Responsive Care and Early Learning Addendum Training Package

GHANA

Facilitator's Guide

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Attribution

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Contents

Acronyms

C-IYCF	Community Infant and Young Child Feeding (C-IYCF) Counselling Package
ECD	early childhood development
IYCF	infant and young child feeding
RCEL	responsive care and early learning
USAID	U.S. Agency for International Development
UNICEF	United Nations Children's Fund
WHO	World Health Organization

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Overview

The *Responsive Care and Early Learning Addendum* Training Package

The *Responsive Care and Early Learning (RCEL) Addendum* Training Package focuses on promoting essential nurturing care practices, namely responsive care and early learning. The Training Package was designed for community-level counsellors and health care providers and can be integrated into child health and nutrition programs to promote high-priority caregiving behaviours that are essential for improving early childhood development (ECD) outcomes among children aged 0–2 years. It is not intended to be a stand-alone program for improving ECD. The training also helps build individual counselling and group session facilitation skills and basic behaviour change skills. This Training Package is also used for the training of health workers and facilitators. Adaptations for the training of health workers and facilitators, including learning objectives, agenda, and additional sessions are noted throughout this *Facilitator's Guide.*

It is important for all facilitators to read through the entire *Facilitator's Guide*, including this "Overview," as there is important information that all facilitators need to know. If the facilitators receive the *Facilitator's Guide* before the training of health workers and facilitators, they should be encouraged to read through the entire guide before the training. If not, the facilitators will be expected to read the "Overview" of the guide for homework at the end of day 1 of the training.

Throughout the *Facilitator's Guide*, the trainers are usually referred to as "facilitators," and the trainees or learners as "participants." However, the word "trainers" may be more common in certain contexts and the materials can be adapted to align with those different contexts. We use the term "counsellors" to refer to the workforce that will use the *RCEL Addendum* in their activities.

The *RCEL Addendum* Training Package Materials

The *RCEL Addendum* Training Package includes the following:

- The ***Facilitator's Guide*** is for facilitators to use as guidance when they prepare and conduct the training. It includes content for training community-level workers or volunteers and facilitators. It is not intended to be given to participants. It includes sessions to teach technical knowledge and skills related to key child development practices, with a focus on RCEL during the first 2 years of life. The *Facilitator's Guide* also includes 2 handouts: the written pre- and post-assessment and the answer key for facilitators. These should be printed in black and white on A4-size paper and are located in annex 4.
- The ***Participant Handouts*** include 7 handouts for counsellors to use during the training and to keep afterward to refer to when using the *RCEL Addendum* with caregivers. The materials should be printed in black and white on A4-size paper and stapled—they do not need to be bound.
- The ***Counselling Cards*** include illustrations based on the Key Messages and Practical Tips printed on the back. There are 7 cards to be used when counselling caregivers that cover the following behaviours: responsive care, responsive feeding, early communication, play, monitoring child development, caring for the caregiver, and feeding difficulties, in special situations. The counsellor uses 5 additional job aid cards to guide both individual counselling and facilitation of group sessions, as well as a card on tips for supporting children with disabilities. The *Counselling Cards* should be printed double-sided in colour on A4-size heavy cardstock paper and then bound with a sturdy ring.
- The ***Training Aid*** contains additional materials for the facilitators to use during the training. These include illustrations and graphics for different sessions of the training. Illustrations from

the *Counselling Cards* and other graphics are included as needed during training activities. The *Training Aid* should be printed A4-size paper, in colour, one-sided, and laminated (if possible). The *Training Aid* should not be bound. You will need one *Training Aid* for each training. The total number of *Training Aid* copies to print will depend on your training plan. For example, if you are running multiple trainings concurrently you will need to print one *Training Aid* for each training. If you are running consecutive trainings, you may be able to print one *Training Aid* and use it for all trainings, so long as the materials from one training can be easily moved from one training to the next. Some of the pages of the *Training Aid* will need to be cut, which is indicated by a dashed line. This can be done by the facilitators as part of advance preparation for the training, or by the vendor who prints and laminates the *Training Aid* pages. An advantage of laminating the *Training Aid* is that these can be more easily reused during subsequent trainings. Note that not all sessions require the use of materials from the *Training Aid*; it is critical for the facilitator to read the materials list for each session to prepare appropriately.

Adaptations to the Training Materials

There are several adaptations to the training materials that you need to make before the training begins. Well in advance of the training, refer to *Planning, Adaptation, and Implementation Guide* Section 3, "Adapting the *RCEL Addendum* to Your Context," for more information on what should be adapted. Annex 8 of the *Planning, Adaptation, and Implementation Guide* also contains recommendations for session adaptations that should be considered in advance of the training.

Other adaptations may occur shortly before the training begins, including during the days leading up to the training. Table 1 provides a list of optional adaptations that may be relevant for your context.

Table 1. Optional Training Adaptations

Description	Optional Adaptation
The training was designed to be facilitated by at least 2 facilitators.	Ideally there are at least 2 people available to facilitate the training and ensure that participants feel supported during small-group work and role-plays. It can also be demanding on one person to facilitate the training alone. If your program only has one facilitator available, you may want to adjust some activities and/or ask for a participant to provide the facilitator with additional support.
For small-group work, groups of 4–5 participants are generally recommended.	Depending on the number of training participants, you may need to adjust the size/number of small groups, and adjust the training materials needed (e.g., more dolls for practice, more flipcharts, more copies of handouts). Conduct an assessment of the number of training participants and materials needed for activities involving small-group work to ensure you are prepared.
Adapt icebreakers and incorporate energizers.	Programs may wish to consider adapted icebreakers for "Session 1" and adding energizing activities in between sessions throughout the training.

Promoting Inclusion of Children with Developmental Difficulties and Disabilities

An additional consideration for adaptation is the inclusion of children with disabilities. Below are some of the recommendations from the *Planning, Adaptation, and Implementation Guide*. This information may also be helpful for all facilitators to read, as disability inclusion may be a newer concept.

Children with developmental difficulties and disability need nurturing care just as much, if not more, than other children. The *RCEL Addendum* includes a counselling card on monitoring children's development to promote conversations with caregivers to identify concerns or potential risk factors that warrant additional follow-up ("Counselling Card 5"), as well as a counselling card on targeted counselling to address feeding difficulties ("Special Circumstances Counselling Card 7"). As a facilitator, you will likely be asked several questions about disability and developmental difficulties, as this is a new topic for most people. The *Counselling Cards* include a job aid that contains guidance to help counsellors adapt the Practical Tips, particularly those focused on early learning, for children who have intellectual, physical, or sensory impairments.

The following are ways that you can promote inclusion of children with development difficulties and disabilities during the training and in your work:

- Caregivers of children with developmental difficulties or disabilities can experience significant stress from the challenge of caring for a child with additional needs, as well as stigma and discrimination. That's why, in addition to referring caregivers and children to additional services, including them in your work is essential. We recommend that you, as a facilitator, promote the following principles[3] during the training when discussing children with developmental difficulties or disabilities:
  - Recognize the family as the primary caregiver in a child's life and provide timely information—not just referrals.
  - Emphasize that all children can learn—but children with developmental difficulties may require more time and support to learn and may not learn all skills.
  - Encourage the family to include the child in all family activities (such as mealtimes and household chores), and actively play and communicate with the child.
  - Honour individual, family, and cultural diversity and strengths.
- Be aware of stigma as a barrier to inclusion, and actively promote factual, nonstigmatizing information in your work. The Training Package briefly addresses misperceptions around disability that lead to stigma, but this will not be sufficient to tackle potentially harmful social norms and beliefs that may be present in the communities where you are working. Instead, the Training Package discussion serves as a first step in opening discussions about barriers to inclusion. It will be important to continue discussions during supervision about how caregivers of children with a disability, or caregivers who have a disability themselves, are included in individual counselling or group sessions, as well as discussions about any barriers to their full participation.

Planning the Training

The "Learning Objectives" for the training are focused on equipping counsellors with the knowledge, skills, and attitudes to promote skills in RCEL among caregivers of children aged 0–2 years.

Training Learning Objectives

Training Learning Objectives for the Training of Community Health Counsellors

By the end of this 2-day training, participants will be able to use appropriate individual counselling and group session facilitation skills with caregivers of infants and young children aged 0–2 years to:

- Counsel on RCEL to promote healthy growth and healthy development.
- Counsel on strategies for successfully engaging the whole family in providing RCEL opportunities for their child.

[3] Adapted from the Pan American Health Organization and UNICEF. 2017. *Latin America and Caribbean Region Adaptation of Care for Child Development*. New York: PAHO/UNICEF.

- Counsel on how to monitor a child's development and take action when there are concerns.

Training Learning Objectives for the Training of Health Workers and Facilitators

By the end of the 4-day training of health workers and facilitators, participants will be—

- oriented to the content of the *RCEL Addendum*
- familiar with the learning objectives of the 2-day *RCEL Addendum* training of community health counsellors
- able to plan, organize, and conduct roll-out trainings on the *RCEL Addendum*
- equipped to conduct *RCEL Addendum* trainings using the principles of adult learning and participatory training methodologies
- oriented to the principles of supportive supervision and mentorship.

Target Group and Training Team

This training is intended for community-level workers or volunteers and health care providers who interact with mothers, fathers, and other caregivers of infants and young children. These workers should, ideally, already have some training in infant and young child feeding (IYCF) counselling, or will receive IYCF counselling training at the same time as the *RCEL Addendum* training. The training may also be delivered to another cadre of the workforce, such as nurses or doctors.

At least 2 facilitators should conduct the training. Ideally, plan for no more than 20–25 participants in the training; include one facilitator for every 10–12 participants. When the ratio exceeds this number, it is difficult to oversee skills development and ensure competency. The facilitators should complete the training of health workers and facilitators prior to training the community health counsellors and have expertise in infant and young child health, nutrition, or development with community-based experience and skills in facilitating the training of community workers. When planning for the training of community health counsellors, the facilitators should review each session together to determine the role that each facilitator will take.

Training Structure

The *Facilitator's Guide* includes 13 sessions for the training of community health counsellors divided between 2 days, with activities ranging from 5–40 minutes each. The training of health workers and facilitators includes the same 13 sessions as the training of community health counsellors, as well as 9 additional sessions divided across 4 days.

Each session includes the following components:

- "Learning Objectives"
- List of materials needed (supplies, *Training Aid*, *Participant Handouts*, and *Counselling Cards*)
- Information on advance preparation required
- Information on total session duration and duration per activity
- Activities and methodologies
- "Key Information" with explanation of content.
- Key takeaways, summarizing the main points of each session.

The *Facilitator's Guide* is for facilitators to use when they prepare and deliver the training; it is not intended to be given to participants during the trainings of community health counsellors. The *Facilitator's Guide* should be provided to all participants of the training of health workers and facilitators (i.e., future facilitators of the training of community health counsellors). The *Training Aid* is for the facilitators to use only during training. The *Participant Handouts* and the handouts located in

annex 4 of this guide will be used during certain activities. The *Counselling Cards* are a job aid for counsellors and will be used during the training.

Training Methodology

The competency-based participatory training approach used in the *Facilitator's Guide* applies the experiential learning-cycle method and adult learning principles, recognizing the widely acknowledged theory that adults learn best by reflecting on their own personal experience. It reflects key principles of behaviour change communication, with a focus on promoting small, doable actions, and prepares participants to use behaviour change and negotiation skills while counselling. The course employs a variety of experiential-learning training methods, including graphic aids, demonstrations, group discussions, case studies, role-plays, and practice. The adult learning principles reflected in the training include the following:

- Use of motivational techniques
- Reflection on participants' personal experience
- Problem-centred approach to training
- Mastery and performance of one set of skills and knowledge at a time
- Reconciliation of new learning with the reality of current, strongly held beliefs and practices.

Activities in each session of the training, handouts, and the materials in the *Training Aid* help the participants understand, internalize, and remember the information shared during the training. Opportunities for reviewing the content of the *Counselling Cards* are integrated throughout the training.

For the training of health workers and facilitators there are two sessions—"Session 4" and "Session 5"—that include the option to utilize videos as part of one activity in each of those sessions. For "Session 4" the information about the video is already incorporated into "Learning Objective 1, Activity 3" at the end of the session. However, for "Session 5" facilitators should use annex 6, "Session 5: Providing Responsive Care (with videos)" if they would like to conduct "Session 5" utilizing videos. In order to show the videos facilitators should have access to a laptop with audio and a projector. An external speaker may also be helpful to ensure adequate sound quality. It is also best practice to download the videos prior to the training in the event that internet connectivity is poor. If these conditions are not met (i.e., no laptop available), and the videos cannot be used, facilitators can instead use the regular "Session 5" content, which does not require the use of technology.

There are 4 videos that could be used in this training during "Sessions 4 and 5": (1) "Counselling Caregivers at a Clinic Visit: A 3-Step Approach Ghana," (2) "Caregiver-Child Interactions Ghana," (3) "How to Observe Caregiver-Child Interactions Ghana," and (4) "Caregiver-Child Interactions with Narration Ghana." In addition, a fifth optional video, "Universal Baby Cues", can be played during a break or to open the second day of the training. This video shows different types of cues that babies make and is primarily aimed at training counsellors to recognize cues and help caregivers to observe, recognize, and respond to these cues. These videos are available on the USAID Advancing Nutrition website and Ghana Health Service website GHS Website

Handling Difficult Questions as the Facilitator

The facilitator may be asked questions that he/she does not know the answer to. That is ok! It is important not to provide an answer when you are not sure of the correct response. There are a few strategies that facilitators can use if this happens. The facilitator may say, "I don't have the answer right now but I can try to find out." During a break, or between the first and second day of the training, the facilitator may try to find the answer to a question they are unsure about. This may be done in consultation with the second facilitator, calling a colleague with the right expertise, or reviewing a resource (either print or electronic) for the answer. Facilitators may also want to post a

page of flipchart paper on the wall at the beginning of the training titled, "Parking Lot for Questions," for questions or topics that come up during the training that the facilitator does not have the answer to or does not have the time to respond to during the course of the training. Parking lot items may be answered during the course of the training, during a break, or even after the training is completed if obtaining the response is challenging during the training.

Materials Needed for the Training

The list of materials for the training can be found in annex 1 on page 135.

Prior to beginning the training, facilitators should review all training materials, handouts, and session instructions carefully, including material in "Key Information" under each session's "Learning Objectives." Additionally, facilitators can prepare flipcharts in advance and organize all materials by session and activity, using large envelopes or folders to separate the various materials printed from the *Training Aid* and the handouts in annex 4. This will make transitions between activities faster and easier. For an overview of materials and preparation requirements, see the "Materials" and "Advance Preparation" sections that begin each session. A prep day agenda is also included in this guide (annex 5), which includes a session on preparing the materials for the training.

Training Location and Venue Requirements

Wherever possible, the training location should be convenient for both the participants and facilitators. The training venue should be clean, comfortable, and have good lighting and adequate ventilation.

In addition, the following are recommended venue requirements:

- Enough space to comfortably have 30 people
- Enough space to allow participants to sit comfortably in a large circle
- Enough space to allow participants to break into smaller groups for various activities
- Adequate wall space for hanging flipchart materials
- Washroom facilities
- Generator/power backup, if possible and necessary.

Book the venue and any needed refreshments, lodging, or other logistics at least 6 weeks in advance of the training.

Training Room Setup and Arrangements

To create a comfortable training space, floor mats are highly recommended, as many of the activities include participants and facilitators sitting in circles on the floor. Arrange chairs around the edges of the training space for anyone who is not comfortable sitting on the floor.

Ensure that all the materials in the "Materials" list are in the training room. Set up a table for arranging handouts and materials from the *Training Aid* in one corner of the room.

Ensure that the following are prepared:

- Sufficient drinking water for facilitators and participants
- Lunch for participants and facilitators for each day
- Tea or small snacks once or twice a day
- Travel and/or accommodations (as needed).

Post-Training Follow-up

The desired outcome of the *RCEL Addendum* training is the application of the new knowledge and skills. Participants' new knowledge can be measured immediately through the pre-/post-assessments

built into the training. Post-training follow-up will allow program managers to determine what skills have been acquired, the need for reinforcement of specific participants' knowledge and skills, and the need for additional support.

Ongoing follow-up through a formalized system of supervision and mentoring would allow program managers to monitor community workers' retention or loss of knowledge and skills over time; to focus on ongoing problem solving to meet the needs of individual community workers; and to determine the need for on-the-job training, intensified mentorship, or other refresher training. When it is not possible to supervise individual community workers, peer discussion groups and peer mentoring for a group of community workers may be useful.

A session on mentorship and supportive supervision is included in the training of health workers and facilitators.

Scoring the Pre- and Post-Assessment

This training includes pre- and post- assessments. You may choose to use an unwritten or a written assessment (details of both are described in the session description). The facilitators should score the unwritten pre- and post-assessment to provide immediate feedback to training participants and for the purposes of evaluating the training. The unwritten pre-assessment provides an overall picture of the training participants' knowledge per question, but not an assessment of each training participants' knowledge. The facilitators can determine what percent of training participants correctly answered each question by taking the total number of correct responses, dividing by the number of training participants, and multiplying by 100 ([Number of correct responses to a question / Number of training participants] x 100). No answer or "don't know" should be marked as not correct.

The facilitators should score the written pre- and post-assessment to provide immediate feedback to training participants and for the purposes of evaluating the training. The pre-assessment may be scored by the facilitators during the first break or lunch on the first day, for example. Assign a score of one to each correct answer for a total maximum score of 20. Responses that are blank or marked as "don't know" should be scored as zero. To calculate the percentage, take the total number of correct responses, divide by 20, and multiply by 100 ([Number of correct responses / 20] x 100).

Training Agenda: Training of Community Health Counsellors

DAY 1 (7 hours, 50 minutes)		
Session #	**Content**	**Duration**
Session 1	Welcome, Introductions, and Learning Objectives	30 minutes
	Pre-Assessment	30 minutes
Session 2	What Is Nurturing Care and Why Does It Matter?	90 minutes
	BREAK, 20 MINUTES	
Session 3	Basics of Behaviour Change and Talking with Caregivers in Group Sessions	60 minutes
	LUNCH, 60 MINUTES	
Session 4	Learn How to Counsel: Talking with Caregivers	70 minutes
	BREAK, 20 MINUTES	
Session 5	Providing Responsive Care	55 minutes
Session 6	Day 1 Key Takeaways, Questions and Answers, and Day 1 Evaluation	35 minutes
DAY 2 (8 hours, 25 minutes)		
Session #	**Content**	**Duration**
Session 7	Opening Day 2 and Recapping Day 1	30 minutes
Session 8	Early Learning Through Communication and Play	50 minutes
Session 9	How to Make Homemade Toys	30 minutes
	BREAK, 20 MINUTES	
Session 10	Monitoring Children's Development	65 minutes
	LUNCH, 60 MINUTES	
Session 11	Taking Care of the Caregiver	65 minutes
	BREAK, 20 MINUTES	
Session 12	How to Support Children with Feeding Difficulties	70 minutes
Session 13	Reflections on What We Have Learned	30 minutes
	Post-Assessment	30 minutes
Closing	Ceremony/Certificates	30 minutes

Training Agenda: Training of Health Workers and Facilitators

DAY 1 (7 hours, 45 minutes)		
Session #	**Content**	**Duration**
Session 1	Welcome, Introductions, and Learning Objectives	30 minutes
	Pre-Assessment	30 minutes
Session 2	What is Nurturing Care and Why Does It Matter?	90 minutes
	BREAK, 20 MINUTES	
Facilitator Session A	Orientation to the *RCEL Addendum* Materials and Training	50 minutes
	LUNCH, 60 MINUTES	
Session 3	Basics of Behaviour Change and Talking with Caregivers in Group Sessions	60 minutes
	BREAK, 20 MINUTES	
Session 4	Learn How to Counsel: Talking with Caregivers	70 minutes
Session 6*	Day 1 Key Takeaways, Questions and Answers, and Day 1 Evaluation	35 minutes
DAY 2 (7 hours, 5 minutes)		
Session #	**Content**	**Duration**
Session 7*	Opening Day 2 and Recapping Day 1	30 minutes
Facilitator Session B	IYCF/RCEL Flow Chart	90 minutes
	BREAK, 20 MINUTES	
Session 5*	Providing Responsive Care	55 minutes
	LUNCH, 60 MINUTES	
Session 8	Early Learning Through Communication and Play	50 minutes
Session 9	How to Make Homemade Toys	30 minutes
	BREAK, 20 MINUTES	
Session 10	Monitoring Children's Development	65 minutes
Session 13*	Reflections on What We Have Learned	35 minutes

* The sessions for the training of health workers and facilitators follow a slightly different order than the training of community health counsellors because there are additional sessions that are only for health workers and facilitators; it may therefore appear that sessions are out of order (such as "Session 6" following directly after "Session 4").

DAY 3 (7 hours, 50 minutes)		
Session #	**Content**	**Duration**
Facilitator Session C	Opening Day 3 and Recapping Day 2	30 minutes
Session 11	Taking Care of the Caregiver	65 minutes
	BREAK, 20 MINUTES	
Session 12	How to Support Children with Feeding Difficulties	70 minutes
	LUNCH, 60 MINUTES	
Facilitator Session D	Principles of Mentorship	50 minutes
	BREAK, 20 MINUTES	
Facilitator Session E	Reflections on What We Have Learned over 3 Days	35 minutes
	Post-Assessment	30 minutes
Facilitator Session F	Preparing for the 2-Day Training of Community Health Counsellors	90 minutes

DAY 4 (7 hours)		
Session #	**Content**	**Duration**
Facilitator Session G	Opening Day 4 and Recapping Day 3	30 minutes
Facilitator Session H	Practical Session: Practice Individual Counselling and Group Session Facilitation	240 minutes
	LUNCH, 60 MINUTES	
Facilitator Session I	Reflections on the Practical Session	60 minutes
Closing	Ceremony/Certificates	30 minutes

General Considerations for the Training of Health Workers and Facilitators

The training of health workers and facilitators takes 4 days, and the specific training of facilitator sessions are included at the end of this guide, following the training of community health counsellor sessions (starting on page 112). On the first day of the training of health workers and facilitators, there is an additional session to orient health workers and facilitators to the training approach and the *RCEL Addendum* ("Facilitator Session A"). After that session, the training of health workers and facilitators will proceed in the same order and with the same content as the training of community health counsellors with the exception of an additional session on day 2 to orient health workers and facilitators to the IYCF/RCEL Counselling Flow Chart for Child Welfare Services ("Facilitator Session B"). The opening session on day 2 ("Session 7") and one of the closing sessions ("Session 13") from the training of community health counsellors include adaptations that need to be made for the training of health workers and facilitators. There are also two opening sessions ("Facilitator Session C" and "Facilitator Session G") and one closing session ("Facilitator Session E") that are specific to the training of health workers and facilitators. The third day of the training of health workers and facilitators includes a session on mentorship ("Facilitator Session C") and a discussion to prepare for the 2-day training of community health counsellors ("Facilitator Session E"). The fourth day of the training of health workers and facilitators includes a practical session ("Facilitator Session H"). Some parts of "Facilitator Session A" and "Facilitator Session F" contain general instructions; they may need to be adapted based on the structure and needs of your program.

Session 1. Welcome, Introductions, and Learning Objectives and Pre-Assessment

Learning Objectives

By the end of this session participants will:

1. Begin to name fellow participants and facilitators and determine "ground rules" for the training.
2. Learn about the training learning objectives ("why are we here") and training agenda.
3. Identify strengths and weaknesses of their RCEL knowledge (pre-assessment).

Materials

- Materials for "Learning Objective 1, Activity 1":
  - Flipchart paper, flipchart stand(s), markers, and masking tape
  - Name tags (cardstock paper, pen or markers, safety pins or a paper punch and ribbon)
  - Participants' folders (or envelopes) for holding materials
- Materials for "Learning Objective 2, Activity 1":
  - 5 flipchart pages
    - One titled "Training Learning Objectives" with the list of training learning objectives for the training of community health counsellors written out (see page 3)
    - One titled "Training Agenda" with the training agenda for the training of community health counsellors written out (see page 8; or provide printed copies for participants using annex 2)
    - One titled "Expectations"
    - One titled "Ground Rules" or "Group Norms"
    - One titled "Parking Lot for Questions"
- Materials for "Learning Objective 3, Activity 1, Option 1":
  - "Handout 1.1: Answer Key and Scoring Sheet for Pre- and Post-Assessment" in annex 4
    - Print one copy if conducting an unwritten pre-assessment. Keep this copy to use during "Session 12" if conducting a training of community health counsellors and during "Facilitator Session D" if conducting a training of health workers and facilitators.
- Materials for "Learning Objective 3, Activity 1, Option 2":
  - "Handout 1.2: Written Assessment for the *RCEL Addendum* Training" in annex 4
    - Print enough copies for all training participants if conducting a written pre-assessment.

Additional Materials for Training of Health Workers and Facilitators Only

- Materials for "Learning Objective 2, Activity 1":
  - 2 additional flipchart pages
    - One titled "Training Learning Objectives for the Training of Health Workers and Facilitators" with the list of training learning objectives for the training of health workers and facilitators written out (see page 4)
    - One titled "Training Agenda for the Training of Health Workers and Facilitators" with the training agenda written out (see pages 10-11; or provide printed copies for participants using annex 3)

Advance Preparation

- Review the instructions for each "Learning Objective" in this session.
- Prepare and gather all of your materials from the list above.

Total Duration of Session: 60 minutes

- Learning Objective 1: Begin to name fellow participants and facilitators and determine "ground rules" for the training (20 minutes)
  - Activity 1: Welcome, Introductions (20 minutes)
- Learning Objective 2: Learn about the training learning objectives ("why are we here") and training agenda (10 minutes)
  - Activity 1: Training Learning Objectives (10 minutes)
- Learning Objective 3: Identify strengths and weaknesses of participants' RCEL knowledge (pre-assessment) (30 minutes)
  - Activity 1: Unwritten Pre-Assessment *(Option 1)* (30 minutes)
  - Activity 1: Written Pre-Assessment *(Option 2)* (30 minutes)

Learning Objective 1: Begin to name fellow participants and facilitators and determine "ground rules" for the training

Methodology: Making introductions and group discussion

Time: 20 minutes

Instructions

Activity 1: Welcome, Introductions (20 minutes)

1. Each participant should have a name tag with his/her first or preferred name printed in large letters. (Use a piece of cardstock paper to make a name tag. Include a safety pin for each participant to pin the name tag to clothing.)
2. Ask the participants to sit in a circle around the room. Each participant introduces themselves using his/her preferred name, tells the group what community he/she is from and his/her role in the community, and names his/her favourite food. As the participants introduce themselves, ask each to stand as he/she does so.

3. The group sits in a circle. Ask participants to share their expectations for the training. Write each stated expectation on a flipchart, unless it is the same or similar to another contribution. (The participants' expectations will be reviewed with the training learning objectives during the next exercise.)
4. Ask participants to share their suggestions for "ground rules" or "group norms," and add each suggestion to a list. Ask for questions, objections, or anything else to add to the list. The list is posted (taped to the wall), and remains there throughout the training. (The ground rules or group norms can include punctuality, no mobile phone calls during training, etc.)

Learning Objective 2: Learn about the training learning objectives ("why are we here") and training agenda

Methodology: Interactive presentation

Time: 10 minutes

Instructions

Activity 1: Training Learning Objectives (10 minutes)

1. Share and introduce the training learning objectives you have previously written on a flipchart and compare them with the participants' expectations. For the training of health workers and facilitators, the training learning objectives for both the training of community health counsellors and the training of health workers and facilitators should be reviewed.
2. Participants' learning objectives and expectations should be clarified and discussed.
3. At this point, explain participant learning objectives or expectations that will not be met during the course of the training.
4. Post the training learning objectives and participant expectations on one of the walls; keep them posted during the training course.
5. Review the training agenda, previously written on a flipchart or printed for participants. For the training of health workers and facilitators, the training agenda for both the training of community health counsellors and the training of health workers and facilitators should be reviewed. Address any questions.

Learning Objective 3: Identify strengths and weaknesses of participants' RCEL knowledge (pre-assessment)

Methodology: Unwritten or written assessment

Time: 30 minutes

Instructions

Determine which approach you will use for the pre-assessment. The first option is an unwritten pre-assessment, which is appropriate for training participants who have lower literacy skills, while the second option is a written pre-assessment.

Activity 1: Unwritten Pre-Assessment *(Option 1)* (30 minutes)

1. Ask the participants to form a circle (sitting or standing) with their backs facing the centre.
2. Explain that 20 statements will be read out loud. Emphasize that without looking at the other participants, each participant will use his/her hands to respond to the statement. If they agree with or think the statement is true, participants should raise their hand with an open palm; if they disagree with or think the statement is false, they should raise their hand with a closed fist; and if they don't know or are unsure of the answer, they should raise their hand with 2 fingers pointing in the shape of the letter "V." (Quickly demonstrate each action 2–3 times to ensure that participants understand the instructions.)
3. Read the statements from the pre-assessment (see "Handout 1.1: Answer Key and Scoring Sheet for Pre- and Post-Assessment"), and record the number of participants who answered true, false, or don't know/no answer, and note which topics, if any, were confusing. As the training proceeds, emphasize any session covering a topic that the participants found the most difficult during the pre-assessment.
4. Tell the participants that the topics covered in the pre-assessment will be discussed in more detail during the training.

Activity 1: Written Pre-Assessment *(Option 2)* (30 minutes)

1. Give each participant one copy of "Handout 1.2: Written Assessment for the *RCEL Addendum* Training."
2. Explain that participants should answer each question in the assessment to the best of their ability, marking true, false, or don't know with a pen.
3. Give participants at least 25 minutes to complete the pre-assessment, if needed.
4. Collect all copies of the pre-assessment, checking that each participant has written their name at the top of the page.
5. Tell the participants that the topics covered in the pre-assessment will be discussed in more detail during the training.

Session 2. What Is Nurturing Care and Why Does It Matter?

Learning Objectives

By the end of this session participants will be able to:

1. Identify and understand the 5 components of nurturing care
2. Describe how nurturing care contributes to healthy brain development throughout the first 1,000 days
3. Understand child development, abilities, disabilities, and common causes of disability, and dispel common myths about disabilities.

Materials

- Flipchart paper, flipchart stands (at least 2), markers, and masking tape
- One copy of the *Participant Handouts* for each participant and facilitator
- Materials for "Learning Objective 1, Activity 1":
  - One flipchart page titled "Nurturing Care"
    - Write "Nurturing Care" at the top of a page of flipchart paper.
  - "Training Aid 2.1: Illustration of a Healthy Baby"
    - Tape the illustration of a healthy baby to the centre of the page of flipchart paper titled "Nurturing Care." Display the page on a flipchart stand at the front of the room.
  - "Training Aid 2.2: Five Components of the Nurturing Care Framework"
    - Arrange the materials at the front of the room so that they can easily be used during the activity. Do not tape them to the page of flipchart paper yet.
  - "Handout 2.1: The Nurturing Care Framework and Example Activities, Interventions, and Behaviours Related to Each Component"
- Materials for "Learning Objective 2, Activity 2":
  - 2 containers to hold the "Experience Cards"
    - Label one container "Child A" and the other container "Child B." As an example, an empty box or paper bag can be used as a container.
  - "Training Aid 2.3: Experience Cards (Child A)" and "Training Aid 2.4: Experience Cards (Child B)"
    - Cut the pages in half. Sort the cards into the respective container (Child A or Child B). Each container should have both positive experiences (colourful illustrations) and negative experiences (written descriptions). Put the container at the front of the room at the start of the activity for "Learning Objective 2."
  - "Training Aid 2.5: Colourful Smiley Faces and White Faces with Frowns"
    - Cut the pages in half. Put the faces in a pile next to the "Experience Cards" containers at the start of the activity for "Learning Objective 2." There are extra "face cards" provided, if needed.
  - 2 flipchart pages

        - On 2 pages of flipchart paper, using Figure 2.2.1 in "Key Information, Learning Objective 2, Activity 2" as a guide, draw a large, empty brain on each page. Title one page "Child A" and the other page "Child B." Display the pages on 2 flipchart stands next to each other at the start of "Learning Objective 2, Activity 2."
    - One water bottle with water that is about 25 percent full, and a second water bottle that can be used to add water to the first one
- Materials for "Learning Objective 3, Activity 1":
    - "Training Aid 2.6: Four Domains of Development"
        - Hang each illustration on the wall or on a page of flipchart paper where everyone can see it at the start of "Learning Objective 3, Activity 1."
    - Cups or cans for stacking

Advance Preparation

- Review the instructions and "Key Information" for each "Learning Objective" in this session.
- Prepare and gather all of your materials from the list above.

