ONE or TWO expectations at the beginning of today's session? Were these expectations met in this training?*
 - *What did you learn today?*
- Facilitator instructions – Facilitator summarizes today's session focusing on the key messages below:



Key Messages

- Responsive caregiving helps children develop secure attachment and trust their environment
- Infants and toddlers communicate their hunger, illness, pain, discomfort, fatigue, insecurity, etc through cry, movement, and sound
- Parents need to be fully responsive to their children's needs. Infants' movements, cries, signals and cues should not be overlooked
- Parents need to respond to the needs of their children promptly and appropriately
- Children with special needs and female children deserve equal responsive care with their counterparts



7. TAKE HOME ACTIVITIES (2 MINUTES)

- Share what you have learned with your spouse or other caregivers about responsive care
- Start practicing responsive caregiving at home after the training is completed
- Request your spouse or other co-caregiver to check how properly you have applied what you had learned or not

Responsive caregiving helps children develop secure attachment and trust their environment.



SESSION 6

CREATE STIMULATING ENVIRONMENT AND ENHANCE SENSORY STIMULATION



1. WELCOME (4 MINUTES)

- The facilitator welcomes trainees to this session
- Newcomers introduce their names, where they come from, number of children, and what they do for a living



2. REFLECTION ON THE PREVIOUS SESSION (10 MINUTES)

- Facilitator Instructions-Facilitator asks trainees to share experiences on the Take Home activities of the previous session and allow reflections and feedback from the group; and conclude the session with a reminder of the key messages once again.
 - *Based on the previous session, did you share what you had learned with your spouse or other caregivers about responsive care? Have you started practicing responsive caregiving after the training is completed? Did you request your spouse or other co-caregiver to check whether you apply what you had learned or not*



3. TRAINING OUTCOMES (5 MINUTES)

- Facilitator Instructions – Facilitator asks trainees to form groups and tells trainees that this session is on '**Create stimulating environment and enhance sensory stimulation**'.
- Each trainee will tell their partner ONE or TWO things they expect to get from this session; then the facilitator needs to align the expectations with the session objectives below. In fact, the facilitator is expected to check if their expectations from the session are met at the end of the whole session through discussions.
- The session has the objectives below (do not forget to give space to the expectations of participants asked previously):

At the end of this session, participants will:

- understand the importance of creating stimulating environment and sensory stimulation
- arrange a stimulating home and outdoor environment for child development and exploration
- stimulate children's sense organs

- create stimulating environment
- create stimulating environment to children



4. SESSION OPENER (10 MINUTES)

- Facilitator instructions – Facilitator begins the session with the following general discussion questions on the stimulating environment and sensory stimulation:
 - *What do you think are the importance of stimulating environment and sensory stimulation?*
 - *Do people in our communities create stimulating environment for children's development? How?*
 - *Do parents/caregivers stimulate their children's sense organs?*
- Share some of the information below with trainees.



Notes for facilitator

- *Stimulating environment for children is the one filled with safe objects to explore, allow freedom of movement, and provide a variety of experiences. It is almost free from 'No' or 'Do not touch' warnings. It is a prearranged environment for children's learning and development.*
- *A stimulating environment can be created in one room of a house, in a living room, or around the home environment. Caregivers can create inviting, challenging play spaces in which to interact with children*
- *Caregivers should be emotionally available to children, and can read and address children's needs*
- *Sensory stimulation is the activation of one or more of the senses including taste, smell, vision, hearing, and touch.*
- *sensory stimulation is providing opportunities for children to touch, taste, hear, smell, and see or provide more challenging activities to stimulate sensory experience.*



5. RADIO SPOT 6 (19 MINUTES)

- Facilitator instructions – Facilitator plays the radio spot on creating stimulating environment and enhancing sensory stimulation, confirms trainees were able to listen to the radio spot (play the radio spot one more time, if needed). Following the radio message, have plenary discussion based on the questions below:
 - *What did you learn from the radio spot/message?*

- *You have heard on the radio that Tigist and Askale discuss how to make the environment where children live and play stimulating and the importance of sensory stimulation to help children understand their environment. What is your reflection on Tigist's and Askale's ideas?*
- *How should the children's environment be arranged?*
- *How should children be supported to explore and experience their environment?*



6. RECAP (5 MINUTES)

- Facilitator instructions – Facilitator asks the original groups of trainees to have discussions based on the following questions:
 - *Can you recall your initial set of ONE or TWO expectations at the beginning of today's session? Were these expectations met?*
 - *What did we learn today?*
- Facilitator instructions – Facilitator summarizes today's session focusing on the key messages below:

Key Messages

- Stimulating environment enhances children's sensory development and exploration
- Sense organs are gateways to brain and children can explore, experiment and understand their environment using the sense organs
- Sensory stimulation helps children use their sense organs effectively
- Stimulating environment can be created in the home and outside home environment to enhance children's learning
- Parents should create stimulating environment and enhance sensory stimulation with deliberate activities



7. TAKE HOME ACTIVITIES (2 MINUTES)

- Stimulate children's sense organs so that children can use their sense organs to understand their environment
- With your children, jointly create stimulating environment in the home and outside home environment

Parents/caregivers should create a stimulating environment that enhances children's sensory exploration



SESSION 7

MEDIATED PARENT-CHILD INTERACTION AND COMMUNICATION



1. WELCOME (4 MINUTES)

- The facilitator welcomes trainees to today's session
- Newcomers introduce their names, where they come from, number of children, and what they do for living



2. REFLECTION ON THE PREVIOUS SESSION (10 MINUTES)

- Facilitator Instructions - Facilitator asks trainees to share their experiences on the Take Home activities of the previous session and allow reflections and feedback from the group; and conclude the session with a reminder of the key messages once again.
 - *Based on what we have discussed in the last session, have you created a stimulating environment that enhances children's sensory exploration? Did you stimulate children's sense organs so that children can use their sense organs to understand their environment? With your children, did you jointly create a stimulating environment in the home and outside home environment?*



3. LEARNING OUTCOMES (5 MINUTES)

- Facilitator asks trainees to form groups and tell trainees that this session is on '**mediated parent-child interaction and communication**'.
- Each trainee will tell their partner ONE or TWO things they expect to get from this session; then the facilitator needs to align the expectations with the session objectives below. In fact, the facilitator is expected to check if their expectations from the session are met at the end of the whole session through discussions.
- The session has the objectives below(don't forget to give space expectations of participants):

At the end of this session, participants will:

- Understand mediated parent-child interaction and communication
- Know the importance of parent-child interaction and communication
- Feel connected to the child and help child develop secure attachment
- Be motivated to interact with the child and mediate child's activities
- Initiate parent-child interaction and mediate the interaction with the child



4. SESSION OPENER (5 MINUTES)

- Facilitator instructions-Facilitator begins the session with the following general discussion questions related to mediated parent-child interaction and communication:
 - *Do parents and children interact on one-to-one basis in your communities?*
 - *Do parents mediate children's study, play, work and technology use like mobile etc. in your community?*
 - *Do parents mediate children's learning and exploration in our community?*
- Share some of the information below with parents/caregivers



Notes for facilitator

- Parent-child relationship is one of the most influential, important, and meaningful relationships that developing child has
- Parent-child relationship should be interactive, mediational and communicative
- Parent-child mediation is the involvement parents in children's activities to make them more meaningful, educative, interesting. This helps children to be mindful of what they are doing.
- Parents' mediation provides support to the children, so that children can make better sense of the environment around them
- The communication between parents and children fuels their bond and helps children develop language skills, socialization and emotional skills
- There should be planned one-on-one mediation and communication by caregivers/parents to children in order to help children develop secure attachment, learn, explore and explore confidently



5. RADIO SPOT 7 (19 MINUTES)

- **Facilitator instructions-** Facilitator plays the radio spot on mediated parent-child interaction and communication , confirms parents/caregivers were able to listen to the radio spot (play the radio spot one more time, if needed). Following, have plenary discussion based on the questions below:
 - *What did you learn from the radio spot/message?*
 - *You have heard on the radio that Tigist was teaching Bethlehem how to cook 'wot'. Tigist was guiding, explaining, correcting, and questioning Bethlehem. What is your reflection on what Tigist did?*

- *Share with your partner beside you, what you plan to do with your child/children*
- *Reflect on the actions you plan to do with your child/children*



6. RECAP (5 MINUTES)

- Facilitator instructions- Facilitator asks the original groups of TWO trainees to have discussions based on the following questions:
 - *Can you recall your initial set of ONE or TWO expectations at the beginning of this session? Were these expectations met?*
 - *What did we learn today?*
- Facilitator instructions – Facilitator summarizes today’s session focusing on the key messages below:



Key Messages

- Mediated parent-child interaction and communication improves children’s learning, attachment pattern and communication skills
- Children should be given opportunities to mediational learning by parents and caregivers
- Parent-child communication improves children’s language, social, cognitive and emotional skills
- Parents/caregivers need to create a mediated learning environment so that children can benefit a lot



7. TAKE HOME ACTIVITIES (2 MINUTES)

- Start mediated parent-child interaction and communication at home
- Hold one-to one communication with children
- Mediate children’s learning and play and help them make meaning from what they are doing or experiencing.

Mediated parent-child interaction and communication improves children's learning, attachment pattern and communication skills



PARENTS'/CAREGIVERS' COMPETENCIES ON CHILDREN'S EARLY LEARNING



SESSION 8

ENHANCE EFFECTIVE USE OF ORAL LITERATURE WITH CHILDREN



1. WELCOME (3 MINUTES)

- Facilitator: Please welcome the trainees and introduce yourself. Invite newcomers to introduce themselves and let them share about their family (total number of children, single parent, couple, socio-economic condition, etc.)



2. REFLECTION ON THE PREVIOUS SESSION (5 MINUTES)

- Facilitator's instruction: facilitator ask trainees to discuss their experiences with the previous session's take home activities and invites reflections on the following questions.
 - *Last session, a Take Home assignment was given on mediated child-parent interaction and communication, and it is expected to be shared right now. How often do you communicate to your child one-on-one while they are participating in the activities?*
 - *How can you be confident that the things your child is doing or going through at home are giving them meaning? How can you make the activities you undertake together take into account your child's thoughts and interests?*



3. TRAINING OUTCOMES (5 MINUTES)

- Facilitator: Please encourage parents to discuss it in a small group (form group of two) and present it later for discussion. Introduce the training of the session, that **enhance the effective use of oral literature (storytelling, riddles, and songs) with their child**, and encourage them to share two points to their partner attending in the training, and later they will check whether the training have met their expectations or not.

At the end of the training, the trainees will improve:

- *Attitude, knowledge, and skills to effectively use oral literature with their children*



4. SESSION OPENER (10 MINUTES)

- Facilitator asks trainees the following questions and record their ideas on note book and post on a wall for later discussion:
 - *Can small children learn? Is there meaningful learning outside preschool?*
 - *What and when should children learn? How should children learn? Can you share your understanding and experience of effective use of oral literatures with the*

child? Ask them how oral literatures (storytelling, riddles, and songs) can be used as a tool to educate new skills and concepts for children?

- Share some of the information below with parents/caregivers



Notes for facilitator (Enhance Effective Use of Oral literature with children)

Oral literature is a valuable tool for transmitting knowledge, values, traditions, rules, and customs from one generation to another. It can also be prepared based on stories created by elders and parents themselves to teach children various skills like character, social skills, supporting one another and other skills. It helps children develop their language, literacy, communication, social, emotional, and numeracy skills. It fosters imagination, curiosity, and creativity in children. It is also an effective method for engaging children in problem-solving activities and facilitating rich discussions with parents and other caregivers. Parents can utilize storytelling, riddles, and songs to stimulate their children's learning and promote holistic development.



