



Play Therapy Toolkit

MSF OCB & MSF SIU



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& games

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This material is based on the work done during one year in MSF's Mother and Child Hospital in Kenema, Sierra Leone.

It is the result of many minds and many souls working together. Thank you to everyone who contributed to the development of this toolkit.

A special thanks to the mental health team for being the heart and hands of this play therapy model.

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Thank you to the patients and caregivers of MSF's Mother and Child Hospital, for the privilege of learning and developing play therapy activities together. You have inspired, motivated and guided the work of a whole team.

Share your learnings - or apply for support

We would be delighted to hear from you after you have gone through this toolkit! If you use the toolkit independently, please tell us about your project and share your input with us. If you need support to get your play therapy initiative off the ground, consider applying for the upcoming (June 2025) call for Implementation Support.

We want your feedback

We would love to hear about your experience with using the Play Therapy Toolkit to help us better adapt and support diverse play therapy initiatives in the future.

Please tell us if you have used play therapy in an MSF project and/or share any feedback you may have on the Play Therapy Toolkit to:

inclusive.innovation@london.msf.org

Implementation Support for play therapy

In June 2025, Inclusive Innovation will open a call for Implementation Support applications. This year, the topical implementation support call will encourage applications that address the strategic topic of play therapy.

For more information about this opportunity, visit the Inclusive Innovation webpage: www.msf.org.uk/inclusive-innovation



About Inclusive Innovation

Inclusive Innovation is a partnership between the MSF Sweden Innovation Unit and the Manson Unit in MSF UK. It aims to nurture and invest in a diverse community of innovators in MSF and contribute to the development of an intersectional platform for collaborative problem-solving. The partnership cultivates innovation at multiple levels across the MSF Movement and provides opportunities for small ideas to grow.



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Introduction

Acronyms

CC: cultural consideration

ER: emergency room

HP: health promotion

ICU: intensive care unit

IPC: infection prevention and control

MHPSS: mental health and psychosocial support

MSF: Médecins Sans Frontières

SOP: standard operating procedure

WATSAN: water and sanitation



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Definitions of key terms

- **Child-directed:** places the child at the centre of decision making. The child controls the activity. In this toolkit, the term is used to describe play styles.
- **Developmental growth:** social, emotional, physical, cognitive, behavioural and communicative domains.
- **Developmental progression:** the acquisition of skills and abilities in physical, social, emotional, cognitive, and communication/ language domains.
- **Early childhood:** the first five years of life, which lay the foundation for lifelong growth and development.
- **Emotional needs:** a term used to refer to a child's feelings, mental wellbeing, especially in the context of their relationship with parents/caregivers.
- **Play therapy:** a play-based intervention that establishes therapeutic goals to address the emotional needs and support the developmental growth of children.
- **Therapeutic play:** play interactions that enhance a child's ability to cope and their emotional wellbeing in the healthcare setting.



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The play therapy toolkit

Who is it for?

This toolkit is intended to serve as a guide and resource for MSF project teams who have experience working with children and who are interested in implementing play activities. Although this toolkit focuses on children from birth to five years, remember that play is important for all children.

About this toolkit

The toolkit is divided into five sections:

- **introduction** to the toolkit;
- a **foundation** to play therapy, which explains what play therapy is and identifies play therapy strategies for your project;
- operational **resources** to initiate play therapy principles into your project;
- a **step-by-step toolkit** on running your first play activities, developing toys, and understanding play concepts;
- case studies to **get inspired**, including a selection of ideas from different projects.

A foundation to play therapy

This section explores the rationale and use of play therapy in healthcare settings.

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Justifications for play in humanitarian contexts



Play is the way a child discovers the world. It helps them learn movement and exploration. Through play, children reach and move through essential development stages (physical, cognitive, language, socio-emotional).



Play is a human right (UN Convention on the Rights of the Child).



All cultures play. All children and adults benefit from play. The way people play changes as we grow up.



Play is relaxing. Play allows a person to take a break from an immediate situation and escape into a different space. It decreases stress, allowing people to approach challenges with a different mindset.



Everyone benefits from play – those engaged in it, those observing it, and those facilitating it.

Play is a universal language

People play in all cultures, making it the ideal tool to build rapport and trust with children and their caregivers. Play allows communication without words. A warm smile and a few minutes of play can positively benefit the entire care and development process for a child and their family.



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Why play

Play is important because it is the way a child discovers the world. It helps them develop.

Play is a child's version of work. It is the way in which children can explore, interpret, and safely navigate make-believe scenarios, while developing skills and responses to help them in real life events.

Play is a child's human right. Access to play is essential to emotional wellbeing. It costs nothing and can be done anywhere. It decreases stress and promotes positive wellbeing.

By reducing stress, play helps a child feel safe. Healthcare settings are stressful spaces. So too are those settings that require MSF services, such as natural disasters, conflict zones, and difficult living conditions. The integration of play into MSF care is a natural and budget-friendly intervention that can complement the medical care provided.

Finally, to reach their full potential, children need all five interrelated and indivisible components of nurturing care:

- Good health
- Adequate nutrition
- Safety and security
- Responsive caregiving
- Opportunities for early learning

Play strengthens responsive caregiving and provides learning opportunities.



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What is play therapy

This toolkit is designed to be used by anyone who has experience working with children, and who would like to help children play.

Play therapy is a therapeutic intervention that uses play to safely explore emotion in order to process and cope with trauma, and to learn social and emotional regulation and skills. Play allows an expressive outlet that is developmentally appropriate to the child who may be unable to verbalise their emotions or the challenges they face, or who might not want to, because of situations they have experienced.

A trained professional (for example, a psychologist, psychiatrist, play therapist, etc.) can use play to observe and gain insights into a child's psychosocial wellbeing. Whoever leads play sessions will help the child safely explore emotion and process and cope with trauma, as well as common childhood experiences such as bereavement, divorce, moving, etc.

More broadly, this toolkit is designed to be used by anyone who has experience working with children and who would like a repertoire of games they can use to help children (from 0–5 years) play and develop in their MSF project. The toolkit provides activities and games as well as instructions on how to make toys. It is always helpful to have the support of a trained professional, but this is not necessary when using the content in this toolkit. The most important thing is to play.

Play therapy within MSF

Within MSF, a modified approach to the core principles of play therapy have been adopted, focusing on:

1. the emotional wellbeing of the child and parents/caregivers.
2. the developmental growth and support of the child.
3. coping with healthcare experiences.
4. educating parents/caregivers about play as an essential experience.
5. holistic recovery from illness and trauma in conjunction with medical care.

The MSF approach to play therapy is intended to optimise access to services. With training, a variety of professionals can use the content in this toolkit in their work with children.



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Why play therapy

Play therapy uses a strengths-based approach to enhance the natural abilities of individuals and help them build and reinforce resiliency.

Children's brain development is different to that of adults, which means the way they interpret and understand the world is unique to them. Play and other expressive therapies allow children to explore their feelings and communicate their experiences without relying on verbal language skills.

As play is an activity familiar and natural to children, it provides a comfortable space in which they can test limits, enforce autonomy, and feel at ease. It is common in therapeutic play for children to transition between using play for therapeutic and recreational purposes. This child-directed transition in and out of the therapeutic space allows the child to decide how deeply they process and explore different experiences.

As a component of mental health services, play therapy focuses on the most vulnerable people. Offering play therapy aligns with comprehensive healthcare access.

Play therapy addresses the functional developmental progression of young children and works to decrease developmental deficiencies, while creating a foundation for cognitive, physical, emotional, social and language growth.



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Benefits of play therapy

- Promotes positive relationship bond between children and parents/caregivers
- Stimulates developmental growth
- Brings hope
- Helps children discover their own abilities
- Increases ability to cope in children and caregivers
- Reinforces recovery from malnutrition
- Allows children to become participants in their care
- Creates more empathy within healthcare teams
- Boosts family-centred care

Beneficiaries of play therapy



Children



Caregivers



Adults

It is extremely important to involve caregivers in play so that they can learn and continue using the games and techniques with their children.



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Cameroon, 2020

Examples of play interventions

Bringing fun into the hospital

Help children to feel relaxed, comfortable, and engaged. Ask them questions about themselves. Ask them to tell you a story. Smile and play before, during, and after care.

Preparing for procedures

Use techniques like role play and drawing to help children understand their illness or treatment and what will happen to them in the hospital.

Distracting during procedures

Use activities to redirect a child's attention during procedures that are invasive, painful or upsetting. The child may not want the distraction until after the procedure – that is okay! Make it available as and when they need it.

Easing anxieties

Teach children coping skills and practice through play. Use bubbles to practise deep, controlled breathing. Sing songs to help them understand the durations of different care procedures.

Supporting the whole family

Support caregivers by encouraging them to maintain roles – feeding, bathing, soothing their child. Make time for sibling visits and play sessions.

Making milestones fun

Plan activities to help a child develop. Celebrate wins! Milestones can be developmental, and significant points in hospitalisation can be marked. For example, off bedrest, last dressing change, first time holding still for the needle.

What play therapy looks like

Play therapy will vary between settings and contexts but being patient centered does not mean to do things for and to patients but with them - include children in the design of play activities and spaces as much as possible.

The project set-up will influence the location of play therapy services. Advocacy for dedicated play spaces is important. Based on space and resources available, play therapy may look different. It might include:

- interactive and welcoming waiting rooms
- playing with children in hospital beds
- facilitating play groups outdoors
- facilitating small play groups in a hospital ward
- incentivising caregivers to use play with their children
- educating caregivers on how to give infant massages
- assessing children's developmental milestones
- providing education about the importance of play
- advocating for playgrounds/structures
- implementing individual and group play activities
- decorating spaces with the whole team participating
- singing and dancing before feeding times
- recreational activities
- modelling play activities for staff and caregivers
- collaborating with the healthcare team to integrate play into daily chores
- empowering children and caregivers.



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How play therapy happens

Individual versus group play

Often, children seeking services may have shared experiences (for example, flooding, war, chronic illness) and developmental delays. Opportunities for group play therapy after shared experiences can foster a sense of community, build resilience, and decrease feelings of isolation. Group play therapy can be particularly effective in the immediate aftermath of events. It can encourage children to tell their stories, build understanding of the larger context, build social connections and establish feelings of hope. During group therapy, it is important to offer opportunities for both group and individual engagement, providing a variety of therapeutic outlets that honour each person's uniqueness.

Group play therapy offers an economical and accessible way for multiple families to benefit from services. Goals in this context may focus on safety, regulation, normalisation, fostering hope, and resilience-building. Early interventions can help decrease the long-term impacts of trauma.

Individual play therapy may be necessary for children suffering from the impact of trauma or disease. Caregivers might have noticed specific changes in behaviours or mood. Individual play therapy can focus on specific goals related to a behaviour or event, or help children to develop play skills and stimulate developmental progression following prolonged illness or isolation from childhood experiences. Emotional play therapy interventions should be implemented by mental health professionals. If children already show signs of developmental delay, individual sessions run by an occupational therapist or physiotherapist will be most effective.

Group play therapy can foster a sense of community, build resilience, and decrease feelings of isolation.



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Resources

This section provides guidance on operational resources for implementing play. These resources provide the basic operational framework for play therapy.

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If you are unsure on how to implement certain components or activities of play therapy or want to have more in depth information, consult your relevant technical referent/adviser or guidelines.



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Human resources

- ☐ Identify and train play-focal people using this guide
- ☐ Determine times for daily play activities
- ☐ Train staff on IPC standards
- ☐ Practise activities/games that will be used

IPC standards/SOPs

- ☐ Toy cleaning policy
- ☐ Access to cleaning resources (cleaning solution, buckets, cleaning cloths, hand soap)
- ☐ Playgroup SOPs
- ☐ Individual play SOPs

Supply

- ☐ Provide the supply team with a detailed wish list of toys and art materials
- ☐ Have the supply team assess the local market for vendors
- ☐ Visit potential vendors with the supply team to assess quality of items and resources available
- ☐ Write the supply request based on what is available in the market
- ☐ Connect with the WATSAN team for recycled play materials
- ☐ Provide production instructions to the facilities team

Therapeutic space

Is there a specific area where a child can feel comfortable and safe enough to express themselves?

- ☐ Identify dedicated play space
- ☐ Obtain ground coverings (bed linens, mats, vinyl, floor roll)
- ☐ Obtain child-sized furniture (optional)
- ☐ Decorate space using welcoming colours and/or themes

Human resources

Therapeutic play interventions can be implemented by a variety of job profiles.

Given that staff often have limited knowledge on this topic, hiring dedicated play counsellors is a viable option. Play counsellors are locally hired staff positions in the MHPSS. It is unlikely that anyone locally hired will have a degree specific to play therapy, so it is important to explore job profiles that exist within the country. Consider degrees in nursery education, early childhood development, social work, or primary education.