Total Duration of Session: 90 Minutes

- Learning Objective 1: Identify and understand the 5 components of nurturing care (20 minutes)
    - Activity 1: Nurturing Care Framework Components and Interventions (20 minutes)
- Learning Objective 2: Describe how nurturing care contributes to healthy brain development throughout the first 1,000 days (25 minutes)
    - Activity 1: Early Childhood Development—True/False Statements (5 minutes)
    - Activity 2: "Experience Cards" Game (20 minutes)
- Learning Objective 3: Understand child development, abilities, disabilities, and common causes of disability, and dispel common myths about disabilities (45 minutes)
    - Activity 1: Four Domains of Development (20 minutes)
    - Activity 2: Disability (25 minutes)

Learning Objective 1: Identify and understand the 5 components of nurturing care

Methodology: Interactive presentation
Time: 20 minutes

Instructions

Activity 1: Nurturing Care Framework Components and Interventions (20 minutes)

1. Display the flipchart page that says "Nurturing Care" on a flipchart stand at the front of the room with the illustration of the happy baby taped to the middle. **Say, "Nurturing care refers to what a child needs to survive, thrive, and achieve healthy growth and development. Nurturing care promotes good development and protects young children from stressors or potential harm in their environment. Nurturing care**

consists of 5 interrelated and indivisible components that young children need to thrive."

2. Hang the graphic for "Good Health" on the flipchart. (*Note for facilitator*: See Figure 2.1.1 in "Key Information, Learning Objective 1, Activity 1" for an idea of what the final graphic looks like.) **Say, "The first component of nurturing care is good health. Good health refers to the health and well-being of children and their caregivers. Why both? We know that the physical and mental health of caregivers can affect their ability to care for the child."**
3. Hang the graphic for "Adequate Nutrition" on the flipchart. **Say, "Another component of nurturing care is adequate nutrition. Adequate nutrition refers to maternal and child nutrition. Why both? We know that the nutritional status of the mother during pregnancy affects her health and well-being and that of her unborn child. After birth, the mother's nutritional status affects her ability to provide adequate care to her young child."**
4. Hang the graphic for "Opportunities for Early Learning" on the flipchart. **Say, "Another component of nurturing care is opportunities for early learning. Opportunities for early learning refers to any opportunity for the baby or child to interact with a person, place, or object in their environment. This component recognizes that every interaction (positive or negative) or absence of an interaction is contributing to the child's brain development and laying the foundation for later learning."**
5. Hang the graphic for "Safety and Security" on the flipchart. **Say, "Safety and Security refers to safe and secure environments for children and their families. This includes protection from physical dangers, emotional stress, and environmental risks (e.g., pollution), as well as access to food and water."**
6. Hang the graphic for "Responsive Caregiving" on the flipchart. **Say, "The final component of nurturing care is responsive caregiving. Responsive caregiving refers to the ability of the parent/caregiver to notice, understand, and respond to their child's signals in a timely and appropriate manner. Responsive caregiving is considered the foundational component of nurturing care because responsive caregivers are better able to support the other 4 components."**
7. Ask participants if they can think of any specific examples of services or behaviours that would fall under each of these components. Make sure 2–3 examples have been shared for each component. Provide additional examples using "Key Information, Learning Objective 1, Activity 1." Some example activities and interventions may fit into multiple components of nurturing care. If asked, it is important to emphasize that the components of nurturing care are all equally important and interrelated. (*Note for facilitator*: A description of the difference between nurturing care and ECD is also provided, if needed.)
8. At the end, a complete graphic with all 5 components is created (see Figure 2.1.1 in "Key Information, Learning Objective 1, Activity 1" below). This can remain on a wall in the training room throughout the training.
9. Close the activity by telling participants that all 5 components of nurturing care are important and interrelated. **Say, "All 5 components of nurturing care are equally important and interrelated. These 5 components represent all the care children need to achieve good growth, health, and development outcomes. Many families are aware of the health and nutrition services available in their community and there are several training packages for service providers on those topics. In this training we will focus on responsive caregiving and opportunities for early learning, which has typically not been a focus of programming in many countries. Safety and security are also very critical to children's development and this has been integrated throughout this training."** Ask participants to open their *Participant Handouts*

to "Handout 2.1: The Nurturing Care Framework and Example Activities, Interventions, and Behaviours Related to Each Component," and tell them that they can use this handout as a resource after the training.

Key Information, Learning Objective 1, Activity 1

Components of Nurturing Care and Examples of Related Activities, Interventions, and Behaviours

- **Adequate Nutrition:** Refers to maternal and child nutrition. Why both? We know that the nutritional status of the mother during pregnancy affects her health and well-being and that of her unborn child. After birth, the mother's nutritional status affects her ability to provide adequate care to her young child.
  - Examples of services and behaviours related to adequate nutrition include the following:
    - Early initiation (i.e., initiating breastfeeding within one hour of birth) and exclusive breastfeeding (i.e., feeding only breast milk, not any other foods or liquids, including infant formula or water, except for medications) for 6 months
    - Breastfeeding on demand
    - Continued breastfeeding after 6 months with appropriate and responsive complementary feeding
    - Responsive and timely introduction of complementary feeding
    - Feeding a variety of foods, including animal source foods
    - Adequate physical activity, sedentary behaviour, and sleep in early childhood
    - Management of moderate and severe malnutrition as well as overweight and obesity.
- **Opportunities for Early Learning:** Refers to any opportunity for the baby or child to interact with a person, place, or object in their environment. This component recognizes that every interaction (positive or negative) or absence of an interaction is contributing to the child's brain development and laying the foundation for later learning.
  - Examples of services and behaviours related to opportunities for early learning include the following:
    - Activities that encourage young children to move their bodies, activate their 5 senses, hear and use language, and explore
    - Exploring books together and reading to the child
    - Talking to and with the child
    - Smiling, imitating/copying, and simple games (e.g., "peekaboo")
    - Age-appropriate play with household objects and people
    - Quality standards in formal childcare spaces.
    - Singing to or with the child
- **Responsive Caregiving:** Refers to the ability of the parent/caregiver to notice, understand, and respond to their child's signals in a timely and appropriate manner. Responsive caregiving is considered the foundational component of nurturing care because responsive caregivers are better able to support the other 4 components.
  - Examples of services and behaviours related to responsive caregiving include the following:
    - Caregivers making eye contact, smiling, cuddling, praising the child

        - Caregivers noticing their child's cues and responding appropriately—for example, responding to signs of hunger, fullness, illness, emotional distress, interest in playing, pleasure
        - Caregivers identifying everyday moments to communicate and play with their child (e.g., feeding, bedtime)
        - Caregivers developing safe and mutually rewarding relationships with their child (e.g., they enjoy being together)
        - Interventions that encourage play and communication activities between the caregiver and the child
        - Interventions that promote caregiver sensitivity and responsiveness to the child's cues
        - Involving fathers, extended family, and other partners in the care of the child.
- **Safety and Security:** Refers to safe and secure environments for children and their families. Includes protection from physical dangers, emotional stress, and environmental risks (e.g., pollution), as well as access to food and water.
    - Examples of services and behaviours related to safety and security include the following:
        - Access to clean water
        - Clean indoor and outdoor air
        - Good hygiene
        - Safe spaces to play
        - Social care services, including cash transfers to the most vulnerable families
        - Social support from families, community groups, and faith communities
        - Avoidance of harsh disciplinary practices
        - Protecting children from violence.
- **Good Health:** Refers to the health and well-being of children and their caregivers. Why both? We know that the physical and mental health of caregivers can affect their ability to care for the child.
    - Examples of services and behaviours related to good health include the following:
        - Elimination of mother-to-child transmission of HIV
        - Essential newborn care, including kangaroo care for low-birthweight babies
        - Growth monitoring and promotion
        - Promotion of health and well-being
        - Health care-seeking behaviour
        - Integrated management of childhood illnesses
        - Prevention and treatment of caregiver physical and mental health problems
        - Care for children with developmental difficulties or disabilities
        - Skin-to-skin contact immediately after birth
        - Kangaroo care for low-birthweight babies
        - Lying-in for mothers and babies
        - Support for caregivers' mental health.

Difference Between "Nurturing Care" and "Early Childhood Development"

- Nurturing care refers to what a child needs to survive, thrive, and achieve their full potential. ECD refers to the physical, social/emotional, and cognitive abilities a child acquires during pregnancy to age 8. We can think of nurturing care as what we do and ECD as the outcomes we want to achieve, such as meeting expected milestones and good physical growth.

Figure 2.1.1. Representation of the Components of the Nurturing Care Framework

Source: WHO (World Health Organization), UNICEF (United Nations Children's Fund), and World Bank Group. 2018. *Nurturing Care Framework for Early Childhood Development: A Framework for Helping Children Survive and Thrive to Transform Health and Human Potential*. Geneva: WHO. https://apps.who.int/iris/bitstream/handle/10665/272603/9789241514064-eng.pdf

Learning Objective 2: Describe how nurturing care contributes to healthy brain development throughout the first 1,000 days

Methodology: Interactive presentation

Time: 25 minutes

Instructions

Activity 1: Early Childhood Development—True/False Statements (5 minutes)

1. Tell the participants that now we are going to explore how nurturing care contributes to healthy brain development during the first 1,000 days. **Ask, "Does anyone know what is the first 1,000 days?"** Provide the definition listed in "Key Information, Learning Objective 2, Activity 1" after participants have given their inputs.
2. Explain the following exercise by telling participants that they will read out a statement and participants should raise their hand if they think the statement is true.
    a. **Say, "Eighty percent of the brain develops during pregnancy and the first 3 years of life."** Once participants have voted, **say, "This is true: By age 3, even**

before a child can go to preschool, 80 percent of a child's brain is formed. The brain of a baby is ready to absorb and learn. A child's experiences and home environment during this period will shape how the child's brain grows." Show the water bottle that is about 25 percent full to demonstrate. Tell participants that this is the size of the child's brain at birth. Fill the water bottle until it reaches about 80 percent full to demonstrate the size of the brain at 3 years.

b. **Say, "The presence of toys and books are the most important thing for a child's brain development."** Once participants have voted, **say, "This is false: Interactions with caregivers are most critical for healthy brain development. Caregivers can influence the types of experiences a child may have. By providing a stable, loving environment, the caregivers help the baby's brain to grow well. Unfortunately, many children miss out on these opportunities when they do not feel safe or have their needs met by at least one trusted caregiver, or if they are not given opportunities for stimulating interactions, such as playing, talking, reading, and singing. These early interactions lay the foundation for more learning and development as the child grows throughout her life."**

c. **Say, "Children learn through play."** Once participants have voted, **say, "This is true: Play is more than just fun. Caregivers and children bond through play, and play is how children learn. As your baby grows, he learns to use his body to make discoveries. Children love playing with their caregiver's hands and faces. Children like watching and learning from their caregivers and are happy when caregivers are near."**

d. **Say, "All caregivers know how to be responsive to their children."** Once participants have voted, **say, "This is false: Most caregivers need to be supported in how to learn their child's cues and be more responsive. Barriers in the community may also make some children less likely to receive the support needed from their caregivers. For example, a child with a disability may be viewed negatively by his or her caregiver, who is consequently less motivated to provide responsive care. But with support, caregivers and communities can actively work to address these barriers. You play an important role in helping caregivers to talk, play, and be responsive to their children, regardless of the child's abilities. We will learn how to do this through the different sessions in this training."**

Key Information, Learning Objective 2, Activity 1

Definition

- **First 1,000 days:** The first 1,000 days is the time period from pregnancy to 2 years of age. During this period, the child's brain is growing more quickly than at any other time in life. This is the time when the most critical brain and physical growth of the child happens. Nurturing care practices are very important during this period to ensure the child grows and reaches his/her full physical and mental development.

Activity 2: "Experience Cards" Game (20 minutes)

1. Take out the pre-prepared flipchart paper with graphics of Child A's and Child B's brains, the 2 containers of the "Positive and Negative Experiences Cards" (one for Child A and another for Child B) that were previously prepared, and the smiley and frowning faces. Keep the "Responding to a child's nonverbal communication" positive experience illustration card (the mother and baby are reaching for each other) from Child A's container to use as a demonstration below.

2. Explain that these brains represent 2 different children in the same community, born at the same day and time, but they are not twins or related. The cards in the container represent positive and negative experiences that a child might have during his/her first 1,000 days of life.
3. **Say, "For example, we can speak a lot to our baby so she learns to recognize familiar voices, learn words, and feel secure."** The facilitator shows the illustration on the "Positive Experiences Card" that was removed from Child A's container, tapes a colourful smiley face to Child A's brain, and tapes the "Positive Experiences Card" under Child A's brain.
4. Ask for a participant to choose a card from Child B's container and describe the illustration or read what is on the card. The participant determines if this is a positive (colourful illustration) or negative (written description) experience. The participant tapes the corresponding smiley (for a positive experience) or frowning (for a negative experience) face to Child B's brain. If it is a "Positive Experiences Card," this is taped under Child B's brain to the right. If it is a "Negative Experiences Card," the participant tapes it under Child's B brain to the left.
5. Another participant is called to remove a card from Child A's container. The participant determines if this is a positive or negative experience. This time, the corresponding smiley or frowning face is added to Child A's brain. If it is a "Positive Experiences Card," this is taped under Child A's brain on the right. If it is a "Negative Experiences Card," the participant tapes it under Child A's brain to the left. Continue in this way, alternating between container A (Child A) and container B (Child B), until all of the cards have been removed from the containers.
6. As the following sentence is said out loud, draw connections between the smiley faces only, demonstrating the connections in these children's brains. See "Key Information, Learning Objective 2, Activity 2" below for what the final graphics may look like (figures 2.2.2 and 2.2.3).
7. **Say, "These children were born in the same place on the same day, but they have very different experiences. When a baby has opportunities to explore the world by playing, practicing new things, and seeing and hearing new things, the baby gets more information to the brain and more brain connections are formed. The brain of a baby is like a sponge that can absorb lots and lots of information and learn things quickly. Through interactions with others, their brain forms many connections. But when a child has few opportunities to interact with others, play, and practice new skills, he or she will not experience healthy development. We must be responsive to our child's signals and interact often to help our children's brains grow. The brain development in the first few years of life lays the foundation for future learning and success. It is essential to provide a strong foundation."**
8. Ask participants what they observe about Child A's and Child B's brains. **Ask, "What differences do you see?"** Child A's brain will be very colourful with many connections formed, enriched with positive experiences. Child B's brain will be very white, with few connections, harmed by adverse or negative experiences. **Say, "Adverse experiences, such as violence, abuse, neglect, or enduring hunger can disrupt the process of brain development, as you can see from these graphics. Almost all children will have some negative experiences, as every family or community often experiences stress of some kind; however, positive experiences help children to form trusting relationships with their caregivers, which protects them from the negative impacts of these stresses on their brain."**
9. Close by **saying, "The reason for providing responsive caregiving and opportunities for early learning is clear. The first 3 years of a child's life are a crucial window of opportunity to support healthy brain development, and to protect children from the effects of negative experiences. Supporting stimulating and caring interactions**

between caregivers and children is the most powerful mechanism for building healthy brains."

Key Information, Learning Objective 2, Activity 2

Figure 2.2.1. Empty Brain for Facilitator to Draw on Flipchart Page

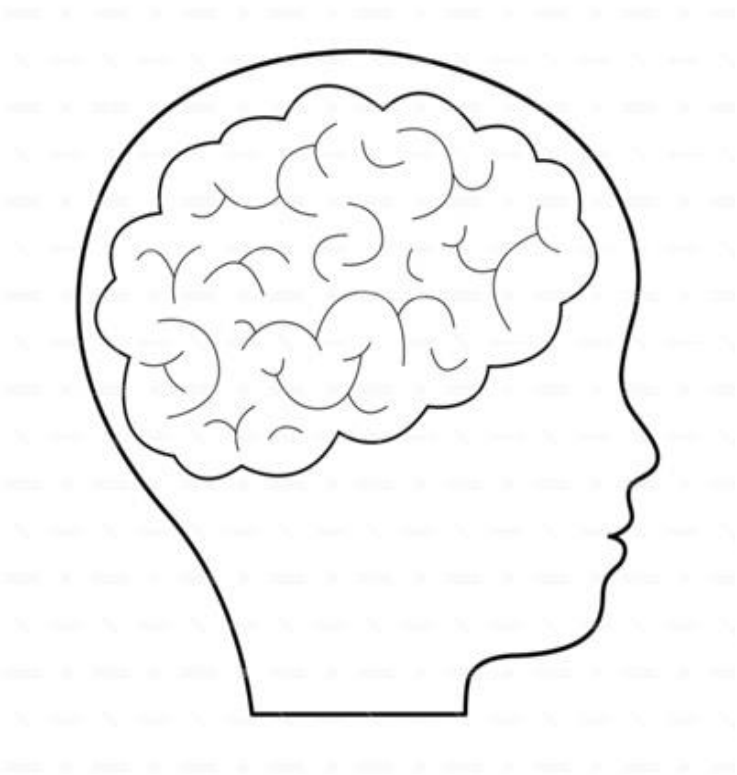


Figure 2.2.2. Example of Child A's Completed Brain

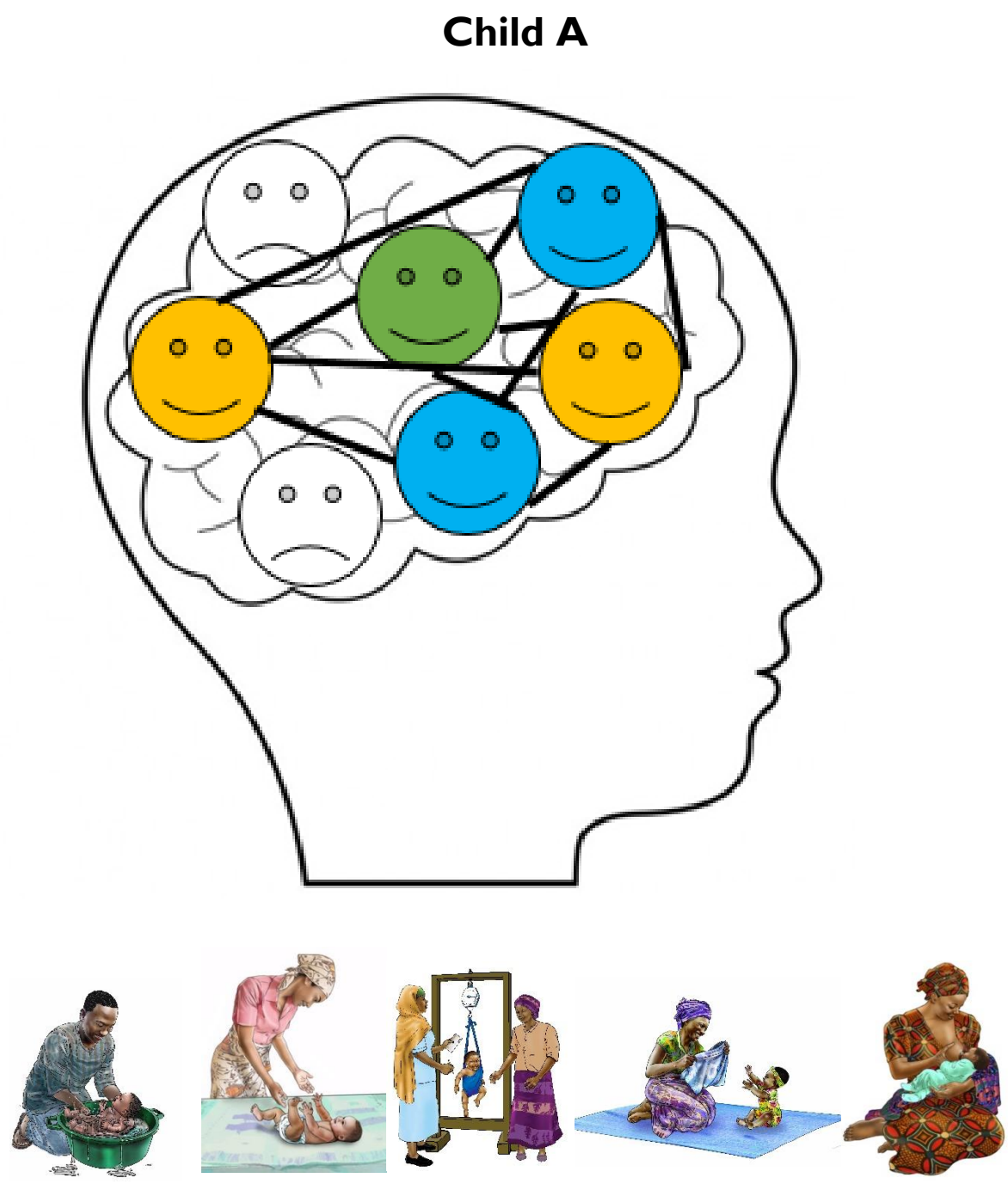


Figure 2.2.3. Example of Child B's Completed Brain

Learning Objective 3: Understand child development, abilities, disabilities, and common causes of disability, and dispel common myths about disabilities

Methodology: Brainstorm and interactive presentation

Time: 45 minutes

Instructions

Activity 1: Four Domains of Development (20 minutes)

1. Ensure the illustrations from "Training Aid 2.6: Four Domains of Development" are in a place where all participants can see them.
2. **Ask, "What do you think about when you hear the term 'child development'?"** Recognize all of the inputs by participants. Refer to "Key Information, Learning Objective 3, Activity 1" for any additions or clarifications.
3. **Say, "Many parents think that playing with a child only serves to make the child quiet or distract him or her. But actually, playing is like the child's job. The games you play and conversations you have with your child help the child to develop in 4 areas: physical/development of the body, language, cognitive/mind, and social/emotional relationships. These domains of development are defined by the Ghana Early Childhood Care and Development Standards"**
4. Point to the illustrations of the 4 domains of development from "Training Aid 2.6: Four Domains of Development" and briefly describe each one:
    a. **Development of the body:** How children's bodies grow and move, including both big (gross motor) and small (fine motor) movements, as well as children's physical growth and health
    b. **Development of language:** How children communicate, both what a child understands and what they are able to say/express using sounds and gestures
    c. **Development of the mind:** How children think, understand, acquire knowledge, and make sense of their environments, which occurs through play and interactions. This is often referred to as cognitive development
    d. **Developing relationships:** This is the area of socio-emotional development, including how children connect with others, and express and understand emotions.
5. Demonstrate the following actions and **ask, "What area do you think you are developing in the child with this action?"** Examples of actions may include: jump (body); draw, erase, draw again (mind, body, emotional [not giving up]); talk (language); embrace (relationships).
6. Now demonstrate one play activity. Ask one participant to volunteer and act as a child. Stack cups or cans in a tower. Talk as if you are playing and interacting with a child. Remind counsellors that children do not need fancy toys and that homemade toys, using household objects, and even play without toys, such as games and songs using their bodies, all help children to learn.
7. **Ask, "What is the child learning from this activity in the different domains?"**
    a. **Body:** Grasping and holding the cups; controlling movements to place the cups on top

of one another; coordinating eye and hand movements

b. **Mind:** Learning by trial and error; problem solving on how to make the highest tower; repeating the task until it becomes easy for the child

c. **Language:** Learning new words if you describe what is happening or ask questions like, "Where does the cup go?" or says things like, "Fall down!" when the tower falls down; learning to ask for help (with words or gestures)

d. **Relationships:** Taking turns with you or others to stack the cups; sharing excitement with a caregiver when the tower is built; trying and repeating the task without getting frustrated or angry.

8. Explain that in our interactions with children, we always have to think about how to stimulate their speech, thinking, body, and relationships with others.

Key Information, Learning Objective 3, Activity 1

Definition

- **Child development:** Refers to the development of the child's mind/cognitive, physical/body, language, and relationships (social/emotional). Or more simply, how a child learns, communicates, understands, relates to people, grows, moves her body, uses his/her hands and fingers. ECD specifically refers to development across the 4 domains from ages 0–8 years.

Activity 2: Disability (25 minutes)

1. **Say, "Some children are born with or develop conditions that can affect their abilities. Children may develop differently in how they move, see, hear, learn, think, or interact with others."**
2. **Ask—**
    a. **"What do you think about when you hear the term 'disabilities'? What do people in your community think about those with disabilities?"**
    b. **"What are common causes of disability? What myths do you hear about disability in your community? How can we dispel those myths during counselling?"**
3. Recognize all of the inputs by participants and fill in gaps using the information in "Key Information, Learning Objective 3, Activity 2." You may consider drawing Figure 2.3.1 to show the relationship among impairments, barriers, and disabilities.
4. Close the discussion by reminding participants that it is important that we communicate accurate information about children with disabilities and make every effort to support the inclusion of children with disabilities in our activities. Explain to participants that later in the training we will be reviewing and using a counselling card that provides ideas on how to adapt activities to include children with disabilities.

Key Information, Learning Objective 3, Activity 2

Definitions

- The term **disability** is not a characteristic of an individual, but it is the result of the interaction of a person with an impairment and barriers in his/her environment. For example, a child with the health condition cerebral palsy has limited ability to move his legs and he may be excluded from playing with other children due to stigma and the lack of a wheelchair to help him move around. The barriers in the child's environment—stigma and lack of a wheelchair to aid him in his mobility—are the cause of his disability. This can often be a misunderstood concept in many communities. It is important to know that disabilities are not the fault of the mom or

dad, and they are not a curse. All children can learn, and some children may need extra support.

- An **impairment** is a problem in body function or structure such as significant deviation or loss. For example, loss of vision, either partial or complete, is an impairment that can affect a child's feeding and nutrition. Similarly, muscle tightness and weakness are impairments commonly associated with cerebral palsy and can make it difficult for a child to control their head, neck, and other parts of their body. An assistive product, such as a supportive seat or wheelchair, can improve the child's head and postural control, making it easier for them to feed.
- If participants need further explanation, explain that the term **"abilities"** refers to the skills children have in cognitive, physical, social/emotional, and communication domains. These are the skills children use to learn, communicate, understand, relate to people, move their bodies, and use their hands and fingers. The skills that most children achieve by a certain age are often referred to as **milestones**.

Common Causes of Impairment in Children

- Multiple, often complex, factors can cause impairments (see definition above) in children. When a child with an impairment experiences barriers within the environment and society around them—such as caregivers or health care providers not adapting feeding activities, like by pureeing food, or limited access to assistive devices such as a wheelchair or specialized feeding supplies—then that child may experience disability. Impairments and disabilities are not caused by spells or curses. Some factors and health conditions that can cause impairments include the following:

  Antenatal:

  – Genetics, which is a cause of Down Syndrome (trisomy 21), for example

  – Malnutrition during pregnancy, such as insufficient folic acid during early pregnancy causing Spina Bifida, a health condition associated with weakness of the legs, or infections during pregnancy, such as Cytomegalovirus or Syphilis

  – Exposure to alcohol and tobacco during pregnancy.

  Perinatal:

  – Being born very early (prematurely), which can increase risk for vision impairments or other issues

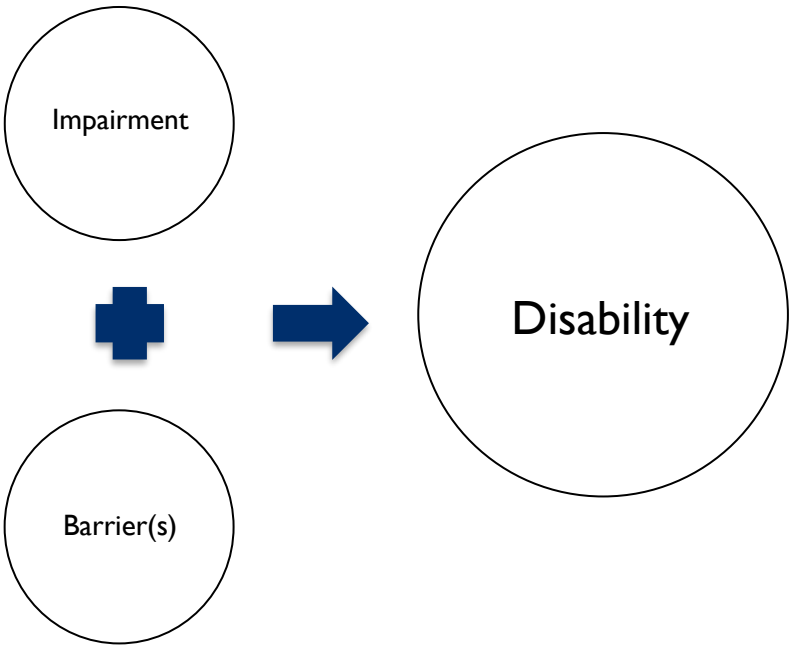
  – Complications during birth, such as birth asphyxia or lack of oxygen to the brain, that can cause a brain injury associated with the health condition cerebral palsy.

  Postnatal:

  – Infections in early childhood, such as complications from neonatal jaundice, meningitis, or severe malaria

  – Malnutrition during early childhood, such as anaemia or insufficient vitamin A.

Figure 2.3.1. Relationship between Impairments, Barriers, and Disabilities



Session 2 Key Takeaways

- All 5 components of nurturing care—good health, adequate nutrition, responsive care, opportunities for early learning, and safety and security—are equally important and interrelated.
- These 5 components of nurturing care represent all the care children need to achieve good growth, health, and development outcomes.
- Supporting early learning and responsive interactions between caregivers and children is the most powerful tool for building healthy brains.
- Disability is the result of barriers that exist in the environment that prevent the full participation of people with impairments in society—such as physical inaccessibility or stigma.

Session 3. Basics ofBehaviour Change and Talking with Caregivers in Group Sessions

Learning Objectives

By the end of this session participants will be able to:

1. Understand why changing behaviour is difficult
2. Identify skills, approaches, and adaptations for group session facilitation.

Materials

- Materials for "Learning Objective 2, Activity 1":
  - One set of *Counselling Cards* for each participant and facilitator
  - "Handout 3.1: Three Steps for Conducting Individual Counselling Sessions"
- Materials for "Learning Objective 2, Activity 2":
  - "Handout 3.2: Group Session Facilitation Skills"
- Optional materials: Flipchart paper, flipchart stand(s), markers, and masking tape

Advance Preparation

- Review the instructions for each "Learning Objective" in this session.
- Prepare and gather all of your materials from the list above.
- Review the materials in the *Counselling Cards* that will be used in this session:
  - "Group Session Facilitation Steps"
  - "Group Session Facilitation Guide"

Total Duration of Session: 60 Minutes

- Learning Objective 1: Understand why changing behaviour is difficult (25 minutes)
  - Activity 1: Behaviour Change (25 minutes)
- Learning Objective 2: Identify skills, approaches, and adaptations for group session facilitation (35 minutes)
  - Activity 1: Reading the *Counselling Cards* and Introducing Counselling Steps (10 minutes)
  - Activity 2: Reflecting on Your Work and Introducing Group Session Facilitation (25 minutes)

Learning Objective 1: Understand why changing behaviour is difficult

Methodology: Interactive presentation and activity

Time: 25 minutes

Instructions

Activity 1: Behaviour Change (25 minutes)

1. **Say, "During this training we will cover individual counselling session skills and skills to facilitate group sessions to help you work with caregivers and families. We will introduce new materials that you will use for counselling on responsive care and early learning topics. Your role as a counsellor in working with and supporting caregivers is critical because adopting new behaviours is very difficult. During this activity, we are going to discuss why changing behaviour is difficult. This activity will help you to understand more about the caregivers you are working with, such as what motivates them to change their behaviour and what barriers exist to changing behaviour."**
2. Ask participants to stand up and to think about the following statement. **Say, "Exercise (or doing sports) is good for health."**
3. **Say, "If you believe this statement, move to the right side of the room. If you disagree with this statement, move to the left side of the room. And if you are neutral about this statement, stay in the middle."**
4. **Say, "Now I am going to read 4 new statements. Listen to all the statements first. Then, choose the statement that best matches your current actions. If you chose the first statement, go to this** [point to a corner] **corner of the room, if you chose the second statement go to this** [point to a different corner] **corner of the room, if you chose the third statement go to this** [point to a different corner] **corner of the room, and if you chose the fourth statement go to this** [point to a different corner] **corner of the room."** (*Note for facilitator*: For each of the 4 statements below choose one corner of the room where participants who identify with that statement will stand).
    a. Statement 1: The only exercise/sport I do is walking around my house.
    b. Statement 2: I am thinking about finding time to add exercise/sport into my daily routine.
    c. Statement 3: I walk around my neighbourhood a few days per week, but during some weeks, it's difficult to find the time.
    d. Statement 4: I have been able to consistently do exercise/sports at least 3 days per week.
5. Give participants a minute to think about which statement best matches their current actions. Repeat the 4 statements as needed. Ask participants to move to the corner that corresponds to the statement that best matches their current actions. Give everyone a moment to look around the room to see what other participants selected.
6. Conclude by **saying, "Most (or maybe all) of you agreed with the statement that 'Exercise is good for your health,' but you may be engaging in behaviours that do not exactly match with your beliefs. Having a belief is not enough if it isn't followed by a behaviour change. We know that making a change in behaviour is a difficult thing to do."**

7. Debrief the activity in a large group discussion with all participants. **Ask, "What are barriers to changing behaviour? Think about the exercise example or other behaviours in your life that you have tried to change."** Ask a couple of participants to share their thoughts. Fill in with more information, as needed. Examples of barriers related to the exercise include: not having enough time for exercise due to long working hours; other responsibilities at home that must be prioritized; a lack of clothing to wear for exercise purposes; and environmental factors, for example, lacking a place to exercise because the sun sets early and exercising in the dark is difficult.
8. Then **ask, "Think about the caregivers that you work with. What are barriers that a caregiver might face in trying a new behaviour?"** Ask a couple of participants to share their thoughts. Fill in with more information, as needed. Examples of barriers that caregivers might face include: not having enough time to go to the clinic; a lack of money to go to the clinic; not having enough time to participate in support groups; not having support from their family; and stigma or taboos.
9. Next **ask, "What helps or motivates a person to change or want to change their behaviour?"** Ask for a couple of participants to share their thoughts. Fill in with more information, as needed. Examples of motivators related to exercise include improving health, feeling better, reduced stress/anxiety, being healthier for my children, better sleep, having a friend to exercise with, improved mood, and lowering blood pressure.
10. Then **ask, "Again, think about the caregivers that you work with. What helps or motivates a caregiver to want to change their behaviour?"** Ask a couple of participants to share their thoughts. Fill in with more information, as needed. Examples of motivators related to caregivers wanting to change their behaviour include: seeing improvement in their child's development; enjoying interacting more with their child; seeing their child grow and be healthy; and feeling less stress and feeling happier.
11. After participants have contributed their ideas, point out how many things are needed aside from information. **Say, "A counselling card, poster, or brochure can provide information, but it takes so much more than information to help a person adopt new behaviours. Your role as the counsellor is to support caregivers in overcoming the barriers that prevent them from trying new behaviours or getting services."** Tell participants, In the next activity, we are going to think about the different types of approaches to counselling and how to use their role as a counsellor to support caregivers in adopting the behaviours discussed during group sessions.