5. RADIO SPOT 8 (15 MINUTES)

- Facilitator's instruction. Allow trainees to listen the radio message (play it again if they request it) on enhancing effective use of oral literatures with the child. Conduct the plenary session based on the following guiding questions:
 - *What did you learn from the radio spot (Eitagegn told the story and asked children to reflect their understanding of the story: story about the beautiful goat and the tricky wolf)?*
 - *Eitagegne has noted the importance of enhancing use of story with children. What do you think are the factors limiting effective use of story or oral literatures with your children (probe: culture-related limited awareness on the power of oral literature for children's early learning, time constraints, insufficient preparation and dedication, absence of a supportive environment for children, etc.*



6. RECAP (8 MINUTES)

- Facilitator instructions: Facilitator asks the original groups of TWO parents/caregivers to have discussions based on the following questions:
 - *Can you recall your initial set of ONE or TWO expectations at the beginning of today's session? Were these expectations met?*
 - *What did we learn today?*

- Facilitator instructions: Facilitator summarizes today's session focusing on the key messages below:



Key Messages

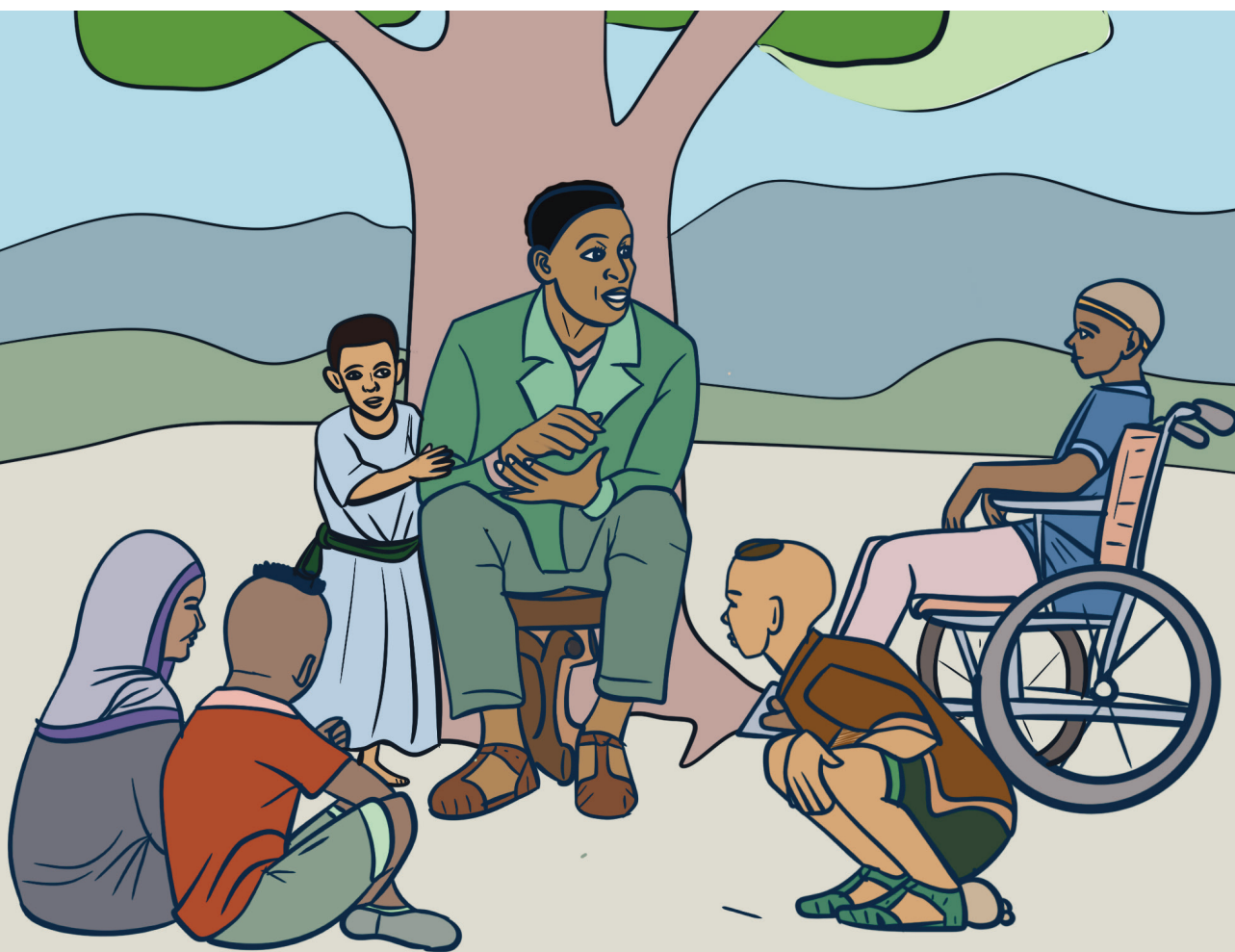
- *Know the role of oral literatures for children's holistic development*
- *Enhance the emotional relationship between mothers and children through oral literatures*
- *Improve dialogue and reflection of thoughts and feelings between mothers and children oral activities*
- *Parents allocate appropriate time, space, identify quality and age appropriate oral literatures for children*



7. TAKE HOME ACTIVITIES (4 MINUTES)

- Discuss the importance and effective ways to conduct oral literatures with children
- With your children, jointly apply or practice these behaviors

*Know the role of oral literatures
for children's holistic development*



SESSION 9

PROMOTE MEDIATED PLAY WITH CHILDREN



1. WELCOME (3 MINUTES)

- Facilitator welcomes trainees and introduces himself/herself. Encourage newcomers to introduce themselves and let them share about their family (number of children, if single parent or couple, socio-economic condition, etc.)



2. REFLECTION ON THE PREVIOUS SESSION (5 MINUTES)

- Facilitator's instruction: facilitator asks parents and caregivers to discuss their experience with the previous session's home-take activities based on the following questions:
Last time, an assignment was given to you on the use of oral literatures for children's development and learning. How did you apply it in your home? When did you use the oral literature? How did you ensure your child enjoyed it? How did you check whether your child is actively engaged in the oral literature or not? Did you face any challenges in the process of implementing it, and how did you solve it?



3. TRAINING OUTCOMES (5 MINUTES)

- Facilitator encourages parents to discuss mediated play in small groups (form group of two) and present it later for discussion. Introduce the training of the session, that **Promote mediated Play with children**, and encourage them to share two points to their partner, and later they will check whether the training have met their expectations or not.

At the end of the training, the trainees will:

- Know the benefits of mediated/guided play for their children's holistic development and learning
- Feel empowered to use mediated play in their day to day engagements
- Practice mediated play activities by creating safe indoor and outdoor home environment for their children



4. SESSION OPENER (10 MINUTES)

- Facilitator asks trainees the following questions and record their ideas on sticky or note book and post on a wall for later discussion:
 - *What is play for you (free play and guided play)? What do you think children when they play with mud, Gebeta, Biy, Abarosh, hide and seek, Segno Maksegno, make believe play (like cooking like mothers, construct houses like engineers, etc.)? Do you involve in your children's play? How? Do you think your involvement in your children's play activities assist children to learn new concepts and skills?*



Notes for facilitator (Promote mediated Play with children)

Children learn new skills and concepts by acting or speaking, and manipulating materials with the support of adults. They play like a teacher, merchant, and coffee service provider. Besides, they involve in adults mediated Ethiopian games like Genna game or Qarsa game, Gebeta game, Leba Ena Police game (thief and police), Teter game, Biy game, and Ethiopia chess or board game to learn new concepts and skills. Children also use mud or other items to construct small houses, buildings, kitchen utensils, toys, cups, bed, design roads, show their interaction with their family, friends, personal care and home garden, construct juice and coffee grinder, construct farm tools, trace and write letters, numbers, words, etc.



5. RADIO SPOT 9 (15 MINUTES)

- Facilitator's instruction. Allow trainees to listen the radio message (play it again if they request it) on enhancing effective use of promoting mediated play with children. Conduct the plenary session based on the following guiding questions
 - *What did you learn from the radio spot (Tigist and Dires invited children to play with children, and allow them to play outside on various materials, naming sands, cartons, timbers)? Do you think all family members are involved in the play activities? Who contributed more? How did you perceive the children's role in the play activities?*
 - *How can we promote mediated play with children (Hint from the radio spot: Tigst, Dires, and Askale asked children to explain what they have been doing with their materials?)*



6. RECAP (8 MINUTES)

- Activity: plenary and group discussion summarizing today's session
- Facilitator instructions: Facilitator asks the original groups of TWO parents/caregivers to have discussions based on the following questions:
 - *Can you recall your initial set of ONE or TWO expectations at the beginning of today's session? Were these expectations met?*
 - *What did we learn today?*
- Facilitator instructions: Facilitator summarizes today's session focusing on the key messages below:



Key Messages

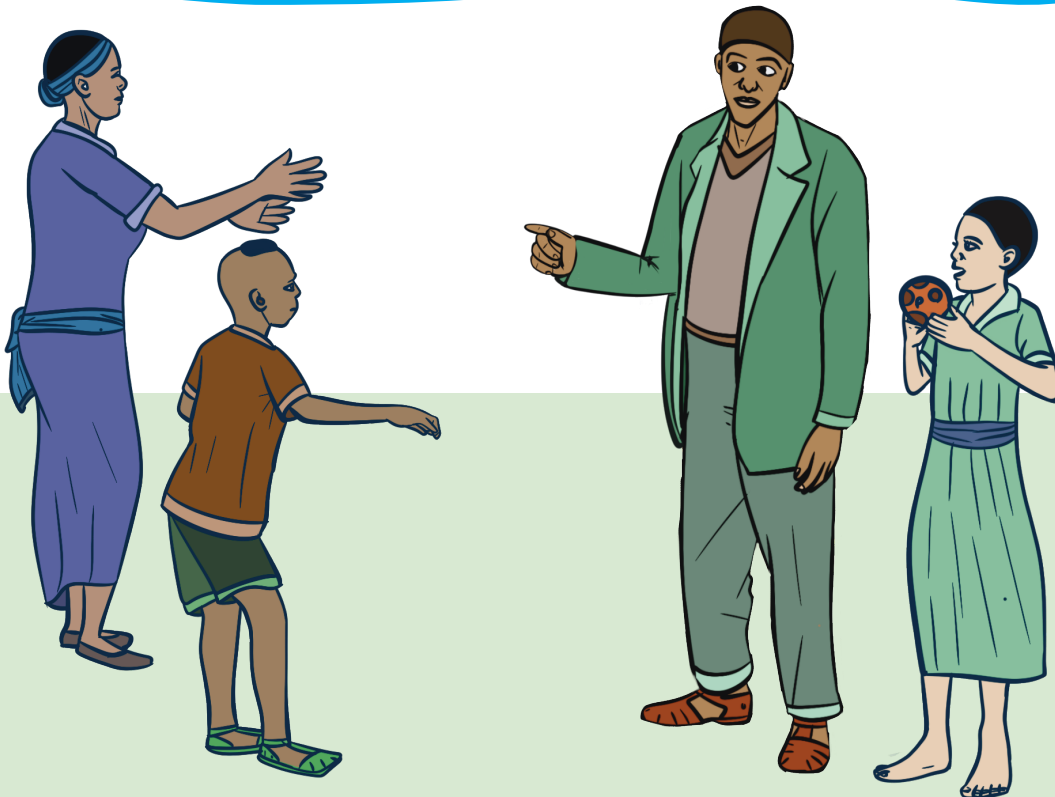
- Mediated play is a means to bolster children's communication, cooperation, critical thinking, decision-making, curiosity, creativity, self-regulation, and imagination. Children think out of the box, and come with new ways to solve problems. Children get the chance to analyze problems, propose strategies to solve challenges, and come with new solution. The process will be effective if parents guide and ask their children to prolong their engagements. Children can use local materials to engage in mediated constructive play, pretend play, game play, and others.



7. TAKE HOME ACTIVITIES (4 MINUTES)

- Educate your family members and children the importance of the following behaviors during the week: the benefits and effective ways to conduct mediated play activities with children
- With your children, jointly practice the mediated play activities

Mediated play is a means to bolster children's communication, cooperation, critical thinking, decision-making, curiosity, creativity, self-regulation, and imagination.



SESSION 10

ENHANCE RICH TALK WITH CHILDREN



1. WELCOME (3 MINUTES)

- Facilitator welcomes trainees and introduces himself/herself. Encourage newcomers to introduce themselves and let them to share about their family (total number of children, single parent, couple, socio-economic condition, etc.)



2. REFLECTION ON THE PREVIOUS SESSION (5 MINUTES)

- Facilitator's instruction: facilitator asks parents and caregivers to discuss their experiences with the previous session's home-take activities and invites group input and suggestions based on the following questions.
- Last time, an assignment was given on mediated play activities. Did you involve yourself in your children's play activities? What types of play were you involved? When did you mediate in your children's play activity? Did the children actively engage in the playful activities? Did you discuss with your family the relevance of play for children's development and learning? Did you face any challenges in the mediated play activity? *How did you solve them?*



3. TRAINING OUTCOMES (5 MINUTES)

- Facilitator encourages parents to discuss rich talk with children in a small groups (form group of two) and present it later for discussion. Introduce the training of the session, that **rich talk with the child**, and encourage them to share two points they will get attending training on rich talk with the child, and they will later discuss whether the discussion met their expectation or not

At the end of the training, the trainees will:

- Know conducting multiple rich talks with active child participation, as well as conducting child-driven talk and rich talk among children.
- Conduct child-driven and multiple rich talks with their children.
- Allot time and create safe environment to practice multiple rich talks with active child engagement.