The sex of the play counsellors should be considered based on cultural norms. It may be appropriate to hire only female, only male, or both female and male play counsellors.

Regardless of job designation, to implement play practices, staff will need minimal training on:

1. IPC protocols and toys
2. easy-to-implement interventions.



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Play counsellors

If staff are hired to deliver a complete play therapy programme, then comprehensive training will be required.

This is not virtually available and must be carried out by qualified play therapist practitioners.

Employees with a theoretical background in play therapy training topics are encouraged to provide training.

Training topics include:

- early childhood growth and development
- general play topics
- therapeutic play topics
- impact of hospitalisation on childhood.



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Therapeutic space

Creating a dedicated therapeutic space allows children to build a sense of trust and safety, enabling them to explore challenges more readily.

Common characteristics of therapeutic space

- The space is for play therapy only – do not permit any kind of medical intervention. Ensure the space is welcoming to children and families.
- Consider the use of colours and decorations (see [“Creating child-friendly spaces” p39](#)).
- Furniture should ideally be size-appropriate for children –
 - low tables
 - smaller chairs
 - low and long storage shelves where all items are accessible
 - ground coverings for play on floor.
- The space should be free from distraction.
 - Situate in low-traffic areas to decrease visual distractions and minimise spectators watching play sessions.
 - Create a quiet atmosphere – avoid high-traffic areas, construction zones, or proximity to loud spaces such as kitchens or emergency rooms.
- All resources should be accessible – avoid storing off-limits items in the space.



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Play space

Your project should select the play space that meets the group's needs. Access to a water station is essential. Consider protection from weather elements (rain, direct sunshine, harsh winds).

Examples of play spaces include

1. waiting areas
2. indoor playrooms
3. outdoor shaded play areas
4. playgrounds
5. open areas in a hospital ward for small group play
6. bedside activity gyms.

Supply

Procurement should be initiated early. Due to the contexts in which MSF works, it will often be difficult to procure items that meet IPC standards and are available when needed.

Any play items can be used, but some should be single-use only, due to IPC concerns. Any items that do not meet IPC standards should be discarded after use or gifted to the playing child.

Given the low likelihood of previous procurement experience, substantial support may be required at the start of the intervention.

Strategies used to support the procurement process include:

- involving supply team in process of sourcing vendors
- technical validation of items to ensure adherence to IPC protocols
- making play resources/toys within a project
- adaptive techniques of readily available resources to replace specialty items
- international orders.

International orders

While there is currently no standard play therapy kit available, some play therapy resources are coded within Unicat (MSF's catalogue that lists and provides information about validated articles for use in our projects). These items are validated for purchase, though suppliers need to be sourced. Local procurement should be considered first.

Local markets

In line with financial procedures in the project, local procurement can be challenging. If receipts and bank or cheque payments are mandatory, it significantly limits access to local resources. Developing pathways that allow small cash amounts to be used for purchasing from local vendors will expand the availability of resources and decrease the need for international procurement.

Play without toys

Do not allow lack of access to toys to prevent children from having the opportunity to play.

Toys are not necessary to start play activities.

If toy supply is not an option for your project, try some of the following:

- using your body, for example, for hand/clapping games, finger marionettes/puppets
- singing
- dancing
- singing and dancing together, for example, to songs like “If you are happy and you know it” – use the internet to find other ‘finger-songs’
- playing games like peek-a-boo/coo-coo, where you cover your face with your hands and then remove them and smile and/or make a sound
- repurposing items, such as pots for drums, dry rice in bottles for shakers, or tin cans for blocks. Do not let lack of access to toys prevent children from having the opportunity to play.



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Venezuela, 2019

Toys

Toys, which are one of the tools that children use to play, are culturally specific. While a robust toy industry exists in some countries, in many MSF contexts children are more often seen playing with repurposed and household objects. The intention of play is to promote development and provide comfort to the child. Please consider the limited availability of resources and what toys or objects are used when normalising play in your context.

Therapeutic toys

In play therapy, certain toys are commonly used as therapeutic tools. These items are selected and used to create a safe space for emotional expression, trauma processing, and exploration of self. While they

can be enjoyed in a variety of contexts, a play professional uses them as tools that can enhance a child's wellbeing. A variety of textures, colours, and sizes of items should be used. Because infection control standards are important, it may not be possible to maintain cloth or porous materials so alternative items should be considered.

Recycled – repurposed toys

Partnership with the WATSAN team is crucial to access recycled materials. WATSAN commits to cleaning items, which ensures IPC safety. Items used will be based on availability.

Using recycled/repurposed items as toys offers multiple benefits

- Low/no-budget impact
- Families can replicate the toys at home
- Children can take items with them as they can easily be recreated
- Items used are familiar
- Encourages innovation for further toy construction
- Promotes creativity and problem-solving
- Models how developmental stimulation can be produced in home settings

Project-made toys

Simple toys can be made with limited resources (see [“Get inspired” p78](#)).

Partnership with the logistics team is essential when making toys that may be otherwise difficult to procure. Making these items is typically more cost effective.



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Mexico, 2019

Toys and infection prevention control (IPC) standards

IPC standards

Toys in the hospital should meet IPC standards. IPC standards are monitored and set by MSF so, when possible, close collaboration with the IPC department is essential. While, with proper cleaning, any toy can meet IPC standards, this can be time consuming and laborious. When selecting toys, be mindful of which can be easily cleaned, especially as this means they can be used more than once.

Toy selection criteria



Plastics/metals

- Choose items made of hard, durable plastics. Avoid plastics that can easily be modified with pressure as they will be thin and of lower quality.
- Choose smooth items. Avoid items with small crevices as these can be difficult to clean.
- Choose items with sealed surfaces. Be mindful of small holes punctured into plastic. This is a common design feature. Small holes can be a trap for water, which can cause mould/bacteria to grow into a toy. Choose plastics that are solid (not hollow) or have a fully sealed surface.



Foam

- Select waterproof foam, often seen on bath toys, as these items will tolerate frequent cleaning.
- Avoid foam that is porous (absorbs water/liquid) or highly textured.



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Fabric

- Fabric requires laundering at high temperatures (60-90° C) to ensure proper cleaning.
- Avoid small fabric accents on toys that contain other materials.
- Stuffed toys should be considered single-use, meaning each item comes new to the child and either stays with them or is thrown away after use.



Wood

- Wood is considered a porous material, therefore not typically IPC appropriate.
- Some wood can be treated/sealed, allowing proper cleaning; treated wood may be acceptable. Discuss with the IPC team before purchase.



Paper

- It is not possible to wash paper, therefore it is typically considered a single-use item, meaning the item is new when the child starts playing with it. This toy should stay with the child or be thrown away after one use.
- Laminated/plastic filmed paper can be wiped down with a cloth.
- Common paper items for a playroom for children under five years of age include:
 - books
 - vocabulary flashcards
 - puzzles.
- Laminated paper will start to show wear over time. Discard items if:
 - moisture seeps in between the layers of laminated plastic
 - plastic coating lifts off the paper
 - paper is torn
 - there are signs of significant wear.



Battery-operated toys

- Battery-operated toys should be kept to a minimum as batteries and cleaning solutions are incompatible. Check the battery pack area and select items with a rubber rim, sealed with a simple plastic cover.
- Consider whether the toy can be used without batteries; battery-operated toys often have electric issues or batteries may be out of stock. If the battery is what makes the toy attractive, consider a non-battery alternative.
- Be aware of the risks of toys with button batteries. These small circular batteries, used in many toys, are a serious health risk to children if ingested. Be aware if toys have button batteries and use them with adult supervision only.

Choking hazards

Keep in mind that some toys can be dangerous.

Children under three years often place toys in their mouths. Toys should be the appropriate size to avoid choking hazards.

- Toys should be at least 3 cm in diameter and 6 cm in length, so that they can not be swallowed or lodged in a child's throat.
- Test the toy with a toilet paper roll. If an object fits inside the tube, then it is too small for a young child.
- Avoid marbles, coins, and games with balls measuring 4.4 cm in diameter or less because they can become lodged in the throat and cause trouble with breathing.
- Never give balloons or latex or vinyl gloves to children who place toys in their mouths. A child chewing on a balloon or gloves can inhale the item and choke. Inflated balloons pose a risk because they can pop without warning and then be inhaled.

Play therapy toolkit

This toolkit includes three sections.

1. Concept and principles.....28
Core concepts around play practices and how to develop child-friendly spaces.
2. Activities and games.....48
Step-by-step instruction on games and activities for immediate implementation. They indicate target age group, type of play and domains of development stimulated through play.
3. Production and making.....70
Step-by-step instructions for making toys and play resources in the field.

When implementing play, depending on your goals, you can combine the sections in this toolkit or use the sections independently.



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Concept and principles

Core concepts around play practices and how to develop child-friendly spaces.



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Recreational play



Recreational play promotes development in physical, social, emotional, cognitive, and language domains. It can be unstructured (no rules or desired outcome) or structured (rules and outcomes) as long as the choice is not imposed. Incorporating recreational play, which is a basic human right, is essential to the growth and wellbeing of children.

Recommendations

1. Create intentional recreational play times into the daily schedule, for example, a daily playgroup outside the ward or protected no-medical-intervention time on the wards.
2. Provide toys at the bedside.
3. Sing songs and dance during transitions between activities. For example, before feeding time, sing high energy songs and before bedtime sing soothing songs.
4. Encourage children and caretakers to leave the wards and explore the outdoor environment. (Children should be walking or forward-facing if they are being carried).
5. Use structured play for children who appear hesitant or unsure of what to do. A structured technique like a colouring-in page or a craft project with clear steps can help the child to build confidence in play skills. Demonstrating play and then inviting the child to imitate can also achieve this. Games with rules are another structured play activity.

Materials/resources

Many no-toy games are recreational play, such as tag and other field games. Household objects like pots, pans, and clothing can be used as props for pretend play or as musical instruments. Footballs and other sporting equipment are commonly used items. Handmade or factory-made toys can also be incorporated.

Free play



There is no tangible goal or product of free play. It happens when a child feels safe, secure and unrestricted in their environment. Free play is unstructured, voluntary, child-initiated play. It is the most natural kind of play, giving full autonomy to the child.

Recommendations

Ways to promote free play

- Create a daily routine that allows uninterrupted time for play.
- Promote time out of bed/crib, if medically safe.
- Help child to sit up, use pillow and rolled blankets for propping, as needed.
- Decrease restraints – reduce bulk of dressing, free fingers from tape, model using items with non-dominant side.
- Involve caretakers in play time as well as care.
- Build relationships with children so they feel more comfortable in the play space.

Barriers to free play in the hospital setting

- Forcing child to lay down or rest
- Physical restraints – arm boards, casts, bandages
- Confinement to bed
- Physical pain
- Emotional distress – caregiver separation, stranger anxiety, unpredictable routine
- Limited access to toys that meet IPC standards

Materials/resources

Many no-toy games can be considered to be recreational play, such as tag, and other field games. Household objects like pots, pans, and clothing can be used as props for pretend play or as musical instruments. Footballs and other sporting equipment are commonly used items. Hand-made or factory-made toys can also be incorporated.

Active play



Active play focuses on physical movement. It is a subcategory of other types of play. For example, the child may be engaged in active, recreational play and also active play while playing football. Active play is good for releasing emotions (especially aggression and frustration) and releases hormones that produce positive feelings. Active play can help stimulate children after prolonged periods of rest. It can stimulate appetite and strengthen muscle development.

Recommendations

1. Encourage children and caretakers to go for a walk (with children walking, not being carried).
2. Provide playground equipment on site.
3. Supply footballs to kick around.
4. Have a child copy your motions, for example, jumping up and down, hopping on one foot, dancing.

Materials/resources

1. Can include no-resources-based games like tag, freeze dance, or taking a walk (see "[Activity](#)" section).
2. Playground equipment (swings, slide, climbing gyms).
3. Footballs or other sports balls.

Precautions

1. Children should be medically cleared prior to active play. They may have restrictions due to IV or central lines, side effects of medication, or they may be in the early stages of recovery.
2. An adult should always be within reaching distance of the child should they become fatigued, dizzy, or need a break from active play.

Therapeutic play



Therapeutic play focuses on the emotional wellbeing of the child. It is characterised by being intentionally facilitated, and could look like other types of play such as active, healthcare, recreational, etc. Therapeutic play is judgement-free, allowing the child to emotionally express themselves in a safe and healing way. It allows the play professional to identify strong emotional reactions and anxiety while addressing underlying concerns. Its goals are related to the emotional and behavioural response of the child.