Learning Objective 2: Identify skills, approaches, and adaptations for group session facilitation

Methodology: Interactive presentation and working in pairs

Time: 35 minutes

Instructions

Activity 1: Reading the *Counselling Cards* and Introducing Counselling Steps (10 minutes)

1. Distribute one set of *Counselling Cards* to each participant.
2. Explain that the *Counselling Cards* is a tool for them to keep.
3. Tell participants that we will have a lot of opportunities during the training to read the *Counselling Cards* and use the cards during role-plays. For now, participants should flip through

the *Counselling Cards* and skim the content. Remind participants that, as was discussed during "Session 2," this training is focused on responsive caregiving and opportunities for early learning, which is also the content of the *Counselling Cards*. However, participants should take notice that some of the cards also incorporate topics that may seem familiar from other foundational counselling packages, like *C-IYCF*, such as content about responsive feeding on "Counselling Card 2."

4. Give participants about 5 minutes to review the materials. Ask them to focus on the card that include the steps for group session facilitation because this is the focus of this session. Tell participants that the "IYCF/RCEL Counselling Flow Chart for Child Welfare Services" card is for counsellors who conduct individual counselling sessions as part of child welfare services and will not be used during the training of community health counsellors. There is a session to review the content of this card in the training of health workers and facilitators.
5. **Say, "You may have noticed that there are 3 steps to help guide individual counselling sessions and group sessions: Step 1—Assess; Step 2—Analyse; and Step 3—Act. If you are familiar with the *C-IYCF* package, you will notice that these are the same. We will practice these steps throughout this training."** Ask participants to open their *Participant Handouts* to "Handout 3.1: Three Steps for Conducting Individual Counselling Sessions," and tell them that they can use this handout as a resource when preparing for and providing individual counselling sessions after the training. Tell participants that we will continue to use the *Participant Handouts* throughout the training.
6. Tell participants that the remainder of this session is about learning how to use the *Counselling Cards* during group sessions, such as mother-to-mother support groups, health education sessions, care groups, group discussions in waiting rooms, and other opportunities where caregivers come together to share ideas and experiences. In the next session, we will discuss how to use the *Counselling Cards* for individual counselling.

Activity 2: Reflecting on Your Work and Introducing Group Session Facilitation (25 minutes)

1. **Say, "Think about the types of counselling that you do in your day-to-day work. Is it mainly individual counselling? Or do you facilitate group sessions? Or both?"** Facilitate a brief discussion among participants.
2. Next, **ask, "What are some benefits of group sessions?"** Facilitate a brief discussion, making sure to highlight the following, among others that participants might mention:
    a. Caregivers hear and learn from different perspectives.
    b. Caregivers build a support system.
    c. Caregivers meet others with whom they have things in common.
    d. Group sessions build the confidence of caregivers.
    e. Group sessions provide an opportunity for caregivers to socialize.
    f. Group sessions allow caregivers to share their challenges and successes with others.
    g. Group sessions facilitate engagement with other influencers in the caregiver's life, such as a spouse (husband/wife), a mother-in-law, or other family members.
3. Next, **ask, "What are the most important things a counsellor must do or remember when facilitating a group session?"** Facilitate a brief discussion, being sure to highlight the following:
    a. Be prepared by reviewing in advance the counselling card(s) you plan to use during the group session, but remain flexible to change the planned topic and adjust activities based on who attends the session on that day.

b. Follow a structured approach to the session. This helps to keep the session organized and ensures steps are not missed.

c. Introduce yourself and invite others to introduce themselves.

d. Ensure that interaction among caregivers and time for demonstration and feedback are incorporated into group sessions. Don't lecture or provide "group education."

e. Focus on 1–2 counselling cards per session. It is very important that you do not try to cover all of the cards in a single session. Focusing on only 1–2 counselling cards allows enough time to discuss the topics and conduct an activity with demonstration and practice. Covering all of the cards can also overwhelm the caregivers with too many new behaviours to try at once.

f. Present factual information and correct any misinformation, but be careful to avoid any judgment or negative reactions to anything caregivers might share.

g. Encourage the sharing of stories and experiences among caregivers. Your role is key to caregivers being able to build trust among each other and with you.

h. Praise caregivers for sharing their childcare practices, and encourage others to share their experiences in the future.

i. Have participants demonstrate or explain how they will apply what was discussed during the group session at home.

4. Next, **ask, "What are some challenges you have experienced or think may be common when conducting group sessions?"** Facilitate a brief discussion, making sure to highlight the following:

    a. Participants ask questions for which you do not have the answer.

    b. Participants cause disruptions by asking questions unrelated to the theme/topic or arguing with other participants.

    c. There is a wide diversity of participants, such as men and women, young and old (e.g., grandmothers), and caregivers with children of different ages or abilities.

    d. Participants are quiet, reserved, or seem hesitant to share and engage in the session.

    e. There is not enough time to cover all of the content.

    f. A participant is dominating the discussion.

    g. Members of the group are not respecting someone's feelings by, for example, being overly critical or unsupportive.

    Tell participants that we will discuss many of these challenges later in the training during the practice role-plays.

5. Ask participants to open their *Counselling Cards* to the "Group Session Facilitation Steps" and the "Group Session Facilitation Guide." Ask participants to sit in pairs with the person next to them and read through the cards together. **Ask, "What do you think of these steps and the information under each of the steps? Is there anything new or surprising? What is different from how you have structured a group session in the past?"** Address any questions from participants.

6. Ask participants to return to the large group discussion. Ask if anyone has any questions. Explain that there is information on the cards that might seem unfamiliar, especially under step 3 (act), and assure them that this is okay! Participants will become increasingly comfortable with Key Messages and Practical Tips for RCEL during the training.

7. **Say, "There are many benefits to group sessions! A counsellor can ensure a successful group session by coming to the session prepared, following a structured**

approach, and allowing time for discussion and demonstration among caregivers. Group sessions may also present certain challenges to the counsellor. We will spend some time talking more about these challenges and how to overcome them. In the next session, we will discuss the benefits of individual counselling and how it is different from group sessions." Ask participants to open their *Participant Handouts* to "Handout 3.2: Group Session Facilitation Skills," and tell them that they can use this handout as a resource when preparing for group sessions after the training.

Session 3 Key Takeaways

- Changing behaviour is difficult and takes more than just telling a caregiver what to do.
- There are often real external barriers to adopting a behaviour, such as not having enough money to buy a necessary resource or living too far away from a health facility to seek care. As counsellors, we should work as a team with caregivers to discuss possible ways to overcome these barriers or help them explore other options.
- The 3 steps for conducting group sessions, after preparation, are to: (1) assess, (2) analyse, and (3) act.
- Cover no more than 2 topics in a single group session. This will allow enough time to discuss the topics and conduct an activity with demonstration and practice elements, and avoid overwhelming caregivers with too many new behaviours to try at once.

Session 4. Learn How to Counsel: Talking with Caregivers

Learning Objectives

By the end of this session, participants will be able to:

1. Identify skills, approaches, and adaptations for individual counselling.

Materials

- Flipchart paper, flipchart stand(s), markers, and masking tape
- Materials for "Learning Objective 1, Activity 1":
  - 2 flipchart pages
    - On 2 separate flipchart pages, write the titles and lists of "Listening and Learning Skills" and "Building Confidence and Giving Support Skills" from "Key Information, Learning Objective 1, Activity 1" below.
  - "Handout 4.1: Listening and Learning Skills"
  - "Handout 4.2: Building Confidence and Giving Support Skills"
- Materials for "Learning Objective 1, Activity 2":
  - "Handout 4.3: Benefits of Individual Counselling Case Studies"
- Materials for "Learning Objective 1, Activity 3":
  - "Handout 3.1: Three Steps for Conducting Individual Counselling Sessions"

Additional Materials for Training of Health Workers and Facilitators Only

- Materials for "Learning Objective 1, Activity 3":
  - Laptop with audio. External speakers may also be helpful.
  - Projector
  - "Counselling Caregivers at a Clinic Visit: A 3-Step Approach, Ghana" video

Advance Preparation

- Review the instructions and "Key Information" for each "Learning Objective" in this session.
- Prepare and gather all of your materials from the list above.

Total Duration of Session: 70 Minutes

- Learning Objective 1: Identify skills, approaches, and adaptations for individual counselling (70 minutes)
  - Activity 1: Introduction to Individual Counselling (15 minutes)
  - Activity 2: Benefits of Individual Counselling (40 minutes)
  - Activity 3: Structuring Individual Counselling Sessions (15 minutes)

Learning Objective 1: Identify skills, approaches, and adaptations for individual counselling

Methodology: Interactive presentation and demonstration

Time: 70 minutes

Instructions

Activity 1: Introduction to Individual Counselling (15 minutes)

1. Explain to participants that this session is about learning how to conduct individual counselling with caregivers on RCEL topics. Clarify what we mean when we refer to individual counselling: one counsellor with one caregiver, or one counsellor with members of one household. This type of counselling is typically done during a home visit or in a health facility when the caregiver brings a child for services, such as immunization, a child health consultation, or a sick child visit.
2. **Say, "In the last session, we discussed the skills needed to facilitate good group sessions. What are the most important skills for good individual counselling?"** Probe until many of the "Listening and Learning Skills" and "Building Confidence and Giving Support Skills" have been mentioned (see "Key Information, Learning Objective 1, Activity 1").
    a. Other questions you may **ask** to encourage discussion include: **"What do you do to show a caregiver that you are listening to him?" "What things do you do to show the caregiver that you support her?" "What things do you do or say to build a caregiver's confidence in his ability to do something new?"**
3. After about 10 minutes, display the flipchart papers of "Listening and Learning Skills" and "Building Confidence and Giving Support Skills," which were prepared before the session, and hang them in a spot that everyone can see. Ask participants to open their *Participant Handouts* to "Handout 4.1: Listening and Learning Skills" and "Handout 4.2: Building Confidence and Giving Support Skills" and tell them that they can use these handouts as resources when preparing for counselling sessions after the training.
4. **Say, "A caregiver is more likely to adopt new behaviours if they feel that the counsellor is listening to them, understands their problems and constraints, and provides specific suggestions for their situation. Next, we are going to discuss this further to better understand the benefits of individual counselling."**

Key Information, Learning Objective 1, Activity 1

Listening and Learning Skills

- Use helpful nonverbal communication:
    - Keep your head level with mother/father/caregiver.
    - Pay attention (make eye contact).
    - Remove barriers (such as tables and notes).
    - Take time.
    - Use touch that is appropriate, respectful, and takes cultural considerations into account (when in doubt, ask the person you are counselling what they are comfortable with).
- Ask questions that allow mothers/fathers/caregivers to give detailed information.
- Ask the mother/father/caregiver what topics he/she wants to learn about most.

- Use responses and gestures that show interest.
- Listen to mother's/father's/caregiver's concerns.
- Repeat back what mothers/fathers/caregivers say.
- Avoid using judgmental or negative words.
- Provide feedback to caregivers:
  - Praise caregivers for things they are doing well.
  - Specify any positive actions that you observe and suggest what could be improved.
  - Reinforce to caregivers why the action is important.
- "Close" sessions by confirming with caregivers how they plan to apply what they have agreed to do at home.

Building Confidence and Giving Support Skills

- Accept what mothers/fathers/caregivers think and feel (to establish confidence, let the mother/father/caregiver talk through her/his concerns before correcting information).
- Recognize and praise what mothers/fathers/caregivers and babies are doing correctly.
- Give practical help.
- Give relevant information.
- Use simple language.
- Use appropriate *Counselling Card(s)*.
- Make 1–2 suggestions, not commands.

Activity 2: Benefits of Individual Counselling (40 minutes)

1. **Say, "It may not always be possible to conduct individual counselling with a caregiver, but we know that individual counselling is very powerful. Tailoring messages to each individual situation based on the age and development of the child and the needs and interests of the child and family, is an effective way to change behaviour. Let's go back to the exercise example from 'Session 3'."** Ask a participant to share what motivates them to exercise or to want to start exercising. Ask him/her to be specific. A participant may say something like, "I exercise to lower my blood pressure." Ask, "Why do you want to lower your blood pressure?" He/she may respond, "Because I need to be healthy so that I can go to work every day and make money to support my family." Explain that if you were counselling this person, you could tailor your messaging to their specific motivation, which they told you is supporting their family, rather than only enforcing the message that "exercise is good for your health." The same principle applies to counselling on barriers to changing behaviour.
2. Next, tell participants that we are going to discuss 3 case studies as a large group discussion. Hand out a copy of the *Participant Handouts* to each participant. For each case study, **ask** the group to discuss the following:
   a. **"How might the caregiver have benefited from more specific and tailored individual counselling?"**
   b. **"What could the counsellor have done differently if this were an individual counselling session?"**
3. Ask for 3 volunteers to read the case studies out loud using "Handout 4.3: Benefits of Individual Counselling Case Studies." The first volunteer should also read the background

information. See "Key Information, Learning Objective 1, Activity 2" for this session, which also includes the answers to the case studies.

4. Start with case study 1 and facilitate a discussion with participants, answering the 2 questions. After 10 minutes, move on to case study 2, and finally to case study 3. Aside from the information in the answers to the case studies, be sure to touch on the following points:
    a. Individual counselling sessions are an excellent opportunity to identify the motivators and barriers to changing behaviour. The counsellor should try to identify them, use the motivators to encourage caregivers during counselling and when making recommendations, and help in seeking solutions to the barriers. In these case studies, we see that the topics planned for the group did not always respond to the specific needs of the individual caregiver or child in that moment.
    b. Conducting individual counselling during a home visit is a great opportunity to provide even more specific guidance to a caregiver or family. During a home visit, you are able to see what the family has in their house, such as food, cooking materials, and objects for the child to play with. You are also potentially able to interact with more family members, including those who influence the primary caregiver's willingness or ability to try new behaviours.
    c. While a counsellor can help a person adopt new behaviours, they are not the only person in a caregiver's life who offers support. Your influence as a counsellor can be helped or diminished by the other important people in a caregiver's life, such as a spouse, mother-in-law, or other family member who regularly interacts with and cares for the child. If you can identify the individuals who may in some way influence the caregiver's behaviours, then you might be able to engage their help.
5. Close the discussion by reinforcing to participants that there are many benefits of individual counselling for adopting new behaviours. In the next activity, we will review tools to support counsellors during individual counselling sessions.

Key Information, Learning Objective 1, Activity 2

Benefits of Individual Counselling Case Studies

- *Note for facilitator:* Participants may not be able to come up with all of the information in the answers below, and that is okay! There will be opportunities throughout the remainder of the training to become more familiar with the information in the *Counselling Cards*. It is not necessary at this point to spend a lot of time on the technical content, such as feeding difficulties and child development. Instead, this activity should emphasize that during individual counselling, counsellors can provide significantly more tailored messaging to caregivers.
- **Background:** Adele is a community health worker who recently attended the *RCEL Addendum* training. She paid attention to the sessions and is aware that it is not useful to provide a caregiver with too many pieces of advice at one time. Today, she facilitated a group session during monthly growth monitoring and promotion, with plans to discuss 2 topics: responsive feeding ("Counselling Card 2") and communicating with your child ("Counselling Card 3"). The caregivers in each of the cases below attended the growth monitoring and promotion session today. For each of the cases, discuss: (1) How might the caregiver have benefited from more tailored, individual counselling; that is, counselling specifically focused on the child's age and development and on the needs and interest of the child and family? (2) What could the counsellor have done differently if this were an individual counselling session?
- **Case Study 1:** Today, a new mother heard Adele telling caregivers that your child can see and hear from the day she is born and that you can communicate with your child even when they are very young. She heard Adele say the same thing 2 weeks ago when she was at the clinic, so she has been thinking about talking and singing to her one-month-old baby while she is breastfeeding. However, she isn't sure what others, such as her mother-in-law or husband,

will think of her if they hear her doing this. They have told her that it is pointless to talk to children before they can talk, so she has not yet done it.

  - **Case Study 1 Answer:** If this had been an individual counselling session, Adele could have talked to the mother regarding her concerns about what others might think if she sings and talks to her baby while breastfeeding. Adele could have asked the mother to invite the influencers in her life—her mother-in-law and/or husband—to the clinic with her next time so they can also participate in the counselling session. Or Adele could conduct the individual counselling session as a home visit with the mother, her husband, and her mother-in-law, which could allow for a longer discussion. Adele might practice singing and talking to the baby along with the mother so that she can gain the confidence to do it on her own.

- **Case Study 2:** A mother and father bring their 8-month-old child for growth monitoring and promotion. The child doesn't seem to respond to his name or other sounds, even very loud ones. Otherwise, the child is very healthy and growing well. Neighbours have started to say the child is cursed, including members of their own family. This has made the caregivers concerned that something might be wrong, especially because they heard Adele say during the group session that babies at this age can start to recognize common words and respond when their name is called. The mother shares that she has been having trouble sleeping because she worries that her baby is not well and that she has done something wrong.

  - **Case Study 2 Answer**: If this were an individual counselling session, the community health worker could praise the caregivers for sharing their concerns, as it shows how closely they are supporting their child. She could explain that all children should not only have their growth checked, but also their development, hearing, and vision. Adele could then refer the caregivers to a health facility to get the baby's hearing checked. Adele could also ask the mother more about her having trouble sleeping and explore whether she has tried any strategies to address her worries. Adele could explain to both caregivers that parenting can make us feel big emotions and that this is normal. It is not something to feel guilty or ashamed about. Adele could encourage the mother to do something to help her relax in the evening to get ready for sleep, such as deep breathing exercises.

- **Case Study 3:** A mother and father bring their 11-month-old daughter for growth monitoring and promotion. While there, they hear Adele say that caregivers should pay attention to their child's cues of hunger and fullness to make sure they are getting enough food but not being overfed. Adele also says that you should never force a child to eat. The caregivers are surprised to hear this because ever since their daughter starting complementary foods, they always had to force her to eat because she cries and arches her back when they feed her. Her weight has been decreasing so they thought forcing her to eat was the right thing to do. She's also had infections in her chest several times over the last few months.

  - **Case Study 3 Answer:** If this were an individual counselling session, the counsellor could speak with the caregivers to learn more about what they are feeding their daughter and to better understand the difficulties that arise during mealtimes. Adele could also review the child's growth chart to see if she is malnourished and needs special treatment. She could give the caregivers tips on how to feed their daughter, such as mashing or pureeing foods by passing soft foods through a sieve to make them easier to swallow and making feeding a time of love and learning. The counsellor could also engage the caregivers in a conversation about identifying the child's hunger and fullness cues. The caregivers are clearly motivated to provide their daughter with good nutrition, but they have developed the habit of forcing her to eat. If Adele could conduct an individual counselling session during a home visit, she could also observe what the caregivers are preparing for their daughter, how they are feeding her, the challenges they are facing, and give more practical advice for making changes.

Activity 3: Structuring Individual Counselling Sessions (15 minutes)

1. Ask participants to open their *Participant Handouts* to "Handout 3.1: Three Steps for Conducting Individual Counselling Sessions." Have participants sit in pairs and read through the handout. **Ask them to discuss, "What do you think of these steps and the information under each of the steps? What is different from the 3 steps for group sessions? What is different from how you have structured an individual counselling session in the past? How might they be able to use this handout to prioritize 1–2 topics to discuss with a caregiver? How might this handout have been useful in the case studies we just discussed?"**
2. Have participants return to the large group discussion. Address any questions.
3. **Say, "There are many benefits to individual counselling! A counsellor can ensure a successful individual counselling session by taking time at the beginning of the session to build rapport with the caregiver(s), listening to the caregiver(s), and observing how the caregiver(s) and child interact and solve problems together. The counsellor can focus on 1–2 recommendations tailored to the interests and needs of the caregiver(s) and child and allow the caregiver(s) time to practice. Individual counselling is a good opportunity to include other influencers in the counselling session. We will have more opportunities throughout the training to practice conducting individual counselling using the *Counselling Cards*."**
4. **Say, "Before moving on to the next session we will watch a counseling video to demonstrate the 3 counselling steps when conducting a responsive care counseling visit."** Play the "Counselling Caregivers at a Clinic Visit: A 3-Step Approach, Ghana" video. (*Note for facilitator:* This is for the training of health workers and facilitators only. For the training of community health counsellors, the video can be shared with participants to watch on their own time or played during the training if there is time. However, the video depicts a health centre setting).

Session 4 Key Takeaways

- We should use "Listening and Learning Skills" and "Building Confidence and Giving Support Skills" to build trust with caregivers.
- The 3 steps for individual counselling are: (1) assess, (2) analyse, and (3) act.
- A major benefit of individual counselling is that sessions can be tailored to the unique needs, challenges, and interests of the family.

Session 5. Providing Responsive Care

**If you would like to conduct this session with the Responsive Care and Early Learning videos, please use the "Session 5" content in Annex 6.*

Learning Objectives

By the end of this session participants will be able to:

1. Understand the concept of responsive care and responsive feeding practices through the first 2 years of life
2. Demonstrate and practice counselling on responsive care (including responsive feeding) using individual counselling and group session facilitation skills.

Materials

- Materials for "Learning Objective 1, Activity 1":
  - "Training Aid 5.1: Responsive Care Stories"
- Materials for "Learning Objective 2, Activity 2":
  - Doll(s) for role-plays
  - "Handout 3.1: Three Steps for Conducting Individual Counselling Sessions"
  - "Handout 5.1: Responsive Care Individual Counselling Role-Play"
- Optional materials: Flipchart paper, flipchart stand(s), markers, and masking tape

Advance Preparation

- Review the instructions and "Key Information" for each "Learning Objective" in this session.
- Prepare and gather all of your materials from the list above.
- Review the materials in the *Counselling Cards* that will be used in this session:
  - "Counselling Card 1"
  - "Counselling Card 2"

Advance Preparation for the Training of Health Workers and Facilitators Only

- Review the materials in the *Counselling Cards* that will be used in this session:
  - "IYCF/RCEL Counselling Flow Chart for Child Welfare Services"

Total Duration of Session: 55 Minutes

- Learning Objective 1: Understand the concept of responsive care and responsive feeding practices through the first 2 years of life (25 minutes)
  - Activity 1: Responsive Care Stories (25 minutes)
- Learning Objective 2: Demonstrate and practice counselling on responsive care (including responsive feeding) using individual counselling and group facilitation skills (30 minutes)
  - Activity 1: Responsive Care Individual Counselling Role-Play (30 minutes)

Learning Objective 1: Understand the concept of responsive care and responsive feeding practices through the first 2 years of life

Methodology: Small-group work and group discussion

Time: 25 minutes

Instructions

Activity 1: Responsive Care Stories (25 minutes)

1. Explain that during this session we will be discussing responsive care, which includes responsive feeding. Ask all participants to find "Counselling Cards 1 and 2" on responsive care and feeding. Give participants about 3 minutes to look at these cards and read the Key Messages.
2. Divide the participants into 4 small groups and distribute one story card to each group from "Training Aid 5.1: Responsive Care Stories."
3. Tell the groups that each set of illustrations tells a story of a responsive caregiving moment between a caregiver and child. Look at the sequence of illustrations starting with the first and ending with the fourth. Emphasize that they should pay attention to the details of the illustrations and observe what is happening in the 4-illustration sequence so they can respond to the discussion questions.
4. Ask each group to discuss what is happening in the illustrations using the questions listed in the training aid. They do not need to answer each question for every illustration, but they should answer these questions about the overall story that the 4 illustrations tell. The questions for discussion are listed below:
    a. What do you notice about the caregiver-child interaction?
    b. What do you notice about the caregiver and child's facial expressions?
    c. What cues is the child giving?
    d. Does the caregiver respond to the cues? If not, what could the caregiver have done differently?
    e. What do you notice about the position of the caregiver?
    f. How does the caregiver feel in this story?
    g. How does the child feel in this story?
5. After 5 minutes, bring the groups back together. Ask one representative from each group to present their story and describe the responsive caregiving moment (see "Key Information, Learning Objective 1, Activity 1" for descriptions of each story). Fill in any additional information that groups did not present from the summary of each story. Using the detailed facilitator notes, make sure to highlight some of the cues the child shows in the story card and how the caregiver responds.
6. Remind participants about the Key Messages and Practical Tips from "Counselling Cards 1 and 2." **Ask, "How do the Key Messages and Practical Tips on 'Counselling Cards 1 and 2' relate to the stories you presented?"**

7. Close by recapping the definition of responsive caregiving. **Say, "Responsive caregiving is the ability of the caregiver to notice, understand, and respond to their child's signals in a timely and appropriate manner. Responsive caregiving is considered the foundational component of nurturing care because responsive caregivers are better able to support children's health, nutrition, safety/security, and early learning."**

Key Information, Learning Objective 1, Activity 1

Summary of Responsive Care Story 1

- This interaction shows a caregiver and child playing together by stacking cans; they are at the same level and are able to communicate and make eye contact. For responsive care, the quality of interaction is important and can make simple play moments fun and an opportunity to learn.
- To be responsive is to understand when your child wants to do something by herself and allowing her to do so with your support. The child feels confident to explore and play as her caregiver, such as a grandfather, is supportive of the learning.
- A responsive interaction involves back and forth ("serve and return"). The child is following the grandfather's action by stacking an object on top.
- The grandfather is being responsive to the child's play activity by positively reinforcing the child in a timely way (the moment the tower is complete), encouraging the child, and appropriately allowing his grandchild to play/stack on her own.
- Responsive care promotes bonding and positive interactions. Responsive care is fun and easy to do!

Illustration	Detailed Facilitator Notes
1 	What do you notice about the caregiver and child's facial expressions? How does the child/caregiver feel in this story? Possible answers: "Caregiver and child are smiling." "The caregiver and child are happy and they are having fun." What do you notice about the positioning of the caregiver and child? Possible answers: "The caregiver and child are seated facing each other." "The caregiver and child are at the same level (sitting on the ground)." "The caregiver and child are comfortably sitting." What do you notice about the caregiver-child interaction? Possible answers: "The caregiver is interacting with the child." "The caregiver is teaching the child to stack objects through play." "The caregiver is spending quality time with the child." "The caregiver is not distracted/is focused on the child."

Illustration	Detailed Facilitator Notes
2 	What do you notice about the caregiver-child interaction? Possible answers: "Caregiver is supporting the child's learning, and the child feels happy to stack by herself." "Caregiver is helping the child to stack and the child is following the caregiver's action by stacking an object on top (back and forth interaction)." What cue is the child giving? Does the caregiver respond to the cues? If not, what could the caregiver have done? Possible answers: "The child is showing her caregiver that she wants to stack by herself and wants to play." "The caregiver is responding to the cue by allowing the child to stack and playing with the child."
3 	How does the caregiver feel in this story? How does the child feel in this story? Possible answers: "The caregiver is allowing the child to stack and the child feels assured/confident as the caregiver is close by." "The child is feeling confident to stack an object by herself." "The child is feeling proud or happy and looking up at the caregiver for feedback." "The child is enjoying the experience." "The caregiver is responding appropriately by praising the child." "The caregiver is happy to see the child build a tower." "The caregiver is proud of the child." "The caregiver is encouraging the child." "The caregiver is bonding with the child." "The caregiver is allowing the child to stack and not doing it for her."
4 	What do you notice in the caregiver and child's interaction? Possible answers: "They are having fun." "They are happy." "They will probably make another tower." "They are not disappointed the tower fell." "They are enjoying this play time." "They are actively engaged."

Summary of Responsive Care Story 2

- This interaction shows responsive breastfeeding.
- The baby provides a cue to his caregiver that he is hungry. Babies often put their fingers in their mouths or fists in their mouths as a sign/cue to show they are hungry. The caregiver responds to breastfeed him in a timely way.
- For responsive care, it is important to make eye contact so you can read the cue of your child and respond appropriately. Your child can see from the day he is born. Look into your child's eyes often. It will help the child to connect with you, and he will learn to identify emotions in people.
- Responsive care is about interacting with your child, showing love, and responding consistently to match the needs and interests of your child.

Illustration	Detailed Facilitator Notes
1 	What do you notice about the caregiver and child's facial expressions? Possible answers: "The caregiver is looking at the baby, making eye contact, and the baby is looking back." "The baby is putting his fingers in his mouth or fist in his mouth." "The caregiver is holding the baby close to her." What cue is the child giving? Possible answers: "Baby is putting his fingers in his mouth or fist in his mouth to show that he is hungry."
2 	What do you notice about the caregiver and child's facial expressions? Possible answers: "The caregiver is happy." "She is smiling." "She is stroking the baby and nursing her." "She is enjoying watching the baby nurse." "The baby is happy her hunger cues are addressed." "The baby is happy she is no longer hungry." Does the caregiver respond to the cues? If not, what could the caregiver have done? Possible answers: "Yes, the caregiver responds to the baby's hunger cues appropriately and timely by breastfeeding the baby." What do you notice about the caregiver-child interaction? Possible answers: "The caregiver is nursing/breastfeeding the baby." "The baby is feeding." "The caregiver and baby are bonding." "The caregiver and baby are happy."
3 	What do you notice about the caregiver-child interaction? Possible answers: "The caregiver is interacting with the baby." "She is showing love/expressing her love." "The caregiver is kissing the baby's fingers." "The baby is enjoying playing with the caregiver." "The baby wants to play with the caregiver." "Both the caregiver and baby are enjoying themselves." "The baby's want or interest is met."

Illustration	Detailed Facilitator Notes
4 	What do you notice about the caregiver and child's facial expressions? "The baby is satisfied and no longer hungry." "The baby feels comforted and secure in the caregiver's arms."

Summary of Responsive Care Story 3

- This interaction shows a caregiver supporting a child's communication and early literacy skills with a book. Talk, read, and sing to your child often so that he or she can hear words. He or she will learn to talk by listening to you talk or read.
- Responsive care is about interacting with your child, showing love, and responding consistently to match the needs and interests of your child. The caregiver lets the child explore the book however he wants. He is taking the lead and the caregiver is following his interest.
- A responsive interaction involves back and forth (serve and return). Have a conversation with sounds, words, and gestures or pointing. When your child communicates with you using sounds or movements, like pointing, respond to him or her and he or she will respond back. You are each taking turns in the conversation.
- For responsive care, it is important to be at the same level as your child so you can appropriately respond to your child's cues and see what interests your child in the book.
- To be responsive is to understand when your child wants to do something by himself and allow him to do so with your support. It also includes identifying what the child needs and responding appropriately and in a timely manner. The child feels confident to explore and read as his caregiver is holding the book and supportive of the learning.

Illustration	Detailed Facilitator Notes
1 	What do you notice about the positioning of the caregiver and child? Possible answers: "The caregiver sits down to be at the same level as the child." "The caregiver is sitting close to the child so that they can both read from the same storybook." "The caregiver is bonding with the child and sitting close." What do you notice about the caregiver-child interaction? Possible answers: "The caregiver and child are enjoying reading together and interacting." "They are both engaged in the story." "They are happy." "The child is interested in reading a book and the caregiver is matching the interest of the child."