4. SESSION OPENER (10 MINUTES)

- Facilitator asks trainees the following questions and record their ideas on sticky or note book and post on a wall: Do you encourage child-led rich talk/conversation in your community? Can you explain you're understanding of child driven rich talk (with circular and balanced talk like child to mother, child-father, and child-child talk) with child? How is the experience of child-led rich talk/discussion in your community? Are there barriers for not to conduct child-led talk/discussion in your community? Do you think child-led rich talk is beneficial for children's early learning?



Notes for facilitator (Rich talk with the child)

- Conduct child-driven conversations, talk with them, not talk at them, let children talk, enhance child-to-child talk, conduct multiple back and forth talk with child participation
- Great or rich talk does not need literacy. Does not need specialized knowledge
- Balance mother-child talking by helping turn taking during conversation, and discussion
- Value that children have ideas in conversations
- Talk about children's ideas (e.g. about their cloth, mud, fruits, tea, coffee, books, pen, pencil, colors, car, cow, TV, rat, shoe, water, milk, ball, cup, etc.),
- Have daily routine discussions, talk about foods, cooking utensils, healthy foods, beverages like healthy foods, and cultural traditions, engage in tell and retell narration, reflective listening, conduct dialogue on various issues, etc



5. RADIO SPOT 10 (15 MINUTES)

- Facilitator's instruction. Allow trainees to listen the radio message (play it again if they request it) on rich talk with the child. Conduct the plenary session based on the following guiding questions
 - *What did you learn from the radio spot (Bethlehem chose topic for discussion). How Tigist and Dirse explained it)?*
 - *How can we promote child-led and rich talk?*



6. RECAP (8 MINUTES)

- Facilitator instructions: Facilitator asks the original groups of TWO parents/caregivers to have discussions based on the following questions:
 - *Can you recall your initial set of ONE or TWO expectations at the beginning of today's session? Were these expectations met?*
 - *What did we learn today?*
- Facilitator instructions: Facilitator summarizes today's session focusing on the key messages below:



Key Messages

- Children get the opportunity to think loud their ideas. Children learn more about the ideas bring to the discussion. They get the chance to hear more thinking, more input, critical, more exchanges of ideas, turns, and communications
- Child becoming more competent communicators and better friends
- Foster children's empowerment of their ability, leadership, and decision making
- It enhances parent-child interaction, creates the chance to know each other's strength



7. TAKE HOME ACTIVITIES (4 MINUTES)

- Teacher family members and children the importance of the following behaviors during the week: the power of child-lead rich talk, discussions, conversations, conduct multiple child driven back and forth discussions, quality and quantity of child-lead rich talk, and mediated child-lead talk.
- With your children, jointly practice child-led talk in your home



Child becoming more competent communicators and better friends

SESSION 11

GUIDED READING ACTIVITIES OF A CHILD



1. WELCOME (3 MINUTES)

- Facilitator welcome to trainees and introduce himself/herself. Encourage newcomers to introduce themselves and let them to share about their family (total number of children, single parent, couple, socio-economic condition, etc.)



2. REFLECTION ON THE PREVIOUS SESSION (5 MINUTES)

- Facilitator's instruction: facilitator ask parents and caregivers to discuss their experiences with the previous session's home-take activities and invites group input and suggestions based on the following questions.
 - *Last time, a Take Home assignment was given on mediated rich talk with your child, and you were instructed to apply it at home. Did you conduct child-led conversations, discussions, and talk? How and when did you apply it? Did the children actively engage in the rich talk session? How did children bring ideas or set the agenda for rich talk? Did you face any challenges in the rich talk discussions? How did you solve them?*



3. TRAINING OUTCOMES (5 MINUTES)

- Facilitators encourage parents to discuss guided reading activities in a small groups (form group of two) and present it later for discussion. Introduce the training session, that **Guided/mediated reading activities with the child**, and each parent/caregiver will share TWO points they will get attending training on mediated reading activities with the child, and they will later discuss whether the training met their expectation or not after the training is completed.

At the end of the training, the trainees will:

- Know reading with the child in the form of reading aloud, reading with me, shared reading with me, and reflect the reading activities foster children's learning and development
- Feel confident, connected, excited, and responsible to explore various reading materials with children
- Practice guide reading activities by allotting time, space, and quality materials with children



4. SESSION OPENER (10 MINUTES)

- Facilitators ask trainees the following questions and record their ideas on sticky or note book and post on a wall for discussion:
 - *Do you think children from birth to 7 years can read materials? Why? Do you think reading with your child contributes to their holistic development? How? Would you tell us your home reading experiences? Do you read with your child?*
 - *Can you tell us strategies to read with the child? Do you practice read aloud, shared reading, and reflective reading in your home? How is your experience in engaging in child-driven reading activities? Are there factors that affect the practice of guided reading activities in your home?*
- Share some of the information below with parents/caregivers



Notes for facilitator

- Guided reading initiates children to read the activities independently with parents support. Parents can read aloud, read with their children, and reflect their reading activities with the child. Guided reading sparks discussions of the reading activities. Child and parents bond are enhanced through shared reading and reflective.
- Reflective reading is a means to cultivate children’s holistic development.
- When stories are red to children, they grasp different knowledge from characters in the stories. Furthermore, this promotes literacy and language development in everyday activities, including reading pictures of locomotor activities (see children are engaged in running, jumping, bouncing, and stretching), interpret facial expressions, dancing, dressing, explore how to mix, build/construct something, reading and reflecting stories, see someone is cooking, gridding coffee, selling and buying goods, exchange greetings, conduct conversations, construct houses, perform farming activities.



5. RADIO SPOT 11 (15 MINUTES)

- Facilitator’s instruction. Allow trainees to listen the radio message (play it again if they request it) on guided reading activities with the child. Conduct the plenary session based on the following guiding questions
 - *What did you learn from the radio spot where Askale presented a nice story about a deer? Did you note the relevance of promoting guided reading activities with children in the story presented by Askale? Did the children actively participate in the reading session, or was it dominated by someone else?*



6. RECAP (8 MINUTES)

- Activity: plenary and group discussion summarizing today's session
- Facilitator instructions: Facilitator asks the original groups of TWO parents/caregivers to have discussions based on the following questions:
 - *Can you recall your initial set of ONE or TWO expectations at the beginning of today's session? Were these expectations met?*
 - *What did we learn today?*
- Facilitator instructions: Facilitator summarizes today's session focusing on the key messages below:



Key Messages

- Reflective reading activities enhance parents and children to discuss about the relevance of reading the book for their learning, enhance child and parents interactions, and instills children's ability to critically reflect the reading activity.
- Child-lead reading enhances children creativity to interpret the stories, pictures, events, as well as child get the chance to explore various topics by their own and enhance the love to read different materials



7. TAKE HOME ACTIVITIES (4 MINUTES)

- Educate children the importance of the following behaviors during the week: the power of parent guided reading and reflective reading activities along with child-lead reading activities to promote autonomy and love for reading,
- With your children, jointly engage or practice in guided reading activities

Reflective reading activities enhance parents and children to discuss about the relevance of reading the book for their learning, enhance child and parents interactions, and instills children's ability to critically reflect the reading activity.



SAFETY, SECURITY AND PROTECTION



SESSION 12

PROTECTING CHILDREN FROM PHYSICAL AND EMOTIONAL HARMS



1. WELCOME (2 MINUTES)

- Facilitator welcomes the participants. Facilitator tell your happiness for meeting them. Then, introduce your name, and why you are there.
- Ask each of them to tell their names and why they are there.
- Still ask them what they expect from this training session (and then try to incorporate this expectation in the training objectives below)



2. REFLECTION ON THE PREVIOUS SESSION (2 MINUTES)

- Facilitator asks parents/caregivers to share experiences on the Take Home activities of the previous session and allow reflections and feedback from the group based on the questions below.
 - *Last session, we took an assignment to check the power of parent guided reading and reflective reading. Did you notice any importance of parent guided and reflective reading? If so, are you going to implement parent guided reading and reflective reading with your children?*



3. TRAINING OUTCOMES (2 MINUTES)

- Facilitator asks parents/caregivers to form groups.
- Facilitator tells them that today's session is on 'protecting children from physical and emotional harms'.
- Then encourage them to express their expectations from the session. Eventually, inform them that, at the end of this session, they will be able to:
 - *know situations that harm the physical and emotional wellbeing of young children (1-6 years)*
 - *feel responsible to ensure the physical safety and emotional security of their young children*
 - *protect their children from physical and emotional harms and make them safe in their local environments*



4. SESSION OPENER (10 MINUTES)

- **Facilitator instructions:** Facilitator uses the following as a session opener: encourage trainees to speak out on experiences as a child. Console and reassure if sad feelings are evoked, continue probing more by raising follow up questions like how it happened, what followed, how can it be done differently, how has it impacted your feelings and behavior
 - *Ask parents to remember their childhood and describe one thing that their parents did to them that made them feel unloved, unsafe, or unhappy.*
 - *Ask also participants about their fears for their children or what they are concerned about for their children.*
 - *Anything that made children feel unhappy, insecure, and frightened in their surroundings.*
 - *Anything that they know is harmful to children's physical and emotional wellness and how they protect their children from such danger.*
- Facilitator, please encourage the participants to think about situations and environmental features that could harm children's physical and emotional wellness and parental responsibilities to manage this.



Notes for facilitator

What is children's physical safety? *Children's physical safety refers to the absence of harm or injury that can be experienced by children from a physical object or physical activities that include persons, objects in the local environments, landscapes, buildings and structures, waste materials, spoiled food and polluted water, physical play activities, labor activities, furniture, medical equipment, prohibited items etc.*

What is Children's emotional security? *Children's emotional security refers to the presence of emotional stability, self-confidence, environment of good relationships, feeling at ease with self and others, expressing own true self and absence of fear, feeling of vulnerability, and diffident.*

Why it is important to protect children from physical and emotional harms? *Children's physical and emotional harm negatively affects children's development in many ways and can lead to long-term physical, social, physiological disorders. Children who experience physical and emotional harms in their early ages are more likely to become fearful, develop anxiety, suffer from depression, and have poor intellectual capacity. Exposure to physical and emotional harms may make children become naughty, unfaithful, suspicious and rigid. Such children can have depressive disorders, anxiety disorders, and eating disorders. Children mainly young children should be protected from such situation. It is the moral and legal obligation of parents/caregivers to ensure the physical safety and emotional security of children.*

How to protect Children from physical and emotional harms? The followings are methods or ways by which parents can ensure children's physical safety and emotional security.

1. *Making children's physical environment (home environment, neighborhood environment, school environment) safe and free from objects that cause children's physical injuries*
2. *Refusing to allow children to be in or play in unsafe environments (environments with unsafe physical situations, polluted, having waste materials, spoiled water etc)*
3. *Encouraging children to wear protective materials, drink enough water, warming up before they start physical plays and sports*
4. *Getting on time and right treatment after physical injury*
5. *Establishing harmonious intra-family relationships,*
6. *Showing children consistent and genuine love and affection*
7. *Encouraging children to do things independently*
8. *Telling children stories and listening to their stories*
9. *Rewarding children on any accomplishments (appreciating, praising and encouraging)*



5. RADIO SPOT 12 (32 MINUTES')

- **Instruction to the Facilitator:** Facilitator lets the participants listen to the radio spot on **Protecting Children from Physical and Emotional Harms** and discuss it. Be sure that all of the participants (parents/caregivers) were able to listen to the radio spot. Play the radio spot one more time if the participants need to listen again. Then, encourage them to discuss the following questions.
 1. What do you understand from the radio spot?
 2. The early childhood care and development professional in the radio spot says that excessive stress puts children under emotional harms. The early childhood care and development professional adds there are a lot of things that put children in emotional harm. Do you agree with these ideas? What kinds of situations may put children under emotional stress?
 3. As indicated in the radio spot, children from IDPs and refugee could be susceptible to emotional harms. Why?
 4. The early childhood care and development professional also states situations that expose children to physical harm. Do you know situations that may expose children to physical harm in your localities?
 5. What should parents and caregivers do to protect children from physical and emotional harms?
- Facilitator, encourage the participants to reflect on their own experiences as part of the discussions.



6. RECAP (2 MINUTES)

- Facilitator summarizes the activities by stating that lack of physical safety and emotional security harms children’s holistic development. Therefore, it is essential to protect children from physical and emotional harms. Parents/caregivers can ensure physical safety and emotional security by employing several methods applicable in their contexts.
- Then, encourage the participants to reflect their thoughts and feedbacks in relation to the message. With this purpose, ask them the following questions:
 - *What have you learnt from this session?*
 - *How do apply this message?*
 - *Is there anything that you want to change in your parenting practices?*
 - *Anything you want to suggest to be considered?*
- **Facilitator Instruction:** summarize key messages from this session as follows.