Recommendations

1. It is typically facilitated by trained professionals
2. It relies on uninterrupted time and the close attention of the facilitator
3. Guided by the child, the facilitator observes the play in an objective way and permits the play to progress as the child wishes

Materials/resources

1. Items specific to context, for example, medical equipment
2. Family figurines that match the identity of the child
3. Creative/art supplies
4. Play items familiar to the child
5. Unfamiliar play items
6. Pretend food
7. Blocks
8. Balls
9. Baby dolls

Depending on the goal of the therapeutic play, materials/resources may vary.

Onlooker play



Onlooker, or observation play, is when a child watches others play but does not play themselves. This increases cognitive development and allows the child to learn to play and problem-solve. It also offers stress relief. This play is common amongst children two years and over.

Recommendations

Encourage this play in:

1. children who are hesitant to play
2. children who do not know how to play
3. children with physical restraints restricting independent play (weak state, painful burns or wounds, mobility restraints).

To facilitate this play:

1. allow children to observe others in play
2. encourage caretaker to play in eyesight of child
3. leave toys within reaching distance of the child, should they wish to engage.

Materials/resources

As this play is observation-based, it is paired with other types of play. Select a play style that is age-appropriate, so it catches the child's attention. If they stop watching, they are likely bored. Pick a new play activity and re-engage the child.

Creative play



Creative play encourages freedom of emotional expression and is often seen in the form of art, through dancing, movement, and singing. Creative play facilitates problem solving and gives complete autonomy to the creator. It may or may not start with an end goal, for example, making a bracelet. The child/creator should have the freedom to design, modify and adjust the activity to their vision.

Recommendations

1. The play should be child-directed with no expected outcome.
2. Encourage the child to use the materials as they would like.
3. If the child is unsure how to engage, model a variety of ways in which the items might be used, to demonstrate diverse and creative use of resources.
4. The child may never have used scissors or markers before, so you may need to show them how.

Materials/resources

Use a variety of materials including structured art items or repurposed items: scissors, tape, glue (liquid and/or stick), paper, paints, markers, feathers, stickers, sponges, colour paper or tissue paper, pipe cleaners, string, paintbrushes, fabric, flowers, leaves, sticks, sand, paper towel tubes, tin canisters.

Many creative play items are single-use, because they cannot be cleaned. Extra caution should be taken in relation to IPC standards.

Healthcare play



Healthcare play integrates the use of medical equipment to promote familiarity, mastery and normalisation of healthcare equipment. It empowers the child by desensitising them to medical equipment, which can strengthen their perception and ability to cope. Healthcare play helps children emotionally process their own medical experience and it increases their understanding of the healthcare environment.

Recommendations

1. It should be child-directed.
2. Avoid using needles so that there is no related risk of accident or injury.
3. The child may use the equipment as indicated or in an imaginative way.
4. Healthcare play should be integrated into other play opportunities, so the child has an option to transition in and out of healthcare play.
5. Ask the child open-ended questions about equipment and play. For example, have you seen this item before? How do you think we should use this today?

Materials/resources

Healthcare play can use both authentic and toy medical supplies. Common items might include stethoscopes, otoscopes, blood pressure cuffs, syringes, medicine cups, tweezers, empty medicine bottles, tongue depressors, IV catheters (no needle), gauze, medical tape, oxygen masks, NG tubes, baby dolls.

Equipment should be selected based on what is available in the facility. Exclude items that are not commonly used in your context.

Medical teaching play



This category of healthcare play is used to teach the child about healthcare procedures, helping them cope better with hospital care. When children are prepared for healthcare experiences, they understand what to anticipate in a non-threatening way. Repeat opportunities for this type of play allows the child to process their own experiences. The benefits can be seen when used regularly.

Recommendations

1. Using a doll, model the steps of what will happen in the care.
2. Use simple language to reinforce the child's sensory experience. For example, "Next we clean with wet, cold soap".
3. Be honest. For example, "Now we will use the needle. Some kids tell me it pinches. Your job is to hold still".
4. Allow the child to practice the procedure on the doll and touch the medical equipment. (Do not use needles/sharps in play).
5. Some children may only want to watch you model the play. That is okay!
6. Repeat play after the child's care to reinforce the learning. Encourage the child to role play care on a doll.

Materials/resources

When playing, use medical equipment that replicates what the child will see in their own care. A baby doll or stuffed animal is a good patient. For wound care, use gauze, cleaning solutions, tweezers, bandages. For IV starts, use a tourniquet (or similar device), alcohol or cotton pad for cleaning, an IV catheter (with needle removed).

Consider making preparation kits that have the necessary supplies to prepare and play through procedural experiences. Use newly expired medical supplies. Clean plastic and metal items for repeat use and only use fabric materials once.

Unobstructed play



Unobstructed play is about creating early opportunities for infants to gain sensory and motor awareness. This early form of play allows the infant to move their body and interact with their surroundings. It is ideal for infants from birth and encourages development. See [“Developmental progression” p43](#).

Recommendations/examples

1. Place the infant on their back with arms and legs free. Do not swaddle or wrap them.
2. Adult should roll the infant's sleeves above their hands so they can use their fingers and hands without obstructions.

Optional: place high-contrast images or toys above the child (holding items, using an infant activity gym, or tying items to the bed railing).

The child should

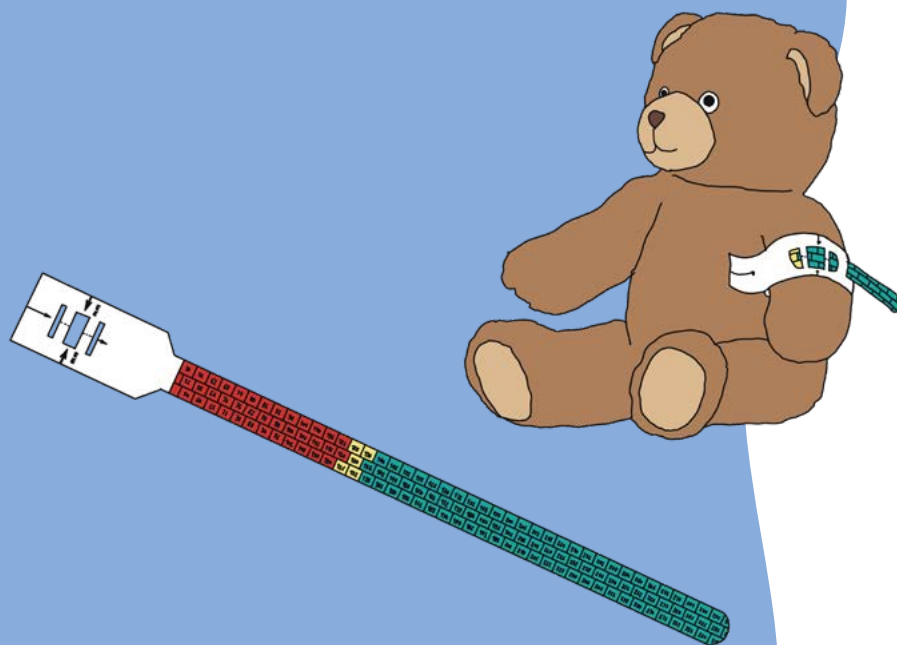
- reach for objects
- bring hands to mouth
- kick legs
- move arms.

If the infant does not move their arms and legs, you can encourage them by gently moving their limbs for them to create body awareness. You can also place a small, lightweight object in their hand.

Materials/resources

This play requires no resources to get started. As the infant gains more body awareness, it will be appropriate to integrate items that make noises, are easy to hold, or capture the attention of the infant.

Play in malnutrition



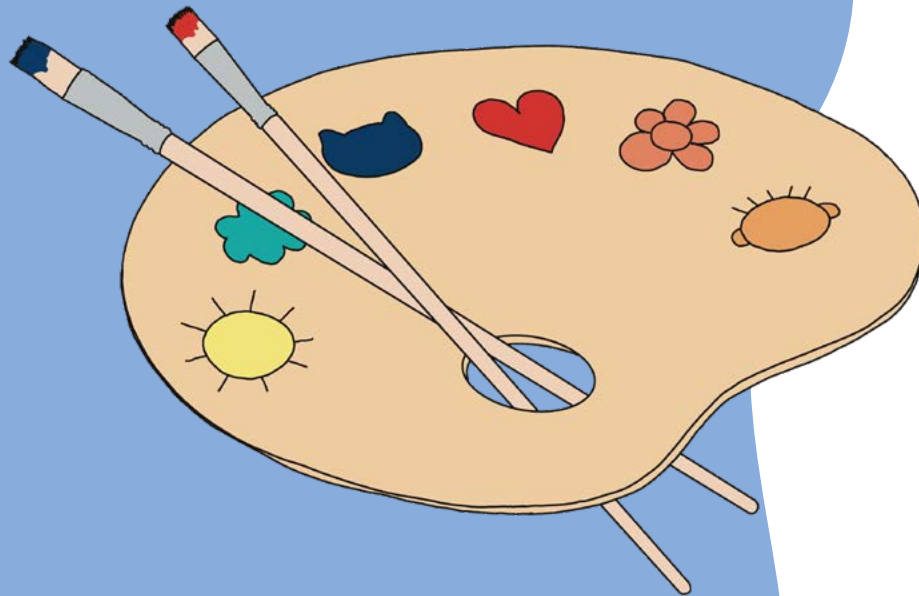
Malnutrition negatively impacts a child's growth and can cause developmental delays. Play interventions, both general and therapeutic, can help children to recover cognitively, emotionally, socially, and physically. As malnourished children gain weight, they can tolerate more stimulation. Play is an age-appropriate way to activate the mind, move the muscles, and bring a sense of hope and respite. Children in feeding programmes should have access to recreational play as a minimum requirement. Therapeutic play, facilitated by training professionals, involves assessment and goal setting to target specific domains of development.

Recommendations

1. Start by encouraging the child to watch others in play (onlooker play).
2. Praise and encourage children when trying skills.
3. Acknowledge the frustration of having lost skills they previously had.
4. Provide modifications for toys and tools until skills are developed. For example, select lightweight toys while the child is weak, wrap tape or fabric around a pencil to make it bulkier while a child learns to grasp and control the object.
5. Give opportunities to explore the environment.
6. Structure playtime into the care routine, such as song and dance before feeding, and play-group times.

Materials/resources

1. Lightweight toys that children can easily hold
2. Bright colours and high contrast items that catch their eye
3. Items familiar to the cultural context, such as dolls, cars, footballs, musical instruments or familiar animal figurines.



Creating child-friendly spaces

The following pages are about child-friendly spaces and how they can contribute to a safe and inviting environment that enhances mood and promotes positive interactions. Providing dedicated play spaces and/or adapting clinical spaces to make them more child-friendly, can help children and parents to feel more comfortable. Importantly, cultural and contextual considerations should be prioritised when creating child-friendly spaces. And any materials used should be IPC approved to ensure proper cleaning can occur.

Creating child-friendly spaces can include:

- colour selection
- themes
- handprint walls.



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Creating child-friendly spaces

Colour selection

Colours have a direct impact on our brain and mood. Generally, warm colours (red, orange, yellow) incite excitement and energy. Cool colours (blue, green, purple) are generally soothing and calming. Integrating colours into child-friendly spaces can help produce a stimulating environment that contrasts with sterile and bland hospital environments.

High contrast visual stimulation (mixing warm and cool colours) offers visual stimulation, which aids the recovery from malnutrition.

In ER and ICU settings, the use of cool colours or a subtle integration of colours for a soothing effect may be more appropriate.

Colours can symbolise political groups, social movements, or religious organisations. Avoid large panels in a single colour that may have a symbolic meaning in a particular cultural context. Using a mixture of colours to create murals or artwork is appropriate and encouraged.

Common themes for child spaces include:



Creating child-friendly spaces

Themes

Using themes can help to create a space that feels organised and cohesive. Themed spaces can encourage creativity in storytelling and language development by stimulating discussion about shapes/objects.

Using images of animals, foods, vehicles, and shapes in themes can promote cognitive and language development in children.

It is important to be mindful of the experiences of children when choosing themes. For example, using an underwater theme in a project responding to a flooding disaster may be distressing or triggering.



Creating child-friendly spaces

Handprint walls

Handprint walls are an easy and ongoing project requiring only modest artistic input. In this design concept, a highly visible wall displays the hand or footprints of children who have been treated and discharged from the hospital. This wall visualises the positive outcomes of treatment, which can be inspiring to families and staff.



