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Responsive Care and Early Learning Addendum Training Package GHANA

Participant Handouts

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This document was adapted from the *Responsive Care and Early Learning Addendum Training Package: Participant Handouts* which was published by USAID Advancing Nutrition and made possible by the generosity of the American people through the United States Agency for International Development (USAID).

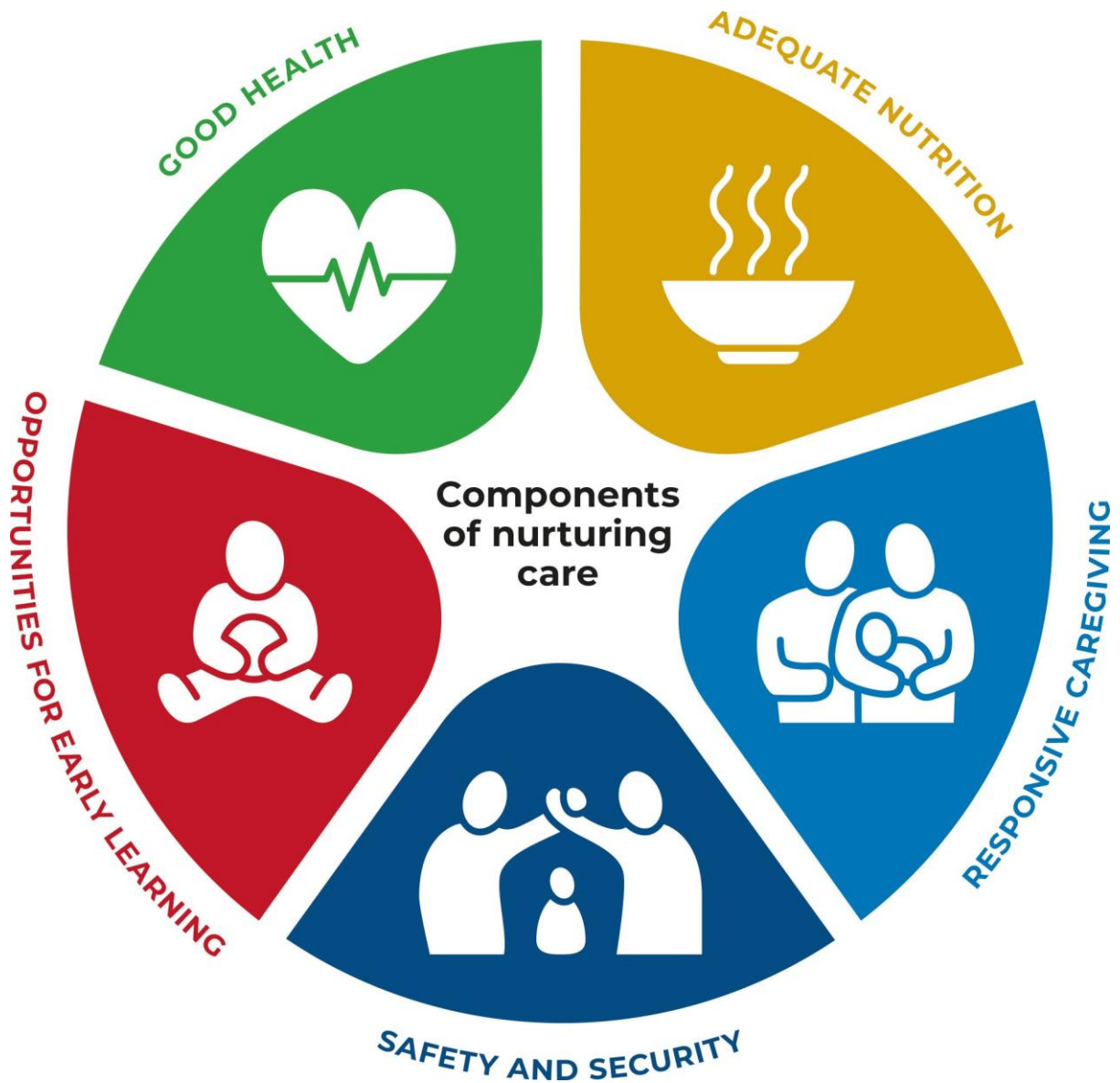
Recommended Citation

Ghana Health Service (GHS). 2023. *Responsive Care and Early Learning Addendum Training Package Ghana: Participant Handouts*. Accra: GHS.

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Handout 2.1: The Nurturing Care Framework and Example Activities, Interventions, and Behaviours Related to Each Component



Source: WHO, UNICEF, and World Bank. 2018. Nurturing Care Framework.

- **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.