Key Message

- Children have a need for physical safety and emotional security. It is parents’ moral and legal obligation to ensure physical safety and emotional security of children
- Several factors make children vulnerable to insecurities in different ways



7. TAKE HOME ACTIVITIES (2 MINUTES)

- Facilitator advises the participants to share their training experiences to those at home (e.g. spouse, older siblings, and friends) and then request them to follow up their behavior and give them feedback for improvement. Please also begin the next session by inviting participants their outstanding experiences. And, use this again as an opportunity to infuse learning again.

“Children need physical safety and emotional security. It is parents’ moral and legal obligation to ensure physical safety and emotional security for them.”



SESSION 13

AVOIDING HARMFUL CHILDCARE PRACTICES



1. WELCOME (2 MINUTES)

Dear Facilitator:

- Welcome and greet the participants. Tell them about what you feel today and ask them what they feel.
- Ask each of them to tell what they encountered while they tried to share the previous lesson to their partners and friends in their neighborhoods.



2. REFLECTION ON THE PREVIOUS SESSION (2 MINUTES)

- Facilitator asks parents/caregivers to share experiences on the Take Home activities of the previous session and allow reflections and feedback from the group based on the questions below.
 - *Last session, we took an assignment to try protecting our children from physical and emotional harms. Have you noticed factors that exposed children to physical and emotional stresses and how to protect children from these challenges? How do you plan to protect your children from the physical and emotional harms in the future?*



3. TRAINING OUTCOMES (2 MINUTES)

- Facilitator asks parents/caregivers to form groups.
- Facilitator tells them that today's session is on 'Avoiding Harmful Childcare Practices'. Then encourage them to express their expectations from the session. Eventually, inform them that, at the end of this session, they will be able to:
 - *know about how such harmful traditional practices as FGM, Uvula Cutting, Milk-teeth extraction and corporal punishment hinder children's holistic development*
 - *feel responsible to avoid such harmful traditional practices as FGM, Uvula Cutting, Milk-teeth extraction and corporal punishment hinder children's wellbeing and holistic development*
 - *stop such harmful childcare practices as FGM, Uvula Cutting, Milk-teeth extraction and corporal punishment so that they don't hinder children's wellbeing and holistic development*



4. SESSION OPENER (5 MINUTES)

- Facilitator Instruction: Facilitator asks the participants the following questions as session opener and encourages them to speak out freely.
 - *Ask parents to remember their experiences of female genital mutilation, Uvula cutting, milk-teeth extraction and corporal punishment of children? Encourage them to reflect their feelings about this practices. Then, introduce to the participants' contents of this training session.*



Notes for facilitator

Female genital mutilation (FGM) is the partial or total removal of the female external genitalia for cultural and social reasons. It is committed on young girls between infancy and middle childhood. It is predominantly accepted as violation of girls' and women's fundamental human rights such as rights to health, physical safety, emotional security and dignity.

Uvula Cutting: Uvula cutting is a total or partial removal of part of uvula with the intention to health or prevent infections and other disorders associated with the throat. Traditional uvulectomy is widely practiced in Ethiopia mainly in the rural and pastoral areas with the aim to protect children from infections in the throat. However, studies show that it exposes children to more infections in throat and health complications including hemorrhage, tetanus, fragment inhalation, diarrhea, and dehydration, nasal speech, palate abnormalities, human immunodeficiency virus, obstructive sleep apnea, and snoring.

Milk-tooth extraction: Milk-tooth extraction is a harmful traditional practices performed by traditional healers on young children without anesthesia & unsterile materials. As it is done without anesthesia, it is very painful and disturbs the safety and security of a young child. It is done in unsafe way and can cause acute and chronic health complication which greatly affects the wellbeing and security of a child. The health complications include infections, pain or swelling that gets worse in the days following the procedure, a fever, and chills. The milk-teeth extraction is done with the belief that the cause of chronic diarrhea in children is a worm that is growing under milk teeth, and this worm is treated when the worm is removed by incision of the gum.

Corporal Punishment: It is the infliction of physical pain upon children's body as punishment for a crime or breach of norms. Corporal punishments include whipping, beating, frightening, and ridiculing. Traditionally, parents commit corporal punishment with the intention to using physical force to achieve children's obedience and compliance with parents' wishes. Corporal punishment violates children's rights to physical safety and emotional security. Children who experienced corporal punishment develop aggressive behavior, low self-esteem, and have the urge to hit people.



5. RADIO SPOT 13 (30 MINUTES)

- Instruction to the Facilitator: Facilitator lets the participants listen to the radio spot on Avoiding Harmful Childcare Practices and discuss it. Be sure that all of the participants (parents/caregivers) were able to listen to the radio spot. Play the radio spot one more time if the participants need to listen ones more. Then, encourage them to discuss the following questions.

- *In this radio spot, harmful childcare practices have been mentioned. The early childhood care and development professional stated four examples of harmful childcare practices. Can you remember them?*
- *How are these practices harmful? Are these practices culturally acceptable? What are the values underlying these practices?*
- *There is a belief that a girl who genital is not mutilated will not be honest to her husband. Do you accept this belief? Why?*
- *How can parents and caregivers stop these harmful childcare practices?*
- Facilitator, encourage the participants to reflect on their own experiences as part of the discussions.



6. RECAP (5 MINUTES)

- Facilitator summarize that activities by stating that these practices are harmful to children’s safety and security, health, and social, emotional and physical development. Therefore, it is essential to stop these practices and protect children from such harmful customary practices. Then, encourage the participants to reflect their thoughts and feedbacks in relation to the message. With this purpose, ask them the following questions.
 - *What have you learnt from this session?*
 - *How do apply this message?*
 - *Is there anything that you want to change in your parenting practices?*
 - *Anything you want suggest to be considered?*
- Facilitator instructions – Facilitator summarizes today’s session focusing on the key messages below:



Key Message

Harmful traditional practice such as FGM, Uvula cutting, milk-teeth extraction, and corporal punishment hinder children’s holistic development today (as children and will make them less productive tomorrow (as adults).



7. TAKE HOME ACTIVITIES (2')

- Facilitator advises the participants to share their training experiences to those at home (e.g. spouse, older siblings, and friends) and then request them to follow up one’s behavior at home and in the community. Please also begin the next session by inviting participants their outstanding experiences. And, use this again as an opportunity to infuse learning again.

Harmful traditional practices such as FGM, Uvula cutting, milk-teeth extraction, and corporal punishment hinder children's holistic development.



SESSION 14

ENHANCING PARENTAL MONITORING



1. WELCOME (2 MINUTES)

- Facilitator greets the participants warmly.
- Facilitator tells them that they are happy to meet them again. Then, explain what you have experienced from the previous trainings.
- Then, ask them their feelings and experiences of the previous meetings and encourage them to tell what they expect from the training.
- Encourage them what they need regarding training contents and methods (and then try to incorporate this expectation in the training objectives below)



2. REFLECTION ON THE PREVIOUS SESSION (2 MINUTES)

- Facilitator asks parents/caregivers to share experiences on the Take Home activities of the previous session and allow reflections and feedback from the group based on the questions below.
 - *Last session, we took an assignment on avoiding harmful traditional childcare practices and how to avoid it. Have you noticed traditional childcare practices that expose children to harms and abuses.? How do you plan to avoid these harmful childcare practices?*



3. TRAINING OUTCOMES (2 MINUTES)

- Facilitator asks parents/caregivers to form groups. Then, tells them that today's session is on 'Enhancing Parental Monitoring'. Then, encourages them to express their expectations from the session. Eventually, inform them that, at the end of this session, they will be able to:
 - *know what child monitoring entails and what they are expected to do in terms of child monitoring*
 - *feel responsible to follow-up the everyday life and activities of their children and support them*
 - *monitor their children's activities, behaviors and whereabouts everyday*



4. SESSION OPENER (5 MINUTES')

- Facilitator asks parents to remember how their parents used to monitor them when they were children and how they used to feel about it. Ask them whether they were happy or unhappy about it.
- Facilitator, encourage them respond to the following questions
 - *Do parents/caregivers know about parental monitoring?*
 - *Is parental close monitoring of children useful or harmful to children?*
 - *Why parents/caregivers should monitor their children?*
- Facilitator, learn the following note for yourself



Notes for the Facilitator

What parental monitoring entail: *Parental monitoring refers to parents' knowledge of and attention for whereabouts of their child, daily situations, activities and places of their child. It includes a) the expectations parents have for their child's behavior; b) the actions parents take to keep track of their child; and 3) the ways parents respond when their child breaks the rules or deviates from the right track.*

The Importance of Parental Monitoring: *Parental monitoring increases parents' knowledge about the everyday situation of their child, correct the situation of their child and keep their child in the right track by shaping behaviors and actions, increase provisions and relevant cares and do necessary protections. It also enables the parents to direct the children's socialization contexts (peers, non-parent adults, siblings, media) away from those that encourage misbehavior and strengthens the child's bond to parents. Loose parental monitoring may be more likely to engage in a number of risk behaviors.*

Ways to improve parental monitoring:

- Parents/care givers need to put firm rules and limits for your children. They may explain the rules and limits for your children and discuss about the rules and limits with them until they know and accept. Then, they may control and shape the behaviors and actions of your children accordingly. They should be a nurturing, responsive, and supportive parent within the limits and rules you have set.
- Parental involvement and engagement with their children should be based on the principles of trust and collaboration, good conversations and emotional bonds.
- Parents should let their children know that the purpose of parental monitoring is to support the appropriate learning and development of the children
- There should be coherence of ideas, consistency of actions, collaborations and mutual understanding between mothers and fathers in parental monitoring
- Consistent and close interactions, respect for children's ideas and clear vision for children are important tools in parental monitoring



5. RADIO SPOT 14 (30 MINUTES)

- Instruction to the Facilitator: Facilitator let the participants listen to the radio spot on 'Enhancing Parental Monitoring' and discuss it. Be sure that all of the participants (parents/caregivers) were able to listen to the radio spot. Play the radio spot one more time if the participants need to listen ones more. Then, encourage them to discuss the following questions.
 - *What are the ideas you captured from the radio play?*
 - *What do you learn from the family in the radio spot?*
 - *In the radio spot, Askale states that Parents should monitor their children's everyday lives. Do you monitor the very day practices and spaces of your children?*
 - *What is the importance of monitoring children's everyday activities and places?*
- Facilitator, encourage the participants to reflect on their own experiences as part of the discussions.



6. RECAP (5 MINUTES)

- Facilitator Instruction: Facilitator summarize that activities by stating that child monitoring is useful for keeping children in the right track and enhance their holistic development. Then, encourage the participants to reflect their thoughts and feedbacks in relation to the message. With this purpose, ask them the following questions.
 - *What have you learnt from this session?*
 - *How do apply this message?*
 - *Is there anything that you want to change in your parenting practices?*
 - *Anything you want suggest to be considered?*
- Then, tell to parents to catch the following message.