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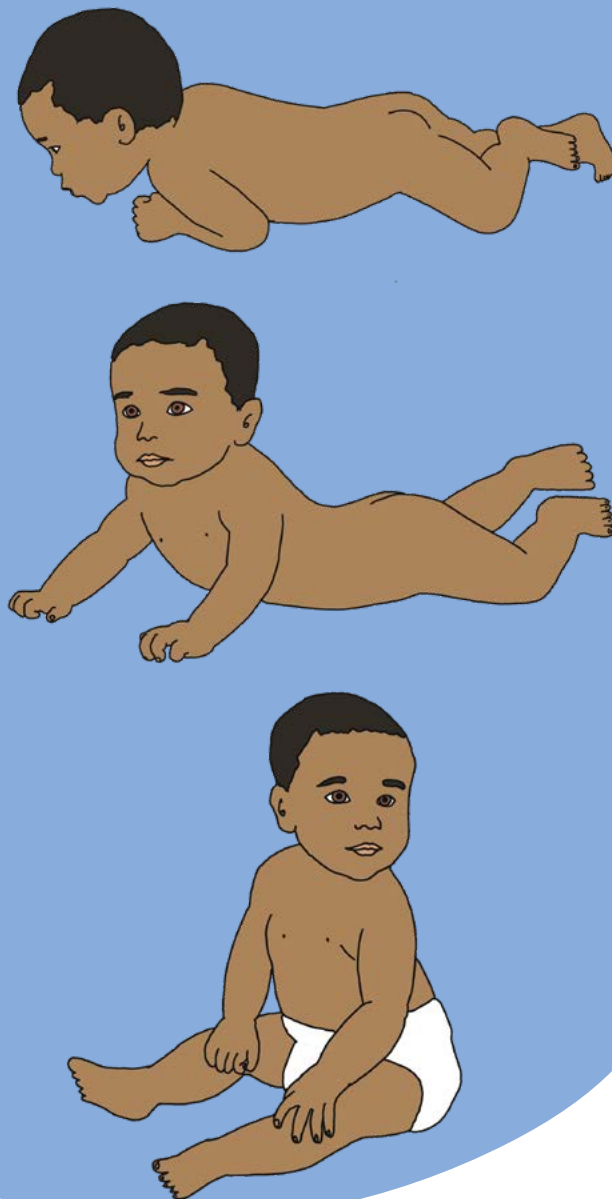


Developmental progression

The developmental progression pages that follow give a detailed outline of infant development milestones. Children need to progress through these stages sequentially. A child cannot advance to the next stage until they master the ones before. Find the child's current stage and encourage play activities that work towards the next stage, not multiple stages ahead.

In this toolkit, the developmental progression includes:

- neck control
- trunk control
- walking development.



Developmental progression

Neck control

One month

- baby lies with head turned to the side. Lifts head briefly while laying on chest or stomach. Explores both sides. Starts putting hand in mouth.

Two months

- quickly lifts and turns head to side when laying on tummy.

Three months

- holds head steady when laying on tummy.

Four months

- holds head steady when held or supported in an upright position and supports self on the elbows.

Six months

- holds head steady when independently in upright position. Able to grab feet and to roll from back to tummy and come back again.



Developmental progression

Trunk control

Three–four months

- masters neck control (this continues up to around five months).

Five months

- moves self into push-up position when laying on tummy.
- sits supported (held at shoulders – most support – down to waist – least support).

Six months

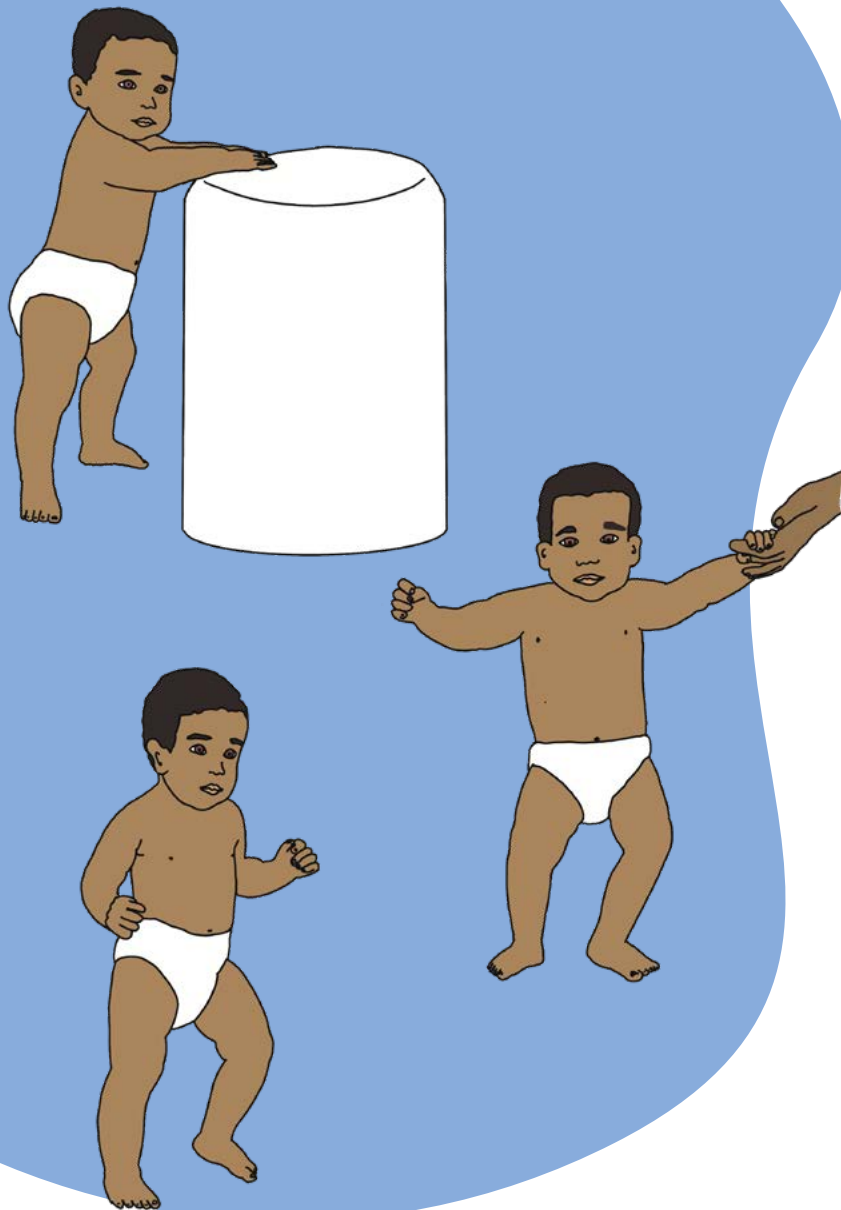
- sits in tripod position (legs spread, hands on ground between legs to support weight).

Seven–eight months

- when seated, lifts one and then both hands to reach or play.

Nine months

- sits without support and/or without using hands.



Developmental progression

Walking development

Twelve months

- stands while holding onto fixed objects (heavy furniture, walls, etc.)
- Pulls to stand. Can pull self into standing position from a sitting position.

Twelve–fifteen months

- cruises. Makes side-shuffle steps while holding onto fixtures at chest-height (furniture, low wall, etc.)
- takes forward steps while holding both hands of an adult.

Fifteen months

- takes steps with some assistance, using objects or a person to stabilise self.

Eighteen months

- walks independently (can often look like a run).

Eighteen to twenty-four months

- climbs stairs/furniture. Is able to make a tower of cubes.

Twenty-four to twenty-six months

- starts to run, to kick a ball, to jump.

Three–four years

- developing balance and coordination.

Four–five years

- developing social and emotional skills.

Age (months)	Development progression milestones	Games	Page
0-2	Baby lies with head turned to the side. Is able to explore both sides. Develops the ability to put hand in mouth. Lifts head briefly while laying on chest or stomach – quickly lifts and turns head to side when laying on tummy (2 months).	Look around	49
3-4	Able to grab items at the midline. Holds head steady when laying on tummy - Holds head steady when held/support in upright position (4 months). Mastered neck control.	Tummy time	50
5-6	Able to grab feet and to roll from back to tummy and come back again. Draws self into push-up position when laying on tummy. Sits in tripod position.	Bottoms-up	51
7-8	When on tummy, baby starts to pivot, begins to creep. When seated, lifts one hand and then both hands to reach or play.	Commando crawling	52
9-10	Sits without support. Begins to crawl. Is able to put an object in a cup. Can move from lying down to a sitting position and remain seated independently.	Exploring higher positions	53
11-12	Begins standing while holding on to fixed things (e.g. wall). Pulls self into standing position. Is able to pinch things between finger and thumb.	Pull to stand	54

Age (months)	Development progression milestones	Games	Page
12-15	Cruising (walks laterally with support). Walks forward with support from hands of an adult.	Squat down and sideways Stacker	55 75
15-18	Takes steps with some assistance. Uses objects or another person to stabilise self. Walks independently (can often look like a run).	Balance control Shipping box table	56 80
18-24	Climbs stairs and furniture.	Obstacle course	57
24-36	Starts to run, to kick a ball, to jump.	Ball game	58
3-4 years	Developing balance and coordination (e.g. standing on one leg, throwing a ball).	Duck-duck-goose Gula poma Freeze dance I spy Red light - green light Balloon gloves Syringe art Syringe painting Puzzles	59 60 61 62 63 64 65 66 77
4-5 years	Social and emotional skills.	Aldie Simon says Chain chase	67 68 69

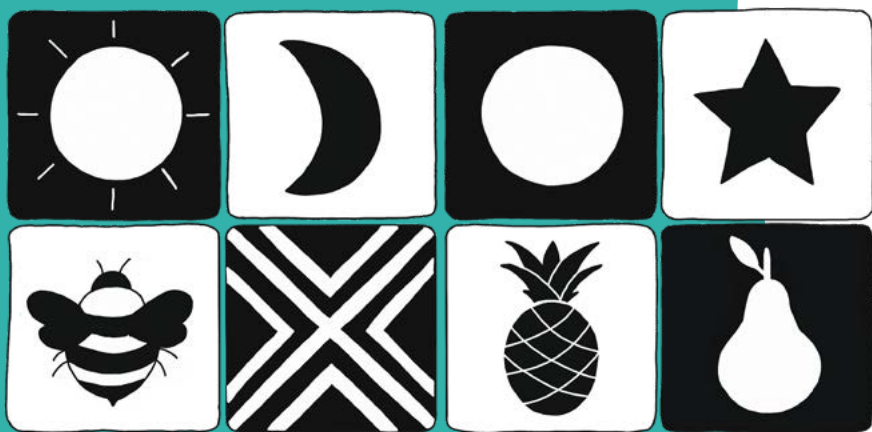
Activities and games

Step-by-step instruction on games and activities for immediate implementation. They indicate target age group, type of play and domains of development stimulated through play.

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Look around



Difficulty level	Type of play	Age of play	Toys and resources	Development milestone
Easy	Unobstructed play	0-2 months	Contrast cards, or black and white print	Baby able to explore both sides

Instructions

1. Place the baby on their back.
2. Take out contrast cards and hold them 30 cm in front of the baby's eyes.
3. Move the cards from one side to the other, drawing the baby's attention and encouraging it to look in different directions.
4. Repeat.

Another option – hang contrast cards on the wall or both sides of the baby's bed.

See how to make contrast cards in the [“Production and making” p71](#).

Cognitive



Physical



Social



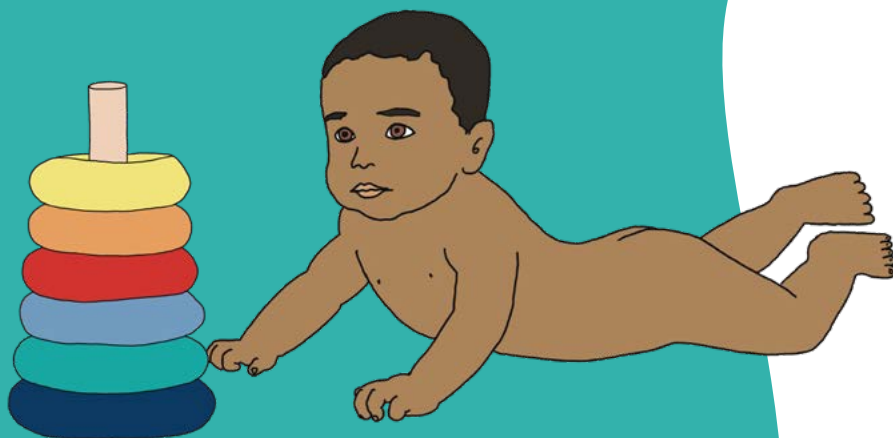
Emotional



Language



Tummy time



Difficulty level	Type of play	Age of play	Toys and resources	Development milestone
Easy	Unobstructed play	3-4 months	Contrast cards, or mirror	Baby masters neck control

Instructions

1. Place the baby on their tummy.
2. Help them to position their arms with elbows below the shoulders.
3. Play with the baby in that position, keeping them entertained and looking around.
4. Examples of games – place a mirror or contrast cards on the floor in front of baby or use textured materials (fabrics, sponges, plastic sheets) to keep them entertained and looking around.