Illustration	Detailed Facilitator Notes
2 	What do you notice about the caregiver-child interaction? Possible answers: "The caregiver is reading to the child." "She is interacting and responding to the interest of the child to read the book." "The caregiver is 'talking' to the child." "The child is turning a page of the book." "The caregiver is letting the child turn the page."
3 	What do you notice about the caregiver-child interaction? Possible answers: "The child is pointing to the animal in the book." "The child is having a conversation with his caregiver using words and gestures." "The child is repeating after his caregiver and engaging in back-and-forth conversation." "She is helping the child learn new words such as 'chicken.'"
4 	What do you notice about the caregiver-child interaction? Possible answers: "The child closing the book and the caregiver is allowing the child to do so." "The child is interested in the book and the caregiver is letting him explore at his own pace." "The caregiver is supportive of the child's learning/reading." What cues is the child giving? Does the caregiver respond to the cues? If not, what could the caregiver have done? Possible answers: "The caregiver follows the cues of the child and allows him to close the book." "If the caregiver was NOT being responsive to the child, she would have continued to read the story even though the child is more interested in closing the book and looking at the cover again."

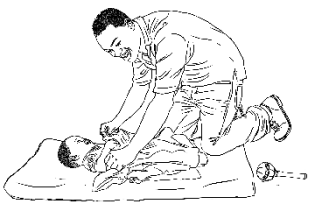
Summary of Responsive Care Story 4

- This interaction shows responsive feeding.
- For responsive feeding, it is important to be at the same level as your child and face her so you can appropriately respond to your child's hunger and fullness cues. Face your child so you can focus on each other and on eating. The child should have her own plate.
- The caregiver is being responsive by allowing his child to feed herself. Encourage your child to feed him or herself—he or she will get better and better at coordinating how to scoop up food and bring it to her mouth. It is okay if she makes a mess!
- The caregiver is paying attention to the cues his child is giving him to show him she is not interested in eating more food and is full. The caregiver moves the plate away, even though there is still food on the plate, recognizing the child is full and the child is happy. Pay attention to your child's cues of hunger and fullness to be sure that she is getting enough food but you are not overfeeding him or her. Never force a child to eat and never use food as a reward.

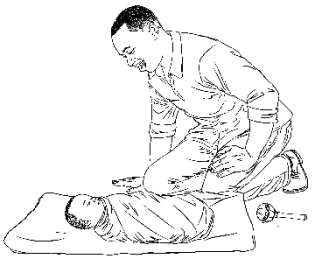
Illustration	Detailed Facilitator Notes
1 	What do you notice about the caregiver and child's facial expressions? Possible answers. "The caregiver and child are looking at each other." "The child is reaching her hand out showing that she is hungry." What do you notice about the positioning of the caregiver and child? Possible answers: "The caregiver and child are seated facing each other." "The caregiver and child are at the same level (sitting on the ground)." "The caregiver and child are comfortably sitting and eating." What cues is the child giving? Does the caregiver respond to the cues? Possible answers: "The child is putting her hand out indicating that she wants something to eat." The caregiver is responding appropriately by placing food in her hand.
2 	What do you notice about the caregiver-child interaction? Possible answers: "The child is feeding herself." "The caregiver is allowing his child to feed herself." "The child wants to eat by herself and her caregiver is supporting her learning to feed herself."
3 	What do you notice about the caregiver-child interaction? Possible answers: "The caregiver wants to give the child more food, but the child is full." "The child moves her head away from the food and blocks it with her hand." What cues is the child giving? Does the caregiver respond to the cues? Possible answers: "The child tilts or turns her head to show she does not want to eat more food." "The child blocks the food with her hand in a way to say, 'stop,' or 'no more.'" "The caregiver has responded appropriately, and he is not forcing her to eat."
4 	What do you notice about the caregiver-child interaction? Possible answers: "The child is happy that her caregiver has understood her cues and is moving the plate away." "She is gesturing that she is 'all done.'" "The child is full and is showing she is content by smiling." What cues is the child giving? Does the caregiver respond to the cues? Possible answers: "The child is happy that the food is being taken away and is not asking for more." "The caregiver is appropriately responding to the child's cues and is moving the plate away." "There is still food on the plate, but the caregiver recognizes the cue that the child gives means she is full and does not try to feed her or make her eat more."

Summary of Responsive Care Story 5

- This interaction shows a caregiver responding to the tired cues of a newborn baby.
- Responsive care is about consistently interacting with your baby, showing love, and responding to match her needs and interests. Newborns use different cues to let their caregivers know when they want to play, eat, or sleep, or if they need something else.
- The caregiver is paying attention to the cues the baby gives that she is not interested in playing right now. The caregiver moves the toy away and gets the baby ready to sleep. The caregiver places the baby in a safe place to rest.
- Babies can see from the day they are born. The caregiver and child in this story make eye contact. The caregiver is positioned close to the baby so she can see him well. This helps the baby connect with the caregiver and, over time, she will learn to identify emotions in people.

Illustration	Detailed Facilitator Notes
1 	What do you notice about the caregiver and child's facial expressions? Possible answers. "The caregiver is smiling and trying to engage his newborn in play." "The baby is not engaging." "Baby is staring off into the distance." What do you notice about the positioning of the caregiver and child? Possible answers: "The caregiver is close enough to the baby that the baby could easily see him." What cues is the child giving? Does the caregiver respond to the cues? Possible answers: "The baby is turning away from the caregiver." "The baby is not interested in playing right now." "The caregiver is not responding to the cue as he is still trying to play with his baby."
2 	What do you notice about the caregiver-child interaction? Possible answers: "The father has sat up and is no longer trying to play with the baby." "Dad has pulled the toy back." "Dad is observing the child's gestures." What cues is the child giving? Does the caregiver respond to the cues? Possible answers: "The baby is rubbing her eyes." "The baby is arching her back." "The baby is tired." "The father has responded appropriately to the baby's cue that she does not want to play right now."
3 	What do you notice about the caregiver-child interaction? Possible answers: "Dad has realized that the baby is tired." "The caregiver is getting the baby ready to go to sleep." "The baby is happy and making eye contact with her caregiver." "Dad has read the baby's tired cues, and now the baby is getting what she needs."

4



What do you notice about the caregiver-child interaction?

Possible answers: "The baby is sleeping." "The father placed her in a safe place to rest." "The father wrapped her in a blanket."

Learning Objective 2: Demonstrate and practice counselling on responsive care (including responsive feeding) using individual counselling and group session facilitation skills

Methodology: Role-play and group discussion

Time: 30 minutes

Instructions

Activity 1: Responsive Care Individual Counselling Role-Play (30 minutes)

1. Tell participants that we are going to do a role-play of individual counselling. Explain that, although it is best practice to choose the topics you will counsel on after you have completed step 1 (assess) and step 2 (analyse) during an individual counselling session, for this activity, we will be focusing on responsive care and responsive feeding, which will give participants an opportunity to practice using "Counselling Cards 1 and 2."
2. Divide the participants into groups of 4. Ask them to identify 2 volunteers to play the caregivers (one mother and one father), one to play the counsellor, and one to play the observer. Give each pair of caregivers a doll or other prop to use as a child for the role-play.
3. Ask participants to open their *Participant Handouts* to "Handout 5.1: Responsive Care Individual Counselling Role-Play." Allow 5 minutes for participants to review their roles. Participants playing the role of observer should review the list of questions that they will be asked to reflect upon as they observe the counselling session. Participants playing the roles of counsellor and observer will need their *Counselling Cards* for this session. Remind participants that when they are conducting the role-play, they should try to counsel on the topics covered in "Counselling Cards 1 and 2." It might feel more natural to counsel on IYCF topics since the *RCEL Addendum* content is so new, but these role-plays are an opportunity for participants to become more comfortable with the content on the *RCEL Addendum Counselling Cards*.
4. Give participants 15 minutes to conduct the role-play.
5. Debrief the role-play for 10 minutes in a large group discussion with all participants. Ask for a brief summary from the observers in each group based on the questions on the handout.

6. Ask for feedback from the counsellors in each group about their experience during the role-play. **Ask, "How did you find using 'Handout 3.1: Three Steps for Conducting Individual Counselling Sessions'? What worked well? What was challenging?"** For the training of health workers and facilitators, **ask, "How did you find using the 'IYCF/RCEL Counselling Flow Chart for Child Welfare Services' card? What worked well? What was challenging?"** Provide feedback on the role-play by praising, explaining, and expanding on what the counsellor did right. Refer to "Key Information, Learning Objective 2, Activity 2" below to fill in any main points.
7. Next, in a group discussion, ask participants to reflect on what adaptations they would make if this information were to be provided during a group session. Facilitate a brief discussion using the following questions:
    a. **Ask, "Using the 'Steps for Facilitating Group Sessions' and 'Group Session Facilitation Guide' cards, how would you facilitate a group session about responsive care and responsive feeding?"** Potential responses include the following:
        – Starting with a song that encourages caregivers to sing to their child
        – Passing around the 2 counselling cards so that everyone has an opportunity to see them
        – Observing who is in attendance (e.g., types of caregivers, ages of children) to best tailor the session's content
        – Conducting an activity using the Practical Tips from "Counselling Cards 1 and 2," such as dividing caregivers into small groups by age of their child and asking them to share cues their child gives when hungry, tired, and wanting to play
        – Praising the caregivers for their contributions
        – Asking caregivers to share what they plan to do with their child when they return home.
    b. **Ask, "What are some differences in how you would be able to counsel on this topic during a group session versus a home visit?"** Potential responses include the following:
        – For group sessions, you have to organize activities using the Practical Tips in a way that allows time for all members of the group to discuss and practice together.
        – During group sessions, caregivers can hear from their peers and learn from others with similar experiences.
        – There may be opportunities to observe feeding cues during group sessions, such as when a mother breastfeeds her baby or gives her child food during the session.
        – At a home visit, you could observe the child and caregiver(s) in their own environment.
        – Home visits allow you to see how the caregiver(s) interact with the child on a day-to-day basis.
        – You may be able to observe the caregiver(s) feeding the child during a home visit.
        – You may be able to interact with additional family members during a home visit.
8. Close by reminding everyone that they should use the Job Aid cards in their *Counselling Cards* as part of their regular work to provide quality individual counselling and group sessions and they can also use "Handout 3.1: Three Steps for Conducting Individual Counselling Sessions" to help guide individual counselling sessions. In this practice session, we focused on individual counselling on responsive care and responsive feeding. In practice, counsellors should always

prioritize 1–2 topics that best respond to the needs and interests of the child, caregivers, and family.

Key Information, Learning Objective 2, Activity 1

Responsive Care Role-Play Facilitator Observations

- The following is a list of actions the counsellor should have taken based on the information shared in the role-play. Ideally, the counsellor only focuses on 1–2 recommendations during a counselling session, but there are several examples below.
- The counsellor could have praised the caregivers for the following:
  - The child was started on complementary foods at 6 months, and the mother is continuing to breastfeed.
  - The child is given his own plate and is encouraged to eat as much as he wants.
- The counsellor should have counselled the caregivers about these concerns:
  - The mother does not make eye contact with the baby when she breastfeeds.
  - The child is always breastfed when he cries, rather than the caregiver trying to understand what wants and needs the child is communicating.
  - When the child tries to get his father's attention by pulling on his clothing, smiling, and making sounds toward him, the father does not always engage with the child.
  - The child has not yet been given the opportunity to drink from a cup, which is something he can start to do between 9–12 months.

Session 5 Key Takeaway

- Responsive caregiving is the ability of the caregiver to notice, understand, and respond to their child's signals or cues in a timely and appropriate manner.

Session 6. Day 1 Key Takeaways, Questions and Answers, and Day 1 Evaluation

Learning Objectives

By the end of this session participants will be able to:

1. Discuss 1–2 things they learned and/or liked about the day; ask clarifying questions of the facilitators; and express their level of satisfaction with the first day of training.

Materials

- Materials for "Learning Objective 1, Activity 1":
  - Rubber ball or rolled-up ball of paper
- Materials for "Learning Objective 1, Activity 3":
  - "Training Aid 6.1: Happy Face, Neutral Face, Sad Face"
  - Bottle caps or small (2 cm x 2 cm) pieces of paper

Advanced Preparation

- Review the instructions for each "Learning Objective" in this session.
- Prepare and gather all of your materials from the list above.

Total Duration of Session: 35 Minutes

- Learning Objective 1: Discuss 1–2 things learned and/or liked about the day; ask clarifying questions of the facilitators; and express level of satisfaction with the first day of training (35 minutes)
  - Activity 1: Key Takeaways (20 minutes)
  - Activity 2: Questions and Answers (10 minutes)
  - Activity 3: Day 1 Evaluation (5 minutes)

Learning Objective 1: Discuss 1–2 things learned and/or liked about the day; ask clarifying questions of the facilitators; and express level of satisfaction with the first day of training

Methodology: Group and individual reflection

Time: 35 minutes

Instructions

Activity 1: Key Takeaways (20 minutes)

1. Ask participants to sit or stand in a circle.
2. Toss a rubber ball or rolled-up ball of paper to various participants, and ask them to name one thing they learned during the training that they did not know or did not believe before, or one thing they liked about the training.

Activity 2: Questions and Answers (10 minutes)

1. Ask if there are any questions about what was presented and discussed during day one, and respond.

Activity 3: Day 1 Evaluation (5 minutes)

1. Encourage all participants to return the following morning, on time, so that the training can begin on time. Explain that during the second day, the training will focus on monitoring children's development, taking care of caregivers, and supporting children with feeding difficulties.
2. Ask participants to evaluate the day as they leave the training room by placing a bottle cap or small piece of paper on top of the smiley face that indicates their satisfaction with the day, using "Training Aid 6.1: Happy Face, Neutral Face, Sad Face."
3. Keep "Training Aid 6.1" for "Session 13" on the following day.

END OF DAY 1

Session 7. Opening Day 2 and Recapping Day 1

Learning Objectives

By the end of this session participants will be able to:

1. Discuss and update norms set on day 1; review what to expect on day 2; and discuss new things learned on day 1.

Materials

- Materials for "Learning Objective 1, Activity 1":
  - Rubber ball or rolled-up ball of paper
  - List of review questions (below)

Advanced Preparation

- Review the instructions for each "Learning Objective" in this session.
- Prepare and gather all of your materials from the list above.
- Use the list of questions provided and/or create your own based on the information presented during day 1.

Total Duration of Session: 30 Minutes

- Learning Objective 1: Discuss and update norms set on day 1; review what to expect on day 2; and discuss new things learned on day 1 (30 minutes)
  - Activity 1: Review Day 2 and Recap Day 1 (30 minutes)

Learning Objective 1: Discuss and update norms set on day 1; review what to expect on day 2; and discuss new things learned on day 1

Methodology: Question and answer

Time: 30 minutes

Instructions

Activity 1: Review Day 2 and Recap Day 1 (30 minutes)

1. Ask participants to sit or stand in a circle.
2. Review the plans for day 2, referring participants to the training agenda, and reading the names of the sessions that will be covered.
3. Read the proposed training ground rules or group norms that were posted and discussed at the beginning of day one. Ask if there are any questions or anything to add to the list.
4. Lead a review session where he/she helps participants reflect on what they learned during day one.

5. Toss a rubber ball or rolled-up ball of paper to various participants and ask them one of the questions below. If he/she doesn't know an answer, tell them it's okay and see if the participant can toss the ball to someone else to help. If after 2 tosses, participants haven't been able to answer, ask for a volunteer or provide a brief recap. The activity continues in this way until all participants have gone, or you reach the end of time (whichever comes first). Choose from the following questions to **ask**:

    a. **"What are the 5 components of nurturing care? Toss the ball to someone else if you need them to help complete all 5."**

    Answer: Good health, adequate nutrition, safety and security, early learning, and responsive care

    b. **"Give an example of a barrier that a caregiver might face if they are worried about their child's development and want to do something about it."**

    Answer: There are several possible correct answers. Examples include concerns about stigma from families or neighbours; not knowing where to seek support or services; and barriers accessing care, such as distance, time, or money.

    c. **"Name a skill for facilitating group sessions."**

    Answer: There are several possible correct answers. Examples include the counsellor coming prepared to the session by reviewing the *Counselling Card(s*) to be used; introducing himself/herself and allowing others to introduce themselves; not lecturing and ensuring sufficient time to interact, demonstrate, and receive feedback.

    d. **"What are 2 'Listening and Learning Skills'?"**

    Answer: Any 2 from the list provided in "Session 4"

    - Use helpful nonverbal communication:
        - Keep your head level with mother/father/caregiver.
        - Pay attention (make eye contact).
        - Remove barriers (such as tables and notes).
        - Take time.
        - Use touch that is appropriate, respectful, and takes cultural considerations into account (when in doubt, ask the person you are counselling what they are comfortable with).
    - Ask questions that allow mothers/fathers/caregivers to give detailed information.
    - Ask the mother/father/caregiver what topics he/she wants to learn about most.
    - Use responses and gestures that show interest.
    - Listen to mother's/father's/caregiver's concerns.
    - Repeat back what mothers/fathers/caregivers say.
    - Avoid using judgmental or negative words.
    - Provide feedback to caregivers:
        - Praise caregivers for things they are doing well.
        - Specify any positive actions that you observe and suggest what could be improved.

        - Reinforce to caregivers why the action is important.
    - "Close" sessions by confirming with caregivers how they plan to apply what they have agreed to do at home.

e. **"What are 2 'Building Confidence and Giving Support Skills'?"**

   Answer: Any 2 from the list provided in "Session 4"

    - Accept what mothers/fathers/caregivers think and feel (to establish confidence, let the mother/father/caregiver talk through her/his concerns before correcting information).
    - Recognize and praise what mothers/fathers/caregivers and babies are doing correctly.
    - Give practical help.
    - Give relevant information.
    - Use simple language.
    - Use appropriate counselling card or cards.
    - Make one or two suggestions, not commands.

f. **"Where can you find Key Messages and Practical Tips to refer to when you are counselling caregivers?"**

   Answer: On the back of the *Counselling Cards*

g. **"What are the 3 steps for counselling? Try to list them in order. Toss the ball to someone else if you need help to complete all 3."**

   Answer: (1) Assess, (2) analyse, and (3) act

h. **"What does *responsive care* mean?"**

   Answer: Responsive care refers to the ability of the parent/caregiver to notice, understand, and respond to their child's signals in a timely and appropriate manner.

   (*Note for facilitator:* This question comes from the content in "Session 5," which is not covered on the first day of the training of health workers and facilitators.)

i. **"What cues might a baby use to tell you she is hungry?"**

   Answer: Sucking on fist (before 3 months); fussing; opening mouth for more food, moving head towards food (or breast), reaching for or pointing at food, showing interest during feeds like cooing, smiling, etc.

   (*Note for facilitator:* This question comes from the content in "Session 5," which is not covered on the first day of the training of health workers and facilitators.)

j. **"What cues might a baby use to tell you he wants to play?"**

   Answer: Wide-open eyes, looking toward your face or toward someone who is talking, being alert, sucking on his fists or objects, clasping his hands or feet together, grasping onto your finger or an object, etc.

   (*Note for facilitator:* This question comes from the content in "Session 5," which is not covered on the first day of the training of health workers and facilitators.)

8. Ask if there are any questions and respond.

Session 8. Early Learning Through Communication and Play

Learning Objectives

By the end of this session, participants will be able to:

1. Identify communication and play activities that are appropriate for different ages.
2. Demonstrate and practice counselling caregivers on how to identify their child's communication signals and how children learn through play using individual counselling and group session facilitation skills.

Materials

- Materials for "Learning Objective 1, Activity 1":
  - Doll(s) or other props that can be used for a child
  - "Training Aid 8.1: Communication and Play Practical Tips for Caregivers"
    - Cut the Practical Tips into strips of paper so that each group receives at least one unique strip of paper for each participant. The same Practical Tips may be used in different groups. (*Note for facilitator*: There are 2 duplicate copies of "Training Aid 8.1" provided. If you have more than 18 participants in your training, you will need both copies to ensure that there is one strip of paper per participant.)
- Materials for "Learning Objective 2, Activity 1":
  - Doll(s) for role-plays
  - Name tags for group role-play
  - "Handout 8.1: Communication and Play Group Session Role-Play"
- Optional materials: Flipchart paper, flipchart stand(s), markers, and masking tape

Advance Preparation

- Review the instructions and "Key Information" for each "Learning Objective" in this session.
- Prepare and gather all of your materials from the list above.
- Review the materials in the *Counselling Cards* that will be used in this session:
  - "Counselling Card 3"
  - "Counselling Card 4"
  - "Steps for Facilitating Group Sessions"
  - "Group Session Facilitation Guide"
  - "Tips for Supporting Children with Disabilities to Engage in Play and Learning"

Total Duration of Session: 50 Minutes

- Learning Objective 1: Identify communication and play activities that are appropriate for different ages (20 minutes)
  - Activity 1: Act Out Communication and Play Activities (20 minutes)

- Learning Objective 2: Demonstrate and practice counselling caregivers on how to identify their child's communication signals and how children learn through play using individual counselling and group session facilitation skills (30 minutes)
  - Activity 1: Communication and Play Group Session Role-Play (30 minutes)

Learning Objective 1: Identify communication and play activities that are appropriate for different ages

Methodology: Small-group work

Time: 20 minutes

Instructions

Activity 1: Act Out Communication and Play Activities (20 minutes)

1. Divide participants into small groups (about 4–5 people per group).
2. Hand each small group 5 cut-up strips of paper from "Training Aid 8.1: Communication and Play Practical Tips for Caregivers." Ensure groups have enough unique Practical Tips per participant.
3. Participants take turns picking a strip of paper and acting out the communication or play activity on the strip of paper. Participants should use a doll, or other prop, to represent a child he/she is communicating or playing with.
4. After a participant acts out an activity, he/she should say what age group (0–6 months, 6–9 months, 9–12 months, 12–24 months) that activity would be most appropriate for and why.
5. Participants provide feedback, beginning with praise (identifying at least one thing the participant did well), then explaining what the participant could do better, followed by expanding on the good practice or advice to promote the positive interaction. The next participant chooses a strip of paper and does the same.
6. Give participants 15 minutes to practice at least one activity per person. Encourage participants to give feedback to each other.
7. Walk around the room and fill in any information that participants are struggling with (see "Key Information, Learning Objective 1, Activity 1" below for the age group that is most appropriate for each activity).
8. Debrief the activity in a large group discussion with all participants. **Ask, "How did it feel to do this activity? Have you had experience doing any of these activities with a child before? Is this something a caregiver could do?"**
9. Close by telling participants that it is important they feel comfortable practicing these communication and play activities, as they will be teaching caregivers how to do these with their children using the Practical Tips on "Counselling Cards 3 and 4." Sometimes these things can feel a bit silly as an adult, but children learn through play so it is so important that caregivers can do these activities with their children. Ask everyone to find "Counselling Cards 3 and 4" in the *Counselling Cards* and give participants 3 minutes to read the Key Messages and review the age groups for the Practical Tips.

Key Information, Learning Objective 1, Activity 1

Birth up to 6 months

- During or after breastfeeding, talk and sing to your baby. He or she is listening and will find comfort in your voice.
- Imitate your baby's sounds and gestures. He or she is communicating with you with his sounds and movements. When he or she coos, respond to him or her. Your baby needs to hear you talk. He or she will learn to talk by listening to others around him or her.
- Slowly move colourful objects for your baby to see and reach for. Watch his or her eyes move side to side as he or she follows the object.
- Place your baby on his or her tummy with a colourful object out in front of him or her. Watch your child reach for it and praise him or her when he or she picks it up! He or she learns by putting objects in his or her mouth so make sure the object is clean, not sharp, and is not too small that he or she could swallow it.

6 up to 9 months

- Your baby can start to recognize common words. When you see your child is no longer hungry, ask him or her, "All done?" If he or she shows you that she is still hungry, say, "More?"
- Respond to your baby's sounds and interests. Call your baby's name and notice his or her response.
- As you introduce new foods for your baby, he or she is learning new textures and tastes. Encourage him or her when he or she tries new foods! Having diverse and colourful foods is important.
- Give your baby clean, safe household objects to pick up, touch, feel, bang, and explore. Examples of simple toys to play with include small containers or a pot with a spoon.
- Draw or make simple picture books to develop your baby's curiosity and help him or her learn new things.

9 up to 12 months

- Your baby will start to enjoy different soft foods now, such as soft fruits or cooked vegetables, and needs diverse, colourful foods to meet his or her nutritional needs. Use words to describe the food and slowly he or she will understand new words. Name the different foods and parts of his or her body that he or she is using to eat, like his or her fingers, mouth, and tongue.
- Talk to your baby as you prepare his or her meal. Describe what is happening as you interact with him or her, such as, "Here is your bowl," or "Dad cooked you sweet potatoes." Ask your child questions, such as, "Do you want eggs?" Give him or her time to respond with gestures such as pointing or sounds before you provide a verbal answer.
- During mealtimes, give your baby small finger foods and encourage him or her to try new, healthy foods. He or she is starting to learn how to pick up things with his fingers and chew. He or she will often make a mess and that is okay! He or she is learning to feed him or herself and exploring different types of foods!
- Play games like "Jack, where are you?" with your baby. While he or she is looking at you, cover your face with hands or fabric. Say, "Where am I?" Open hands and say, "Boo! Here I am!" Laugh with him or her as he or she sees you! He or she is starting to learn that you do not disappear when he or she does not see you.

12 up to 24 months

- As you feed your child, describe the colours and textures of her food. Encourage him or her to speak by asking him or her the name or the colour of the food he or she is eating. Point and tell your child the names of the foods after he or she has had a chance to try and answer you!
- Sing with your child. Start a song and let him or her sing parts that he or she knows. Over time, your child can sing more and more him or herself as he or she learns more words, and you can practice taking turns.
- Children learn to love stories when they read together with their parents every day. Ask him or her to point to different people and animals in a book, magazine, or poster. Praise him or her for finding the animals and objects!
- Play with your child and encourage him or her to try harder tasks. Encourage him or her to stack objects, knock them over, and start again. Give your child more objects to stack. Help him or her if he or she gets stuck!
- Encourage your child's imagination using sock puppets by using clean socks or a clean small piece of cloth. Make up a story using the puppets.

Learning Objective 2: Demonstrate and practice counselling caregivers on how to identify their child's communication signals and how children learn through play using individual counselling and group session facilitation skills

Methodology: Role-play and group discussion

Time: 30 minutes

Instructions

Activity 1: Communication and Play Group Session Role-Play (30 minutes)

1. Divide the participants into 2 groups. Assign one group to focus their group session on "Counselling Card 3" and one group to focus on "Counselling Card 4." Ask them to identify who will be the counsellor facilitating each of the group sessions and 1–2 observers of each session. The remainder of participants will be caregivers participating in a group session.
2. Ask participants to open their *Participant Handouts* to "Handout 8.1: Communication and Play Group Session Role-Play," and give participants 5 minutes to review their roles. Participants playing the role of observer should review the list of questions to reflect on as they observe the group session. Participants playing the roles of counsellor or observer will need their *Counselling Cards* for this session. Participants playing the role of caregivers will participate in the group session and will provide feedback to the counsellor.
3. Remind participants that as they are engaged in the role-play, they should try to counsel on the topics covered in "Counselling Cards 3 and 4." While it may feel more natural to counsel on IYCF topics given that the *RCEL Addendum* content is new, these role-plays provide the opportunity for participants to become more comfortable with the content on the *RCEL Addendum Counselling Cards*. Each group will cover only one card during practice today due to time limits, however, in real group sessions, both topics could be covered in a single group session or one of the topics could be paired with an IYCF topic.
4. Give participants 15 minutes to conduct the role-play.

5. Debrief the role-play for 10 minutes in a large group discussion with all participants. Ask for a brief summary from the observers for each group based on the questions on the handout.
6. Ask for feedback from the counsellors in each group about their experiences during the role-play: **Ask—**
    a. **"How did you find using the 'Steps for Facilitating Group Sessions' card? What worked well? What was challenging?"**
    b. **"How did you find the 'Group Session Facilitation Guide' card? What group activity did you conduct?"**
7. Provide feedback on the role-play by praising, explaining, and expanding on what the counsellor did right.
8. Next, as a group discussion, ask participants to reflect on what changes they would make if this information were to be given during an individual counselling session. Facilitate a brief discussion. **Ask, "What changes would you make in order to facilitate an individual counselling session about communication and play?"**
    a. Possible responses include the following:
        – Sharing something about yourself to connect with the caregiver
        – Reviewing any information discussed during the last counselling session
        – Asking questions, such as: "What do you enjoy doing with your child?"
        – Observing how the caregiver interacts with their child, such as how he/she communicates with the child
        – Analysing what you have heard and seen and determining if there are any concerns
        – Identifying 1–2 recommendations and choosing the counselling card to use when counselling the caregiver
        – Praising the caregiver for what they are doing for the child
        – Allowing the caregiver time to practice
        – Asking the caregiver to demonstrate or explain what they will do at home with their child
        – Problem-solving regarding any barriers
        – Agreeing on the next meeting time.
9. Ask participants to open their *Counselling Cards* to the "Tips for Supporting Children with Disabilities to Engage in Play and Learning" card. Give participants 3 minutes to read the card. Explain that if participants are working with a child with a disability, they can refer to this resource for ideas on how to adapt activities based on the child's abilities. Remind them that these adaptations help remove barriers to participation for children with disabilities, as discussed in "Session 2."
10. Facilitate a 5-minute discussion about how participants could adapt the group activities they conducted during the role-play for a child with a disability. Ask for a volunteer from each group to share.
    a. Examples from "Counselling Card 3":
        – To adapt the activity of telling a story to a child who has difficulty hearing or seeing, the caregiver could incorporate a sensory component, such as rubbing their hands over a piece of grass if the story is about a cow eating in a field.
        – When talking to a child who is hard of hearing, use signs (gestures) to communicate visually as you speak.

b. Examples from "Counselling Card 4":

   – To adapt the activity of placing babies on their tummies for a child who has weak muscles, the caregiver could roll up a piece of cloth under the child's chest to prop the child up.

   – Add a sensory component to "peekaboo" if the child is visually impaired, for example, by gently blowing on the child's face or tickling the child when you remove the cloth.

11. Close by reminding caregivers that playing is like a child's job. Children's vision and hearing develop even before they are born, so it is important to talk to children often and engage them in play. This is how they learn. During group sessions or individual counselling, it is important to give caregivers time to practice communication and play activities while you observe, which helps them become more comfortable and confident doing them on their own. Also, remind caregivers that accidents are more common when children are cared for by someone younger than 12 years old or are left alone so they need to be supervised at all times.

Key Information, Learning Objective 2, Activity 1

Communication and Play Group Session Role-Play Facilitator Observations

- The "Group Session Facilitation Guide" card should have been used by the counsellors to identify potential group activities based on the Practical Tips. Based on the information shared in the role-play handout, the counsellor should have done the following:
  - Conducted an interative opening activity, such as a song or small energizing activity that involves the caregivers and their children
  - Briefly recapped "Key Information" from the prior session on responsive care and responsive feeding
  - Recognized that the group included a variety of caregivers (e.g., mothers, fathers, and a grandmother) and children from all age groups
  - Used the Key Messages to introduce today's topic (either communication or play, depending on the group) and passed the counselling card around for everyone in the group to see
  - Conducted a group activity that was based on the Practical Tips that allowed caregivers to practice and engage with each other
  - Given time for the group members to discuss and share feedback on the activity
  - Praised the caregivers for their efforts.

Session 6 Key Takeaways

- Opportunities for early learning are chances for the baby or child to interact with a person, place, or object in their environment.
- Caregivers provide opportunities for early learning by communicating and playing with their children, which should start from the moment they are born!

Session 9: How to Make Homemade Toys

Learning Objectives

By the end of this session participants will be able to:

1. Use locally available and recycled materials to make toys and describe what children can learn from different toys.

Materials

- Materials for "Learning Objective 1, Activity 1":
  - Recycled materials, scissors, tape, and glue for toy making
  - "Handout 9.1: Examples of Homemade Toys"

Advance Preparation

- Review the instructions for each "Learning Objective" in this session.
- Prepare and gather all of your materials from the list above.
- Prepare 2–3 homemade toys in advance of the session that can be used for teaching different skills to children of different ages; for example, a shaker/rattle, a push/pull toy car, a homemade puzzle, etc.
- Gather materials for making toys. Some suggested materials to gather include water bottles with caps, soda bottle caps, yogurt or other plastic cups, dried beans or small rocks/pebbles, cardboard boxes, empty milk boxes, string, dried fruit shells (such as from coconuts), etc.