Key Messages

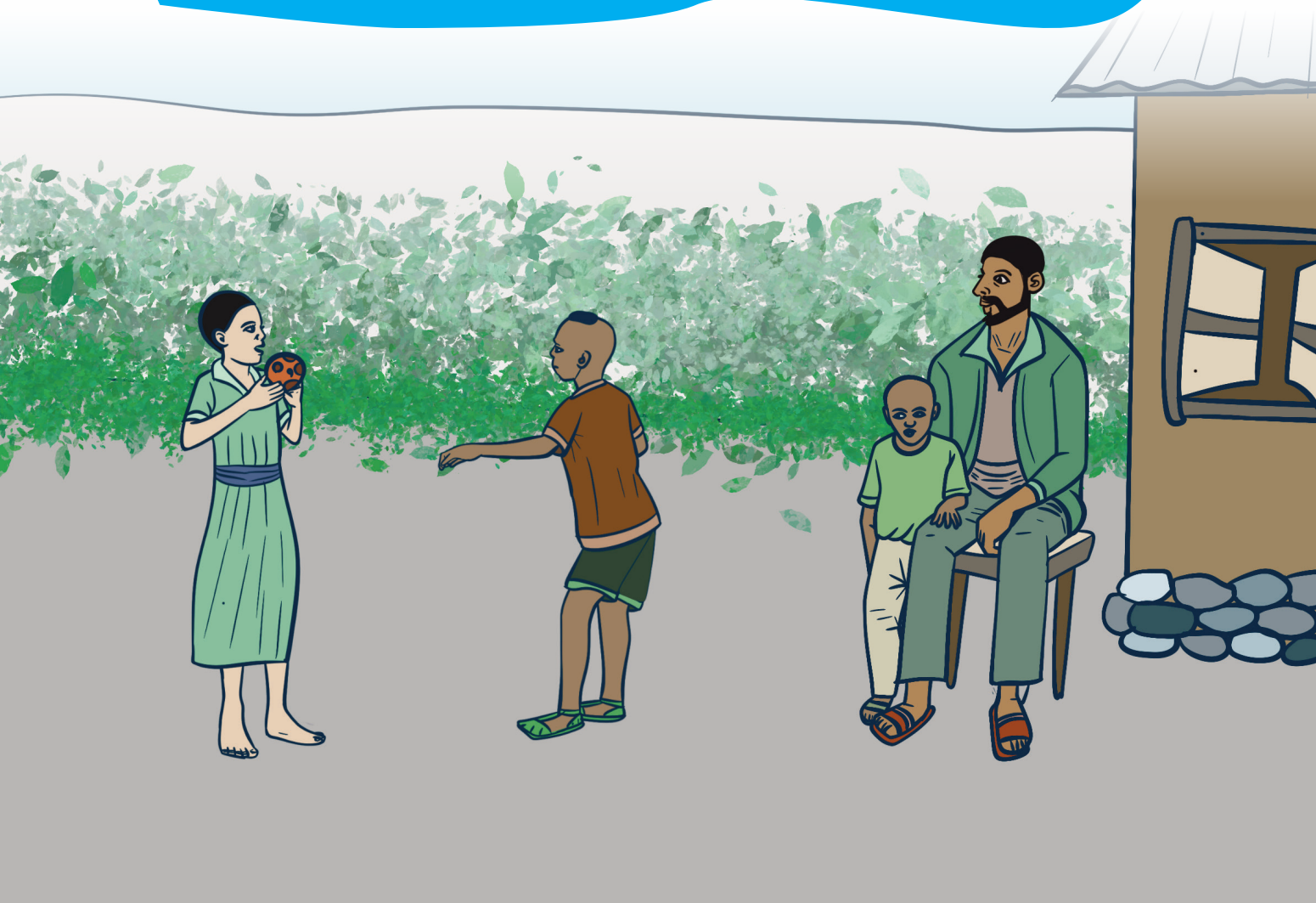
What parents capture from these activities and the radio spot is that they need to be authoritative parents/caregivers and keep their children in the rights track of holistic development.



7. TAKE HOME ACTIVITIES (2 MINUTES)

- Facilitator advice the participants to share their training experiences to those at home (e.g. spouse, older siblings, and friends) and then request them to follow up one's behavior at home and in the community. Please also begin the next session by inviting participants their outstanding experiences. And, use this again as an opportunity to infuse learning again.

*Parents need to keep an eye
when children are out for play.*



CHILD BEHAVIOR MANAGEMENT



SESSION 15

POSITIVE CHILD DISCIPLINING



1. WELCOME AND INTRODUCTION (4 MINUTES)

- The facilitator welcomes trainees to this session
- Newcomers introduce their names, where they come from, number of children, and what they do for living



2. REFLECTION ON PREVIOUS SESSION (10 MINUTES)

- Facilitator instructions- Facilitator asks trainees to share experiences on the Take Home activities of the previous session and allow reflections and feedback from the group; and conclude the session with a reminder of the key messages once again.
 - *In the last session, we had discussion on Parental Monitoring. Based on the session, did you share your training experiences to those at home (e.g. spouse, older siblings, and friends)? Did they follow you up on your control and monitoring skills after the training?*



3. LEARNING OUTCOMES (5 MINUTES)

- Facilitator instructions- Facilitator asks trainees to form groups of 2 and tell trainees that today's session is on '**positive child disciplining**'.
- Each parent/caregiver will tell their partner ONE or TWO things they expect to get from this session; then the facilitator needs to align the expectations with the session objectives below. In fact, the facilitator is expected to check if their expectations from the session are met at the end of the whole session through discussions.
- The session has the objectives below (don't forget to give space expectations of participants):

At the end of this session, participants will:

- *Understand the importance of disciplining a child with respect*
- *Know about positive child disciplining*
- *Feel confident in disciplining a child*
- *Apply positive discipline in disciplining their children*



4. SESSION OPENER (5 MINUTES)

- Facilitator instructions- Facilitator begins the session with the following general discussion questions related to positive child disciplining:
 - *What is positive child disciplining?*
 - *What is the appropriate way of disciplining children?*
 - *How do you discipline your child/children?*
 - *What does the practice of positive child disciplining look like in our community?*
 - *Share some of the information below with parents/caregivers*



Notes for facilitator

- Positive discipline is a method of teaching children appropriate behavior by interacting with children in a kind but firm, respectful and encouraging manner.
- Positive child disciplining is a method of replacing insulting, threatening, shouting, slapping a child in the name of disciplining with rewarding good behavior, correcting misbehavior, using non-violent method and respecting the child while disciplining
- Discipline is more than punishment. Discipline is about using respectful and non-violent methods to teach children how to behave appropriately.
- Caregivers who use positive discipline aim to prevent behavior problems before they start.



5. RADIO SPOT 15 (19 MINUTES)

- Facilitator instructions- Facilitator plays the radio spot on positive child disciplining, confirms trainees were able to listen to the radio spot (play the radio spot one more time, if needed). Following the radio spot, have plenary discussion based on the questions below:
 - *What did you learn from the radio spot/message?*
 - *You have heard on the radio that how Dires and Tigist disciplined Bethlehem. Did they use the right way of disciplining? Do you agree with them? What will you do if your child/children do the same? How should children be disciplined?*
 - *What are the right ways of disciplining children?*
 - *How should children be disciplined? Should they be physically punished?*

- *Do people in our communities apply physical punishment to discipline their children?*
- *Share with your partner beside you, what you plan to do at home and within your community*
- *Reflect to the plenary on some of the actions you plan to do at home to discipline your child/children*



6. RECAP (5 MINUTES)

- Facilitator instructions- Facilitator asks the original groups of trainees to have discussions based on the following questions:
 - *Can you recall your initial set of ONE or TWO expectations at the beginning of today's session? Were these expectations met?*
 - *What did you learn today?*
- Facilitator instructions – Facilitator summarizes today's session focusing on the key messages below:



Key Messages

- Positive child discipline is about focusing on positive child behavior and strengthening it.
- Positive child disciplining is most effective when it is used consistently by all caregivers.
- Children should not be corporally punished rather positively disciplined
- Scolding, threatening, punishing, harming children should be avoided in disciplining children
- Children should be respected and “no yelling at children at all”.
- Non-punitive discipline methods are more effective in the long term than punishment.



7. TAKE HOME ACTIVITIES (2 MINUTES)

- Start using positive disciplining to teach your children good behavior and make sure to avoid using corporal punishment even when you see a child misbehaving.

Positive child disciplining is most effective when it is used consistently by all caregivers.



SESSION 16

EFFECTIVE USE OF SCREEN TECHNOLOGY



1. WELCOME AND INTRODUCTION (4 MINUTES)

- The facilitator welcomes trainees to this session
- Newcomers introduce their names, where they come from, number of children, and what they do for living



2. REFLECTION ON PREVIOUS SESSION (10 MINUTES)

- Facilitator instruction- Facilitator asks trainees to share experiences on the Take Home activities of the previous session and allow reflections and feedback from the group; and conclude the session with a reminder of the key messages once again.
 - *Based on the previous sections, what changes did you make in disciplining your children? Have you started using positive disciplining to teach your children good behavior? Have started discipline your children with respect using positive disciplining mechanisms? Have you stopped applying punishment for child disciplining?*



3. LEARNING OUTCOMES (5 MINUTES)

- Facilitator Instructions – Facilitator asks trainees to form groups of 2 and tell trainees that today's session is on '**effective use of screen technology**'.
- Each parent/caregiver will tell their partner ONE or TWO things they expect to get from this session; then the facilitator needs to align the expectations with the session objectives below. In fact, the facilitator is expected to check if their expectations from the session are met at the end of the whole session through discussions
- The session has the objectives below (don't forget to give space expectations of participants):
- *At the end of this session, participants will:*
 - *Understand the proper and effective use of technology*
 - *Feel motivated to set limits to technology use of children*
 - *Set limits and mediate technology use of children*
 - *Start to use screen technology properly*



4. SESSION OPENER (5 MINUTES)

- Facilitator instructions- Facilitator begins the session with the following general discussion questions on effective use of screen technology :
 - *What do you think are some of the technologies children use?*
 - *Do people in our communities understand the advantages and disadvantages of technology use?*
 - *Share some of the information below with parents/caregivers*



Notes for facilitator

- Effective use of screen technology is the one that is mediated with parents/ caregivers
- The technology children use should be developmentally appropriate
- Screen time for children should be limited. For example, children from birth to two years should not be completely exposed to screen.
- Extended use of screen has negative effect on children's development
- Children can learn from videos if parents co-view material with them and use the video as a learning tool to build language skills.



5. RADIO SPOT 16 (19 MINUTES)

- Facilitator plays the radio spot on effective technology use, confirms trainees were able to listen to the radio spot (play the radio spot one more time, if needed). Following the radio message, have plenary discussion based on the questions below:
 - *What did you learn from the radio spot?*
 - *You have heard on the radio that Woineshet, the early childhood care and development professional, explains how children should use screen technology. Do you agree with her? How do your children use screen technology?*
 - *What is appropriate use of screen technology?*
 - *Share with your partner beside you, what you plan to do at home*
 - *Reflect to the plenary on some of the actions you plan to do at home*



6. RECAP (5 MINUTES)

- Facilitator instructions – Facilitator asks the original groups of TWO trainees to have discussions based on the following questions:
 - *Can you recall your initial set of ONE or TWO expectations at the beginning of today's session? Were these expectations met?*
 - *What did you learn today?*
- Facilitator instructions – Facilitator summarizes today's session focusing on the key messages below:



Key Messages

- Children should not be left alone while using screen technology such as mobile, TV etc.
- Mediated screen technology use is more effective than non-mediated and independent use of technology by children
- Parents should set limit on children's screen time
- Mobile phone should not be given to children to sooth, feed, play etc. them
- Children less than two years old should not be exposed to screen and older children should not spend a maximum of two hours a day.



7. TAKE HOME ACTIVITIES (2 MINUTES)

- Set rules on use of screen technology or electronic media
- Mediate technology use of your children. That is, jointly use technology with children and it is not advisable to leave your children alone while they are using electronic devices such as mobile, TV, etc.

Children should not be left alone while using screen technology such as mobile, TV etc.



INCLUSION OF CHILDREN WITH SPECIAL NEEDS AND GIRL CHILDREN



SESSION 17

REDUCE MISCONCEPTIONS ABOUT CHILDREN WITH SPECIAL NEEDS



1. WELCOME (3 MINUTES)

- The facilitator welcomes parents/caregivers to today's session. The facilitator uses expressions that are warm with natural and pleasing tone and then invites newcomers to introduce themselves – Names, where they come from, number of children, and what they do for living



2. REFLECTION ON THE PREVIOUS SESSION (7 MINUTES)

- Facilitator Instructions – Facilitator asks parents/caregivers to share experiences on the Take Home activities of the previous session and allow reflections and feedback from the group based on the questions below:

- *Based on the home activities of the previous session were you able to set rules for children on the use of screen technology and electronic media? What challenges did you face? (Probe: resistance from children, children behaviors is changed, like crying, refusing to eat and sleep, etc.)*



3. TRAINING OUTCOMES (7 MINUTES)

- Facilitator Instructions – Facilitator asks parents/caregivers to form groups. Parents/caregivers are told that today's session is on '**Reduce misconceptions about children with special needs**'. Each parent/caregiver will tell their partner ONE or TWO things they expect to get from this session; then at the end of the whole session, they will again discuss and see if their expectations from the session are met
- Facilitator shares the below session expectation/objectives with participants:

At the end of this session, participants will:

- reduce misconceptions regarding children with special needs
- develop proper conception regarding children with disabilities



4. SESSION OPENER (10 MINUTES)

- Facilitator instructions – Facilitator begins the session with the following general discussion questions concerning their conceptions regarding children with special needs:
- *What do you think are the causes of disability? (Probe- raise following if not mentioned, punishment from God, the result of sin, the mother's wrong did during pregnancy, and etc. ask them also to tell some proverbs about children with disabilities and discuss*

what these proverbs indicate)

- *Do you think that children with disabilities can be successful like nondisabled children (probe- if not mentioned raise the following; in education, in life, and etc.)*
- *Ask the participants to briefly generate traditional terms used in their community to refer children with special needs (probe- indicate the following if not mentioned; 'Denkoro' "sheba", "Ewere", 'Ankasa", 'Ebed') and ask the participants what these terms indicate). Give them feedback on the consequences of using these terminologies and tell them right terminologies). Probe more about trainees conceptions, challenge misconceptions by presenting alternative views and allow them to compare and contrast*
- *Share some of the information below with parents/caregivers*



Notes for the facilitator

- Misconceptions about children with disabilities are incorrect assumptions and unfounded beliefs about these children because of their apparent disabilities.
- Children with disabilities seen as being possessed by demons and not fit to live in the society. Most of these children were rejected, neglected and hidden behind the wall.
- Misconceptions can be of two types: negative and positive

1. Negative misconceptions:

- A child's disability is as a result of the mother's infidelity
- The parents' sought for riches by devilish means
- The failure of the parents to worship God
- Bewitchment of the child in the womb
- Curse from the ancestors.