Cognitive



Physical



Social



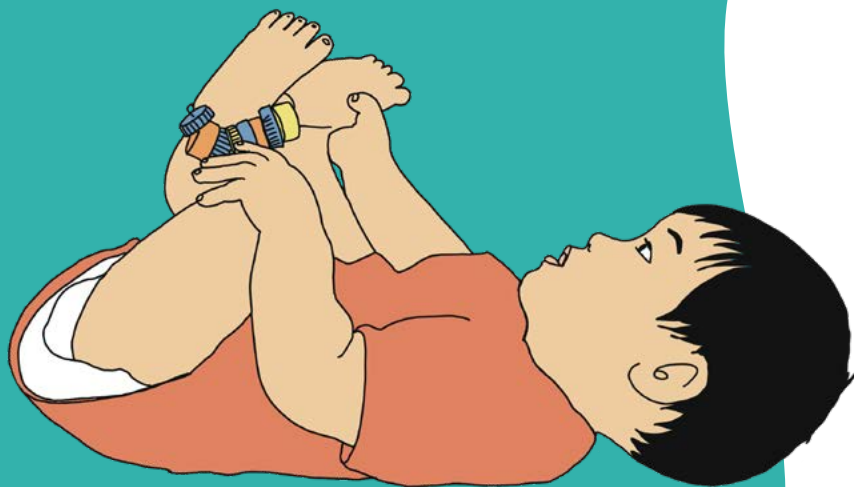
Emotional



Language



Bottoms-up



Difficulty level	Type of play	Age of play	Toys and resources	Development milestone
Easy	Unobstructed play	5-6 months	Bracelet or rattle, no toys are necessary	Baby able to grab feet and roll front to back

Instructions

1. Lay the baby on their back.
2. Move the baby's legs and show them their feet.
3. Encourage the baby to grab their own feet by continuing to move their legs and showing them their feet.
4. Then, hang the bracelet rattle (see ["Production and making" p74](#)) from their foot to get them more interested. Repeat. Another option is to sew a bell to the baby's sock, put the sock on their foot and help the baby try to grab it.

Cognitive



Physical



Social



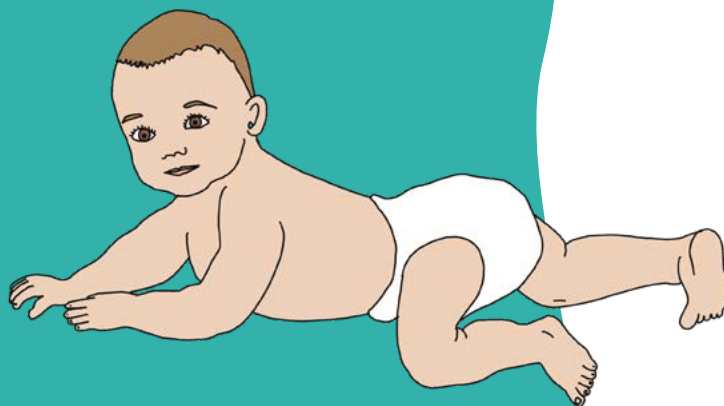
Emotional



Language



Commando crawling



Difficulty level	Type of play	Age of play	Toys and resources	Development milestone
Medium	Unobstructed play	7-8 months	Colourful toy or something that draws the baby's attention	Start to creep, and to reach while in a sitting position

Development goal

Baby starts to creep while on their tummy. While in a sitting position, baby extends one hand then the other to reach or play.

Instructions

1. Place baby on their tummy.
2. Place cups or other colourful objects on both sides of the baby, about a metre away. This will encourage them to crawl in different directions. Please keep IPC and choking hazards in mind when choosing toys for this game.
3. Repeat, increasing and decreasing the distance to keep the game interesting for everyone.

Cognitive



Physical



Social



Emotional



Language



Exploring higher positions



Difficulty level	Type of play	Age of play	Toys and resources	Development milestone
Medium	Unobstructed play	9-10 months	Colourful toy or something that draws the baby's attention	Sits without support, starts to crawl

Instructions

1. Place baby on the floor, lying on their tummy.
2. Put colourful toys or objects a bit higher than the floor, on a step, for example.
3. Help baby become interested in the toys by moving them slightly, encouraging the baby by talking to them. The goal is for the baby to move from tummy to a sitting or crawling position by themselves.
4. Repeat and move the toys or objects each time. Another option uses a cup and wooden blocks, encouraging baby to put the blocks in the cup. Or show baby how to make a tower from wooden blocks, then help the baby make the tower. This will help teach them motor skills.

Cognitive



Physical



Social



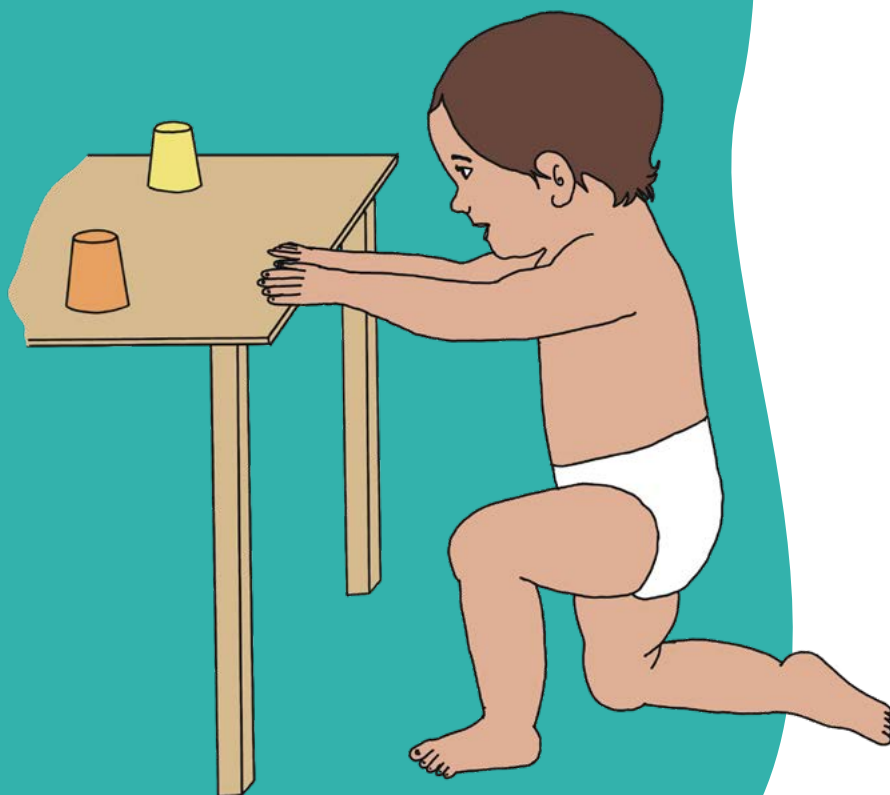
Emotional



Language



Pull to stand



Difficulty level	Type of play	Age of play	Toys and resources	Development milestone
Medium	Unobstructed play	11-12 months	Colourful toy or something that draws the baby's attention	Walking sideways with the support of an object

Instructions

1. Place toys on a child-sized table.
2. Help the baby to a standing position, stabilised against the table so they can stand by themselves.
3. Play in that position by moving the toys. Another option is to place objects (for example, string, paper) on the table and move them around. Encourage baby to try to grab the objects. This will teach them to pinch.

Cognitive



Physical



Social



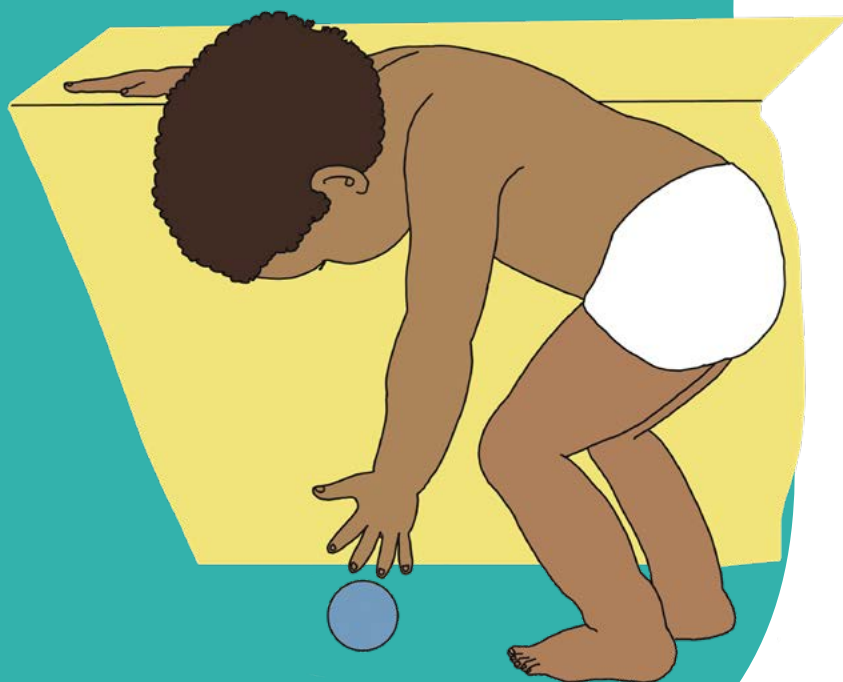
Emotional



Language



Squat down and sideways



Difficulty level	Type of play	Age of play	Toys and resources	Development milestone
Easy	Unobstructed play	12-15 months	Colourful toy or something that draws the baby's attention	Starts to stand when holding onto objects

Instructions

1. Put baby in a standing position.
2. Have baby hold onto something like the child-sized table.
3. Once the baby is holding the table, you will build a small tower from blocks, or put some colourful toys or objects on the table.
4. Then put one colourful toy or object on the ground.
5. Encourage baby to pick it up and put it on the table.
6. Now you can put the colourful toys or objects at the end of the table and have the baby go to them. Keep switching the locations of the toys, encouraging baby to walk sideways to get the toys. This teaches them how to squat and stand back up. Then place the toys at the other end of the table, again encouraging baby to walk sideways.

Another option – if you have a stacker (see [“Production and making” p75](#)) you can use these rings instead of the blocks or toys.

Cognitive



Physical



Social



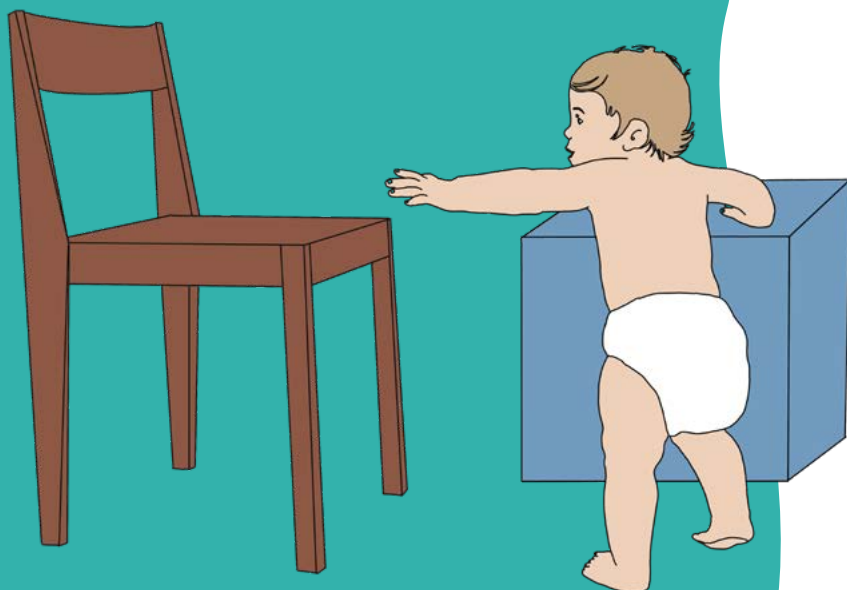
Emotional



Language



Balance control



Difficulty level	Type of play	Age of play	Toys and resources	Development milestone
Easy	Unobstructed play	15-18 months	Colourful toy, table, and chair	Starts to walk independently

Instructions

1. Find or make a child-sized table, a toy, and a chair. (See [“Shipping box table” p80](#) for inspiration on how to make a child-sized table.)
2. Put the baby in a standing position, holding the table edge in front of them.
3. Then, place a chair beside of the baby.
4. Put a toy on that chair.
5. Encourage the baby to come and get the toy.
6. Once the baby gets the toy, repeat, moving the chair with the toy to the other side. If it is too easy, place the chair further away. This activity will help the baby to develop balance.