Total Duration of Session: 30 Minutes

- Learning Objective 1: Use locally available and recycled materials to make toys and describe what children can learn from different toys (30 minutes)
  - Activity 1: Making Homemade Toys (30 minutes)

Learning Objective 1: Use locally available and recycled materials to make toys and describe what children can learn from different toys

Methodology: Small-group work

Time: 30 minutes

Instructions

Activity 1: Making Homemade Toys (30 minutes)

1. Divide participants into pairs. Each pair will make one homemade toy from the materials gathered by the facilitator before the training. Give them about 15 minutes to make a toy.
2. Bring the group back together and ask for 3–4 volunteers to share the toy they have made with the group. For each toy, have participants respond to the following questions. **Ask—**
   a. **"How attractive is it (colour, size, and sound) for a young child?"**

b. **"How easily could the young child hold it?"**

c. **"How does the size, and whether it is sharp or dull, or edible, affect its safety? How safe is it for children in different age groups? Remember, if an object is smaller in size than your child's palm, it is a choking hazard for your child."**

d. **"What age child would most like it? Note that the same toys may be attractive to children of different ages. A young child might enjoy dropping stones in a plastic bottle. An older child might use the same stones to count as she drops the stones in the plastic bottle."**

e. **"What might the child learn by using it? Consider different skills the child might learn."**

f. **"How could playing with the toy affect the interaction between the caregiver and child?"**

3. Ask participants to open their *Participant Handouts* to "Handout 9.1: Examples of Homemade Toys." Tell participants they can use this when discussing different toys caregivers can make during home visits or group sessions.
4. Close by reminding counsellors that children do not need fancy toys, and that homemade toys, household objects, and even play without toys (such as games and songs using their bodies) all help children to learn!

Session 10. Monitoring Children's Development

Learning Objectives

By the end of this session participants will be able to:

1. Describe how to monitor a child's development, identify warning signs, and refer the child to a health facility or other program
2. Demonstrate and practice counselling on monitoring child development, identifying warning signs, and knowing when to seek referral, using individual counselling and group session facilitation skills.

Materials

- Flipchart paper, flipchart stand(s), markers, and masking tape
- Materials for "Learning Objective 1, Activity 1":
  - "Training Aid 10.1: Developmental Milestone Cards"
    - Arrange the cards in a pile in the front of the room.
  - 4–5 flipchart pages
    - Prepare 4–5 flipchart pages, one for each small group of 4–5 people, with a table of the domains of development (body, language, mind, and relationships) written across the top (short edge) and the ages (3 months, 6 months, 9 months, 12 months, 18 months, 24 months) written on the left side (long edge). Use the table in "Key Information, Learning Objective 1, Activity 1" as a guide. Participants will add more information to the table during the activity.
  - "Handout 10.1: Developmental Milestones Chart from Early Childhood Development and Care Standards"
  - "Handout 10.2: Developmental Monitoring Using the Maternal and Child Health Record Book"
- Materials for "Learning Objective 2, Activity 1":
  - "Handout 3.1: Three Steps for Conducting Individual Counselling Sessions"
  - "Handout 10.3: Monitoring Child Development Individual Counselling Role-Play"

Advance Preparation

- Review the instructions and "Key Information" for each "Learning Objective" in this session.
- Prepare and gather all of your materials from the list above.
- Review the materials in the *Counselling Cards* that will be used in this session:
  - "Counselling Card 5"

Advance Preparation for the Training of Health Workers and Facilitators Only

- Review the materials in the *Counselling Cards* that will be used in this session:
  - "IYCF/RCEL Counselling Flow Chart for Child Welfare Services"

Total Duration of Session: 65 Minutes

- Learning Objective 1: Describe how to monitor a child's development, identify warning signs, and refer the child to a health facility or other program (25 minutes)
  - Activity 1: Milestone Cards (25 minutes)
- Learning Objective 2: Demonstrate and practice counselling on monitoring child development, identifying warning signs, and knowing when to seek referral, using individual counselling and group session facilitation skills (40 minutes)
  - Activity 1: Monitoring Child Development Individual Counselling Role-Play (40 minutes)

Learning Objective 1: Describe how to monitor a child's development, identify warning signs, and refer the child to a health facility or other program

Methodology: Small-group work and interactive presentation

Time: 25 minutes

Instructions

Activity 1: Milestone Cards (25 minutes)

1. **Say, "Children are learning and developing all the time. As children develop, they will gain new abilities. For example, an 8-month-old may be able to sit up by him- or herself, BUT the child cannot walk yet, whereas many 2-year-olds can walk and run on smooth surfaces without falling over. These different things that children are able to do are called developmental milestones. Milestones are common skills that most children learn/achieve by a certain age."**
2. Divide participants into groups of 4–5 people and give each group one set of "Training Aid 10.1: Developmental Milestone Cards."
3. Give each group a pre-prepared flipchart page with the ages written on the left and domains across the top. Give each group one set of milestone cards. Explain that we are going to do an activity to understand developmental milestones.
4. Ask each group to sort the milestone cards by the appropriate domain and the ages by when most children should have that ability. Participants should discuss in their small groups and organize the milestones by age on the flipchart paper. Tell participants that there may be some overlap of milestones across different domains, but that they should try to make their best guess of which domain and age group the milestone fits in. **Say, "This activity is to help you understand how children progress through different developmental milestones. You are not going to get everything correct, and that's okay! Think about the sequence of how children develop. What do they develop first? And then after that? Use the milestone cards to make your group's best guess."**
5. After 10 minutes, ask participants to open their *Participant Handouts* to "Handout 10.1: Developmental Milestones Chart from Early Childhood Development and Care Standards." Give groups 5 minutes to use this to check their own work. There are more milestones than we discussed in the game, but participants can check their answers based on this chart. "Handout 10.2: Developmental Monitoring Using the Maternal and Child Health Record Book" is also included in the *Participant Handouts* for participants to have as a reference after the training.

6. Ask all participants to return to the large group for discussion.
7. **Ask, "Do you think all children will be able to achieve these developmental milestones or stages at the ages shown on the cards?"** Recognize all of the inputs by participants.
8. **Say, "Most children will reach milestones at the age range shown on the cards, BUT some children may go beyond what they are expected to do at a certain age or some may not be able to do what is expected at a certain age. For example, most children start walking between 12 months and 15 months of age, BUT some start walking at 10 months and some start walking at 18 months."**
9. **Say, "All children develop at different paces, but the sequence of developmental milestones is the same. By sequence, I mean that children must achieve one milestone before they can move to the next skill. Milestones build upon one another starting with simpler skills and then becoming more complex." Ask, "What sequences do you see in the milestone chart?"** Allow 1–2 people to share examples, such as the sequence of body milestones: sitting with support, then standing holding onto somethings, then walking without support, and finally running. Another good example are the language milestones: babbling, then saying one or 2 syllable words, pronouncing words more clearly, and then more advanced language like answering and responding to questions.
10. This training does not prepare participants to diagnose a child with a developmental delay or disability. **Say, "Your role is to understand any concerns a caregiver may have and to identify children who may need extra support if they are not meeting some milestones, so that you can refer them to an appropriate professional for further assessment."** Explain how important it is to avoid alarming caregivers when making referrals. Share with the caregivers what you have learned about children developing at different paces. Let caregivers know that the referral is to make sure the child receives the appropriate support.
11. Respond to any questions or comments.

Key Information, Learning Objective 1, Activity 1

Developmental Milestones Chart

Domain	**Body** How children's bodies grow and move, including both big (gross motor) and small (fine motor) movements	**Language** How children communicate, both what a child understands and what they are able to say/express	**Mind** How children think, understand, and make sense of their environments	**Relationships** How children connect with others, and express and understand emotions
3 months	Begins to react to touching (rooting reflex)	Learns to "tell" you what he/she needs and how he/she is feeling (uncomfortable, hungry, sleepy, or happy) by using sounds, facial expressions, and body movements	Turns towards sound	NONE
6 months	Sits with help/support Can reach for and grasp objects	Communicates using sounds, babbles Responds with sounds when spoken to	Starting to develop a more regular eating and sleeping schedule	Can identify familiar people by accepting them when they reach out to carry him/her
9 months	Begins to crawl and creep	Imitates actions of caregiver, like waving "bye-bye" and shaking the head "no-no"	Learns to think through play, for example, when a ball is thrown out of sight, looks for the ball	Identifies and takes an interest in people
12 months	Can stand and walk while holding on to furniture or a hand Claps both hands together	Can say one or two syllable words, like mama and dada Understands when being cautioned	Attempts problem solving, for example, tries to search and find an object that drops from the table	May cry when mother and other caregivers leave

Domain	**Body** How children's bodies grow and move, including both big (gross motor) and small (fine motor) movements	**Language** How children communicate, both what a child understands and what they are able to say/express	**Mind** How children think, understand, and make sense of their environments	**Relationships** How children connect with others, and express and understand emotions
18 months	Walks without support Neat pincer grasp: the child can pick up small objects, such as pebbles, with precision using the tips of his thumb and index finger	Words are pronounced more clearly Repeats words after others	Very curious, identifies objects and plays with them	Beginning to understand his/her feelings and other people's feelings too
24 months	Can run and jump with both feet Scribbles spontaneously and can imitate a stroke	Begins to ask questions Responds to questions and directions	Concentrates for short periods of time	Wants to do things on his/her own

Source: Milestone Source: Ministry of Gender, Children and Social Protection. 2018. *Early Childhood Care and Development Standards (0-3 Years).* Accra, Ghana: Ministry of Gender, Children and Social

Learning Objective 2: Demonstrate and practice counselling on monitoring child development, identifying warning signs, and knowing when to seek referral, using individual counselling and group session facilitation skills

Methodology: Role-play and group discussion

Time: 40 minutes

Instructions

Activity 1: Monitoring Child Development Individual Counselling Role-Play (40 minutes)

1. Ask participants to find "Counselling Card 5" in the *Counselling Cards* and give participants 3 minutes to read the Key Messages and Practical Tips for this card.
2. Participants will role-play an individual counselling session.
3. Have participants break into small groups of 4–5 people. In each group, one person will volunteer to be the counsellor and one person will volunteer to be the caregiver. Everyone else will be observers.
4. Give the volunteer counsellor and caregiver 5 minutes to review their roles using "Handout 10.3: Monitoring Child Development Individual Counselling Role-Play." There are 4 scenarios total, so if you have more than 4 groups, some groups may discuss the same scenario. The volunteers will also need their *Counselling Cards* for this session. The counsellor will use "Counselling Card 5" for the role-play.
5. Instruct the volunteer counsellor in each group to conduct an individual counselling session with the caregiver on monitoring children's development. Give participants 15 minutes to conduct the role-play.
6. Debrief the role-play for 10 minutes in a large group discussion with all participants. **Say, "Each of these scenarios presents a different challenge for the counsellor. In some scenarios, you have caregivers who were concerned about their child's development, and in others, the child seems to be growing and developing well. The scenarios also take place in different settings, including a home visit, a health facility, and following a group session."**
7. Ask the counsellors from each group for feedback on their role-playing experiences. **Ask, "How did it feel to counsel on child development? Did you use any other counselling cards aside from 'Counselling Card 5'?" If so, which one and why did you use it?"**
8. Request feedback from the caregivers in each group about their role-playing experiences. **Ask, "How did the counsellor respond to the caregiver's concerns? What did it feel like to explain concerns you have for your child's development? How did this vary depending on the setting you were in, such as home visit versus health facility?"**
9. Explain to participants that the information on "Counselling Card 5" is really important but that the topic can be challenging to discuss with caregivers. It may feel easier or more natural to discuss topics like responsive care and play, but incorporating questions about child

development and concerns that caregivers may have will enable you to identify caregivers who would benefit from the information on "Counselling Card 5."

10. Next, ask for 2 volunteers to share an example of how it is different to use "Counselling Card 5" in a group session than in an individual counselling session. Ask the volunteers to share an example of a group activity.
11. Close by reminding all participants that our role as counsellor is not to diagnose a child as having a developmental delay or disability, but rather to refer caregivers to additional support if there are concerns about the child's development. Always reassure caregivers that all children can learn and that not all children develop at the same pace.

Key Information, Learning Objective 2, Activity 1

Monitoring Child Development Role-Play Facilitator Observations

- The following scenarios are actions the counsellor should have taken based on the information shared in the role-play handout. Ideally, the counsellor should only focus on 1–2 recommendations, but there are more examples below for each of the 4 scenarios.
- **Scenario 1**
  - The counsellor should have praised the caregiver for taking such good care of all 3 of her children, such as specifically praising her for continuing to breastfeed while also providing complementary foods to her 9-month-old and/or ensuring that her 7-year-old is enrolled in school.
  - The counsellor should have counselled the caregiver on the following:
    - Children develop at their own pace, and it is okay if her child is not yet fully sitting independently and crawling. If the child is not progressing and the caregiver is concerned, the counsellor should have recommended that she follow-up at a health facility.
    - The mother-in-law's influence and how to manage interactions with her: The counsellor should have made sure that the caregiver understands that even if children develop more slowly than their peers, or if a child has a disability, it is never the fault of the mom or dad, and it is not a curse. All children can learn, but some children just need some extra time or support.
    - If time allowed, the counsellor could have counselled the caregiver on an additional topic, such as the following examples:
      - Giving examples of play activities ("Counselling Card 4") to encourage the child to practice the physical skills required to sit independently or crawl, such as providing support for her to sit while playing with household objects
      - Discussing with the caregiver if she can take some time for her own well-being ("Counselling Card 6"), as you observed she was very busy caring for both of her children during today's visit. (*Note for facilitator*: Participants may not choose to use "Counselling Card 6" because it has not been covered in detail during the training yet, but it is noted here in case a participant does choose to use it.)
- **Scenario 2**
  - The counsellor should have praised the caregiver for exclusively breastfeeding day and night and/or noticing that her child loves to smile.
  - The counsellor should have counselled the caregiver on the following:

        - All children can learn, and they learn through communication and play with their caregiver from the moment they are born.
        - Children's skills develop in sequences, for example, he can now hold his head up, and soon he will have enough physical strength to sit with support.
        - If time allowed, the counsellor could have counselled the caregiver on an additional topic, such as the following examples:
            - Using "Counselling Card 1" to help the caregiver identify the cues her baby uses to share different needs, such as wanting to play
            - Using "Counselling Card 3" or "Counselling Card 4" to provide age-appropriate communication and play activities for her 3-month-old baby.

- **Scenario 3**
    - The counsellor should have praised the caregiver for being so engaged in activities that give her granddaughter opportunities to learn and/or ensuring her granddaughter has a diverse and colourful diet.
    - The counsellor should have counselled the caregiver on the following:
        - Her concern about her granddaughter's eye should have been acknowledged. She should have been encouraged to visit a health facility for a skilled provider to do an examination. The caretaker should have been reassured that her granddaughter is showing signs that she can see well, such as pointing to and naming objects in books, but that it is important to assess any potential concerns early. The counsellor should have discussed with her any barriers to visiting a health facility and developed a plan to overcome them.
        - If time allowed, the counsellor could have counselled the caregiver on an additional topic, such as the following examples:
            - Offering to discuss "Counselling Card 3" or "Counselling Card 4" with the grandmother to share other activities she can do with her granddaughter, as she said she wants to do everything she can to make sure she is smart
            - Discussing the grandmother's well-being ("Counselling Card 6"), as she shared some concerns about financial stressors. (*Note for facilitator:* Participants may not choose to use "Counselling Card 6" because it has not been covered in detail during the training yet, but it is noted here in case a participant chooses to use it.)

- **Scenario 4**
    - The counsellor should have praised the caregivers for the father taking a new interest in engaging with his child, or for introducing complementary foods now that their son is 6 months old.
    - The counsellor should have counselled the caregivers on the following:
        - The father's concerns about his son's hearing should have been acknowledged. The father should have been reassured that some children have conditions that affect their abilities, and children may develop differently in how they move, see, hear, learn, think, or interact with others.
        - The caregivers should have been encouraged to take their son to a health facility for a hearing assessment. The counsellor should have discussed with them any barriers to visiting the facility and developed a plan to overcome them.
        - If time allowed, the counsellor could have counselled the caregiver on an additional topic, such as the following examples:

- Using the "Tips for Supporting Children with Disabilities to Engage in Play and Learning" card to provide suggestions on how to incorporate additional senses, like touch, sight, and smell, into communication and play activities from "Counselling Card 3" or "Counselling Card 4" to stimulate the child's learning—while the child needs a hearing assessment to understand if there is a problem with his hearing, these sensory adaptations will be fun for the child even if there is no issue with his hearing
- Considering counselling on how to provide the child with diverse complementary foods, as the caregivers have only introduced porridge until now.

Session 9 Key Takeaways

- All children develop at different paces, but the sequences of developmental milestones are the same. For example, a child learns to roll over, then sit, then stand, and then walk.
- We will never diagnose a child as having a developmental delay or disability. Your role as counsellor is to understand any concerns a caregiver may have and identify children who may need extra support if they are not meeting some milestones, so that you can refer them to an appropriate professional for further assessment.

Session 11. Taking Care of the Caregiver

Learning Objectives

By the end of this session, participants will be able to:

1. Understand the importance of taking care of the caregiver
2. Identify and practice strategies for supporting caregiver well-being
3. Brainstorm relevant resources that exist within and outside of the community for women, children, and families (resource mapping activity).

Materials

- Flipchart paper, flipchart stand(s), markers, and masking tape
- Notebook for each participant provided at the start of the training
- Materials for "Learning Objective 2, Activity 1":
  - 3 flipchart pages
    - One titled "A Caregiver with a Child Less than 6 Months Old"
    - One titled "A Caregiver with a Child 6–11 Months Old"
    - One titled "A Caregiver with a Child 12–24 Months Old"
- Materials for "Learning Objective 3, Activity 1":
  - One flipchart page per small group. (Groups of 3 are recommended for this activity.) Write the title, "List of Community Resources for Women, Children, and Families," with a table underneath listing the following 4 categories: caring for the caregiver resources, social and community services, health and nutrition services, and caring for child development resources (see "Key Information, Learning Objective 3, Activity 1" below). This can be prepared by the facilitators in advance, or created at the start of the small-group work.

Advance Preparation

- Review the instructions and "Key Information" for each "Learning Objective" in this session.
- Prepare and gather all of your materials from the list above.
- Review the materials in the *Counselling Cards* that will be used in this session:
  - "Counselling Card 6"

Total Duration of Session: 65 Minutes

- Learning Objective 1: Understand the importance of taking care of the caregiver (10 minutes)
  - Activity 1: Importance of Caring for the Caregiver (10 minutes)
- Learning Objective 2: Identify and practice strategies for supporting caregiver well-being (25 minutes)
  - Activity 1: Common Stressors and Strategies (20 minutes)
  - Activity 2: Deep Breathing (5 minutes)
- Learning Objective 3: Brainstorm relevant resources that exist within and outside of the community for women, children, and families (resource mapping activity) (30 minutes)
  - Activity 1: Creating Community Maps (20 minutes)

– Activity 2: Reflecting on Community Resource Maps (10 minutes)

Learning Objective 1: Understand the importance of taking care of the caregiver

Methodology: Group discussion

Time: 10 minutes

Instructions

Activity 1: Importance of Caring for the Caregiver (10 minutes)

1. Ask participants to find "Counselling Card 6" and give them 3 minutes to read the related Key Messages and Practical Tips.
2. Facilitate a group discussion about why "Counselling Card 6" is included in the *RCEL Addendum*. **Ask, "Why is caring for caregivers important? Why is a counselling card about caregiver well-being included in a package about child development?"** Use the information below to add to what participants say. See "Key Information, Learning Objective 1, Activity 1" for definitions, if needed.
    a. Caring for the caregiver is important. A caregiver's well-being and mental health can impact a child's development by reducing the quality and sensitivity of caregiving. Caregiver mental health problems can influence child development during pregnancy and throughout childhood.
    b. Evidence has shown that emotional well-being and mental health are key ingredients that enable caregivers to provide responsive caregiving.
    c. While the majority of caregivers in a given community do not have mental health problems that warrant clinical care, caregivers might still, as a consequence of living with limited support, experience feelings of excessive distress or worry. Such feelings may sometimes be referred to as depression or anxiety. In these circumstances, if caregivers do not receive emotional support, they may develop mental health problems that require clinical care.
3. Close by **saying, "Parenting is rewarding and fun, but it is not always easy because it can be stressful. Life can be full of stressful things during different periods of time in our lives. In this session, we will discuss ways you can help support caregivers who are feeling stressed or fatigued, as well as how to refer caregivers who are experiencing depression or anxiety for additional support."**

Key Information, Learning Objective 1, Activity 1

Definitions

- **Depression:** Feeling very sad and losing interest in all things, and possibly even thinking of ending your life. Caregivers showing signs of depression should be referred for additional care and treatment.
- **Anxiety:** Being worried and fearful all the time, over many things, so much so that you can't function in daily life. Caregivers showing signs of anxiety should be referred for additional care and treatment.
- **Parenting stress:** Being so worried about your ability to parent that it gets in the way of you being able to care for and be close with your child.

- **Emotions** are internal feelings. These can be positive like feeling happy, excited, or joyful, or they can be negative, like feeling angry, frustrated, disappointed, ashamed, or sad. Negative emotions are common in difficult situations. When a caregiver has a lot of negative emotions, they can flood his or her mind, making it difficult to focus on caregiving.
- **Stressful things (or stressors)** refer to external things that are happening to and around caregivers, like financial pressures, problems with sleeping or food security, or difficulties finding transport to get to the clinic. Practical stressors can affect the caregiver's health and well-being and can also have an impact on the child's development.

Learning Objective 2: Identify and practice strategies for supporting caregiver well-being

Methodology: Interactive presentation and small-group work

Time: 25 minutes

Instructions

Activity 1: Common Stressors and Strategies (20 minutes)

1. Show the flipchart page titled, "A Caregiver with a Child Younger than 6 Months Old." Ask participants to brainstorm common stressors that caregivers face in their communities when they have a child younger than 6 months old. After participants have named common stressors, display the second flipchart page titled, "A Caregiver with a Child 6–11 Months Old," and participants name common stressors for that caregiver. Finally, display the third flipchart page titled, "A Caregiver with a Child 12–24 Months Old," and participants name common stressors for that caregiver.
2. After the lists of common stressors have been developed, split participants into 3 groups, and assign one of the lists of common stressors that was just developed from the brainstorm to each group. Hand out the flipchart pages with the lists of common stressors to the relevant group. Each group will also need one blank page of flipchart paper.
3. In small groups, participants will open to "Counselling Card 6" in the *Counselling Cards*. One person from each group will read out loud the Key Messages at the top of the page and the age-specific Practical Tips for their assigned age group. Small groups should discuss the following questions. **Ask—**
    g. **"Are the strategies listed in the Key Messages relevant to the community where you work, such as creating a routine or incorporating activities you enjoy into your routine? Why or why not?"**
    h. **"Are the Practical Tips for your assigned age group listed here relevant to the community where you work? Why or why not?"**
    i. **"If the Practical Tips are not relevant, what might be more relevant?"**
    j. **"Thinking about the list of common stressors you brainstormed, what strategies might a caregiver use to address those stressors?"**
    k. **"How do other influencers in the community or in the family affect a caregiver's ability to practice self-care?"**
4. Based on the discussion, each small group makes a list of relevant strategies on the blank page of flipchart paper.
5. Move around to the small groups and add any information that is missing.

6. Ask participants to return to the large group with all participants.
7. Ask for a volunteer from each group to explain whether their group thought the Key Messages and Practical Tips on "Counselling Card 6" are relevant to the communities where they work. Share 2 strategies from their list.
8. Close the session by explaining that there are many strategies for caregivers to use when they are feeling different emotions. It's important to counsel the caregiver on strategies that are relevant to and practical for his or her life and feasible in the communities where you work. Counselling should be provided in a way that the caregiver feels understood, cared for, and supported by the counsellor. Counselling should not add pressure on the caregiver; for example, if one of the strategies you recommend doesn't solve her problems, you want to ensure she does not blame herself.

Activity 2: Deep Breathing (5 minutes)

1. **Say, "We are going to practice an exercise that can be helpful to use when someone is feeling big emotions (i.e., anger, anxiety, worry, excitement, frustration). If you prefer to close your eyes, you may do so. It will help you relax to close your eyes and block the sound around you. Slowly take in a deep breath through your nose, as if you are trying to smell something. Then, breathe out strongly through your mouth. Continue to practice this breathing a few more times."**
2. After 2 minutes, ask participants to open their eyes. **Ask, "How do you feel?"** Call on 1–2 volunteers to share.
3. **Say, "This is a strategy called deep breathing. You can use it in your own life whenever you are feeling stressed. It can also be used when counselling caregivers in a group session or during individual counselling. It can be a way to calm the mind and the body when someone is feeling stressed."**

Learning Objective 3: Brainstorm relevant resources that exist within and outside of the community for women, children, and families (resource mapping activity)

Methodology: Small-group work and brainstorm

Time: 30 minutes

Instructions

Activity 1: Creating Community Maps (20 minutes)

1. Break participants up into small groups of 3. Give each small group a page of flipchart paper and markers. Explain the small-group work.
2. Each group will create a list of resources in the community where they work using the following categories (display pre-prepared flipchart page):
    a. **Caring for the caregiver resources** (such as local women's groups)
    b. **Social and community services** (such as community forums, savings and loans groups)
    c. **Health and nutrition services** (such as local clinics, community health workers)
    d. **Caring for child development resources** (such as ECD centres, local play groups).

    These lists should contain both formal services they have in their community—including health care, nutrition, play, learning, and people—and informal support. Informal support includes people or places that support caregivers and young children even if it is not part of their job.
3. After 15 minutes, ask participants to return to the large group of all participants for a discussion.

Activity 2: Reflect on Community Resource Maps (10 minutes)

1. Ask 2 groups to volunteer to describe their list of resources. Ask participants to think about the following questions as the 2 small groups present:
    a. What resources or services may still be missing (including formal and informal resources)?
    b. What difficulties or barriers to accessing any of the resources might be experienced by the caregivers you will work with?
    c. How could you work around this?
2. Close by encouraging participants to know services and groups that exist in their communities so they can refer women to them for support:
    a. Where to go for routine growth monitoring
    b. Where to go if a child is having feeding difficulties
    c. Where to go if a child is having developmental difficulties or the caregiver is concerned about their child's development
    d. Where to go for vision screening
    e. Where to go for hearing screening
    f. Where to go for additional support for a caregiver or child with a disability
    g. Where to refer a caregiver or child when there are concerns of violence or abuse.

Key Information, Learning Objective 3, Activity 2

Flipchart for Group Work Activity: Creating Community Maps

List of community resources for women, children, and families			
Caring for the caregiver resources	**Social and community services**	**Health and nutrition services**	**Caring for child development resources**

Session 10 Key Takeaways

- Having positive emotions or negative emotions is normal. However, if negative feelings do not go away, you should recommend that caregivers seek care from a health facility. Depression and anxiety are common challenges, especially in the postpartum period, and require management.
- There are many strategies for caregivers to use when they are feeling different emotions and need to manage their stress. It's important to counsel the caregiver on strategies that are relevant to and practical for his or her life and feasible in the communities where you work.

Session 12. How to Support Children with Feeding Difficulties

Learning Objectives

By the end of this session participants will be able to:

1. Define malnutrition, feeding difficulties, poor appetite, and picky eating
2. Identify feeding difficulties and advise on strategies if feeding difficulties are identified using individual counselling skills
3. Identify feeding difficulty warning signs.

Materials

- Flipchart paper, flipchart stand(s), markers, and masking tape
- Materials for "Learning Objective 1, Activity 1":
  - Draw Figure 12.1 from "Key Information, Learning Objective 1, Activity 1" below on a page of flipchart paper.
- Materials for "Learning Objective 2, Activity 1":
  - "Training Aid 12.1: Problem and Solution Cards for Children with Feeding Difficulties"
    - Arrange the cards in a pile in the front of the room.

Advance Preparation

- Review the instructions and "Key Information" for each "Learning Objective" in this session.
- Prepare and gather all of your materials from the list above.
- Review the materials in the *Counselling Cards* that will be used in this session:
  - "Special Circumstances Counselling Card 7"

Total Duration of Session: 70 Minutes

- Learning Objective 1: Define malnutrition, feeding difficulties, poor appetite, and picky eating (25 minutes)
  - Activity 1: Definitions (25 minutes)
- Learning Objective 2: Identify feeding difficulties and advise on strategies if feeding difficulties are identified using individual counselling skills (25 minutes)
  - Activity 1: Character Cards (25 minutes)
- Learning Objective 3: Identify feeding difficulty warning signs (20 minutes)
  - Activity 1: Warning Signs of Feeding Difficulties (20 minutes)

Learning Objective 1: Define malnutrition, feeding difficulties, poor appetite, and picky eating

Methodology: Brainstorm and interactive presentation

Time: 25 minutes

Instructions

Activity 1: Definitions (25 minutes)

1. Facilitate a group discussion around the following questions. Use the definitions below, as needed:
    a. **Ask, "How do you define malnutrition and how does it relate to feeding?"**

        Answer: Malnutrition refers to deficiencies, excesses, or imbalances in a person's intake of energy and or nutrients, it includes undernutrition (wasting, stunting, underweight), inadequate vitamins or minerals, overweight, obesity and resulting diet – related non-communicable disease. More specifically undernutrition, is when the body does not receive enough nutrients to grow and develop. It is caused by not having enough to eat, having a diet that lacks proper nutrition or food variety, or not being able to properly absorb nutrients from food, such as when someone is sick. Even though one of the causes of malnutrition is not having enough to eat, sometimes malnutrition itself can also cause a child to lose their appetite, or not feel like eating. This is especially true if the child is also sick with another illness, such as diarrhoea.

    b. If not discussed in response to the first question, **ask, "What is poor appetite? How does it relate to feeding and malnutrition?"**

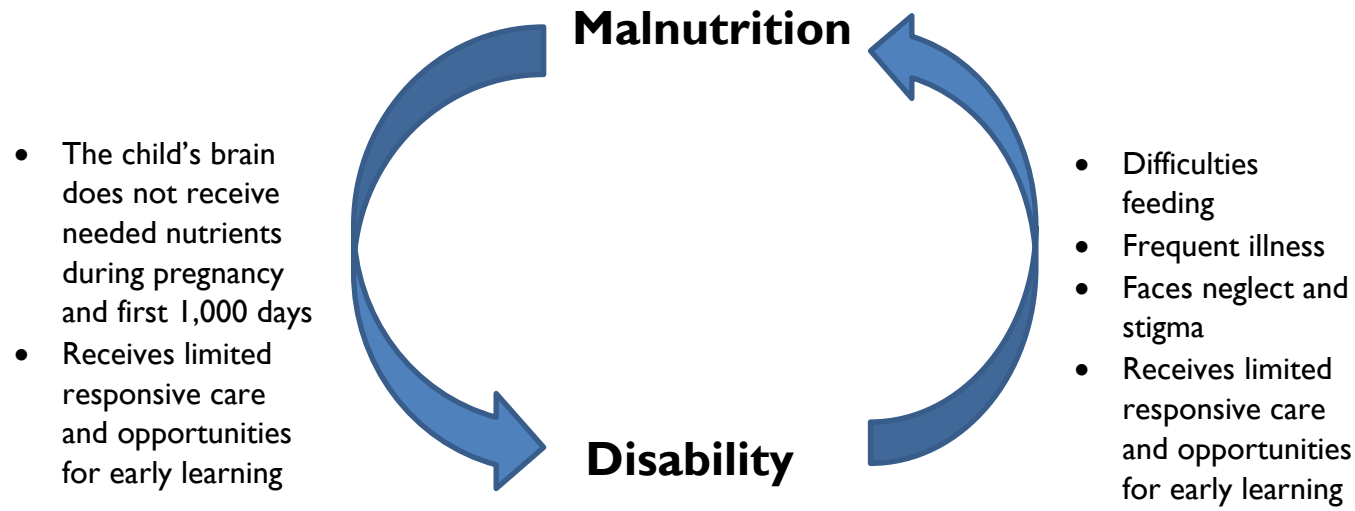
        Answer: Poor appetite is most commonly observed during a period of acute illness, such as when a child has a fever, diarrhoea, or other infection. The child may feel less hungry and have less desire to eat. This can impact feeding and lead to malnutrition.