2. Positive misconceptions: *viewing children with disabilities to have some abilities that make them 'superhuman' when compared with non-disabled children in specific areas of normal living. Positive misconceptions are fallacies and misleading. Some common positive misconceptions are:*

- *People with disabilities are brave and courageous since they survive even with their disabilities.*
 - *Misconceptions result in negative attitudes which leads to stereotyping of children with disabilities, resulting in stigmatization, discrimination and labeling.*
 - *Misconceptions affect the care given to children with disabilities and the general societal interactions with them.*
 - *Misconceptions dominate the understanding of some children with disabilities about their disability and make them see themselves as inferior and a burden to society. The resultant attitudes for these children with disabilities are self-pity, guilt and fear.*



5. RADIO SPOT 17 (20 MINUTES)

- Facilitator instructions – Facilitator plays the radio spot ‘reducing misconceptions about children with special needs’, confirms parents/caregivers were able to listen to the radio spot (play the radio spot one more time, if needed). Following, have plenary discussion based on the questions below:
 - *What are the misconceptions Dires mentioned related to children with special needs (probe-if not mentioned, include considering disability as curse, God’s punishment, hiding, discriminating)*
 - *As Dires mentioned what parents and other caregivers are expected to do if they have children with special needs (probe: playing with them, give them appropriate explanation about their environment, etc.)*
 - *Dires mentioned that children with special needs can be successful, what do you think are required from parents to help these children become successful (Probe-if not mentioned, include providing support, understand their needs)*



6. RECAP (5 MINUTES)

- Facilitator instructions – Facilitator asks the original groups of parents/caregivers to have discussions based on the following questions:
 - *Can you recall your initial set of ONE or TWO expectations at the beginning of today’s session? Were these expectations met?*
 - *What did we learn today?*
- Facilitator instructions – Facilitator summarizes today’s session focusing on the key messages below:

Key messages

- Children with special needs are associated with punishment from God, the result of sin and other traditional beliefs, these are simply misconceptions
- Caregivers and the community need to hold the right conception because it helps to care the child appropriately
- Disability can be treatable therefore parents and caregivers have the responsibility to take children with disabilities to modern health care centers



7. TAKE HOME ACTIVITIES (3 MINUTES)

- Support children with special needs in their daily life including during play, social interaction, communication and learning.
- Use the right terms to refer to children with special needs
- During social moments, like coffee ceremony, tell to other that disability is not a curse, not punishment from God, and tell them that it is a mistake to discriminate and hide children with special needs.

Support children with special needs in their daily life including during play, social interaction, communication and learning.



SESSION 18

UNDERSTAND AND RESPOND TO THE NEEDS OF CHILDREN WITH SPECIAL NEEDS



1. WELCOME (3 MINUTES)

- The facilitator welcomes parents/caregivers to today's session
- Newcomers introduce their names, where they come from, number of children, and what they do for living



2. REFLECTION ON THE PREVIOUS SESSION (7 MINUTES)

- Facilitator Instructions – Facilitator asks parents/caregivers to share experiences on the Take Home activities of the previous session and allow reflections and feedback from the group based on the questions below:
 - *Did you practice using appropriate terms related to children with special needs (for example, person first languages)?*
 - *How did to support children with special needs (e.g., during play)?*



3. TRAINING OUTCOMES (7 MINUTES)

- Facilitator Instructions – give brief introduction about today's session indicating that the session focuses on '**understand and respond to the needs of children with special needs.**'
- Each parent/caregiver will tell ONE or TWO things they expect to get from this session; then at the end of the whole session, they will again discuss and see if their expectations from the session are met
- Facilitator shares session expectation with participants
- Facilitator instructions – Facilitator informs participants that the session has the below objectives:

At the end of this session, participants will:

- *Describe who children with disabilities are*
- *explain the importance of providing support to children with special needs*
- *Know that children with disabilities require their needs to be addressed properly.*
- *Know that If they are supported, children with disabilities can succeed in all aspects of life*
- *responsible to respond to the needs of children with special needs*

- create opportunities for children with special needs participate in home and community activities



4. SESSION OPENER (5 MINUTES)

- Facilitator instructions – Facilitator begins the session with the following general discussion questions on how they understand children with special needs.
- *How children with disabilities are understood in your community? (Probe- ask these questions if not mentioned; do they have the ability to successes in life, are they able to go to school, are they dependent?)*
- *Do children with special needs are treated the way children without disabilities are treated (probe-are they given the same love and affection, participation in family activities and routines, abuse and physical punishment, neglect, and etc.)*
- *Do people in our community believe that children with disabilities have the same right to get quality care (probe- for example, in education, recreation, health and etc.)? Why? (probe: ask common beliefs concerning children with special needs, they will not be successful even if they are supported)*
- Share some of the information below with parents/caregivers



Notes for facilitator

- Children with disabilities are those who have long-term physical, mental, intellectual or sensory impairments which may hinder their full and effective participation in society on an equal basis with others.
- Children with disabilities have the same basic needs as non-disabled children – love and affection, quality time, for health care, recreation, education, and etc.
- *Children with special needs have an equal right to get an education, adequate opportunity, and other services like other children so they could nurture their abilities like other children.*
- They need grow in a caring and healthy home environment: giving children love, acceptance, guidance, protection and a sense of security, healthy living and wellbeing
- They need to play and explore their world with other children and adults.
- Making sure that children with disabilities are included in all activities; allowing them to learn through play and experiencing a wide range of artistic, cultural, cognitive, social and physical activities.



5. RADIO SPOT 18 (20 MINUTES)

- Facilitator instructions – Facilitator plays the radio spot on understand and support children with special needs, confirms parents/caregivers were able to listen to the radio spot (play the radio spot one more time, if needed). Following, have plenary discussion based on the questions below:
 - *Woyenshet mentioned some of the areas that children with special needs require support. What are these areas (probe- if not mentioned, include movement like walking, making their environment comfortable for them)*
 - *Woyenshet also mentioned that instead of hiding children with special needs it is better to take their where they can get support. What are these places? (probe- if not mentioned include, hospitals, schools, places where their age mates play)*



6. RECAP (5 MINUTES)

- Facilitator instructions – Facilitator asks the original groups of parents/caregivers to have discussions based on the following questions:
 - *Can you recall your initial set of ONE or TWO expectations at the beginning of today's session? Were these expectations met?*
 - *What did we learn today?*
- Facilitator instructions – Facilitator summarizes today's session focusing on the key messages below:

Key messages

- Children with special needs have the same needs of love and affection, education, health, play and etc,
- Different cultural and traditional beliefs prevent children with special needs from getting equal opportunity to participate in family and community activities
- Parents and community have responsibility to properly address the needs of children with special needs
- If their needs are addressed and supported children with special needs can be successful



7. TAKE HOME ACTIVITIES (3 MINUTES)

- Discuss with your family members regarding supporting children with special needs to learn and play with their peers.
- Take children with special needs to schools or other places where they can learn and play with other children.
- Provide support to children with special needs in the areas where they need support.

Children with special needs have the same needs of love and affection, education, health, play and etc,



SESSION 19

EMPOWER THE GIRL CHILD



1. WELCOME (3 MINUTES)

- The facilitator welcomes parents/caregivers to today's session
- Newcomers introduce their names, where they come from, number of children, and what they do for living



2. REFLECTION ON THE PREVIOUS SESSION (7 MINUTES)

- Facilitator Instructions – Facilitator asks parents/caregivers to share experiences on the home take activities of the previous session and allow reflections and feedback from the group based on the questions below:
- In the previous session you were asked to discuss with your family members and friend regarding supporting children with special needs. Were you able to discuss the issue?



3. TRAINING OUTCOMES (7 MINUTES)

- Facilitator Instructions – give brief introduction about today's session indicating that the session focuses on '**empowering the girl child.**'
- Each parent/caregiver will tell ONE or TWO things they expect to get from this session; then at the end of the whole session, they will again discuss and see if their expectations from the session are met
- Facilitator shares session expectation with participants
- Facilitator instructions – Facilitator informs participants that the session has the below objectives:

At the end of this session, participants will:

- Know that girls are equal to boys in all aspects of life and share the same rights
- Know that girls can be successful like boys if they are provided equal opportunities
- Feel responsible to empower female children
- provide girls with the same opportunity for play, study time, education like boys



4. SESSION OPENER (5 MINUTES)

- Facilitator instructions – Facilitator begins the session with the following general discussion questions on societal attitudes related to giving equal opportunities for education, play, and studying for female children
- *What are the common beliefs in your community held against girls (probe-if not*

mentioned, include are they given opportunities for education and play like boys)

- What are some of the issues that are faced by young girls in particular, that boys, don't experience?(probe-early marriage, school dropout, engage in household activities, restriction not to go out to play or participate in community activities, etc.)
- Do people in our community believe that girls are equal to boys in all aspects of life (probe- for example, in education)? Why? (probe: ask common beliefs concerning girls, like girls should marry as early as possible, girls should stay at home to learnt important skills: they should not go to school or play outside like boys)
- Share some of the information below with parents/caregivers



Notes for facilitator

- Girls' empowerment is the positive transformation of unequal power relations, and discriminatory norms, whereby girls have equal control, choices and voice over their lives (agency) and in society now and for the future
- Girls are forced to assume roles and responsibilities that restrict their mobility and visibility, increasing their isolation and breaking bonds with their peers and with other social networks.
- In some countries, the majority of girls still marry before their 18th birthday
- When girls are empowered, they are more likely to pursue their dreams, lead fulfilling lives, and contribute positively to society.
- Girls still face numerous challenges that prevent them from reaching their full potential. From societal expectations to gender-based violence and discrimination, girls often struggle to find their voice and assert themselves.



5. RADIO SPOT 19 (20 MINUTES)

- Facilitator instructions – Facilitator plays the radio spot on empowering the girl child, confirms parents/caregivers were able to listen to the radio spot (play the radio spot one more time, if needed). Following, have plenary discussion based on the questions below:
 - Askale mentioned that there is no gender specific household works. Do you think that there are works which are gender specific (probe-if not mentioned include, cooking, washing babies, cleaning dishes and house, etc)
 - What are the challenges the girl child faces that the boy don't face as Terhas mentioned? (probe- if not mentioned, include early marriage, society's attitude that girls should be the servant of the man, she shouldn't go to school beyond

some level, and she should support her family instead of studying, the girl should not talk in public)

- *Terhas mentioned that she raised her children equally, what did she do to raise them equally? (probe- if not mentioned include train both boys and girls to do household works, avoid the stereotypes towards girls)*
- *Terhas indicated that parents should be role models to empower the girl child. How do you think parents can be role models? (probe- if not mentioned indicate, fathers should show that boys/male can also do household works, mothers need to give opportunity for boys to involve in household responsibilities from early childhood)*



6. RECAP (5 MINUTES)

- Facilitator instructions – Facilitator asks the original groups of parents/caregivers to have discussions based on the following questions:
 - *Can you recall your initial set of ONE or TWO expectations at the beginning of today's session? Were these expectations met?*
 - *What did we learn today?*
- Facilitator instructions – Facilitator summarizes today's session focusing on the key messages below:

Key messages

- Girls are equal to boys in all aspects of life and share the same rights
- *girls can be successful like boys if they are provided equal opportunities*
- *traditional beliefs hinder girls from equal participation; therefore, there is a need to support girls to be empowered*



7. TAKE HOME ACTIVITIES (3 MINUTES)

- Discuss with your family members regarding empowering female children and identify strategies to practically empower them
- Try to provide equal opportunities for girls and boys in play, study time, and household works.