Cognitive



Physical



Social



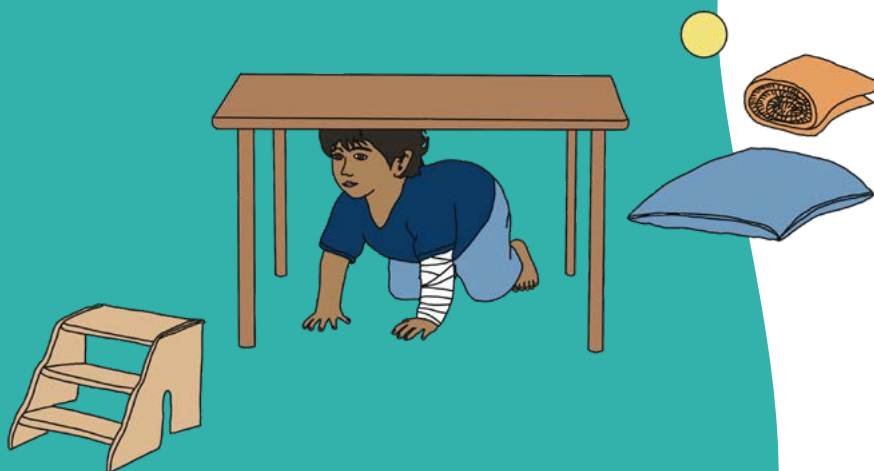
Emotional



Language



Obstacle course



Difficulty level	Type of play	Age of play	Toys and resources	Development milestone
Medium	Unobstructed play/free play	18-24 months	Pillows, blanket, cushion, or just yourself	Climbs stairs and furniture

Instructions

1. Set up obstacles around a room using what materials you have. You can use pillows, blankets, cushions, steps, or a child-sized table. If you sit down with legs stretched out, you can make yourself an obstacle.
2. Next, encourage the child to go through the obstacle course – creeping, crawling, sitting, walking – and to pass over or under obstacles.
3. Repeat, changing the obstacle course or how the obstacles are set up.

Cognitive



Physical



Social



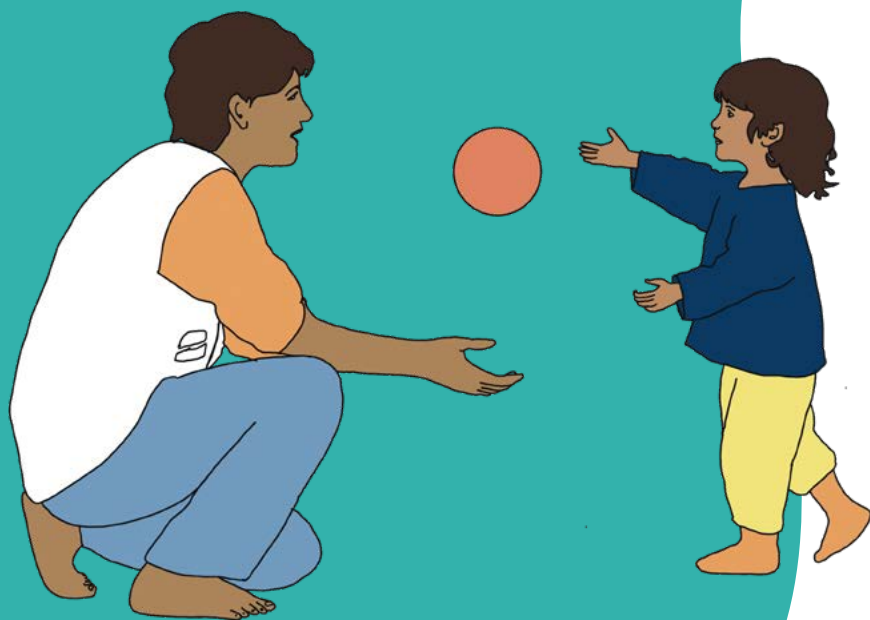
Emotional



Language



Ball game



Difficulty level	Type of play	Age of play	Toys and resources	Development milestone
Easy	Recreational play	2-3 years	Ball	Starts to run, kick a ball and jump

Instructions

1. Find or make a ball.
2. Hold the ball in your hands and encourage the child to take it from you.
3. Then, have them give it back to you.
4. Repeat passing the ball to each other using different angles and handing the ball back at different heights.
5. Once the child is used to this game, you can also kick the ball back and forth to each other. Playing with balls will improve the baby's balance.

Cognitive



Physical



Social



Emotional



Language



Duck-duck-goose



Difficulty level	Type of play	Age of play	Toys and resources	Development milestone
Easy	Recreational play	3+ years	No toys	Finding balance and coordination, social skills

Instructions

1. Have participants sit in a circle, with everyone facing the middle.
2. One person will be the tagger. They stand on the outside of the circle.
3. The tagger walks the circle touching the players head, saying "duck".
4. When the tagger wants, they will touch someone's head and say "goose!"
5. The "goose" must quickly stand up and chase the tagger around the circle.
6. The tagger tries to sit in the goose's seat before being tagged.
7. If the goose does not succeed, they become the tagger.
8. The game continues in this manner.

Cognitive



Physical



Social



Emotional



Language



Gula poma

The word in Mende (Sierra Leone) meaning “drop behind”



Difficulty level	Type of play	Age of play	Toys and resources	Development milestone
Easy	Recreational play	3+ years	No toys	Finding balance and coordination, social skills

Instructions

1. Have participants sit in a circle, everyone facing towards the middle.
2. One person will be the dropper, they stand on the outside of the circle.
3. The dropper walks around the circle with a stone/object in their hand.
4. When the dropper wants, they will place the object around someone's back.
5. The person with the object behind them becomes the dropper and must stand up and move around the circle, object in hand. The previous dropper now sits in empty seat.
6. The game continues in this manner.

Cognitive



Physical



Social



Emotional



Language



Freeze dance



Difficulty level	Type of play	Age of play	Toys and resources	Development milestone
Easy	Recreational play	3+ years	No toys	Finding balance and coordination, social skills

Instructions

1. One person starts and stops music. (Singing can keep this game resource-free).
2. When the music or singing is happening, everyone must dance and move.
3. When the music or singing stops, everyone must stop moving, or FREEZE! If you move in the freeze stage, then you are out.
4. The music or singing then resumes.
5. The last dancer standing wins.

Cognitive



Physical



Social



Emotional



Language



I spy



Difficulty level	Type of play	Age of play	Toys and resources	Development milestone
Easy	Recreational play	3+ years	No toys	Coordination, social skills

Instructions

1. This game involves two people: player one, who selects an object in the room, and player two, who is trying to guess the object.
2. Player one starts by giving a hint to player two, by mentioning the colour of the object they have chosen: "I spy with my little eye something that is [say the COLOUR]."
3. Player two then looks around the room and guesses what item player one may have seen.
4. If player two guesses correctly, then player two wins. If player two does not guess correctly after several attempts, player one reveals their object, winning the round. The players switch roles and play again.
5. Example –
 - Player one – I spy with my little eye something blue.
 - Player two – Is it the sky?
 - Player one – No.
 - Player two – Is it the ...

Another option – play this game with a group and let players take turns guessing the object until someone wins.

Cognitive



Physical



Social



Emotional



Language



Red light - green light



Difficulty level	Type of play	Age of play	Toys and resources	Development milestone
Easy	Recreational play	3+ years	No toys	Finding balance and coordination, social skills

Instructions

1. One person is the caller, and the other players stand in a horizontal line 10 metres away.
2. The players can only move on the command of the caller. When the caller says, "green light", the players can move towards the caller. When the caller says, "red light", the players stop where they are.
3. The caller says "green light" and "red light" as many times as they like. For example, they might say "green light" and wait five seconds before calling "red light".
4. If the players move during a "red light", they must return to the start line.
5. The first player to reach the caller is the winner and becomes the caller.
6. Alternative – use the words "stop/go" instead of "red light - green light". Learn these words in the local language to promote inclusivity.

Cognitive



Physical



Social



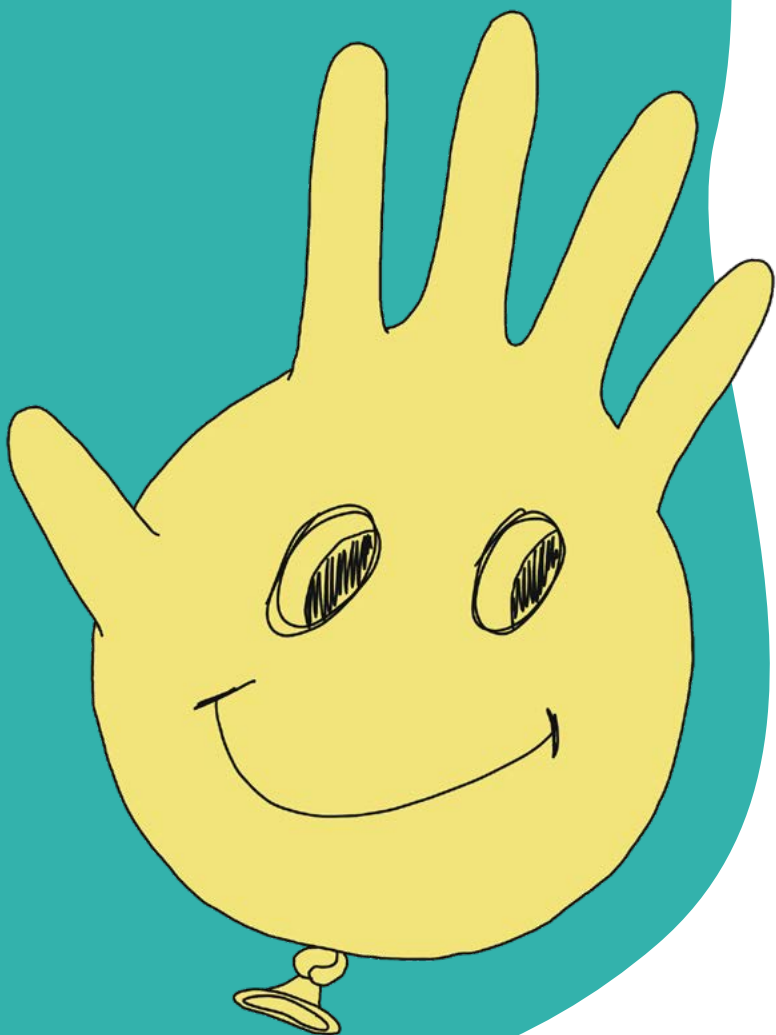
Emotional



Language



Balloon gloves



Difficulty level	Type of play	Age of play	Toys and resources	Development milestone
Easy	Healthcare play	3+ years	Exam gloves	Coordination

Instructions

1. Blow up exam glove with air and tie shut.
2. The child can play with the balloon glove in different ways. For example, they might hold the balloon glove, tossing it in the air, etc.

Optional – decorate the balloon glove with marker pens (non-toxic if child is likely to place it near their mouth).

Precautions

Gloves are accessible and a commonly used play resource in MSF settings and beyond. Be mindful of choking hazards with latex and if the balloon bursts. Do not leave children alone when playing with them. See [“Toy selection criteria – choking hazards” p26](#) for more info.

Cognitive



Physical



Social



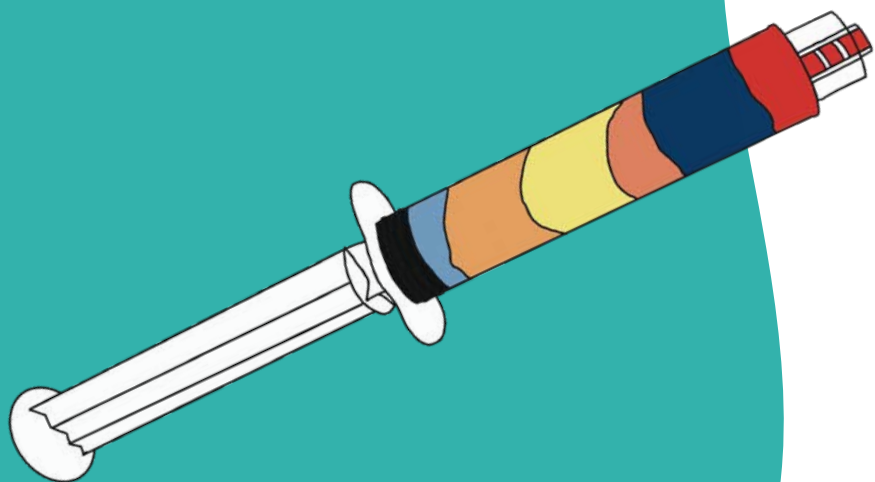
Emotional



Language



Syringe art



Difficulty level	Type of play	Age of play	Toys and resources	Development milestone
Easy	Healthcare play	3+ years	Syringe	Coordination

Resources

- Syringe
- Glue
- Colourful sand (food colouring and plain sand, if making it yourself)
- Glitter, pom-poms, other filler materials

Instructions

1. Remove the plunger from the syringe.
2. Glue the tip of the syringe to close it (or use syringe cap, if available).
3. Allow child to fill syringe with filler materials to make syringe art, leaving 3cm at the end.
4. Glue the plunger at the end of the tube to seal shut.