2. **Say, "Now that we have defined malnutrition and poor appetite, let's also discuss the term 'feeding difficulties,' which may be new to some of you. The term feeding difficulties can be used to describe a wide variety of feeding behaviours that are considered to be problematic for a child or family. Some feeding difficulties are things that are directly related to the mechanics of feeding, such as a baby who cannot suck well or a child who is not able to chew their food. Other feeding difficulties are related to things that can make the feeding process more difficult, such as a child who is not able to control their body and therefore cannot sit upright to eat. In this training, we use the term feeding difficulties to refer to all these concerns."**
3. **Say, "Many caregivers experience feeding difficulties with their young children at some point, and feeding difficulties are even more common among children with disabilities. In this session, we will focus on identifying feeding difficulties and how you can better support caregivers to address these difficulties, especially among children with disabilities. Malnutrition and disability have an interconnected relationship—this means that malnutrition can lead to disability, and disability can lead to malnutrition."** Show the flipchart with the figure from "Key Information, Learning Objective 1, Activity 1" below.

4. Point to the right side of the figure and **say, "Remember that Impairment + Barrier(s) = Disability. A child with a disability may have a feeding difficulty, which can result in malnutrition if the child is not given the proper support and treatment to reduce their barriers to feeding. For example, children with cerebral palsy may have impairments such as stiff and weak muscles that can make it difficult for them to control their head, neck, and other parts of their body, which may make feeding more challenging. An assistive product, such as a supportive seat or wheelchair, can improve the child's head and postural control, making it easier and safer for them to feed."**
5. Point to the left side of the figure and **say, "A child with malnutrition may have low energy. Caregivers may not engage her in opportunities for early learning, which, along with the negative effects of malnutrition, can lead to delayed development and disability."** Explain that we want to break this cycle by supporting caregivers to address feeding difficulties that their child may experience.
6. Ask participants to find "Special Circumstances Counselling Card 7" in the *Counselling Cards* and give them 3 minutes to look at the illustrations on the front of the card. **Say, "The feeding difficulties pictured on this card are common among children with disabilities. The first illustration on the front shows a little boy who has difficulty controlling his head and body."** Ask for a participant to describe what else they notice about this illustration. Continue in this way, briefly describing the second and third illustrations, and asking for a participant to describe what else they notice. Then, give participants 3 minutes to read the Key Messages and Practical Tips on the back of the card.
7. **Say, "We also have additional messages on the back of the card about poor appetite and picky eating that may be appropriate for all children. Picky eating, or fussy eating, is something that can be common among children aged 1–2 years and older. A child may develop this behaviour for different reasons, including a physiological decrease in appetite starting around one year of age; parental behaviours, such as making a child who only eats small amounts eat more; a child's desire to be more autonomous and want to self-feed and/or select his or her own foods; and a slow uptake of new tastes and smells. We will discuss these more in 'Learning Objective 2, Activity 1.'"**

Key Information, Learning Objective 1, Activity 1

Figure 12.1: Cycle of Malnutrition and Childhood Disability



Adapted from: International Center for Evidence in Disability

Learning Objective 2: Identify feeding difficulties and advise on strategies if feeding difficulties are identified using individual counselling skills

Methodology: Small-group work

Time: 25 minutes

Instructions

Activity 1: Character Cards (25 minutes)

1. Divide participants into 6 small groups.
2. Assign each group one "problem" card (red card) from "Training Aid 12.1: Problem and Solution Cards for Children with Feeding Difficulties," and distribute these cards to the groups.
3. In their small groups, participants should discuss the following questions, using the feeding difficulties and Practical Tips from "Special Circumstances Counselling Card 7," and write their responses on a page of flipchart paper:
    a. Look at your card. Based on the counsellor's assessment and your observations of the child and caregiver illustrations, what do you think the feeding difficulty is? What is your analysis?
    b. Based on your analysis, how would you counsel the caregiver of this child?
4. After 10 minutes, all participants return to the large group for discussion.
5. One volunteer from each group presents their character card and their small-group work.
6. Fill in any information from the corresponding "solution" card (green card) and pass around the card so participants can observe the "solution" illustrations (see "Key Information, Learning Objective 2, Activity 1, Part 1").
7. Close by **asking, "What strategies will you use to identify children in your communities or program with feeding difficulties?"** It is important to remind participants that they may identify a child who would benefit from "Special Circumstances Counselling Card 7" during discussions on "Counselling Card 5." Read the relevant content from "Special Circumstances Counselling Card 7" in "Key Information, Learning Objective 2, Activity 1, Part 2."

Key Information, Learning Objective 2, Activity 1, Part 1

Child with Feeding Difficulties Card 1 (Solution): 8-month-old girl

- **Analyse**
    - The baby has difficulty controlling her head or body.
    - She has a poor appetite and therefore may not be gaining weight appropriately.
- **Act**
    - The counsellor should counsel the caregiver on the following:
        - Positioning
        - More frequent, smaller meals spread out throughout the day
        - Responsive feeding

        - Monitoring growth and seeking care if she is not growing well.

Child with Feeding Difficulties Card 2 (Solution): 3-week-old boy

- **Analyse**
  - The mother is having difficulties getting the baby to latch onto her breast.
- **Act**
  - The counsellor should counsel the caregiver on the following:
    - Different breastfeeding positions for small babies (this example is the cross-cradle position which is good for small babies)
    - Making sure the baby's head and whole body is supported and that his head is brought to the mom's breast.

Child with Feeding Difficulties Card 3 (Solution): 21-month-old boy

- **Analyse**
  - He has difficulty controlling his head or body.
  - He has difficulty chewing or swallowing.
- **Act**
  - The counsellor should counsel the caregiver on the following:
    - Positioning
    - Thickening liquids
    - Pureeing foods, like avocado and cooked carrots, that are smoother and easier for him to eat than potatoes, and adding variety to his food
    - Giving mashed foods when he is able to control them in his mouth
    - Seeking help at the health facility for additional support.

Child with Feeding Difficulties Card 4 (Solution): 23-month-old girl

- **Analyse**
  - She has difficulty self-feeding.
  - She is showing picky eating behaviours.
- **Act**
  - The counsellor should counsel the caregiver on the following:
    - Using modified utensils and a steep-sided plate. (Note: A plate with steep sides makes eating easier for a child who has difficulty self-feeding. A steep-sided plate can be made from a small, clean plastic bucket by cutting the bucket as shown in the image above.)
    - Offering healthy foods when she is hungry before her favourite foods, and encouraging her to try to feed them to herself
    - Exploring different options for healthier foods, such as squash or orange flesh sweet potatoes, which can have a sweeter flavour than other foods
    - Using verbal praise and play as rewards for her efforts to self-feed and try anything new.

Child with Feeding Difficulties Card 5 (Solution): 2-week-old girl

- **Analyse**

  - The mother thinks she doesn't have enough breastmilk.
  - The mother is feeding less than 8 times in 24 hours.
- **Act**
  - The counsellor should counsel the caregiver on the following:
    - Listening to the mother's concerns and why she thinks she does not have enough milk
    - Counselling on increasing frequency of breastfeeding by alerting and stimulating the baby to breastfeed, and breastfeeding as often and as long as the baby wants, day and night (at least 8–12 times in 24 hours)
    - Looking for good attachment and effective suckling, and counselling as needed
    - Assessing the baby's weight and growth (if poor weight gain, refer to a health facility)
    - Engaging with the mother-in-law and husband to support and encourage the mother.

Child with Feeding Difficulties Card 6 (Solution): 20-month-old boy

- **Analyse**
  - He is showing picky eating behaviours.
- **Act**
  - The counsellor should counsel the caregiver on the following:
    - Waiting until the child is hungry to give him healthy foods he has not liked in the past—he may be more willing to try them when he is hungry
    - Letting him feed himself—this will help him feel like he is in control of what he is eating
    - Not using food as a reward or punishment—the child will eat when he is hungry
    - Practicing responsive feeding.

Key Information, Learning Objective 2, Activity 1, Part 2

- From "Counselling Card 5," the counsellor may also identify a caregiver who is concerned about their child's feeding or shares any difficulties with feeding. The counsellor can use the Practical Tips on "Counselling Card 5" to respond to the caregiver's concerns.
  - IF CONCERNS, SAY, I would be happy to talk with you about some strategies to help your child to feed. If the problems persist, you should visit a health facility. (See "Special Circumstances Counselling Card 7.")
  - WARNING SIGNS FOR REFERRALS: Seek care immediately if your child is losing weight, frequently coughs or tears while feeding, has rigid muscles or jaw clenching that prevent feeding, vomits frequently, or sweats excessively or tires quickly when feeding.

Learning Objective 3: Identify feeding difficulty warning signs

Methodology: Group discussion

Time: 20 minutes

Instructions

Activity 1: Warning Signs of Feeding Difficulties (20 minutes)

1. Participants remain in the large group for a discussion.
2. **Say, "Now we are going to discuss feeding difficulty warning signs. A feeding difficulty warning sign requires urgent attention and referral, as it may indicate illness or serious concerns about feeding safety. These warning signs may be seen in children who are breastfeeding and in children who have started complementary feeding."**
3. Ask for a volunteer to read the third bullet under Key Messages from "Special Circumstances Counselling Card 7." (This is also in "Key Information, Learning Objective 3, Activity 1.")
4. Tell the participants that you will read a description of each of the 4 warning signs that are listed in the Key Messages from "Special Circumstances Counselling Card 7" and what they can look for when counselling caregivers:
    a. A child who coughs frequently or produces tears while feeding may cough or choke during or after swallowing food or liquid; may experience eyes watering during or after swallowing food or liquid; may experience the sensation of food being stuck in their throat during, following, and/or in-between meals; may feel like there's a "lump" in the throat; may have a wet or raspy sounding voice during or after swallowing food or liquid; may breathe noisily or quickly after eating or drinking; may have food or liquids come out of the nose during or after a feeding; may gag during feeding; may get respiratory infections often; and/or may experience weight loss.
    b. A child who is breathing fast or whose breathing is becoming wet sounding after swallowing food or liquid may have a weak cry and/or their breathing may become unusually fast, which means more than 50 breaths per minute in a baby aged 2–12 months or more than 40 breaths per minute in a child aged 12 months–5 years.
    c. A child who sweats excessively or tires quickly when feeding may fall asleep quickly when feeding or sweat following eating, even when it is not warm or humid.
    d. It is considered a warning sign when a child who vomits after feeding vomits everything they eat. The child may also become dehydrated because of the vomiting. A child who is dehydrated may have dark yellow urine, reduced amount of urine, a very dry mouth and tongue, and/or little to no tears when they cry.
5. **Ask—**
    a. **"Have you seen a child who is showing any of these warning signs? What did they look or sound like?"**
    b. **"As the counsellor, what did you do, or what could you do, to help a caregiver who has a child showing any of these warning signs? Where could you refer a caregiver for more support?"**
6. Fill in any gaps and correct misunderstandings.

7. Close by emphasizing that feeding difficulty warning signs require an immediate referral to a facility. Remind participants of the counselling steps. It is especially important that the counsellor takes time to assess and analyse the problem or concern that the caregiver has. This will ensure that the counsellor provides individualized and specific counselling to the caregiver.

Key Information, Learning Objective 3, Activity 1

Key Messages about Warning Signs from "Special Circumstances Counselling Card 7"

- Seek immediate care at a facility if your child is losing weight, or displays warning signs like frequent coughing or tearing while feeding, jaw tightening that prevents feeding, fast breathing or breathing becoming wet sounding, excessive sweating or tiring quickly when feeding, or vomiting after feeding.

Session 11 Key Takeaways

- Children with disabilities are at high risk for malnutrition. One reason for this is that children with disabilities may have feeding difficulties.
- Children without disabilities can also experience feeding difficulties.
- Feeding difficulties can be addressed through appropriate support, such as improved positioning, modifying food textures, an assistive product, or other strategies.
- Children with feeding difficulties may benefit from additional follow-up at a health facility. Children who are losing weight or showing any warning signs must be immediately and urgently referred.

Session 13. Reflections on What We Have Learned and Post-Assessment

Learning Objectives

By the end of this session, participants will be able to:

1. Discuss 1–2 things they learned and/or liked about the training; ask clarifying questions of the facilitators. (*Note for facilitator regarding the training of health workers and facilitators*: During the training of health workers and facilitators the focus of this reflection is on day 2 of the training only.)
2. Identify strengths and weaknesses of their RCEL knowledge (post-assessment) (*training of community health counsellors only*).
3. Express their level of satisfaction with the training. (*Note for facilitator regarding the training of health workers and facilitators:* The participants will evaluate day 2 of the training.)

Materials

- Rubber ball or rolled-up ball of paper
- Materials for "Learning Objective 2, Activity 1, Option 1":
  - "Handout 1.1: Answer Key and Scoring Sheet for Pre- and Post-Assessment" in annex 4
    - Use the same copy that was used during the pre-assessment if conducting an unwritten post-assessment.
- Materials for "Learning Objective 2, Activity 1, Option 2":
  - "Handout 1.2: Written Assessment for the *RCEL Addendum* Training" in annex 4
    - Print enough copies for all training participants if conducting a written post-assessment.
- Materials for "Learning Objective 3, Activity 1":
  - "Training Aid 6.1: Happy Face, Neutral Face, Sad Face"
    - Use the same one that was used during "Session 6."

Advance Preparation

- Review the instructions for each "Learning Objective" in this session.
- Prepare and gather all materials from the list above.

Total Duration of Session: 60 Minutes

- Learning Objective 1: Discuss 1–2 things learned and/or liked about the training; ask clarifying questions of facilitators (30 minutes) (*Note for facilitator regarding the training of health workers and facilitators*: During the training of health workers and facilitators the focus of this reflection is on day 2 of the training only.)
  - Activity 1: Reflections on the Training (30 minutes)
- Learning Objective 2: Identify strengths and weaknesses of RCEL knowledge (post-assessment) (*training of community health counsellors only)* (30 minutes)
  - Activity 1: Unwritten Post-Assessment *(Option 1)* (30 minutes)
  - Activity 1: Written Post-Assessment *(Option 2)* (30 minutes)

- Learning Objective 3: Express level of satisfaction with the training (less than 5 minutes)
  - Activity 1: Training Evaluation (less than 5 minutes) (*Note for facilitator regarding the training of health workers and facilitators:* The participants will evaluate day 2 of the training.)

Learning Objective 1: Discuss 1–2 things learned and/or liked about the training; ask clarifying questions of the facilitators

Methodology: Group reflection

Time: 30 minutes

Instructions

Activity 1: Reflections on the Training (30 minutes)

1. Lead a wrap-up session to help participants summarize some of the key lessons learned during the training. (*Note for facilitator regarding the training of health workers and facilitators*: During the training of health workers and facilitators the focus of this reflection is on day 2 of the training only.)
2. Ask participants to sit or stand in a circle.
3. Toss a rubber ball or rolled-up ball of paper to various participants and ask them one of the questions below. If the participant doesn't know an answer, tell them it's okay and see if he/she can toss the ball to someone else to help. If after 2 tosses, the participant hasn't been able to answer, ask for a volunteer or provide a brief recap. The activity continues in this way until all participants have had a turn, or you reach the end of time (whichever comes first).
   Ask—
   a. "**What can caregivers do to help their children learn?"**

      Answer: To help their children learn, caregivers can play, interact, and talk with their child all the time.

   b. **"What are the 4 domains of development?"**

      Answer: Body, mind, language, relationships

   c. **"What do you do if a caregiver shares with you that their child has difficulty hearing or seeing?"**

      Answer: Refer the caregiver and child to the health facility

   d. **"Who can name 2 common causes of disability?"**

      Answer: Genetics, complications during delivery/birth, brain injury, infections during pregnancy or early childhood (e.g., meningitis, severe malaria, Zika, etc.), exposure to smoking/alcohol during pregnancy, being born very early, malnutrition (especially during pregnancy)

   e. **"What are 2 strategies that can be shared to promote caregiver well-being?"**

      Answer: Deep breathing, sharing with a confidant, taking time to do something fun/relaxing, asking for help

      (*Note for facilitator:* This question comes from the content in "Session 11," which is not covered on the second day of the training of health workers and facilitators.)

f. "**What are the feeding difficulties addressed in 'Special Circumstances Counselling Card 7'?"**

Answer: Difficulty latching onto the breast, difficulty self-feeding, persistent difficulty chewing or swallowing, difficulty controlling head or body, picky eating, and poor appetite

(*Note for facilitator:* This question comes from the content in "Session 11," which is not covered on the second day of the training of health workers and facilitators.)

4. Ask if there are any questions and respond.
5. Review the overall training key takeaways before starting the post-assessment. (*Note for facilitator regarding the training of health workers and facilitators*: During the training of health workers and facilitators do not review the overall training key takeaways during this session because there is still one more day of training remaining. The post-assessment will also be conducted on day 3 of the training of health workers and facilitators.)

Overall Training Key Takeaways

- All 5 components of nurturing care—good health, adequate nutrition, responsive care, opportunities for early learning, and safety and security—are equally important and interrelated. All children need nurturing care, and, as a counsellor, you have an important role to play in dispelling myths about children with disabilities to make sure they receive the care and support they need from their family and the community.
- This training has focused on supporting early learning and responsive interactions between caregivers and children because these are often lacking in training programs even though they are the most powerful tools for building healthy brains.
- Remember that responsive care is responding to a child's cues and early learning is communicating and playing with a child.
- We also talked about caregiver well-being and monitoring child development, as these are critical components to supporting overall child development. It is important for caregivers to understand that children develop at different paces but that they all follow the same sequence of development.
- Lastly, we introduced concepts on how to address common feeding difficulties, particularly those that are common among children with disabilities. Being able to identify and counsel on feeding difficulties can help improve nutrition and ensure safe feeding practices.
- The *Counselling Cards* are your tool to help you when counselling caregivers and families or when conducting group sessions in the community. You will not be able to remember everything from this training right away. It will take practice before the new topics you have learned become routine. Use the job aids (blue pages) and handouts to help prepare for individual and group sessions.

Learning Objective 2: Identify strengths and weaknesses of RCEL knowledge (post-assessment) (*training of community health counsellors only*)

Methodology: Unwritten or written assessment

Time: 30 minutes

Instructions

Use the same approach used for the pre-assessment (i.e., unwritten or written).

Activity 1: Unwritten Post-Assessment *(Option 1)* (30 minutes)

1. Ask the participants to form a circle (sitting or standing) with their backs facing the centre.
2. Explain that 20 statements will be read out loud. Emphasize that without looking at the other participants, each participant will use his/her hands to respond to the statement. If they agree with or think the statement is true, participants should raise their hand with an open palm; if they disagree with or think the statement is false, they should raise their hand with a closed fist; and if they don't know or are unsure of the answer, they should raise their hand with 2 fingers pointing in the shape of the letter "V." (Quickly demonstrate each action 2–3 times to ensure that participants understand the instructions.)
3. Reads the statements from the post-assessment (see "Handout 1.1: Answer Key and Scoring Sheet for Pre- and Post-Assessment"), and record the number of participants who answered true, false, or don't know/no answer, and notes which topics, if any, were confusing.
4. At the end of the post-assessment, congratulate the participants and thank them for their hard work during the training.
5. Ask participants to evaluate the training as they leave the room.

Activity 1: Written Pre-Assessment *(Option 2)* (30 minutes)

1. Give each participant one copy of "Handout 1.2: Written Assessment for the *RCEL Addendum* Training."
2. Explain that participants should answer each question in the assessment to the best of their ability, marking true, false, or don't know with a pen.
3. Give participants at least 25 minutes to complete the post-assessment, if needed.
4. Collect all copies of the post-assessment, checking that each participant has written their name at the top of the page.

Learning Objective 3: Express level of satisfaction with the training

Methodology: Individual reflection

Time: Less than 5 minutes

Instructions

Activity 1: Training Evaluation (less than 5 minutes)

1. Ask participants to evaluate the training as they leave the training room by placing a bottle cap or small piece of paper on top of the smiley face that indicates their level of satisfaction with the day, using "Training Aid 6.1: Happy Face, Neutral Face, Sad Face." (*Note for facilitator regarding the training of health workers and facilitators:* The participants will evaluate day 2 of the training.)

END OF TRAINING OF COMMUNITY HEALTH COUNSELLORS

Training of Health Workers and Facilitators Sessions

Facilitator Session A. Orientation to the *RCEL Addendum* Materials and Training

Learning Objectives

By the end of this session participants will be able to:

1. Understand the approaches to the *RCEL Addendum* training
2. Know the different *RCEL Addendum* materials.

Materials

- Materials for "Learning Objective 1" and "Learning Objective 2":
  - One *Facilitator's Guide* per participant
  - One *Training Aid* per participant
  - One *Participant Handouts* per participant
  - One set of *Counselling Cards* per participant
  - Flipchart and marker

Advanced Preparation

- Review the instructions for each "Learning Objective" in this session. Adapt as needed to align with your program.
- Prepare and gather all of your materials from the list above.

Total Duration of Session: 50 Minutes

- Learning Objective 1: Understand the approaches to the *RCEL Addendum* training (20 minutes)
  - Activity 1: Reflect on Training Approaches (20 minutes)
- Learning Objective 2: Know the different *RCEL Addendum* materials (30 minutes)
  - Activity 1: Review the *RCEL Addendum* Materials (30 minutes)

Learning Objective 1: Understand the approaches to the *RCEL Addendum* training

Methodology: Interactive presentation

Time: 20 minutes

Instructions

Activity 1: Reflect on Training Approaches (20 minutes)

1. **Ask, "Why do you think we have asked everyone to sit in a circle for this training?"**
2. Explain why participants and facilitators sit in a circle for the *RCEL Addendum* training:
   a. All participants and facilitators can see each other.
   b. Facilitators are part of the circle, not "instructors" who lecture.

c. There are no barriers (tables) so that participants can easily cross the circle and form working groups.

d. It models openness.

3. Explain that the training of health workers and facilitators is also meant to serve as a model for how the training would be conducted in the community:

    a. Model community setting by sitting in a circle on mats, benches, or chairs.

    b. Use low-tech training methodology (e.g., no PowerPoint presentations).

4. **Ask, "What is the role of a facilitator?"**

5. Explain that a facilitator is one who guides adult learning through discussions and interactive activities.

6. Ask participants if they have any questions and respond.

Learning Objective 2: Know the different *RCEL Addendum* materials

Methodology: Interactive presentation

Time: 30 minutes

Instructions

Activity 1: Review the *RCEL Addendum* Materials (30 minutes)

1. Distribute one set of the *Facilitator's Guide, Training Aid, Participant Handouts,* and *Counselling Cards* to each participant. Let participants know that these are their tools to keep.

2. Write the names of the *RCEL Addendum* materials on a flipchart and ask facilitators to identify each component of their materials:

    a. *Facilitator's Guide*

    b. *Training Aid*

    c. *Participant Handouts*

    d. *Counselling Cards*

3. Explain that the *Facilitator's Guide* and the *Training Aid* are only for use by facilitators during the trainings and that participants are going to take a few minutes to examine the content.

4. Ask participants to locate different components in the *Facilitator's Guide*, such as the training agenda, orientation to the session layout, and the annexes.

5. Explain that the *Training Aid* contains materials for activities throughout the training. Participants will be responsible for keeping their *Training Aid* materials organized so that they can reuse the materials over and over. Ask participants to look through the contents, paying attention to the summary pages, which show all the materials used in each session.

6. Explain that the *Participant Handouts* are for participants to use during the training and to keep after the training has finished to refer to when using the *RCEL Addendum* to counsel caregivers. There are 2 handouts that are used during the optional sessions. However, the handout with examples of homemade toys can be used by counsellors when counselling caregivers even if the session is not included in their training.

7. Explain that the *Counselling Cards* are the tools that the counsellors will use when delivering the *RCEL Addendum* in the community and that they are going to now take a few minutes to examine the content.
8. Ask for one volunteer to read through the Key Messages and Practical Tips for "Counselling Card 3." All participants should follow along in their *Counselling Cards*.
9. Ask for another volunteer to do the same with "Counselling Card 6."
10. This is just a brief orientation to the Training Package materials and there will be many more opportunities to become familiar with the materials throughout the course of the training.
11. **Say, "The *Counselling Cards* are intended to aid counsellors in their work and serve as a reference, or job aid, for information to share and discuss with caregivers. As a facilitator, we want to focus on building the skills and confidence of counsellors to engage in tailored counselling to the audience and use these tools as a resource for supporting caregivers of young children."**
12. Ask participants if they have any questions and respond.
13. Close by asking participants to read the "Overview" section of the *Facilitator's Guide* as homework tonight if they haven't done so already (particularly if they did not receive the *Facilitator's Guide* before the training). This section contains important information that all facilitators conducting the training need to know.

Facilitator Session A Key Takeaways

- Our role as facilitators is to build the skills and confidence of counsellors to engage in tailored counselling on RCEL to support young children's development.
- The *Facilitator's Guide* and *Training Aid* are the facilitator's tools for delivering the training to counsellors. You will be responsible for keeping your *Training Aid* organized to use over and over again.
- The *Counselling Cards* are intended to aid counsellors in their work and to serve as a reference, or job aid, for information to share and discuss with caregivers.
- The *Participant Handouts* are used during the training and should be kept by participants to refer to when using the *RCEL Addendum* with caregivers.

Facilitator Session B. Orientation to the IYCF/RCEL Counselling Flow Chart for Child Welfare Services

Learning Objectives

By the end of this session participants will be able to:

1. Understand the purpose of the *IYCF/RCEL Counselling Flow Chart for Child Welfare Services* and when to use it.

Materials

- Materials for "Learning Objective 1, Activity 1":
  - One set of *Counselling Cards* per participant

Advanced Preparation

- Review the instructions for each "Learning Objective" in this session.
- Prepare and gather all of your materials from the list above.
- Review the materials in the *Counselling Cards* that will be used in this session:
  - "IYCF/RCEL Counselling Flow Chart for Child Welfare Services"

Total Duration of Session: 50 Minutes

- Learning Objective 1: Understand the purpose of the *IYCF/RCEL Counselling Flow Chart for Child Welfare Services* and when to use it. (60 minutes)
  - Activity 1: Orientation to the Flow Chart (20 minutes)

Learning Objective 1: Understand the purpose of the *IYCF/RCEL Counselling Flow Chart for Child Welfare Services* and when to use it

Methodology: Interactive presentation

Time: 60 minutes

Instructions

Activity 1: Orientation to the Flow Chart (60 minutes)

1. Ask participants to open their *Counselling Cards* to the "IYCF/RCEL Counselling Flow Chart for Child Welfare Services" card.
2. **Say, "As health workers, we face many challenges to deliver quality counselling services including high attendance and heavy workloads. As you have seen so far, we also have an opportunity to better integrate responsive care and early learning counselling and support services into the work we do, which are underemphasized compared with services for and information on nutrition and physical growth. To**

better integrate RCEL content with IYCF counselling in your day-to-day work, an algorithm-type flow chart tool with decision logic has been created. The flow chart aims to streamline workflow, ensure children at highest risk of malnutrition or developmental delays receive tailored counselling and support, and simplify contacts for those who are not at risk."

3. Give participants about 10 minutes to read through the "IYCF/RCEL Counselling Flow Chart for Child Welfare Services" card on their own.
4. In groups of 3-4, tell participants to go around in the small group and read a box out loud from the top down. Then for the green, yellow, red section - read the green boxes, then yellow, then red.
5. In small groups, discuss the following questions:
    a. How do you see this being used in your daily work?
    b. How do you think it will help streamline workflow?
    c. How do you think it will help you prioritize children who are most at risk?
6. Come back together as a large group and report-out briefly on the small group discussions.
7. Ask participants if they have any questions and respond. Tell participants that the flow chart is designed to be used during individual counselling sessions as part of child welfare services. We will also have more opportunities throughout the training to practice using the flow chart.

Facilitator Session B Key Takeaways

- The "IYCF/RCEL Counselling Flow Chart for Child Welfare Services" is aimed at streamlining workflow, ensuring children at highest risk of malnutrition or developmental delays receive tailored counselling and support, and simplifying contacts for those who are not at risk.
- The flow chart can be used during individual counselling visits as part of child welfare services.

Facilitator Session C. Opening Day 3 and Recapping Day 2

Learning Objectives

By the end of this session participants will be able to:

1. Know what to expect on day 3 and discuss new things learned from day 2.

Materials

- Materials for "Learning Objective 1, Activity 1":
  - Rubber ball or rolled-up ball of paper

Advanced Preparation

- Review the instructions for the "Learning Objective" in this session.

Total Duration of Session: 30 Minutes

- Learning Objective 1: Know what to expect on day 3 and discuss new things learned from day 2
  - Activity 1: Review Day 3 and Recap Day 2 (30 minutes)

Learning Objective 1: Know what to expect on day 3 and discuss new things learned from day 2

Methodology: Group and individual reflection

Time: 30 minutes

Instructions

Activity 1: Review Day 3 and Recap Day 2 (30 minutes)

1. Ask participants to sit or stand in a circle.
2. Review the plans for day 3, referring participants to the training agenda, and reading the names of the sessions that will be covered.
3. Lead a review session to help participants reflect on what they learned during day 2.
4. Toss a rubber ball or rolled-up ball of paper to various participants and ask them one thing they learned yesterday or one question they have. If they ask a question, ask for participants to respond first and fill in missing information. The activity continues in this way until all participants have had a turn, or you reach the end of time (whichever comes first).
5. Ask if there are any questions and respond.

Facilitator Session D. Principles of Mentorship

Learning Objective

By the end of this session participants will be able to:

1. Describe key components of mentorship
2. Describe the role and characteristics of a mentor.

Materials

- Flipchart paper, flipchart stand(s), markers, and masking tape
- Materials for "Learning Objective 1, Activity 1":
  - One blank flipchart page per small group
- Materials for "Learning Objective 2, Activity 1":
  - One blank flipchart page per small group

Advance Preparation

- Review the instructions and "Key Information" for each "Learning Objective" in this session.
- Prepare and gather all of your materials from the list above.

Total Duration of Session: 50 Minutes

- Learning Objective 1: Describe key components of mentorship (20 minutes)
  - Activity 1: Describe Mentorship (20 minutes)
- Learning Objective 2: Describe the role and characteristics of a mentor (30 minutes)
  - Activity 1: Roles of Mentors (30 minutes)

Learning Objective 1: Describe key components of mentorship

Methodology: Interactive presentation and small-group work

Time: 20 minutes

Instructions

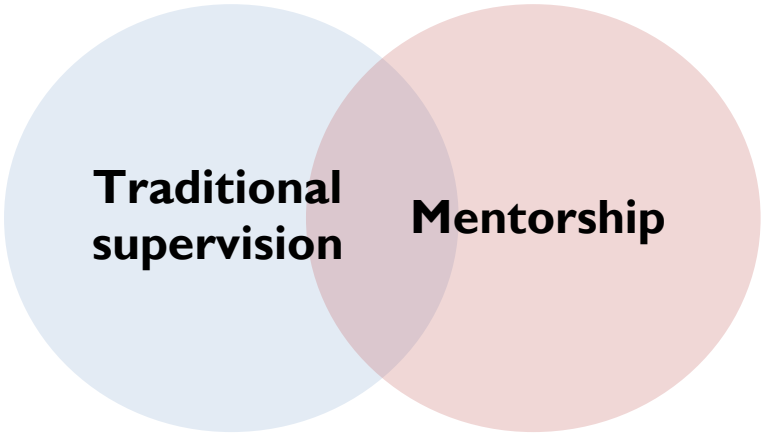
Activity 1: Describe Mentorship (20 minutes)

1. Divide participants into small groups of 4–5 per group and distribute a page of flipchart paper to each group. Ask each group to draw a picture like the one in "Key Information, Learning Objective 1, Activity 1" on a page of flipchart paper turned lengthwise (with the longer edge at the top).
2. Tell participants that you will read out a word or phrase (see "Key Information, Learning Objective 1, Activity 1, words or phrases describing traditional supervision, mentorship, or both") and the group will take a minute to discuss and decide if this is "traditional supervision," "mentorship," or both (where the circles overlap). The group will write the word or phrase where they agree is the appropriate place on the picture.

3. Once the list is complete, have participants return to the large group for a discussion. Ask for one volunteer from each group to hold their group's paper at the front of the room. Allow a few minutes for all participants and facilitators to review each group's work. Facilitate a discussion if there are any words or phrases that are categorized differently by a group, or that differ from the "Key Information, Learning Objective 1, Activity 1, suggested answer key." However, let them know that these are general principles, not firm rules. The final pictures from each group may not necessarily match the "Key Information."
4. Ask for 1–2 volunteers to define supervision and mentorship. Acknowledge that the term "supportive supervision" is often also used in different programs. Read the definition of supportive supervision in "Key Information, Learning Objective 1, Activity 1, definitions."
5. Discuss and summarize.