*Girls are equal to boys in all aspects of life
and share the same rights!*



WOMEN'S ECONOMIC EMPOWERMENT



SESSION 20

ENHANCE WOMEN'S DECISION-MAKING POWER ON HOUSEHOLD ASSETS/INCOME



1. WELCOME (3 MINUTES)

- The facilitator welcomes parents/caregivers to today's session
- Newcomers introduce their names, where they come from, number of children, and what they do for living



2. REFLECTION ON THE PREVIOUS SESSION (7 MINUTES)

- Facilitator Instructions – Facilitator asks parents/caregivers to share experiences on the home take activities of the previous session and allow reflections and feedback from the group based on the following questions.
 - *Were you able to provide equal opportunities for girls and boys in play, study time, and household works? What challenges did you face while providing equal opportunities (Probe: other family members still want the girl to involve in household responsibilities, the boys resist involving in household responsibilities, criticism from other family and community members)*



3. TRAINING OUTCOMES (7 MINUTES)

- Facilitator Instructions – give brief introduction about today's session indicating that today's session is related to **'women's decision-making power on household assets/income.'**
- Each parent/caregiver will tell ONE or TWO things they expect to get from this session; then at the end of the whole session, they will again discuss and see if their expectations from the session are met
- Facilitator shares session expectation with participants
- Facilitator instructions – Facilitator informs participants that the session has the following objectives:

At the end of this session, participants will:

- Know that women have the right to hold decision making power over household assets and incomes
- Know that women's involvement in household decision making improves the family's income and improve the quality of life in the households
- joint decision making improves the family's proper utilization of household resources

- feel responsible to enhance partner discussing family matters and making decisions together
- Partners engaged in a discussion and decision about the use of family assets



4. SESSION OPENER (5 MINUTES)

- Facilitator instructions – Facilitator begins the session with the following general discussion questions concerning: enhance women’s decision-making power on household assets/income
 - *What do you think women’s involvement in household decision making? (Probe- raise following if not mentioned, is it the husband’s role to make decision on household income, it is against the culture, and etc.)*
 - *Do you think that partners should have dialogue and make joint decisions over household assets and income? Why? (Probe- if not mentioned raise the following; dose the women have the ability to involve in decision making, and etc.)*
 - *What do you think about women’s taking ownership of assets? (Probe more about trainees conceptions, challenge misconceptions by presenting alternative views and allow them to compare and contrast)*
 - *Share some of the information below with parents/caregivers*



Notes for the facilitator

- Women are seen as dependent on men and denied the right to decision-making.
- Women have relatively high decision-making power in the household on the traditionally assigned roles
- Decisions on large household purchases are most likely to be made by the husband or partner alone
- Women are socialized into lower status roles and dependency due to the differential positions of power either groups hold in society.
- Men tend to hold positions of power and to distribute available resources
- Women take primary responsibility for childrearing and housework, while men are responsible for work outside of home to bring additional income.
- Due to the gender division of labor, women have primary responsibilities for household management, child rearing, food preparation, care of the sick and elderly and family health and welfare.



5. RADIO SPOT 20 (20 MINUTES)

- Facilitator instructions – Facilitator plays the radio spot on enhancing women’s involvement in household income, confirms parents/caregivers were able to listen to the radio spot (play the radio spot one more time, if needed). Following, have plenary discussion based on the questions below:
 - *Dires showed the attitude that the house they have is only owned by him. What are the indications of this attitude? Do you think that such attitude is correct? (probe-if not mentioned include, she will make my house to be sold)*
 - *Askale mentioned that both the wife and the husband have equal rights on the household properties, but they should decide through dialogue and discussion. What do you think of this statement? Do you think that they should decide together?*



6. RECAP (5 MINUTES)

- Facilitator instructions – Facilitator asks the original groups of parents/caregivers to have discussions based on the following questions:
 - *Can you recall your initial set of ONE or TWO expectations at the beginning of today’s session? Were these expectations met?*
 - *What did we learn today?*
- Facilitator instructions – Facilitator summarizes today’s session focusing on the key messages below:



Key messages

- Improved couple dialogue and discussion will enhance women’s capacity to hold decision making power over household assets and income
- Improved joint decision making enhance women decision making power
- women’s participation in household decision making improves the family’s income and quality of life
- women have the right to possess property and generate income



7. TAKE HOME ACTIVITIES (3 MINUTES)

- Discuss with in the family members regarding women’s decision-making power on household assets/income
- Practice joint decision making regarding household assets with your partner.

Women have the right to possess property and generate income.



**WOMEN'S SOCIAL
AND POLITICAL
EMPOWERMENT
THROUGH
MALES'/SPOUSES'
INVOLVEMENT**



SESSION 21

MALES'/HUSBANDS' INVOLVEMENT IN CHILDCARE ACTIVITIES



1. WELCOME (3 MINUTES)

- The facilitator welcomes parents/caregivers to today's session
- Newcomers introduce their names, where they come from, number of children, and what they do for living



2. REFLECTION ON THE PREVIOUS SESSION (7 MINUTES)

- Facilitator Instructions – Facilitator asks parents/caregivers to share experiences on the Take Home activities of the previous session focusing on the following questions:
 - *What were the major issues that transpired from the discussion on women's decision-making power on household assets/income? What were your reflections in particular?*
 - *How is your readiness now to practice joint decision making regarding household assets with your spouse? What about the readiness of your spouse after the discussion?*



3. TRAINING OUTCOMES (7 MINUTES)

- Facilitator Instructions – give brief introduction about today's session indicating that today's session is related to **'Male/husbands' involvement in childcare activities.'** Each parent/caregiver will tell ONE or TWO things they expect to get from this session; then at the end of the whole session, they will again discuss and see if their expectations from the session are met
- Facilitator shares session expectation with participants

At the end of this session, participants will:

- Know that husband/male involvement in childcare activities plays great role in children's overall development
- Know that husband involvement improves women's empowerment
- Motivated to involve in childcare activities and contribute to women's empowerment
- Actively involved in childcare activities



4. SESSION OPENER (5 MINUTES)

- Facilitator instructions – Facilitator begins the session with the following general discussion questions concerning: male/husbands' involvement in childcare and household activities.
 - *What are the responsibilities of husbands in childcare and household activities? (Probe-indicate the following if not mentioned; playing with the child, taking the child to school, and supporting the child in school works, etc.)*
 - *How husband's involvement in childcare and household activities is perceived in our community? (Probe-male/husband should engage in income generating activities, leave the childcare activities to the women, community and family influence, gender role stereotypes, etc.).*
 - *Do you think that male/husband should involve in childcare and household activities? Why?*
 - *Share some of the information below with parents/caregivers*



Notes for the facilitator

- *Many of the childcare and household activities such as food preparation and feeding, psychosocial stimulation, hygiene practices, and care during illness are performed by the mother as she is considered as the primary care giver.*
- *Fathers' perceived roles typically include the provision of financial and logistical resources for the family*
- *Husband/male involvement in childcare results a range of benefits to the child including higher cognitive scores, better emotional regulation, and improved language skills.*
- *Husband/male involvement in childcare activities alleviate the workload of mothers which leads to achieve gender equality and empower all women and girls.*



5. RADIO SPOT 21 (20 MINUTES)

- Facilitator instructions – Facilitator plays the radio spot on male/husband involvement in childcare and household activities, confirms parents/caregivers were able to listen to the radio spot (play the radio spot one more time, if needed). Following, have plenary discussion based on the questions below:
 - *In what childcare activities Fiseha is involved?(probe- if not mentioned include, cooking for the child, giving bath to the child, feeding the child)*
 - *What are the roles of the women in involving boys/husbands? (Probe- if not mentioned, include provide training how household responsibilities, giving opportunity to practice and support as soon as)*



6. RECAP (5 MINUTES)

- Facilitator instructions – Facilitator asks the original groups of parents/caregivers to have discussions based on the following questions:
 - *Can you recall your initial set of ONE or TWO expectations at the beginning of today's session? Were these expectations met?*
 - *What did we learn today?*
- Facilitator instructions – Facilitator summarizes today's session focusing on the key messages below:

Key messages

- Childcare and household activities are not the only responsibility of the women, male can also involve in these activities
- Husbands' involvement in childcare and household activities contributes to children's overall development
- Husband involvement in childcare and household activities contributes to women economic and social empowerment by reducing the workload.



7. TAKE HOME ACTIVITIES (3 MINUTES)

- Discuss with in the family members regarding male and husband involvement in childcare and household activities.
- Practice some childcare and household activities such as washing the child, feeding, cooking, and others.

Childcare and household activities are not the only responsibility of the women, male can also involve in these activities



SESSION 22

EMPOWER PARENTS'/CAREGIVERS' SELF-CARE COMPETENCIES



1. WELCOME (5 MINUTES)

- The facilitator welcomes and greets the trainees, uses expressions that are warm with natural & pleasing tone and then invites newcomers to introduce themselves as follows:
 - *Please introduce your name,*
 - *Tell us whether your spouse is living with you and the children;*
 - *Do you or any member of your family experienced /encountered difficulties due to conflict, displacement, or maltreatment? If YES, please describe it;*



2. REFLECTION ON THE PREVIOUS SESSION (7 MINUTES)

- Facilitator Instructions – Facilitator asks parents/caregivers to share experiences on the Take Home activities of the previous session and allow reflections and feedback from the group.
 - *What did you discuss with in the family members regarding male and husband involvement in childcare and household activities? What were the reflections you gave?*
 - *Did you practice some childcare and household activities such as washing the child, feeding, cooking, and others? What did you learn and what were the challenges? If you share with us your outstanding experiences?*



3. LEARNING OUTCOMES (7 MINUTES)

- The facilitator asks parents /caregivers to form groups of 5-7 members per group and ask them what they expect from the session and discuss with their group members;
- The facilitator informs the trainee that the topic of day is on **'Enhancing self-care competencies of parents that lead to the psychosocial wellbeing of mothers as it is compatible with the enhancement of the wellbeing of their children'**.
- To help the trainees understand what to expect as an outcome of their participation in the training the facilitator elaborates the following objectives and helps them align their expectations with the training outcomes:

At the end of this training session, the facilitator will inform the participants that they will be able to:

- Share negative feelings with others
- Engage in positive social interactions with family members
- Understand the importance of self-care
- Begin to practice positive self-care
- Develop social support seeking behavior in times of difficulties and frustrations



4. SESSION OPENER (10 MINUTES)

- The facilitator asks the trainees the following general question:
 - *After becoming a parent, do mothers need to spend time to physically glow up, appear charming? Do parents also need to take of themselves, especially their emotional, social, and mental wellbeing?*
 - *Let's know your opinion on whether mothers should care for themselves without any guilt feeling after becoming mothers."*
- Facilitator is expected to probe trainees' notions on these four aspects of health (physical, emotional, social and mental) and help them to be mindful of their health at all times. Please also check the message in the box below.



Notes for the facilitator

- To introduce the subject matter the facilitator is expected to briefly describe what self-care and psychosocial wellbeing of parents and children as follows (5 Minutes);
- Parents in general and mothers in particular have to take care of themselves even if they have the responsibility of caring for their children and the rest of the family members. Caring for oneself is not a selfish activity; it is rather a foundation for caring others.

There are four types of self-care:

- ***Physical self-care:*** Practicing physical exercise such as jogging & walking, bathing, getting adequate healthy eating, proper dressing & appearing neat and charming, getting quality sleep
- ***Emotional self-care:*** Engaging fathers and mothers in delivering positive expressions and avoiding negative expressions, (expressing positive things to oneself and others, talking and sharing feelings, laughing, practicing forgiveness, protecting one's own feelings and images)
- ***Social self-care:*** Engaging fathers and mothers in spending quality time with members of the family (spouse /partner, friends, like-minded people, saying something nice to spouse, someone else and pleasing them, helping spouse & children and other members of the family when in challenging circumstances; joining a social support group, participating in a social gathering or event)
- ***Mental self-care:*** listening to one's inner voices and instincts; managing stress, listening to music, watching entertaining movies, singing, avoiding toxic environments including toxic social media



5. RADIO SPOT 22 (20 MINUTES)

- To the Facilitator: Group mothers for discussion. Parents should be grouped in 5 to 7 members where one of them will be the group leader in facilitating the participation of the members in the group discussion.
- *The facilitator will briefly summarize the radio conversation that Ato Dires along with his wife his wife Tigist explains that mothers should take care of themselves as well as their families.*
- *Trainees reflect on the radio message; the facilitator asks the following guiding questions:*
 - *What did you learn from the radio messages?*
 - *To what extent is the message related to your personal experiences on self-care?*
 - *What do you plan to do with yourself, at home and in your community after completing this training session?*
- The facilitator will take note of all points raised or reflected by the trainees and document them in a flip chart or a notebook. The facilitator will emphasize in her/ his summary of the reflections that the trainees should practice what they planned to do in promoting parental self-care with themselves, with their family members (children, spouse and extended family members), and with neighbors and community members.