Cognitive



Physical



Social



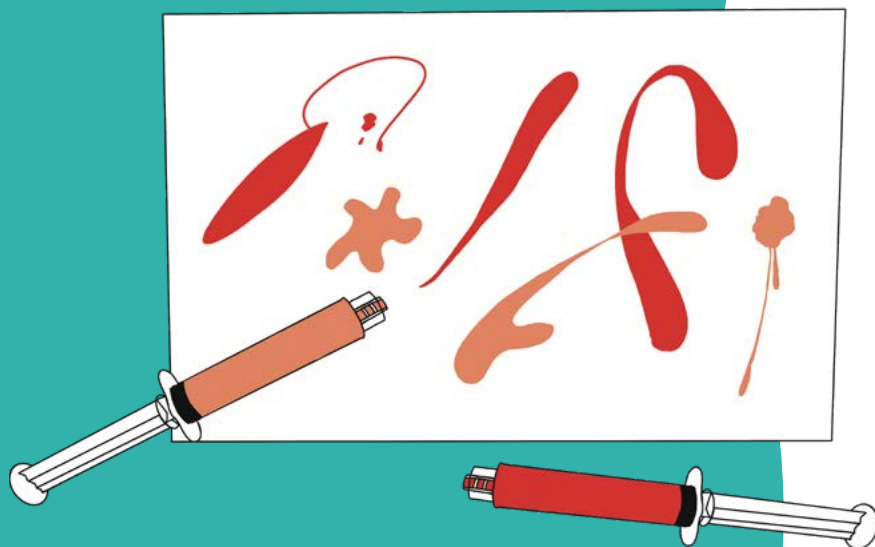
Emotional



Language



Syringe painting



Difficulty level	Type of play	Age of play	Toys and resources	Development milestone
Easy	Healthcare play	3+ years	Syringe	Coordination

Resources

- Paints (washable)
- Syringe
- Medicine cups (or other paint containers)
- Paper (or other medium for paint)
- Optional – IV catheter

Instructions

1. Place paints in small containers. (If the paint is thick use a small amount of water to thin it.).
2. Place syringe in paint and pull paint into syringe.
3. Press the syringe onto paper to make paint design.
4. Optional – use an IV catheter attached to a syringe to better control the flow of the paint.

Tip – start with small syringes until the child can control the distribution or use an IV catheter to reduce the flow.

Cognitive



Physical



Social



Emotional



Language



Aldie

In other languages, Hopscotch (English),
La marelle (French), Rayeula (Sierra Leone)



Difficulty level

Easy

Type of play

Recreational play

Age of play

4+ years

Toys and resources

No toys

Development milestone

Social and emotional skills

Instructions

1. Invite players to use a foot, a stick, or hand to draw squares in a line with either one or two boxes per row (see image on page). They decide how many rows of boxes to make based on the desired length/challenges of the game.
2. Have the children hop their way down the line. One square means land on one foot, two squares means land on both feet. They can add a third or fourth square on a row if they want to incorporate hands.
3. Optional – throw a stone onto a square. Whichever square it lands on you must skip that square.

Cognitive



Physical



Social



Emotional



Language



Simon says



Difficulty level	Type of play	Age of play	Toys and resources	Development milestone
Easy	Recreational play	4+ years	No toys	Finding balance and coordination, social skills

Instructions

1. One person is the caller, and the other players must listen closely.
2. The caller will instruct the participants to perform actions, but the players should only obey if the caller says, "Simon says ...", before the instruction.
3. If the player performs the action without the prompt, they are out.
4. For example, the caller might call a phrase like, "Simon says clap your hands", after which everyone should clap their hands. They might then call, "Simon says touch your nose", after which everyone should touch their nose. If they then call, "Stomp your feet!", nobody should stomp their feet because there was no "Simon says" before the direction. If anyone stomps their feet, they are out of the game.
5. The last person standing is the winner and the new caller.

Tip – change the name Simon for a familiar local name or let the caller use their own name.

Cognitive



Physical



Social



Emotional



Language



Chain chase



Difficulty level	Type of play	Age of play	Toys and resources	Development milestone
Easy	Recreational play	4+ years	No toys	Social and emotional skills

Instructions

1. Select one person to be the chaser. Their goal is to tag everyone in the group.
2. Once the chaser tags someone they must link arms or hold hands to form a chain.
3. The two chasers continue to tag others, who link onto the chain.
4. The game ends when everyone is part of the chain.

Cognitive



Physical



Social



Emotional



Language



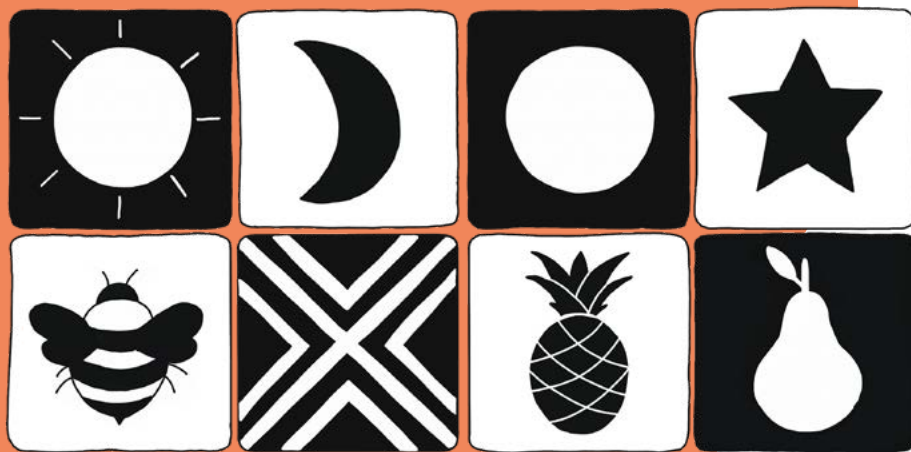
Production and makings

Step-by-step instructions for making toys and play resources in the field.



© Patrick Meinhardt
Cameroon, 2020

Contrast cards



Age of play

0+ months

Time

10 minutes

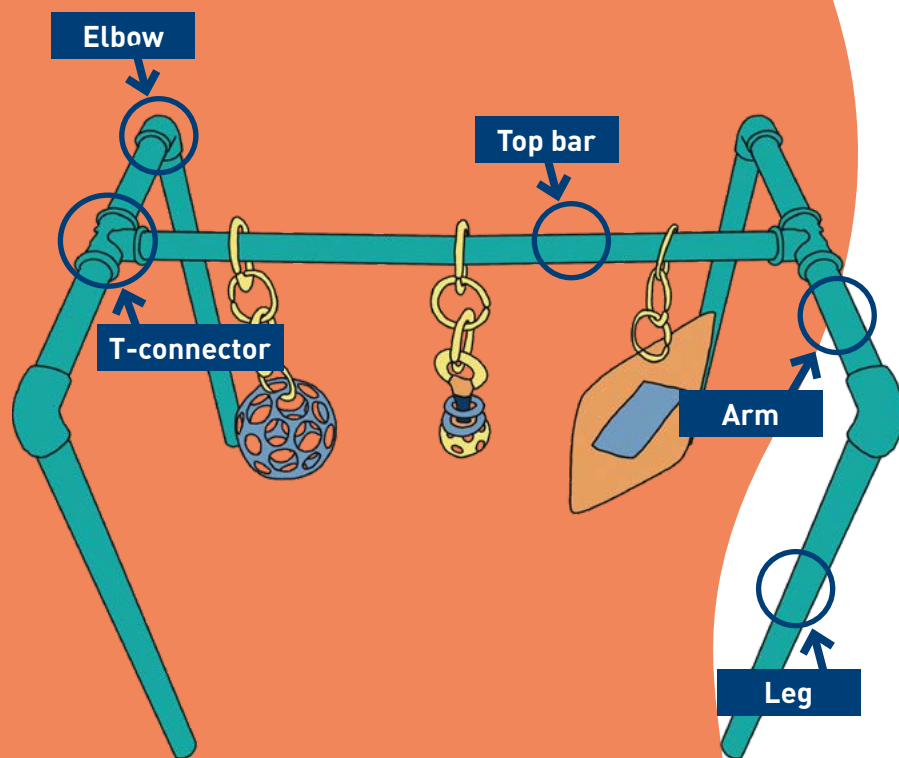
Materials

- White paper
- Black marker
- Optional – laminating sheets

Instructions

1. Using white paper and a black marker draw thick shapes/ lines to create a high-contrast image OR print high contrast images from the internet.
2. Display images within 20–30 cm of infants (above or to the side).
3. Optional – laminate images to clean and reuse. Infants cannot see all colours until about five months of age. High contrast (black, white, red) images are ideal to encourage visual engagement and brain stimulation.

Infant gyms



Age of play

0+ months

Time

1 hour

Materials

- PVC piping, 2 cm thickness
- 12 cm 90° PVC elbows
- 7 cm T-connector PVC fittings
- PVC glue
- Zip ties or curtain hooks
- Optional – spray paint



Instructions

1. Take PVC elbow and attach one leg and one arm to it. Repeat four times. (See picture above.)
2. Using the T-connector, insert arm piece into the two side openings. Repeat twice.
3. Connect the two T-connectors using the top bar.
4. Once assembled, make any necessary adjustment to the frame so it sits properly on the ground.
5. Glue the pieces together.
6. Use curtain hooks or zip ties to hang toys. (See [“Contrast cards” p71](#) as an example of a toy to hang, or use store bought toys).
7. Place infant gym over (if lying down) or in front of (if sitting) child to encourage them to reach for items. Adjust the height of toys if using curtain hooks.

Shake shake



Age of play

2+ months

Time

10 minutes

Materials

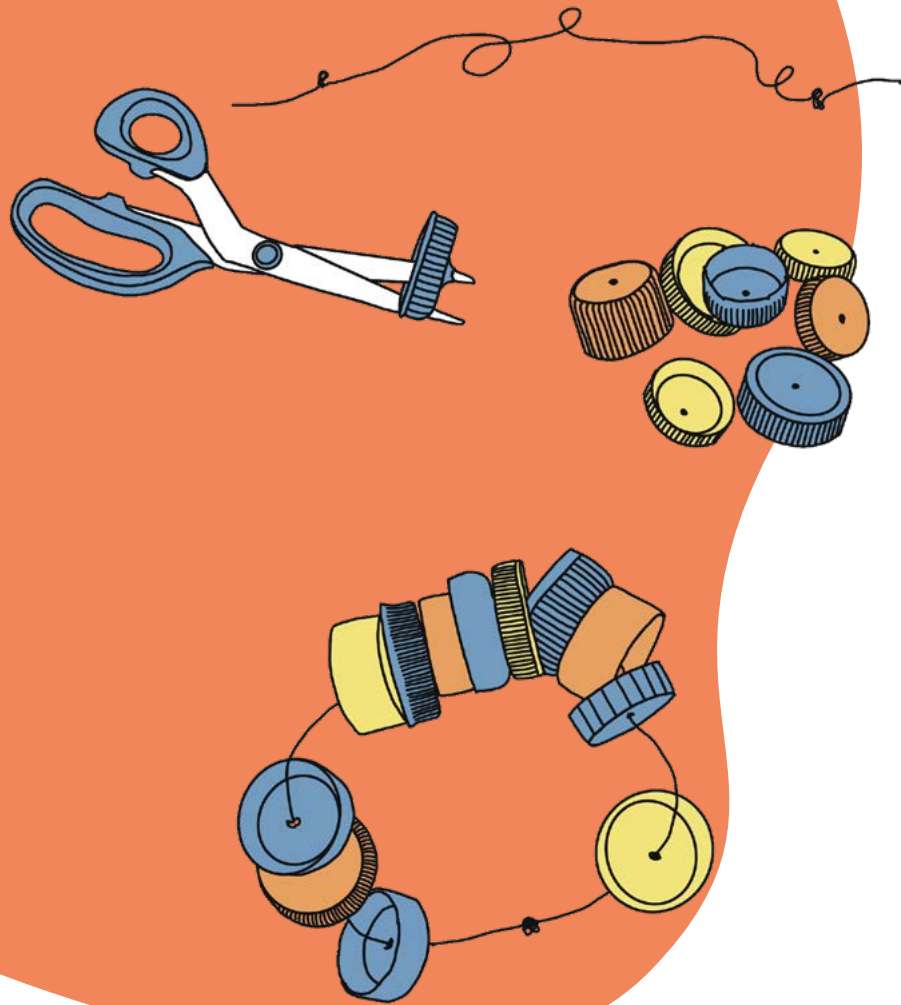
- Empty medicine bottle (or similar size bottle ~100mL)
- Dry rice, dry beans, shells, or stones
- Glue
- Optional – markers

Instructions

1. Clean empty bottle and dry well.
2. Place 1-2 small spoons of filling into bottle.
3. Glue bottle closed to avoid risk of choking hazard.
4. Optional – colour the outside of the bottle with markers.