Key Information, Learning Objective 1, Activity 1

Traditional Supervision and Mentorship Venn Diagram



Words or phrases describing traditional supervision, mentorship, or both

- Critical
- Coaching
- Hierarchical
- Participatory
- Evaluation of performance
- Monitoring
- Encourages self-evaluation
- Building a relationship and trust
- Available via distance communication for support between visits
- Focused on reports, forms, and data collection
- Focused on building confidence, skills development
- Performance management

Suggested answer key

- Traditional supervision:
  - Critical
  - Evaluation of performance
  - Focused on reports, forms, and data collection
  - Hierarchical
  - Performance management.
- Mentorship:
  - Building a relationship and trust
  - Coaching
  - Encourages self-evaluation
  - Focused on building confidence, skills development
  - Participatory
- Both:
  - Available via distance communication for support between visits
  - Monitoring

Definitions

- **Mentorship:** Mentorship is a personal development relationship in which a more experienced or more knowledgeable person helps to guide a less experienced or less knowledgeable person to improve the quality of work through observation, listening, 2-way problem solving, and constructive feedback.
- **Traditional supervision** differs from mentoring. Traditional supervision may involve more aspects of inspection and control, with a focus on ensuring that the community worker adheres to policies and procedures. A traditional supervisor and supervisee have a hierarchical relationship.
- **Supportive supervision:** Supportive supervision is the collaborative relationship between a supervisor and the counsellor to improve the skills, confidence, and performance of the counsellor through observation, listening, 2-way problem solving, and constructive feedback. The counsellor is accountable to the supervisor within a hierarchical reporting structure, but the supervisor does not focus on evaluation, inspection, or simply telling the counsellor what he/she is supposed to do. Sometimes this term is used to refer to a supervisor who incorporates techniques of mentorship into their usual supervision visits. This can also be a great approach to supporting the quality of programming and would be appropriate if you are a supervisor to the counsellor.

Learning Objective 2: Describe the role and characteristics of a mentor

Methodology: Small-group work and group discussion

Time: 30 minutes

Instructions

Activity 1: Roles of Mentors (30 minutes)

1. Divide participants into small groups of 4–5 participants per group and distribute a page of flipchart paper to each group.
2. Ask each group to brainstorm the characteristics and skills of a good mentor. **Ask, "What makes a 'good' mentor?"** Give groups 10 minutes to brainstorm and discuss the question.
3. Then ask groups to list the roles and responsibilities of a mentor. Groups should discuss the following questions:
    a. Who will I mentor?
    b. How often should mentorship visits be conducted?
    c. How will I communicate with my mentee between visits?
4. Give groups 10 minutes to brainstorm.
5. Ask groups to return to a large group discussion with all participants. Ask 1–2 groups to present. Fill in any gaps in information and answer questions.

Key Information, Learning Objective 2, Activity 1

Characteristics of "good" mentors

- Characteristics of a "good" mentor include the following:
    - Strong foundation of knowledge in the area he/she is providing mentorship in
    - Enthusiastic
    - Comfortable incorporating diverse situations/experiences into teaching
    - Takes a "back seat" approach to teaching, avoiding extensive lectures
    - Allows mentee to explore and learn on his/her own
    - Understands the systems to address systemic issues (such as the child health system)
    - Uses active listening skills
    - Conducts return visits and communicates via other methods between visits
    - Phrases follow-up in nonjudgmental ways, such as, "Tell me more…" instead of, "You're wrong."
    - Builds a warm, safe, respectful, and trustful relationship with mentee
    - Mentor willing to learn from mentee (2-way learning).

Facilitator Session D Key Takeaways

- Mentorship and supervision are approaches used to support quality service delivery.
- We encourage mentorship approaches that focus on building relationships and trust to support the personal development of the mentee. Mentorship relies on techniques such as observation, listening, 2-way problem solving, and constructive feedback.

Facilitator Session E. Reflections on What We Have Learned over 3 Days and Post-Assessment

Learning Objectives

By the end of this session, participants will be able to:

1. Discuss 1–2 things they learned and/or liked about the training of health workers and facilitators; ask clarifying questions of the master facilitators; and express their level of satisfaction with the training.
2. Identify strengths and weaknesses of their RCEL knowledge (post-assessment).

Materials

- Materials for "Learning Objective 1, Activity 1":
  - Rubber ball or rolled-up ball of paper
- Materials for "Learning Objective 1, Activity 3":
  - "Training Aid 6.1: Happy Face, Neutral Face, Sad Face"
    - Keep the *Training Aid* in the front of the room.
  - Bottle caps or small (2 cm x 2 cm) pieces of paper
- Materials for "Learning Objective 2, Activity 1, Option 1":
  - "Handout 1.1: Answer Key and Scoring Sheet for Pre- and Post-Assessment" in annex 4
    - Use the same copy that was used during the pre-assessment if conducting an unwritten post-assessment.
- Materials for "Learning Objective 2, Activity 1, Option 2":
  - "Handout 1.2: Written Assessment for the *RCEL Addendum* Training" in annex 4
    - Print enough copies for all training participants if conducting a written post-assessment.

Advanced Preparation

- Review the instructions for each "Learning Objective" in this session.
- Prepare and gather all of your materials from the list above.

Total Duration of Session: 65 Minutes

- Learning Objective 1: Discuss 1–2 things learned and/or liked about the training of health workers and facilitators, ask clarifying questions of the master facilitators, and express level of satisfaction with the training (35 minutes)
  - Activity 1: Key Takeaways (20 minutes)
  - Activity 2: Questions and Answers (10 minutes)
  - Activity 3: Day 3 Evaluation (5 minutes)
- Learning Objective 2: Identify strengths and weaknesses of RCEL knowledge (30 minutes)
  - Activity 1: Unwritten Post-Assessment *(Option 1)* (30 minutes)
  - Activity 1: Written Post-Assessment *(Option 2)* (30 minutes)

Learning Objective 1: Discuss 1–2 things learned and/or liked about the training of health workers and facilitators; ask clarifying questions of the master facilitators; and express level of satisfaction with the training

Methodology: Group and individual reflection

Time: 35 minutes

Instructions

Activity 1: Key Takeaways (20 minutes)

1. Ask participants to sit or stand in a circle.
2. Toss a rubber ball or rolled-up ball of paper to various participants and ask them to name one thing they learned during the training that they did not know or did not believe before, or one thing they liked about the training.

Activity 2: Questions and Answers (10 minutes)

1. Ask if there are any questions about what was presented and discussed during the full training of health workers and facilitators and respond.
2. Review the overall training key takeaways before starting the post-assessment.

Activity 3: Day 3 Evaluation (5 minutes)

1. Ask participants to indicate their level of satisfaction with the day by placing a bottle cap or small piece of paper on top of the smiley face, using "Training Aid 6.1: Happy Face, Neutral Face, Sad Face."

Overall Training Key Takeaways

- All 5 components of nurturing care—good health, adequate nutrition, responsive care, opportunities for early learning, and safety and security—are equally important and interrelated. All children need nurturing care, and, as a counsellor, you have an important role to play in dispelling myths about children with disabilities to make sure they receive the care and support they need from their family and the community.
- This training has focused on supporting early learning and responsive interactions between caregivers and children because these are often lacking in training programs even though they are the most powerful tools for building healthy brains.
- Remember that responsive care is responding to a child's cues and early learning is communicating and playing with a child.
- We also talked about caregiver well-being and monitoring child development, as these are critical components to supporting overall child development. It is important for caregivers to understand that children develop at different paces but that they all follow the same sequence of development.
- We introduced concepts on how to address common feeding difficulties, particularly those that are common among children with disabilities. Being able to identify and counsel on feeding difficulties can help improve nutrition and ensure safe feeding practices.

- The *Counselling Cards* are the counsellor's tool to help when counselling caregivers and families or when conducting group sessions in the community. Counsellors will not be able to remember everything from this training right away. It will take practice before the new topics they have learned become routine. They will use the job aids (blue pages) and handouts to help prepare for individual counselling and group sessions.
- Lastly, as you are facilitators, we also reviewed the importance of mentorship and supervision as approaches to support quality service delivery.

Learning Objective 2: Identify strengths and weaknesses of RCEL knowledge (post-assessment)

Methodology: Unwritten or written assessment

Time: 30 minutes

Instructions

Use the same approach used for the pre-assessment (i.e., unwritten or written).

Activity 1: Unwritten Post-Assessment *(Option 1)* (30 minutes)

1. Ask the participants to form a circle (sitting or standing) with their backs facing the centre.
2. Explain that 20 statements will be read out loud. Emphasize that without looking at the other participants, each participant will use his/her hands to respond to the statement. If they agree with or think the statement is true, participants should raise their hand with an open palm; if they disagree with or think the statement is false, they should raise their hand with a closed fist; and if they don't know or are unsure of the answer, they should raise their hand with 2 fingers pointing in the shape of the letter "V." (Quickly demonstrate each action 2–3 times to ensure that participants understand the instructions.)
3. Read the statements from the post-assessment (see "Handout 1.1: Answer Key and Scoring Sheet for Pre- and Post-Assessment"), and record the number of participants who answered yes, no, or don't know/no answer, and notes which topics, if any, were confusing.
4. At the end of the post-assessment, congratulate the participants and thank them for their hard work during the training.

Activity 1: Written Pre-Assessment *(Option 2)* (30 minutes)

1. Give each participant one copy of "Handout 1.2: Written Assessment for the *RCEL Addendum* Training."
2. Explain that participants should answer each question in the assessment to the best of their ability, marking true, false, or don't know with a pen.
3. Give participants at least 25 minutes to complete the post-assessment, if needed.
4. Collect all copies of the post-assessment, checking that each participant has written their name at the top of the page.

Facilitator Session F. Preparing for the 2-Day Training of Community Health Counsellors

Learning Objectives

By the end of this session participants will be able to:

1. Discuss and make plans for the *RCEL Addendum* training(s) to standard
2. Know the expected number of trainees per session.

Materials

- Materials for "Learning Objective 1, Activity 1":
  - One *Facilitator's Guide* per participant
  - *Training Aid* (the number needed will vary depending on your training plan)
  - One *Participant Handouts* per participant
  - One set of *Counselling Cards* per participant
- Optional materials for "Learning Objective 1, Activity 1":
  - Flipchart paper and marker
  - Scissors, markers, and envelopes for organizing the *Training Aid* materials
  - A printed copy of the Prep Day Agenda and Detailed Facilitator's Agenda (see annex 5, which also includes a link to download a copy)

Advanced Preparation

- Review the instructions for each "Learning Objective" in this session. Adapt as needed to align with your program in order to plan with the newly trained facilitators for the 2-day training of community health counsellors. You may need to prepare additional materials, such as training agendas, in advance of this session.
- Prepare and gather all of your materials from the list above.

Total Duration of Session: 90 Minutes

- Learning Objective 1: Discuss and make plans for the *RCEL Addendum* training(s) (90 minutes)
  - Activity 1: Prepare for the *RCEL Addendum* Training(s) (90 minutes)

Learning Objective 1: Discuss and make plans for the *RCEL Addendum* training(s)

Methodology: Group discussion

Time: 90 minutes

Instructions

Activity 1: Prepare for *RCEL Addendum* Training(s) (90 minutes)

1. This session is flexible and can be used to review the Prep Day Agenda and Detailed Facilitator's Agenda (annex 5), organize a prep day, discuss next steps for delivering the *RCEL Addendum* training(s), and/or begin preparing for the training(s), such as preparing the *Training Aid* materials. Follow these steps depending on what you plan to cover in this session:
    a. Review the Prep Day Agenda and Detailed Facilitator's Agenda (annex 5) (if you have not already done so) and arrange for the training prep day. Determine what materials you will need for the prep day and develop a plan for who will prepare, gather, and ensure that those materials are available. Explain clearly what the facilitators are expected to do to prepare for the training of community health counsellors.
    b. Other potential topics to discuss during this time include logistics of the training of community health counsellors, including the venue and transportation to and from the venue.
    c. Give facilitators time to ask questions about logistical components or content that they need clarity on.
    d. If this time will be used to prepare materials, provide facilitators with scissors, markers, and envelopes so they can begin preparing materials, including cutting up and organizing the *Training Aid* for easy storage and reuse across training sessions. Explain the importance of keeping the *Training Aid* and all materials well organized during and between training sessions.
    e. Facilitators should know when the prep day is scheduled when they leave. If possible, it can be helpful to know the date of the first training, the location of the training, and who will be participating, as well as the following information:
        i. Training to be conducted in local language
        ii. Pre- and post-assessment to be conducted in local language
        iii. Training of community health volunteers to be conducted for 2 days per session.

Facilitator Session G. Opening Day 4 and Recapping Day 3

Learning Objectives

By the end of this session participants will be able to:

1. Know what to expect on day 4 and discuss new things learned from day 3.

Materials

- Materials for "Learning Objective 1, Activity 1":
  - Rubber ball or rolled-up ball of paper

Advanced Preparation

- Review the instructions for the "Learning Objective" in this session.

Total Duration of Session: 30 Minutes

- Learning Objective 1: Know what to expect on day 3 and discuss new things learned from day 3
  - Activity 1: Review Day 4 and Recap Day 3 (30 minutes)

Learning Objective 1: Know what to expect on day 4 and discuss new things learned from day 3

Methodology: Group and individual reflection

Time: 30 minutes

Instructions

Activity 1: Review Day 4 and Recap Day 3 (30 minutes)

1. Ask participants to sit or stand in a circle.
2. Review the plans for day 4, referring participants to the training agenda, and reading the names of the sessions that will be covered.
3. Lead a review session to help participants reflect on what they learned during day 3.
4. Toss a rubber ball or rolled-up ball of paper to various participants and ask them one thing they learned yesterday or one question they have. If they ask a question, ask for participants to respond first and fill in missing information. The activity continues in this way until all participants have had a turn, or you reach the end of time (whichever comes first).
5. Ask if there are any questions and respond.

Facilitator Session H: Practice Individual Counselling and Group Session Facilitation

Learning Objectives

By the end of this session participants will be able to:

1. Practice individual counselling skills using the *Counselling Cards* with caregivers and children 0–2 years
2. Practice group session facilitation skills using the *Counselling Cards* with caregivers and children 0–2 years

Materials

- One set of *Counselling Cards* for each participant and facilitator
- Materials for "Learning Objective 1, Activity 1" and "Learning Objective 2, Activity 1":
  - "Handout for Facilitator Session H: Practice Individual Counselling and Group Session Facilitation"
- Additional floor mats for caregivers and their children if the caregivers are invited to the training site
- Homemade toys for the children

Advance Preparation

- Review the instructions for each objective for this session.
- Prepare and gather all of your materials from the list above.
- Review the materials in the *Counselling Cards* that will be used in this session:
  - "IYCF/RCEL Counselling Flow Chart for Child Welfare Services"
  - "Steps for Facilitating Group Sessions"
  - "Group Session Facilitation Guide"
- Arrange for a group of caregivers and their children, aged 0–2 years, to be available for the practice session. Ideally, there should be one caregiver for every 2 training participants. Each program may identify a group of caregivers and children in different ways that are suitable to the context. Arrangements should be made at least 1 week before the practice.

Total Duration of Session: 240 Minutes (including travel time)

- Learning Objective 1: Practice individual counselling skills using the *Counselling Cards* with caregivers and children 0–2 years (60 minutes)
  - Activity 1: Practice Individual Counselling Skills (60 minutes)
- Learning Objective 2: Practice group session facilitation skills using the *Counselling Cards* with caregivers and children 0–2 years (60 minutes)
  - Activity 1: Practice Group Session Facilitation Skills (60 minutes)

Learning Objective 1: Practice individual counselling skills using the *Counselling Cards* with caregivers and children 0–2 years

Methodology: Practice

Time: 60 minutes

Instructions

Activity 1: Practice Individual Counselling Skills (60 minutes)

1. In a large group with all participants, review the "IYCF/RCEL Counselling Flow Chart for Child Welfare Services"
2. Divide participants into pairs. One participant will conduct an individual counselling session with a caregiver-child pair. The other participant will observe the counselling session. Observers should review the list of individual counselling questions in "Handout for Optional Session 1: Practice Individual Counselling and Group Session Facilitation" and write comments as they observe the counselling session that will be used later for feedback.
3. After 20 minutes, pairs switch roles. The other participant will counsel, while the participant who previously counselled observes the discussion and writes comments for feedback later.
4. Walk around and observe all of the counselling practice and write comments for feedback later as well.

Learning Objective 2: Practice group session facilitation skills using the *Counselling Cards* with caregivers and children 0–2 years

Methodology: Practice

Time: 60 minutes

Instructions

Activity 1: Practice Group Session Facilitation Skills (60 minutes)

1. In a large group with all participants, review the "Steps for Facilitating Group Sessions" and "Group Session Facilitation Guide" cards.

2. Split the caregivers into 2 groups and ask for one training participant to facilitate a group session with each group of caregivers. Divide the remaining training participants among the 2 groups. The group sessions will occur simultaneously. Ensure the 2 sessions are physically spread apart to avoid distractions as each group session is conducted.
3. Observers should review the list of group session facilitation questions in the "Handout for Optional Session 1: Practice Individual Counselling and Group Session Facilitation" and write comments for feedback later.
4. Tell the volunteer they have 45 minutes to conduct the group session.
5. Close by thanking caregivers for their participation in the practice session today.

Facilitator Session 1. Reflections on the Practical Session

Learning Objectives

By the end of this session participants will be able to:

1. Reflect on strengths and weaknesses of counselling and facilitation skills used during practice.

Materials

- Materials for "Learning Objective 1, Activity 1":
  - "Handout for Optional Session 1: Practice Individual Counselling and Group Session Facilitation"

Advanced Preparation

- Review the instructions for each "Learning Objective" in this session.
- Prepare and gather all of your materials from the list above.

Total Duration of Session: 60 Minutes

- Learning Objective 1: Reflect on strengths and weaknesses of counselling and facilitation skills used during practice. (60 minutes)
  - Activity 1: Reflect on Practice Session (60 minutes)

Learning Objective 1: Reflect on strengths and weaknesses of counselling and facilitation skills used during practice

Methodology: Group discussion

Time: 60 minutes

Instructions

Activity 1: Reflect on Practice Session (60 minutes)

1. Return to the training site to debrief the practice sessions.
2. Have each pair spend 10 minutes reviewing the handout with the written feedback from the individual counselling session and providing feedback to each other.
3. Ask participants to return to a large group discussion, with all participants sitting in a circle. **Say, "Reflect on your own experience conducting an individual counselling session, as well as observing one." Ask, "During the individual counselling session—"**
   a. **"What went well?"**
   b. **"What were the challenges?"**
   c. **"What skills were you able to use or observe?"**
   d. **"What skills do you want more practice with or that require more practice by participants?"**

e. **"How did you find using the *Counselling Cards* during the session?"**

4. Provide feedback on strengths that you observed and areas for more practice in individual counselling. Be sure to praise participants for their effort.
5. Now, ask for feedback from the volunteers who facilitated the group sessions. **Ask, "During the group session—"**
    a. **"What went well?"**
    b. **"What were the challenges?"**
    c. **"What skills were you able to use?"**
    d. **"What skills do you want more practice with?"**
    e. **"How did you find using the *Counselling Cards* during the session?"**
6. Then, ask observers of the group session to provide feedback. **Ask, "During the group session—"**
    a. **"What went well?"**
    b. **"What challenges did you observe?"**
    c. **"What skills did you observe the counsellor using?"**
7. Provide feedback on strengths that you observed and areas for more practice in group session facilitation. Be sure to praise volunteers for their effort.
8. Ask for 1–2 volunteers to reflect on the practice session. **Ask, "What will you take away from the practice session and use when conducting individual counselling or facilitating a group session in your community?"**
9. Close by telling participants that counselling and facilitation skills take practice and time to improve. One way that these skills can also improve is by receiving feedback from a mentor, supervisor, and/or colleague.

Annex 1. Training Preparation Checklist

Preparing facilitators

- ❑ Send invitations to facilitators at least one month in advance of the training.
- ❑ Ensure facilitators have needed permissions to be present for the full training, without interruption.

Preparing participants

- ❑ Send invitations to participants at least one month in advance of the training.
- ❑ Ensure participants have needed permissions to be present for the full training, without interruption.

Materials needed for the training

The following materials will be referred to and used throughout the training:

- ❑ *Facilitator's Guide*: One per facilitator
- ❑ *Training Aid*: Only one set is usually needed for any given training. The number needed will vary depending on your training plan.
- ❑ *Participant Handouts*: One per facilitator and one per participant
- ❑ *Counselling Cards:* One per facilitator and one per participant
- ❑ Handouts (annex 4): Information about printing these handouts is found on the first page of annex 4. The number of copies of some handouts is dependent on the number of total participants.
- ❑ Training agenda: One per facilitator and one per participant (if needed, the agenda may also be written on a page of flipchart paper)
- ❑ Attendance sheet for each day
- ❑ Name tag materials (cardstock paper, pens or markers, and safety pins, or a paper punch and ribbon)
- ❑ Rubber ball or ball of bunched-up paper/other material
- ❑ Dolls (life-size) (one for every breakout group) or materials to make a doll (bath towels/cloth and rubber bands)
- ❑ Cups or cans for stacking
- ❑ Flipchart paper
- ❑ Flipchart stands (2–4)
- ❑ Markers (multiple colours, if possible)
- ❑ Masking tape/sticky putty, glue stick, stapler, staples, scissors
- ❑ Writing pads/notebooks and pens for participants
- ❑ Large envelopes/folders for individual session preparation materials
- ❑ Camera, photographer, videographer, as needed
- ❑ Training certificates, as needed
- ❑ One table for materials from the *Training Aid* and handouts
- ❑ Mats for sitting on the floor
- ❑ Chairs (for anyone not comfortable sitting on the floor)

Prepare and organize the *Training Aid* materials and handouts

- ❑ Cut up the indicated pages of the *Training Aid*, following dashed lines as a guide for where to cut.
- ❑ Put the materials (half- or partial-page and full-page materials) into an envelope, using one envelope per training session for good organization.
- ❑ Set up a table for materials in one corner of the room.

Training room setup and arrangements

- ❑ Spread mats on the floor.
- ❑ Arrange chairs around the edges of the training space for anyone who is not comfortable sitting on the floor.
- ❑ Ensure that sufficient drinking water for facilitators and participants is available.
- ❑ Ensure that lunch for participants and facilitators is provided each day.
- ❑ Ensure that tea or small snacks are provided once or twice a day.

Annex 2. Training Agenda for the Training of Community Health Counsellors

DAY 1 (7 hours, 50 minutes)		
Session #	**Content**	**Duration**
Session 1	Welcome, Introductions, and Learning Objectives	30 minutes
	Pre-Assessment	30 minutes
Session 2	What Is Nurturing Care and Why Does It Matter?	90 minutes
	BREAK, 20 MINUTES	
Session 3	Basics of Behaviour Change and Talking with Caregivers in Group Sessions	60 minutes
	LUNCH, 60 MINUTES	
Session 4	Learn How to Counsel: Talking with Caregivers	70 minutes
	BREAK, 20 MINUTES	
Session 5	Providing Responsive Care	55 minutes
Session 6	Day 1 Key Takeaways, Questions and Answers, and Day 1 Evaluation	35 minutes
DAY 2 (8 hours, 25 minutes)		
Session #	**Content**	**Duration**
Session 7	Opening Day 2 and Recapping Day 1	30 minutes
Session 8	Early Learning Through Communication and Play	50 minutes
Session 9	How to Make Homemade Toys	30 minutes
	BREAK, 20 MINUTES	
Session 10	Monitoring Children's Development	65 minutes
	LUNCH, 60 MINUTES	
Session 11	Taking Care of the Caregiver	65 minutes
	BREAK, 20 MINUTES	
Session 12	How to Support Children with Feeding Difficulties	70 minutes
Session 13	Reflections on What We Have Learned	30 minutes
	Post-Assessment	30 minutes
Closing	Ceremony/Certificates	30 minutes

Annex 3. Training Agenda for the Training of Health Workers and Facilitators

DAY 1 (7 hours, 45 minutes)		
Session #	**Content**	**Duration**
Session 1	Welcome, Introductions, and Learning Objectives	30 minutes
	Pre-Assessment	30 minutes
Session 2	What is Nurturing Care and Why Does It Matter?	90 minutes
	BREAK, 20 MINUTES	
Facilitator Session A	Orientation to the *RCEL Addendum* Materials and Training	50 minutes
	LUNCH, 60 MINUTES	
Session 3	Basics of Behaviour Change and Talking with Caregivers in Group Sessions	60 minutes
	BREAK, 20 MINUTES	
Session 4	Learn How to Counsel : Talking with Caregivers	70 minutes
Session 6*	Day 1 Key Takeaways, Questions and Answers, and Day 1 Evaluation	35 minutes
DAY 2 (7 hours, 5 minutes)		
Session #	**Content**	**Duration**
Session 7*	Opening Day 2 and Recapping Day 1	30 minutes
Facilitator Session B	IYCF/RCEL Flow Chart	90 minutes
	BREAK, 20 MINUTES	
Session 5*	Providing Responsive Care	55 minutes
	LUNCH, 60 MINUTES	
Session 8	Early Learning Through Communication and Play	50 minutes
Session 9	How to Make Homemade Toys	30 minutes
	BREAK, 20 MINUTES	
Session 10	Monitoring Children's Development	65 minutes
Session 13*	Reflections on What We Have Learned	35 minutes

DAY 3 (7 hours, 50 minutes)		
Session #	**Content**	**Duration**
Facilitator Session C	Opening Day 3 and Recapping Day 2	30 minutes
Session 11	Taking Care of the Caregiver	65 minutes
	BREAK, 20 MINUTES	
Session 12	How to Support Children with Feeding Difficulties	70 minutes
	LUNCH, 60 MINUTES	
Facilitator Session D	Principles of Mentorship	50 minutes
	BREAK, 20 MINUTES	
Facilitator Session E	Reflections on What We Have Learned over 3 Days	35 minutes
	Post-Assessment	30 minutes
Facilitator Session F	Preparing for the 2-Day Training of Community Health Counsellors	90 minutes
DAY 4 (70 hours)		
Session #	**Content**	**Duration**
Facilitator Session G	Opening Day 4 and Recapping Day 3	30 minutes
Facilitator Session H	Practical Session: Practice Individual Counselling and Group Session Facilitation	240 minutes
	LUNCH, 60 MINUTES	
Facilitator Session I	Reflections on the Practical Session	60 minutes
Closing	Ceremony/Certificates	30 minutes

* The sessions for the training of health workers and facilitators follow a slightly different order than the training of community health counsellors because there are additional sessions that are only for health workers and facilitators; it may therefore appear that sessions are out of order (such as "Session 6" following directly after "Session 4").

Annex 4. Handouts

Summary of Handouts

Handout	Use	Printing and Preparation
Handout 1.1: Answer Key and Scoring Sheet for Pre- and Post-Assessment	This is needed for unwritten pre- and post-assessments.	One copy per facilitator
Handout 1.2: Written Assessment for the *Responsive Care and Early Learning Addendum* Training	This is needed for written pre- and post-assessments.	One copy per participant

Handout 1.1: Answer Key and Scoring Sheet for Pre- and Post-Assessment

Statement	Answer Key	Total "True"		Total "False"		Total "Don't Know/ No Answer"	
		Pre	Post	Pre	Post	Pre	Post
1. Brain development in a child occurs when he or she begins to learn in school.	False						
2. Before a child speaks, the only way the child communicates is by crying.	False						
3. 80 percent of the brain develops during pregnancy and the first 3 years of life.	True						
4. A child begins to play only when she or he is old enough to play with other children.	False						
5. If caregivers always pay attention and respond to the child's signals, the child will feel loved, safe, and emotionally secure.	True						
6. Developmental delay or disability is caused by a spell on the child or mother.	False						
7. Children can learn through play.	True						
8. If a caregiver notices any problems in his or her child's development, he or she should take the child to the health facility.	True						

Statement	Answer Key	Total "True"		Total "False"		Total "Don't Know/ No Answer"	
		Pre	Post	Pre	Post	Pre	Post
9. When providing feedback to a caregiver, it's important to first talk about what the caregiver did well, and then what the caregiver can try to improve.	True						
10. Caregivers who feel stress or anxiety should feel ashamed because they are not being good parents.	False						
11. A child who has difficulty feeding is at an increased risk of becoming malnourished.	True						
12. Caregivers should make sure a child finishes everything on their plate even if the child shows that they are full.	False						
13. A father should talk to his child, even before the child can speak.	True						
14. A baby can see at birth.	True						
15. A child should be scolded when she or he makes a mess.	False						
16. Children under 2 years can learn by playing with household objects, such as small containers or a pot with a spoon.	True						

Statement	Answer Key	Total "True"		Total "False"		Total "Don't Know/ No Answer"	
		Pre	Post	Pre	Post	Pre	Post
17. A caregiver can start talking to the child only when the child can understand things well.	False						
18. Smiling, imitating, and playing simple games with a child are examples of opportunities for early learning in the Nurturing Care Framework.	True						
19. Crying during feeding is an example of a feeding warning sign and requires referral to a facility.	False						
20. During a counselling session, the counsellor should ask the caregiver what topic they are interested in learning most about.	True						

Handout 1.2: Written Assessment for the *RCEL Addendum* Training

Name:_____

Score:_____

Instructions: Tick whether you think the statement is true, false, or if you don't know.

Statement	True	False	Don't Know
1. Brain development in a child occurs when he or she begins to learn in school.	☐	☐	☐
2. Before a child speaks, the only way the child communicates is by crying.	☐	☐	☐
3. 80 percent of the brain develops during pregnancy and the first 3 years of life.	☐	☐	☐
4. A child begins to play when she or he is old enough to play with other children.	☐	☐	☐
5. If caregivers always pay attention and respond to the child's signals, the child will feel loved, safe, and emotionally secure.	☐	☐	☐
6. Developmental delay or disability is caused by a spell on the child or mother.	☐	☐	☐
7. Children can learn through play.	☐	☐	☐
8. If a caregiver notices any problems in his or her child's development, he or she should take the child to the health facility.	☐	☐	☐
9. When providing feedback to a caregiver, it's important to first talk about what the caregiver did well, and then what the caregiver can try to improve.	☐	☐	☐
10. Caregivers who feel stress or anxiety should feel ashamed because they are not being good parents.	☐	☐	☐
11. A child who has difficulty feeding is at an increased risk of becoming malnourished.	☐	☐	☐
12. Caregivers should make sure a child finishes everything on his/her plate even if the child shows that he/she is full.	☐	☐	☐

Statement	True	False	Don't Know
13. A father should talk to his child, even before the child can speak.	☐	☐	☐
14. A baby can see at birth.	☐	☐	☐
15. A child should be scolded when she or he makes a mess.	☐	☐	☐
16. Children under 2 years can learn by playing with household objects, such as small containers or a pot with a spoon.	☐	☐	☐
17. A caregiver can start talking to the child only when the child can understand things well.	☐	☐	☐
18. Smiling, imitating, and playing simple games with a child are examples of opportunities for early learning in the Nurturing Care Framework.	☐	☐	☐
19. Crying during feeding is an example of a feeding warning sign and requires referral to a facility.	☐	☐	☐
20. During a counselling session, the counsellor should ask the caregiver what topic they are interested in learning most about.	☐	☐	☐

Annex 5. Prep Day Agenda and Detailed Facilitator's Agenda

An editable, landscape-oriented version of the agenda is available on the USAID Advancing Nutrition website.