6. RECAP (5 MINUTES)

- The facilitator invites the trainees to compare their expectations with the messaging of the training. The facilitator will ask the trainees the following:
 - *Can you recall your initial set of ONE or TWO expectations at the beginning of today's session? Were these expectations met?*
 - *What did we learn today?*
- The facilitator then summarizes by forwarding the key messages.



Key Messages

- Parents in general and mothers in particular should take care of not only their children and family but also themselves.
- Caring for oneself could be physical self-care, emotional self-care, social self-care and mental self-care.
- Mothers we care for themselves experience happiness and contentment.
- We have to challenge the traditional expectation that mothers will take care of their children but not themselves. In some instances, mothers who care for themselves may be considered as showing selfish behavior. However, such beliefs are unfounded. In fact, mothers who care for themselves are also in a better position to care and support their children.
- Mothers' self-care behavior is compatible with proper handling and caring of their family in general and their children in particular.



7. TAKE HOME ACTIVITIES (3 MINUTES)

- Mothers take a lead at home and with their neighbors in summarizing the messages of the radio lessons especially the harmful and useful beliefs and practices associated with mothers' engagement in self-care activities.
- Mothers need to discuss with their spouse that their self-care behavior is truly compatible with properly caring for their children and hence they should not feel guilty about their self-care behaviors.
- Mothers engage in discussion with neighbors, neighbors and community, and come back with reports in the next session.
- Trainees will take a lead as role models to other members of the community in practicing self-care and psychosocial wellbeing.



Key Message

Mothers who properly care for their own physical and emotional well-being are likely to take care of and properly raise their own children.

*Engaging family, neighborhood and local community
in supporting the mother can improve her health.*



PARENTS' COMPETENCIES TO USE SOCIAL AND COMMUNITY RESOURCES



SESSION 23

ENHANCE PARENTS' ABILITY TO UTILIZE THEIR SOCIAL CAPITAL IN CHILDCARE AND HOUSEHOLD RESPONSIBILITIES



1. WELCOME (3 MINUTES)

- The facilitator welcomes parents/caregivers to today's session
- Newcomers introduce their names, where they come from, number of children, and what they do for living



2. REFLECTION ON THE PREVIOUS SESSION (7 MINUTES)

- Facilitator Instructions – Facilitator asks parents/caregivers to share experiences on the Take Home activities of the previous session and allow reflections and feedback from the group based on the questions below:
 - *Based on the home activities of the previous session were you able to discuss with your family members regarding parents' self-care? Please share your thoughts to the group.*



3. TRAINING OUTCOMES (7 MINUTES)

- Facilitator Instructions – give brief introduction about today's session indicating that the session focuses on 'Enhance parents' ability to utilize family and community resource in childcare and household practices. Each parent/caregiver will tell ONE or TWO things they expect to get from this session; then at the end of the whole session, they will again discuss and see if their expectations from the session are met
- Facilitator shares session expectation with participants.

At the end of this session, participants will:

- Know that family members, extended relatives, and close neighbors can be used in childcare and household responsibilities
- Know that involving family members, extended relatives, and close neighbors in childcare and household responsibilities reduce the childcare burdens on the mother
- Involve family members, extended relatives, and close neighbors in childcare and household responsibilities
- Increase families social capital who can provide childcare supports



4. SESSION OPENER (5 MINUTES)

- **Facilitator instructions** – Facilitator begins the session with the following general discussion questions on parents’ social capital.
 - *Which family and community members can be used in childcare and household responsibilities (probe: indicate the following if not mentioned extended family members, grandparents, neighbors, community institutions like religious institutions, non-relative care, and etc.)*
 - *What is your experience of involving family members, relatives, neighbors, and other community members in childcare responsibilities?*
 - *What do you think are the importance of involving family members, relatives, and neighbors in childcare and household responsibilities? (Probe: indicate the following if not mentioned reduce childcare burden on the mother, improve child wellbeing, etc.)*
 - *What do you think of the challenges of involving family members, relatives, and neighbors in childcare and household responsibilities? (Probe-indicate the following if not mentioned, family members may not properly care for the child, family members themselves are busy, etc.)*
 - *Share some of the information below with parents/caregivers*



Notes for facilitator

- Parents’ social capital involves extended family members, relatives, neighbors, friends and other community institutions that the parents have positive relationship and who can offer support parents in childcare and household responsibilities.
- Parents need to identify potential family and community members who can provide them support in childcare and household responsibilities. Parents should develop positive, trusting, and mutual respect with their extended family members, relatives, and other community members who can be involved in childcare responsibilities.
- Relatives and community members who are close to the family can be used in childcare roles and participate in a range of family support activities that include the provision of assistance across emotional, instrumental, informational, and financial domains.
- Relative caregivers have an intimate knowledge of the family’s needs because of the depth of their involvement and are likely to be motivated by bonds of family
- Relative childcare providers perform a range of family support activities in addition to the direct care of children.



5. RADIO SPOT 23 (20 MINUTES)

- Facilitator instructions – Facilitator plays the radio spot on utilizing family and community resource in childcare practices, confirms parents/caregivers were able to listen to the radio spot (play the radio spot one more time, if needed). Following, have plenary discussion based on the questions below:
 - *As Askale indicated who are the extended family members and neighbors who can involve in childcare and household responsibilities?*
 - *As Askale mentioned, how extended family members and neighbors support mother?*
 - *As mentioned in the radio spot what are the benefits of involving family members and others in childcare and household responsibilities?*
 - *What are the mechanisms of utilizing family and community resources in childcare and household responsibilities? (Probe-awareness creation, establishing a positive family environment, enhancing parents' social capital, etc.)*



6. RECAP (5 MINUTES)

- Facilitator instructions – Facilitator asks the original groups of parents/caregivers to have discussions based on the following questions:
 - *Can you recall your initial set of ONE or TWO expectations at the beginning of today's session? Were these expectations met?*
 - *What did we learn today?*
- Facilitator instructions – Facilitator summarizes today's session focusing on the key messages below:



Key Messages

- Extended family members, grandparents, neighbors, community institutions like religious institutions, non-relative care can be involved in childcare and household responsibilities while the parents are engaged in other work and social responsibilities.
- Involving extended family members, relatives and neighbors reduce women's childcare and household responsibility burdens and contribute to their economic and social empowerment.
- Family members and the community have responsibility to provide support to the mother in childcare responsibilities.



7. TAKE HOME ACTIVITIES (3 MINUTES)

- Identify extended family members, relatives, and close neighbors and friends who can offer you supports in childcare and household responsibilities.
- Discuss with your extended family members regarding their involvement in childcare and household responsibilities
- Design a plan that can practically involve family members in childcare and household responsibilities
- Involve other family members and neighbors in childcare activities

Family members and the community have responsibility to provide support to the mother in childcare responsibilities.



**PROMOTE
PARENTS/ CAREGIVERS'
MENTAL HEALTH
AND IMPROVE
THEIR SOCIAL AGENCY**



SESSION 24

ENHANCING PSYCHOLOGICAL WELLBEING OF MOTHERS THROUGH COMMUNITY AGENTS



1. WELCOME (5 MINUTES)

- To welcome and greet the trainees, the facilitator uses expressions that are warm with natural & pleasing tone and then invites newcomers to introduce themselves.



2. LEARNING OUTCOMES (7 MINUTES)

- The facilitator will direct parents to form groups of 5-7 members for sharing ideas.
- The facilitator will inform parents, mothers, or caregivers that the topic is on **'Enhancing psychological wellbeing of mothers by engaging community opinion leaders including religious leaders.'**
- Each group member will share their expectations of the training and check if their expectations were met at the end of the session. The facilitator will describe the learning outcomes of the training session as follows:

By the end of this training the trainees will be able to:

- Realize that the support provided by family members, especially the husband or the father, neighbors, community members and opinion leaders to mothers will enhance family's psychosocial wellbeing even if they are in very difficult circumstances.
- Spend more quality time of mothers and fathers with their children.
- Interact positively with neighbors and community members and increase the chances of expressing feelings outward and enjoy the associated emotional relief.
- Enhance father's /husband's peace of mind as they observe their spouse and children become happy.
- Engage with the community members, support one another, share feelings through talking, joking, laughing, playing, and feel relaxed and become more resilient.



3. SESSION OPENER (10 MINUTES)

- The facilitator will begin the session with the following general questions:
 - *What are the roles of the opinion leaders including religious leaders in mothers' self-care behavior and emotional wellbeing?*
 - *What are the social judgments when mother are engaged in their self-care?*
 - *What are the harmful and useful reactions of opinion leaders including religious leaders when they observe mothers who care for themselves, such as becoming*

charming, neat, assertive and confident?

- *How can opinion leaders and religious leaders and other community members provide support to mother so that they can be physically and psychosocially well adjusted?*
- Dear Facilitator, probe discussions and feedback. Use the information in the box to assist you.



Notes to the facilitator:

- Encouraging mothers of the community to be resilient even if they pass through difficult circumstances by engaging religious leaders and other community members and providing social support and spending quality time with members of the family (spouse /partner, friends, like-minded people, smiling and laughing, saying something nice to spouse, someone else and pleasing them, helping spouse & children and other members of the family when in challenging circumstances; joining a social support group in the community, participating in a social gathering or event).

Emphasize the key contents of engaging opinion leaders /religious leaders.

Role of the influential community members

- Powerful community leaders and fathers denounce traditional beliefs that burden mothers while raising their children; they will instead argue that childcare is not the responsibility of the mothers only; they start to assert that fathers have also significant roles;
- Opinion leaders /religious leaders increase the awareness of the fathers/ husbands on the impact of their engagement on the well-being of mothers and their children's well-being and development;
- Clarify that community members, fathers /husbands and mothers should not confuse proper self-care of mothers of young children with selfish behavior. Mothers should not feel guilt when they try to care for their physical, emotional and mental wellbeing. Besides, the community members should encourage fathers/ husbands to engage in childcare activities, which are traditionally left to mothers, without any fear of social judgment and rejection.
- Active engagement of fathers/ husbands in proper child development enhances mothers' and the entire family psychosocial wellbeing thereby boosts children's emotional stability and wholesome personality development.



4. RADIO SPOT 24 (20 MINUTES)

- The facilitator will play the radio for the session and asks the trainees the following questions immediately after the trainees listened to the key message from the radio spot:
 - *What did you learn from the radio messages?*
 - *Why are community opinion leaders important in such conversations?*
 - *What should be role of the neighbors and religious leaders in protecting the wellbeing of the mother and her children?*
- The facilitator will continue to probe and facilitate discussions and provide feedbacks. Please use some of the issues in the box as a guide.



5. RECAP (5 MINUTES)

- Facilitator asks the trainees to have discussions based on the following questions:
 - *Can you recall your initial set of ONE or TWO expectations at the beginning of today's session? Were these expectations met?*
 - *What did you learn today? What are take away lessons from today's session?*
- Facilitator summarizes today's session focusing on the key messages below:

Key Messages

- Mothers wellbeing is very important for children's wellbeing;
- Mothers' self-care behavior is NOT a selfish behavior; it is rather an indicator of psychosocial wellbeing;
- Recognizing the traditional beliefs and customary actions mothers might be expected to appear selfless in favor of their children's wellbeing. However, such expectations are scientifically unfounded with serious health concerns and psychosocial maladjustments. When mothers are unwell they are less likely to provide proper care to their children and the whole family.
- Self-care behavior of mothers does not contradict with responsible way of caring and proper bringing up of their children.
- Self-care behavior of mothers should not be considered as selfish behavior.



6. TAKE HOME ACTIVITIES (3 MINUTES)

- The facilitator will guide the community members including the fathers/ husbands to take assignments that they will practice in their households and their neighborhoods.
- At their neighborhood and community levels, trainees will arrange similar discussion events and share lessons from the radio spots and from the discussion by emphasizing the role of the husbands in protecting the psychosocial wellbeing of their wives and in encouraging mothers to start caring for themselves. This can be done during social gathering moments, like coffee ceremony.

Key Message

The neighborhood and community leaders have significant positive contributions in encouraging mothers who try to care for themselves and engage in enhancing their own psychological resilience properly.

Connecting mothers' self-care efforts with selfish behavior is a harmful traditional belief.

*Self-care behavior of mothers
should not be considered as selfish behavior.*