When using recycled resources, ensure they are first cleaned according to IPC standards.

Bracelet rattle

**Age of play**

2+ months

Time

15 minutes

Materials

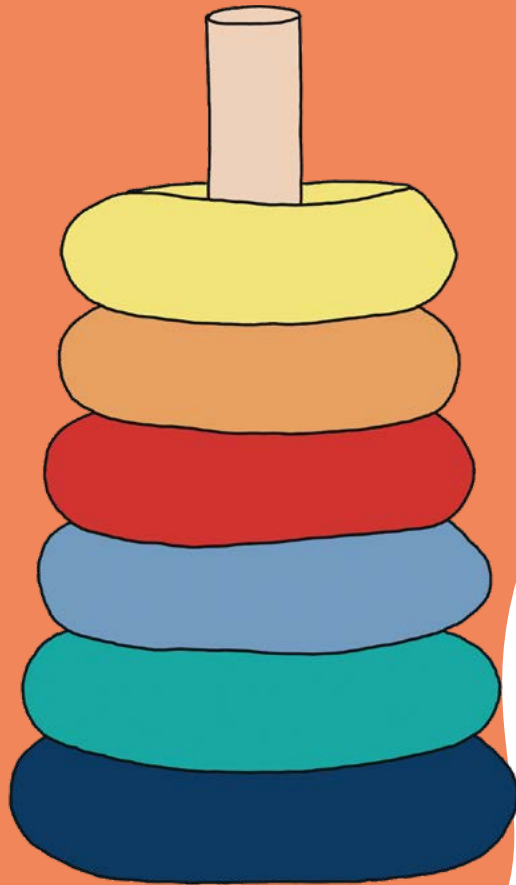
- String (20–30cm)
- Plastic soda bottle caps (15–20)
- Knife, blade, or scissors

Instructions

1. Use knife/blade to make an opening in the centre of the bottle caps.
2. Cut string to desired length, bracelet size 20–30 cm.
3. Thread bottle caps through string, leaving space on the string to tie it.
4. Tie a knot to close the rattle.
5. Allow the infant to hold, shake, mouth, and reach for the rattle.

When using recycled resources, ensure they are first cleaned according to IPC standards.

Stacker



Age of play

6+ months

Time

15 minutes

Materials

- PVC pipe 15 cm height
- PVC glue
- Plastic medical tape holders, plastic lids from tins, paper towel rolls (cut, one time use), other materials with holes in middle
- Optional – spray paint

Instructions

1. Glue PVC pipe to solid base.
2. Use medical tape rolls or other objects with holes to stack onto stand.
3. Optional – paint the base and pieces.

Husk dolls

Age of play

2+ years

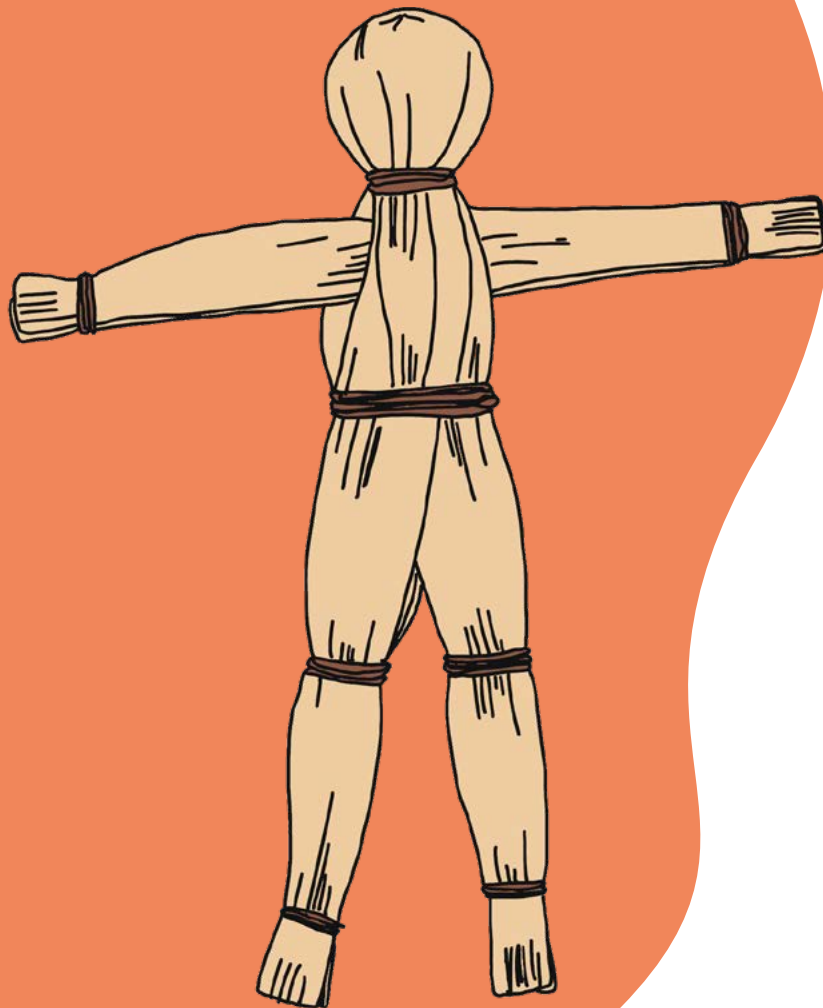
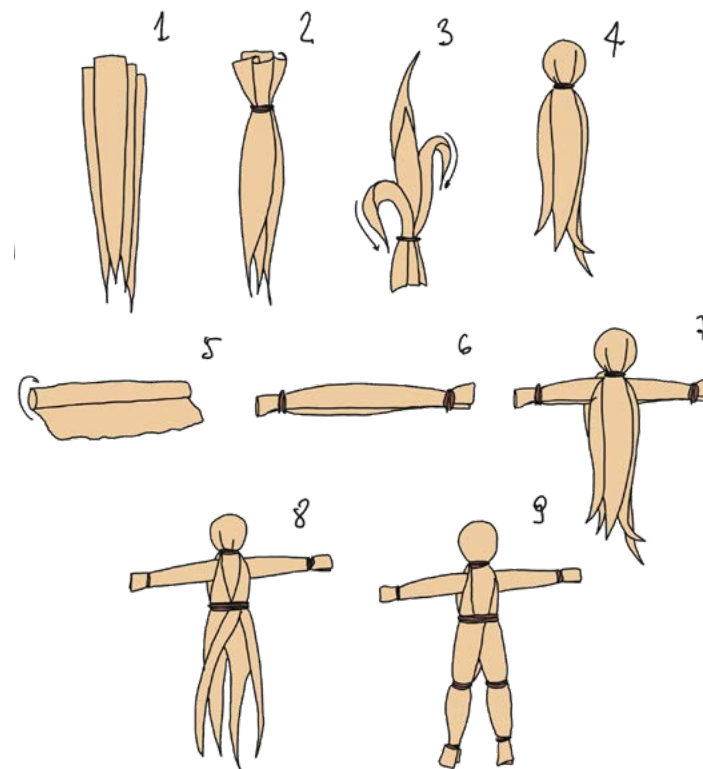
Time

10 minutes

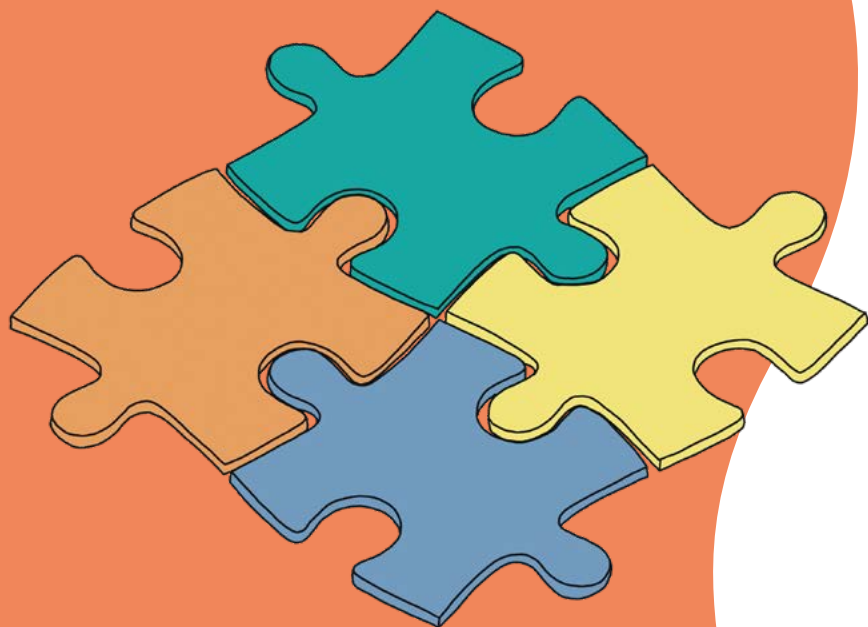
Materials

- Corn/palm husk
- String

Instructions



Puzzles



Age of play

3+ years

Time

10 minutes

Materials

- Paper
- Markers/crayons/pens
- Scissors

Optional – laminating paper

Instructions

1. Draw an image which is familiar to the child, for example, a dog or a banana, or print an image which is familiar to the child (in colour if possible).
2. Cut the image into pieces, simple line cuts are okay (three to four pieces for three-year-olds, up to 50 pieces for five-year-olds if they are able to complete simpler puzzles).
3. Optional – laminate pieces so puzzle can be reused.

Alternative – have the child colour the hand-drawn image to involve them in the puzzle-making process.

Get inspired

Within MSF, play therapy initiatives are encouraged to be creative with the resources available to them.

This section gives examples of how projects have integrated play therapy concepts, with a selection of case studies identified to inspire ideas, actions and initiatives aimed at promoting play therapy.

1. Infant activity gym.....79
2. Shipping box table.....80
3. Medical centre for dramatic play.....81
4. Doctor kit play.....82
5. Crafts and toys souvenir.....83

© Diana Zeyneb Alhindawi
Chad, 2024



Get inspired by

Production and making

Age of play

0 – 6 months
(before they roll)

Infant activity gyms

Purpose

Encourage infant development by using visual stimulation, reaching and grasping, and play while sitting upright.

Put it together

Building toys from local resources models how to be advocates for play at home. To hang toys from activity gyms, use shower curtain hooks, cable ties, string (one time use). Toys can be made from fabric scraps, bottle caps, black/white images (for young infants) or by hanging purchased toys. The main criteria for items hung is that they are constructed from items that are visually and auditorily engaging for the infant.

Involve parents in creating toys for the activity gyms and let them take the toys away with them. At home, parents can use clothes hangers, string, or a tree branch to hang items from.



© MSF
Sierra Leone, 2022

Get inspired by

Age of play

Concept and principles

9-18 months



© MSF
Sierra Leone, 2022

Shipping box table

Purpose

Using size- and height-appropriate furniture communicates to the child that the space is intended for them.

Example

Encouraging use of leg muscles and moving is a common secondary goal of play amongst malnourished groups. This shipping container was intended to be dismantled for disposal. The play therapy team painted it and turned it into a table to encourage standing while playing. The table is the perfect height for nine- to eighteen-month-old patients and the wall of the play space is ideal for children two+ years old.

Recycle

Using this shipping container eliminated the expense of procuring supplies and reduced the project's environmental footprint. The play therapy team keeps a stock of paints on hand to increase the attractiveness of materials and to add a layer of outdoor protective coating.



© MSF
Sierra Leone, 2022

Get inspired by

Concept and principles

Age of play

2,5 years

Medical centre for dramatic play

Purpose

If your programme has a very specific focus, such as anaesthesia, consider making a dedicated medical play space where children can explore the medical equipment they will see.

Research shows that children who are prepared for anaesthesia wake up more calm and less anxious after the event.

Adapt the dramatic play to your programme. If focused on immunisation, play using syringes (no needles) and encourage positive coping skills like deep breathing, counting, and sitting with a caregiver, which can prepare both children and caregivers. Describe the experience using sensory language, for example, “you will be cleaned with wet, cold soap”, or “you might feel a little pinch/needle”. Give children a task to focus on – “your job is to hold your arm still”, or “your job is to squeeze your grandma’s hand if it hurts”.

Get inspired by

Production and making

Age of play

3 years

Crafts and toys souvenir

Make crafts or toys from recycled or local materials to create a souvenir from a hospital visit.

Purpose

Craft and arts projects to create colourful decorations or souvenirs. Browse the web for easy DIY activities – clay, pinwheels, collages, or any of the production/making cards can inspire and empower a child or caregiver to make a play item they can continue to use at home.



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Introduction

Foundation

Resources

Toolkit

Concept & principles

Activities & games

Production & making

Get inspired