Prep Day Agenda for the *RCEL Addendum* Training of Community Health Counsellors

Prep Day		
Time	**Topics**	**Materials Needed**
09:00–10:30 (90 minutes)	**Training Overview** • Review high-level training agenda (annex 2 of the *Facilitator's Guide*) for the *RCEL Addendum* training of community health counsellors to become familiar with the structure of the two-day training. • Independently read the "Overview" section of the *Facilitator's Guide*. • Answer any questions about the *Facilitator's Guide*. **Training Logistics** • Prepare the logistics for the training(s): – Read the Training Preparation Checklist (annex 1 of the *Facilitator's Guide*) together, then discuss and assign responsibilities. – Discuss the date and time of the training(s), where the training(s) will take place, participants, roles and responsibilities for those involved in preparations, etc. This is the time to discuss all of the logistics for the upcoming training(s) and ensure the training(s) is/are well planned.	• One *Facilitator's Guide* for each facilitator • One or more *Training Aids* depending on the number of trainings you are running concurrently • One *Participant Handouts* for each facilitator • One set of *Counselling Cards* for each facilitator • One Detailed Facilitator's Agenda for each facilitator • One Training Preparation Checklist for each facilitator
10:30–12:30 (120 minutes)	**Session Planning** • Assign facilitators to each session. • Each facilitator independently reads their assigned sessions. • Answer any questions about assigned sessions, including any terms or translations that may potentially be difficult. **Challenging Sessions** • As a group, discuss sessions that may be potentially more challenging, including: – **Session 11. Taking Care of the Caregiver:** Review this session together and discuss anything that you anticipate will be a challenging topic for the training of community health counsellors. Conduct a brainstorm about available resources in your context to which counsellors can refer caregivers for various things, including if they have concerns about their child's development (including hearing/vision screening), growth monitoring and promotion, mental health, services for caregivers or children with a disability, domestic violence or abuse, and other issues. You will need these ideas for "Learning Objective 3, Activity 1" during the training. – **Session 12. How to Support Children with Feeding Difficulties:** Review this session together and discuss anything that you anticipate will be a challenging topic for the training of community health counsellors.	• One *Facilitator's Guide* for each facilitator
12:30–13:30 (60 minutes)	*Lunch*	

Prep Day		
13:30–14:30 (60 minutes)	**Technical and Challenging Topics** • Technical discussion and review of challenging topics (*Note for facilitator:* You may not need to review all of these, but it is important to review those topics that were challenging during the training of health workers and facilitators and/or that facilitators feel less comfortable/confident with): – **Integration with IYCF:** How will your program integrate the *RCEL Addendum* content with IYCF programming? What challenges or barriers do you anticipate and how will you overcome them? – **Children with disabilities:** How will you approach challenging questions on this topic? How will you ensure you answer participants' questions and facilitate a discussion, but also keep time and not spend too long on this topic?	• One *Facilitator's Guide* for each facilitator
14:30–16:30 (120 minutes)	**Prepare Materials** • Prepare the *Training Aid* and session handouts by organizing the training aids and handouts into individual envelopes for each session/activity. – The *Training Aid* should **not** be bound. – Write the session and objective number on the front of each envelope. You will need 10 envelopes total: ▪ Session 1, Objective 3 ▪ Session 2, Objective 1 ▪ Session 2, Objective 2 ▪ Session 2, Objective 3 ▪ Session 5, Objective 1 ▪ Session 6, Objective 1 ▪ Session 8, Objective 1 ▪ Session 10, Objective 1 ▪ Session 12, Objective 2 ▪ Session 13 (*Note for facilitator*: All of "Session 2" materials can also be combined into one envelope and organized using paper clips.) – Tape the "cover page" for each of the training aids to the front of the corresponding envelope so you know what content is inside the envelope. This is the page with the session and objective number and thumbnail size version of the *Training Aid.* – Separate each of the pages of the *Training Aid* by session. As you go through the *Training Aid*, cut any training aids that require cutting as indicated by the dashed lines. – Put the training aids into the corresponding session folders. Paper clips can help to keep training aids organized within the envelopes. – Put the handout(s) from annex 4 of the *Facilitator's Guide* in the "Session 1" folder ▪ At least one copy of "Handout 1.1: Answer Key and Scoring Sheet for Pre- and Post-Assessment" if conducting the unwritten pre-assessment or enough copies of "Handout 1.2: Written Assessment for the *RCEL Addendum* Training" for each participant if conducting the written pre-assessment (*Note for facilitator:* During the training, you will move "Handout 1.1: Answer Key and Scoring Sheet for Pre- and Post-Assessment" to the "Session 13" folder if you are conducting the unwritten pre-assessment after you have used it for "Session 1," and you will move "Training Aid 6.1: Happy Face, Neutral Face, Sad Face" into the "Session 13" folder after you have used it for "Session 6".) • Prepare the flipcharts for each session if time allows and if you are able to easily transport flipcharts to the training venue. Otherwise,	• *Training Aid* • One copy of "Handout 1.1: Answer Key and Scoring Sheet for Pre- and Post-Assessment" per facilitator if conducting the unwritten assessment in the training of community health counsellors (annex 4 in the *Facilitator's Guide*) • Enough copies of "Handout 1.2: Written Assessment for the *RCEL Addendum* Training" for each training participant in the training of community health counsellors if conducting the written assessment (annex 4 in the *Facilitator's Guide*) • 10 envelopes • Markers • Tape • Scissors • Flipcharts • Sticky notes (optional) • Paper clips (optional)

Prep Day		
	prepare the flipcharts on the night before or the morning of the first day of the training.	
16:30–17:00 (30 minutes)	• Next steps and close	

Detailed Facilitator's Agenda for the *RCEL Addendum* Training of Community Health Counsellors

Day 1			
Time	**Session and Learning**	**Materials and Advance**	**Key Takeaways**
09:00–10:00 (60 minutes) LO 1, Activity 1: 20 minutes LO 2, Activity 1: 10 minutes LO 3, Activity 1 or 2: 30 minutes	**Session 1: Welcome, Introductions, and Learning Objectives and Pre-Assessment** Learning Objectives By the end of this session participants will: 1. Begin to name fellow participants and facilitators and determine "ground rules" for the training 2. Learn about the training learning objectives ("why are we here") and training agenda 3. Identify strengths and weaknesses of their RCEL knowledge (pre-assessment).	• Flipchart paper, flipchart stand(s), markers, and masking tape • Name tags (cardstock paper, pen or markers, safety pins or a paper punch and ribbon) • Participants' folders (or envelopes) for holding materials • 5 flipchart pages: – One titled "Training Learning Objectives" with the list of training learning objectives for the training of community health counsellors written out (see page 3 of the *Facilitator's Guide*) – One titled "Training Agenda" with the training agenda for the training of community health counsellors written out (see page 8 of the *Facilitator's Guide;* or print copies using annex 2) – One titled "Expectations" – One titled "Ground Rules" or "Group Norms" – One titled "Parking Lot for Questions" • For unwritten assessment: "Handout 1.1: Answer Key and Scoring Sheet for Pre- and Post-Assessment" in annex 4 of the *Facilitator's Guide* – Print one copy for the facilitator. • For written assessment: "Handout 1.2: Written Assessment for the *RCEL Addendum* Training" in annex 4 of the *Facilitator's Guide* – Print enough copies for all training participants.	• N/A
10:00–11:05 (90 minutes) LO 1, Activity 1: 20 minutes	**Session 2: What Is Nurturing Care and Why Does It Matter?** Learning Objectives By the end of this session participants will be able to:	• Flipchart paper, flipchart stands (at least 2), markers, and masking tape • 3 flipchart pages: – One titled "Nurturing Care"	• All 5 components of nurturing care—good health, adequate nutrition, responsive care, opportunities for early learning, and safety

Day 1			
Time	**Session and Learning Objectives (LO)**	**Materials and Advance Preparation**	**Key Takeaways**
LO 2, Activity 1: 5 minutes LO 2, Activity 2: 20 minutes LO 3, Activity 1: 20 minutes LO 3, Activity 2: 25 minutes	1. Identify and understand the 5 components of nurturing care 2. Describe how nurturing care contributes to healthy brain development throughout the first 1,000 days 3. Understand child development, abilities, disabilities, and common causes of disability, and dispel common myths about disabilities.	– One with a drawing of Figure 2.2.1 from "Key Information, Learning Objective 2, Activity 2" and write "Child A" across the top. – One with a drawing of Figure 2.2.1 from "Key Information, Learning Objective 2, Activity 2" and write "Child B" across the top. • "Handout 2.1: The Nurturing Care Framework and Example Activities, Interventions, and Behaviours Related to Each Component" • "Training Aid 2.1: Illustration of a Healthy Baby" • "Training Aid 2.2: Five Components of the Nurturing Care Framework" • "Training Aid 2.3: Experience Cards (Child A)" and "Training Aid 2.4: Experience Cards (Child B)" • "Training Aid 2.5: Colourful Smiley Faces and White Faces with Frowns" • "Training Aid 2.6: Four Domains of Development" • 2 water bottles: One with water that is about 25 percent full and a second that can be used to add water to the first one • 2 containers to hold the "Experience Cards" – Label one container "Child A," and the other container "Child B." As an example, an empty box or paper bag can be used as a container. • Cups or cans for stacking	and security—are equally important and interrelated. • These 5 components of nurturing care represent all the care children need to achieve good growth, health, and development outcomes. • Supporting early learning and responsive interactions between caregivers and children is the most powerful tool for building healthy brains. • Disability is the result of barriers that exist in the environment that prevent the full participation of people with impairments in society—such as physical inaccessibility or stigma.
11:05-11:25 (20 minutes)	*Break*		
11:25-12:20 (60 minutes) LO 1, Activity 1: 25 minutes LO 2, Activity 1: 10 minutes LO 2, Activity 2: 25 minutes	**Session 3: Basics of Behaviour Change and Talking with Caregivers in Group Sessions** Learning Objectives By the end of this session participants will be able to: 1. Understand why changing behaviour is difficult 2. Identify skills, approaches, and adaptations for group session facilitation.	• "Handout 3.1: Three Steps for Conducting Individual Counselling Sessions" • "Handout 3.2: Group Session Facilitation Skills" • Optional: Flipchart paper, flipchart stand(s), markers, and masking tape	• Changing behaviour is difficult and takes more than just telling a caregiver what to do. • There are often real external barriers to adopting a behaviour, such as not having enough money to buy a necessary resource or living too far away from a health facility to seek care. As counsellors, we should work as a team

Day 1			
Time	**Session and Learning Objectives (LO)**	**Materials and Advance Preparation**	**Key Takeaways**
			with caregivers to discuss possible ways to overcome these barriers or help them explore other options. • The steps for conducting group sessions, after preparation, are to: (1) assess, (2) analyse, and (3) act. • Cover no more than 2 topics in a single group session. This will allow enough time to discuss the topics and conduct an activity with demonstration and practice elements, and avoid overwhelming caregivers with too many new behaviours to try at once.
12:20-13:20 (60 minutes)	*Lunch*		
13:20-14:30 (70 minutes) LO 1, Activity 1: 15 minutes LO 1, Activity 2: 40 minutes LO 1, Activity 3: 15 minutes	**Session 4: Learn How to Counsel: Talking with Caregivers** Learning Objectives By the end of this session participants will be able to: 1. Identify skills, approaches, and adaptations for individual counselling.	• Flipchart paper, flipchart stand(s), markers, and masking tape • 2 flipchart pages: – One titled "Listening and Learning Skills" with the list written from "Key Information, Learning Objective 1, Activity 1" – One titled "Building Confidence and Giving Support Skills" with the list written from "Key Information, Learning Objective 1, Activity 1" • "Handout 3.1: Three Steps for Conducting Individual Counselling Sessions" • "Handout 4.1: Listening and Learning Skills" • "Handout 4.2: Building Confidence and Giving Support Skills" • "Handout 4.3: Benefits of Individual Counselling Case Studies"	• We should use "Listening and Learning Skills" and "Building Confidence and Giving Support Skills" to build trust with caregivers. • The 3 steps for individual counselling are: (1) assess, (2) analyse, and (3) act. • A major benefit of individual counselling is that sessions can be tailored to the unique needs, challenges, and interests of the family.
11:05-11:25 (20 minutes)	Break		

Day 1			
Time	**Session and Learning Objectives (LO)**	**Materials and Advance Preparation**	**Key Takeaways**
14:30-15:25 (55 minutes) LO 1, Activity 1: 25 minutes LO 2, Activity 1: 30 minutes	**Session 5: Providing Responsive Care** Learning Objectives By the end of this session participants will be able to: 1. Understand the concept of responsive care and responsive feeding practices through the first 2 years of life 2. Demonstrate and practice counselling on responsive care (including responsive feeding) using individual counselling and group session facilitation skills.	• Doll(s) for role-plays • "Handout 3.1: Three Steps for Conducting Individual Counselling Sessions" • "Handout 5.1: Responsive Care Individual Counselling Role-Play" • "Training Aid 5.1: Responsive Care Stories" • Optional: Flipchart paper, flipchart stand(s), markers, and masking tape	• Responsive caregiving is the ability of the caregiver to notice, understand, and respond to their child's signals or cues in a timely and appropriate manner.
16:35-15:10 (35 minutes) LO 1, Activity 1: 20 minutes LO 1, Activity 2: 10 minutes LO 1, Activity 3: 5 minutes	**Session 6: Day 1 Key Takeaways, Questions and Answers, and Day 1 Evaluation** Learning Objectives By the end of this session participants will be able to: 1. Discuss 1–2 things they learned and/or liked about the day; ask clarifying questions of the facilitators; and express their level of satisfaction with the first day of training.	• Rubber ball or rolled-up ball of paper • "Training Aid 6.1: Happy Face, Neutral Face, Sad Face" • Bottle caps or small (2 cm x 2 cm) pieces of paper	• N/A

Day 2			
Time	**Session and Learning**	**Materials and Advance**	**Key Takeaways**
09:00–09:30 (30 minutes) LO 1, Activity 1: 30 minutes	**Session 7: Opening Day 2 and Recapping Day 1** Learning Objectives By the end of this session participants will be able to: 1. Discuss and update norms set on day 1; review what to expect on day 2; and discuss new things learned on day 1.	• Rubber ball or rolled-up ball of paper	• N/A

Day 2			
Time	**Session and Learning Objectives (LO)**	**Materials and Advance Preparation**	**Key Takeaways**
15:45-16:35 (50 minutes) LO 1, Activity 1: 20 minutes LO 2, Activity 1: 30 minutes	**Session 8: Early Learning Through Communication and Play** Learning Objectives By the end of this session participants will be able to: 1. Identify communication and play activities that are appropriate for different ages 2. Demonstrate and practice counselling caregivers on how to identify their child's communication signals and how children learn through play using individual counselling and group session facilitation skills.	• Doll(s) or other props that can be used for a child • Name tags for group role-play • "Handout 8.1: Communication and Play Group Session Role-Play" • "Training Aid 8.1: Communication and Play Practical Tips for Caregivers" – Cut the Practical Tips into strips of paper so that each group receives at least one unique strip of paper for each participant. The same Practical Tips may be used in different groups. (*Note for facilitator:* There are two duplicate copies of "Training Aid 6.1" provided. If you have more than 18 participants in your training, you will need both copies to ensure that there is one strip of paper per participant.) • Optional: Flipchart paper, flipchart stand(s), markers, and masking tape	• Opportunities for early learning are chances for the baby or child to interact with a person, place, or object in their environment. • Caregivers provide opportunities for early learning by communicating and playing with their children, which should start from the moment they are born!
15:45-16:35 (30 minutes) LO 1, Activity 1: 30 minutes	**Session 9: How to Make Homemade Toys** Learning Objectives By the end of this session participants will be able to: 1. Use locally available and recycled materials to make toys and describe what children can learn from different toys.	• Recycled materials, scissors, tape, and glue for toymaking • One *Participant Handouts* for each participant and facilitator • "Handout 9.1: Examples of Homemade Toys" • Prepare 2–3 homemade toys in advance of the session that can be used for teaching different skills to children of different ages; for example, a shaker/rattle, a push/pull toy "car," a homemade puzzle, etc. • Gather materials for making toys. Some suggested materials to gather include water bottles with caps, soda bottle caps, yogurt or other plastic cups, dried beans or small rocks/pebbles, cardboard boxes, empty milk boxes, string, dried fruit shells (such as from coconuts), etc.	• N/A
10:25-10:45 (20 minutes)	*Break*		

Day 2			
Time	**Session and Learning Objectives (LO)**	**Materials and Advance Preparation**	**Key Takeaways**
09:30-10:25 (65 minutes) LO 1, Activity 1: 25 minutes LO 2, Activity 1: 40 minutes	**Session 10: Monitoring Children's Development** Learning Objectives By the end of this session participants will be able to: 1. Describe how to monitor a child's development, identify warning signs, and refer the child to a health facility or other program 2. Demonstrate and practice counselling on monitoring child development, identifying warning signs, and knowing when to seek referral, using individual counselling and group session facilitation skills.	• Flipchart paper, flipchart stand(s), markers, and masking tape • "Training Aid 10.1: Developmental Milestone Cards" • "Handout 10.1: Developmental Milestones Chart from Early Childhood Development and Care Standards" • "Handout 10.2: Developmental Monitoring Using the Maternal and Child Health Record Book" • "Handout 10.3: Monitoring Child Development Individual Counselling Role-Play" • Prepare 4–5 flipchart pages, one for each small group of 4–5 people, with a table of the domains of development (body, language, mind, and relationships) written across the top (short edge) and the ages (3 months, 6 months, 9 months, 12 months, 18 months, 24 months) written on the left side (long edge).	• All children develop at different paces, but the sequences of developmental milestones are the same. For example, a child learns to roll over, then sit. then stand, and then walk. • We will never diagnose a child as having a delay in their development or having a disability. Your role is to understand any concerns a caregiver may have and identify children who may need extra support if they are not meeting some milestones, so that you can refer them to an appropriate professional for further assessment.
10:25-10:45 (20 minutes)	*Break*		
10:45-11:50 (70 minutes) LO 1, Activity 1: 10 minutes LO 2, Activity 1: 20 minutes LO 2, Activity 2: 5 minutes LO 3, Activity 1: 30 minutes	**Session 11: Taking Care of the Caregiver** Learning Objectives By the end of this session participants will be able to: 1. Understand the importance of taking care of the caregiver 2. Identify and practice strategies for supporting caregiver well-being. 3. Brainstorm relevant resources that exist within and outside of the community for women, children, and families (resource mapping activity).	• Flipchart paper, flipchart stand(s), markers, and masking tape • Notebook for each participant provided at the start of the training • 3 flipchart pages: – One titled "A Caregiver with a Child Less than 6 Months Old" – One titled "A Caregiver with a Child 6–11 Months Old" – One titled "A Caregiver with a Child 12–24 Months Old" • One flipchart page per small group (groups of 3 are recommended for this activity) titled "List of Community Resources for Women, Children, and Families" with a table underneath listing the following 4 categories: caring for the caregiver resources, social and community services, health and nutrition services, and caring for child development resources (see "Key Information, Learning Objective 3, Activity 1"). This can be prepared by the facilitators in	• Having positive emotions or negative emotions is normal. However, if negative feelings do not go away, you should recommend that caregivers seek care from a health facility. Depression and anxiety are common challenges, especially in the postpartum period, and require management. • There are many strategies for caregivers to use when they are feeling different emotions and need to manage their stress. It's important to counsel the caregiver on strategies that are relevant to and practical for his or her life and feasible in the communities where you work.

Day 2			
Time	**Session and Learning Objectives (LO)**	**Materials and Advance Preparation**	**Key Takeaways**
		advance, or created at the start of the small-group work.	
11:50-12:50 (60 minutes)	*Lunch*		
12:50-13:50 (70 minutes) LO 1, Activity 1: 25 minutes LO 2, Activity 1: 25 minutes LO 3, Activity 2: 20 minutes	**Session 12: How to Support Children with Feeding Difficulties** Learning Objectives By the end of this session participants will be able to: 1. Define malnutrition, feeding difficulties, poor appetite, and picky eating 2. Identify feeding difficulties and advise on strategies if feeding difficulties are identified using individual counselling skills 3. Identify feeding difficulty warning signs.	• Flipchart paper, flipchart stand(s), markers, and masking tape • Draw Figure 12.1 from "Key Information, Learning Objective 1, Activity 1" on a page of flipchart paper. • "Training Aid 12.1: Problem and Solution Cards for Children with Feeding Difficulties"	• Children with disabilities are at high risk for malnutrition. One reason for this is that children with disabilities may have feeding difficulties. • Children without disabilities can also experience feeding difficulties. • Feeding difficulties can be addressed through appropriate support, such as improved positioning, modifying food textures, an assistive product, or other strategies. • Children with feeding difficulties may benefit from additional follow-up at a health facility. Children who are losing weight or showing any warning signs must be immediately and urgently referred.
13:50-13:10 (20 minutes)	*Break*		
13:10-14:10 (60 minutes) LO 1, Activity 1: 30 minutes LO 2, Activity 1: 30 minutes LO 3, Activity 1: <5 minutes	**Session 13: Reflections on What We Have Learned and Post-Assessment** Learning Objectives By the end of this session participants will be able to: 1. Discuss 1–2 things they learned and/or liked about the training; ask clarifying questions of the facilitators 2. Identify strengths and weaknesses of their RCEL knowledge (post-assessment) (*training of community health counsellors only*) 3. Express their level of satisfaction with the training.	• Rubber ball or rolled-up ball of paper • For unwritten assessment: "Handout 1.1: Answer Key and Scoring Sheet for Pre- and Post-Assessment" in annex 4 of the *Facilitator's Guide* – Use the same copy that was used during the pre-assessment. • For written assessment: "Handout 1.2: Written Assessment for the *RCEL Addendum* Training" in annex 4 of the *Facilitator's Guide* – Print enough copies for all training participants. • "Training Aid 6.1: Happy Face, Neutral Face, Sad Face" – Use the same one that was used during "Session 6".	**Overall training key takeaways:** • All 5 components of nurturing care—good health, adequate nutrition, responsive care, opportunities for early learning, and safety and security—are equally important and interrelated. All children need nurturing care, and, as a counsellor, you have an important role to play in dispelling myths about children with disabilities to make sure they receive the care and support they

Day 2			
Time	**Session and Learning Objectives (LO)**	**Materials and Advance Preparation**	**Key Takeaways**
			need from their family and the community. • This training has focused on supporting early learning and responsive interactions between caregivers and children because these are often lacking in training programs even though they are the most powerful tools for building healthy brains. • Remember that responsive care is responding to a child's cues and early learning is communicating and playing with a child. • We also talked about caregiver well-being and monitoring child development, as these are critical components to supporting overall child development. It is important for caregivers to understand that children develop at different paces but that they all follow the same sequence of development. • Lastly, we introduced concepts on how to address common feeding difficulties, particularly those that are common among children with disabilities. Being able to identify and counsel on feeding difficulties can help improve nutrition and ensure safe feeding practices. • The *Counselling Cards* are your tool to help you when counselling caregivers and families or when conducting group sessions in the community. You will not be able to remember everything from this training right away. It will take practice before the

Day 2			
Time	**Session and Learning Objectives (LO)**	**Materials and Advance Preparation**	**Key Takeaways**
			new topics you have learned become routine. Use the job aids (blue pages) and handouts to help prepare for individual and group sessions.
14:10-14:40 (30 minutes)	**Ceremony/Certificates**	• Training certificates for participants.	• N/A

Annex 6. Session 5. Providing Responsive Care (with videos)

Learning Objectives

By the end of this session participants will be able to:

1. Understand the concept of responsive care and responsive feeding practices through the first 2 years of life
2. Demonstrate and practice counseling on responsive care (including responsive feeding) using individual counseling and group session facilitation skills.

Materials

- Materials for "Learning Objective 1, Activity 1":
  - Laptop with audio. External speakers may also be helpful.
  - Projector
  - "Caregiver-Child Interactions Ghana" video
  - "How to Observe Caregiver-Child Interactions Ghana" video
  - "Caregiver-Child Interactions with Narration Ghana" video
- Materials for "Learning Objective 2, Activity 2":
  - Doll(s) for role-plays
  - "Handout 3.1: Three Steps for Conducting Individual Counselling Sessions"
  - "Handout 5.1: Responsive Care Individual Counselling Role-Play"
  - Optional materials: Flipchart paper, flipchart stand(s), markers, and masking tape

Advance Preparation

- Review the instructions and "Key Information" for each "Learning Objective" in this session.
- Prepare and gather all of your materials from the list above.
- Review the materials in the *Counselling Cards* that will be used in this session:
  - "Counselling Card 1"
  - "Counselling Card 2"

Advance Preparation for the Training of Health Workers and Facilitators Only

- Review the materials in the *Counselling Cards* that will be used in this session:
  - "IYCF/RCEL Counselling Flow Chart for Child Welfare Services"

Total Duration of Session: 65 Minutes

- Learning Objective 1: Understand the concept of responsive care and responsive feeding practices through the first 2 years of life (45 minutes)

  - Activity 1: Responsive Care Videos of Caregiver-Child Interactions (45 minutes)
- Learning Objective 2: Demonstrate and practice counselling on responsive care (including responsive feeding) using individual counselling and group facilitation skills (20 minutes)
  - Activity 1: Responsive Care Individual Counselling Role-Play (20 minutes)

Learning Objective 1: Understand the concept of responsive care and responsive feeding practices through the first 2 years of life

Methodology: Small-group work and group discussion

Time: 45 minutes

Instructions

Activity 1: Responsive Care Videos of Caregiver-Child Interactions (45 minutes)

1. Explain that during this session we will be discussing responsive care, which includes responsive feeding. Ask all participants to find "Counseling Cards 1 and 2" on responsive care and feeding. Give participants about 3 minutes to look at these cards and read the Key Messages.
2. Explain that we will be watching videos of caregiver-child interactions. Tell participants to pay attention to the facial expressions and cues the child is showing. There is an introduction but there is no narration for this video. **Say, "You will watch the videos, observe the cues you see, and discuss the interactions in the videos to help you be more prepared to counsel caregivers in responsive caregiving. We will pause at the end of each scenario for your reaction and response to the caregiver-child interaction and cues shown."**
3. Using the "Key Information, Learning Objective 1, Activity 1, Part 1" guide the participants through the "Caregiver-Child Interactions Ghana" video. Ask participants to think about the following questions as they watch the video:
   a. What do you notice about the caregiver-child interaction?
   b. What do you notice about the caregiver and child's facial expressions?
   c. What cues is the child giving?
   d. Does the caregiver respond to the cues? If not, what could the caregiver have done differently?
4. Be prepared to pause the video, at the end of each scenario, to allow time for one or two reflections. You may want to add to participants' reflections using the summaries in the "Key Information, Learning Objective 1, Activity 1, Part 1." There are 7 scenarios. Spend no more than about 15 minutes on this part of the activity.
5. Next, explain that you will play a video of 3 of the 7 scenarios we just watched. This video will give us an opportunity to more closely observe the cues and the interaction between the caregiver and child.
6. Play the "How to Observe Caregiver-Child Interactions Ghana" video. Pause the video after each question and ask for one or two participants to respond. Spend no more than about 20 minutes on this part of the activity.

7. Finally, if there is time, play the "Caregiver-Child Interactions with Narration Ghana" video. Explain that this video shows the same 7 scenarios that we watched at the beginning of this activity, but now includes a narration describing the cues that the child is showing. The link to this video can also be shared with participants to watch as homework.
8. After watching the videos, remind participants about the Key Messages and Practical Tips from "Counselling Cards 1 and 2." **Ask, "How do the Key Messages and Practical Tips on 'Counselling Cards 1 and 2' relate to the videos you watched?"**
9. Close by recapping the definition of responsive caregiving. **Say, "Responsive caregiving is the ability of the caregiver to notice, understand, and respond to their child's signals in a timely and appropriate manner. Responsive caregiving is considered the foundational component of nurturing care because responsive caregivers are better able to support children's health, nutrition, safety/security, and early learning."**

Key Information, Learning Objective 1, Activity 1, Part 1

Facilitator Notes for "Caregiver-Child Interactions Ghana" video

- Begin the video and pause after each caregiver-child scenario.
- Ask for one or two reflections from participants.
- Read the summary of each scenario before moving on to the next one.

Scenario 1: 3 Month Old Baby Interacts While Mother Washes Clothes

- Summary: In the scenario, if you noticed, you saw how babies often put their fists or fingers in their mouths or lick as a cue to show he or she is hungry. Then her initial fist sucking cue turned to a loud cry and the mother responds to her baby's hunger cues. Finally, the mother washes her hands and picks up her baby to feed her.

Scenario 2: 5 Month Old Baby Gets Sleepy

- Summary: The mother noticed that her baby was in a happy, playful mood after breastfeeding him. If the baby is awake after breastfeeding this can be a good opportunity to play with a child because they are fed and satisfied. However, this baby got tired soon after playing. The mother didn't notice it right away, but after displaying more sleep cues she noticed her baby was tired. When the baby displays a sleep cue, rocking the baby to sleep is one way of responding. Babies can fall asleep in different ways so there are different ways of appropriately responding to a sleepy baby- this is one way. This mother knew her baby would fall asleep well if she rocked him, so this is how she responded.

Scenario 3: 6 Month Old Baby is Fascinated by a Chicken

- Summary: The mother does a great job communicating with her baby. Even though the baby can't use words yet, he can communicate a lot through his cues like where he focuses his eyes. The mother is naming what the baby is looking at and even mentioning colours which helps expose him to new words and link them to his surroundings. They have a fun and responsive interaction with what is in their home environment—without needing any store-bought toys.

Scenario 4: 9 Month Old Child Plays on a Log With Her Mother

- Summary: The mother responded to multiple cues from her baby and it led to a very engaging play time. You don't have to introduce a store-bought toy to keep your child entertained, you can improvise and play with what is in your environment. The mother also communicates with her child by mimicking her sounds, as well as her movements.

Scenario 5: 13 Month Old Child Plays With His Brother

- Summary: In just a few minutes, the older sibling/brother followed the cue of his brother to use the container as a bus or car and drive around. There is no "right" way to play. Play should be safe and child led. Household objects can be used to play several different games. They had a fun time together! Playing with household objects promotes learning and fun.

Scenario 6: 19 Month Old Boy Reads Book With Grandpa and Brother

- Summary: The brothers are learning how to look at books and enjoy spending time with grandpa. The grandpa engages the children by asking them to point to pictures and turn the pages on the book. Follow the lead of the child (child cues) and allow for them to turn pages and engage with the book by pointing, recognizing images, asking questions, instead of the adult reading aloud.

Scenario 7: 21 Month Old Boy Leads Dad to the Wheelbarrow to Play

- Summary: The child wanted to play with the wheelbarrow so he kept pointing. Children use gestures to communicate, and the child was communicating that he didn't want to play with the ball, he didn't want to clap hands, he wanted to go near the wheelbarrow and play with it. The father tries to play other games but then responds to his child's gesture and interest.

Learning Objective 2: Demonstrate and practice counselling on responsive care (including responsive feeding) using individual counselling and group session facilitation skills

Methodology: Role-play and group discussion

Time: 20 minutes

Instructions

Activity 1: Responsive Care Individual Counselling Role-Play (20 minutes)

1. Tell participants that we are going to do a role-play of individual counselling. Explain that, although it is best practice to choose the topics you will counsel on after you have completed step 1 (assess) and step 2 (analyse) during an individual counselling session, for this activity, we will be focusing on responsive care and responsive feeding, which will give participants an opportunity to practice using "Counselling Cards 1 and 2."
2. Divide the participants into groups of 4. Ask them to identify 2 volunteers to play the caregivers (one mother and one father), one to play the counsellor, and one to play the observer. Give each pair of caregivers a doll or other prop to use as a child for the role-play.
3. Ask participants to open their *Participant Handouts* to "Handout 5.1: Responsive Care Individual Counselling Role-Play." Allow 5 minutes for participants to review their roles. Participants playing the role of observer should review the list of questions that they will be asked to reflect upon as they observe the counselling session. Participants playing the roles of counsellor and observer will need their *Counselling Cards* for this session. Remind participants that when they are conducting the role-play, they should try to counsel on the topics covered in "Counselling Cards 1 and 2." It might feel more natural to counsel on IYCF topics since the *RCEL Addendum* content is so new, but these role-plays are an opportunity for participants to become more comfortable with the content on the *RCEL Addendum Counselling Cards*.
4. Give participants 15 minutes to conduct the role-play.

5. Debrief the role-play for 10 minutes in a large group discussion with all participants. Ask for a brief summary from the observers in each group based on the questions on the handout.
6. Ask for feedback from the counsellors in each group about their experience during the role-play. **Ask, "How did you find using 'Handout 3.1: Three Steps for Conducting Individual Counselling Sessions'? What worked well? What was challenging?"** For the training of health workers and facilitators, **ask, "How did you find using the 'IYCF/RCEL Counselling Flow Chart for Child Welfare Services' card? What worked well? What was challenging?"** Provide feedback on the role-play by praising, explaining, and expanding on what the counsellor did right. Refer to "Key Information, Learning Objective 2, Activity 2" below to fill in any main points.
7. Close by reminding everyone that they should use the Job Aid cards in their *Counselling Cards* as part of their regular work to provide quality individual counselling and group sessions and they can also use "Handout 3.1: Three Steps for Conducting Individual Counselling Sessions" to help guide individual counselling sessions. In this practice session, we focused on individual counselling on responsive care and responsive feeding. In practice, counsellors should always prioritize 1–2 topics that best respond to the needs and interests of the child, caregivers, and family.

Key Information, Learning Objective 2, Activity 1

Responsive Care Role-Play Facilitator Observations

- The following is a list of actions the counsellor should have taken based on the information shared in the role-play. Ideally, the counsellor only focuses on 1–2 recommendations during a counselling session, but there are several examples below.
- The counsellor could have praised the caregivers for the following:
  - The child was started on complementary foods at 6 months, and the mother is continuing to breastfeed.
  - The child is given his own plate and is encouraged to eat as much as he wants.
- The counsellor should have counselled the caregivers about these concerns:
  - The mother does not make eye contact with the baby when she breastfeeds.
  - The child is always breastfed when he cries, rather than the caregiver trying to understand what wants and needs the child is communicating.
  - When the child tries to get his father's attention by pulling on his clothing, smiling, and making sounds toward him, the father does not always engage with the child.
  - The child has not yet been given the opportunity to drink from a cup, which is something he can start to do between 9–12 months.

Session 5 Key Takeaway

- Responsive caregiving is the ability of the caregiver to notice, understand, and respond to their child's signals or cues in a timely and appropriate manner.

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