Handout 3.1: Three Steps for Conducting Individual Counselling Sessions

- **STEP 1—Asses:**
 - Introduce yourself and ask the caregiver(s) to introduce her/himself and their child(ren). Smile and let the caregiver(s) know it is good to see them.
 - Explain the purpose of the discussion, such as “I’m here to talk about your child’s development today. Is that okay?” or say to the caregiver(s), “I would like to talk with you about your child; can we chat for a few minutes?”
 - Ask a question to immediately engage the caregiver(s): “How are you feeling today?” or “How is your child today?”
 - Share something about yourself that the caregiver(s) can relate to. This helps to form a connection with the caregiver(s).
 - Shape today’s session: Review anything covered in a prior visit, if applicable. Ask the caregiver(s) if she/he did anything differently or tried anything new from the prior visit.
 - Listen to the caregiver(s) to understand their interests, needs, concerns, and abilities to do more or to alter current practices. Ask more questions, if needed. Use listening and learning skills.
 - Observe how the caregiver(s) and the child(ren) interact.
- **STEP 2—Analyse:**
 - Pause. Take a few moments to think about the information you gathered from listening and observing.
 - Prioritize what you will do next. Identify potential concerns or interests of the caregiver(s) that you should counsel on.
 - Identify no more than two recommendations you will make. Respond to concerns raised by the caregiver(s) and/or an important topic based on the child’s age. Determine the topic and the counselling cards you will use. Choose 1-2 small, doable actions that the caregiver(s) can practice at home.
 - Refer to the Job Aid: Disability Inclusion, as needed.
- **STEP 3—Act:**
 - Introduce the topic(s) you will discuss today using the Key Messages on 1-2 counselling card(s), relating it to what the caregiver(s) discussed earlier or what you observed.
 - Praise caregiver(s) for what they are doing for their child!
 - Counsel using the Practical Tips on 1-2 counselling card(s), demonstrate as needed, and allow the caregiver(s) time to practice and ask questions. The caregiver(s) need to be able to use the advice at home. Use building confidence and support skills to agree with the caregiver(s) on essential actions they can practice at home.
 - Summarize the session by asking the caregiver(s) to demonstrate or explain what they will go home and do with their child. Ask if the caregiver(s) see any barriers and problem-solve together how to overcome those barriers.
 - Provide encouragement as you summarize the actions. “Remember every little bit helps—try what we discussed each day!”
 - If appropriate, agree on the next meeting date.

Handout 3.2: Group Session Facilitation Skills

- 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.
- Follow a structured approach to the session. This helps to keep the session organized and ensures steps are not missed.
- Introduce yourself and invite others to introduce themselves.
- Ensure that interaction among caregivers and time for demonstration and feedback are incorporated into group sessions. Don't lecture or provide "group education."
- 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.
- Pass around the counselling card(s) so the participants can see them as you introduce today's topic. Alternatively, you can walk around the group and show the card(s).
- Present factual information and correct any misinformation, but be careful to avoid any judgment or negative reactions to anything caregivers might share.
- 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.
- Encourage the involvement of all participants (male and female, young and old) in activities and discussions.
- Praise caregivers for sharing their childcare practices, and encourage others to share their experiences in the future.
- Be creative, flexible, and pivot the group back to the discussion or topic at hand.
- Have participants demonstrate or explain how they will apply what was discussed during the group session at home.

Handout 4.1: Listening and Learning Skills

- Use helpful nonverbal communication:
 - Keep your head level with mother/father/caregiver.
 - Pay attention (make eye contact).
 - Remove barriers (e.g., 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 mothers/fathers/caregivers what topics he/she wants to learn about most.
- Use responses and gestures that show interest.
- Listen to mothers'/fathers'/caregivers' 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 a specific action is important.
- “Close” sessions by confirming with caregivers how they plan to apply what they have agreed to do at home.

Handout 4.2: Building Confidence and Giving Support Skills

- Accept what mothers/fathers/caregivers think and feel (to establish confidence, let mothers/fathers/caregivers talk through their 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 the appropriate *Counselling Card(s)*.
- Make 1–2 suggestions, not commands.

Handout 4.3: Benefits of Individual Counselling Case Studies

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 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 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 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.

Handout 5.1: Responsive Care Individual Counselling Role-Play Role-Play Using “Counselling Cards 1 and 2”

Information for 2 Volunteers Playing the Roles of the “Mother” and “Father”

You are both being visited at your home by the counsellor. You have a 10-month-old son (use a doll, or other prop, to pretend this is your child).

- **Information for the volunteer playing the role of “mother” to share with the counsellor**
 - The counsellor is going to ask you questions about how you interact with your child. Here are some things you should try to include in your responses, but you may also come up with other information to add:
 - When your child is fussy or crying, the first thing you usually do is put the child on your breast to breastfeed because you know this calms him down, even if you just fed him.
 - You started to give your child solid food at 6 months.
 - Pretend to breastfeed your child during the counselling session but don’t make eye contact with the child.
- **Information for the volunteer playing the role of “father” to share with the counsellor**
 - The counsellor is going to ask you questions about how you interact with your child. Here are some things you should try to include in your responses, but you may also come up with other information to add:
 - When the child wants your attention, he tugs on your pants, smiles at you, and makes different sounds. Sometimes you pick him up, but if you are busy or are having a conversation with another adult, you usually ignore him until he leaves and does something else.
 - During mealtimes, you put a plate in front of your child and allow him to eat as much as he wants.
 - He has not tried to drink from a cup yet.

Information for the Volunteer(s) Playing the Role of “Observer”

Observe the discussion between the counsellor and the caregivers. At the end of the individual counselling role-play, you will be asked to provide feedback on the following questions:

- How well did the counsellor follow the 3 counselling steps?
- How welcoming was the counsellor?
- How well did the counsellor ask questions that allowed the caregivers to give detailed information?
- How well did the counsellor listen to the caregivers’ concerns?
- How well did the counsellor prioritize recommendations for the caregivers?
- Did the counsellor praise the caregivers for what they are doing for their child?

- How well did the counsellor close the session by confirming with the caregivers what they will do at home?
- How well did the counsellor use the resources in the *Counselling Cards* (“Counselling Card 1,” “Counselling Card 2,” and “IYCF/RCEL Counselling Flow Chart for Child Welfare Services,” if applicable)?

Information for the Volunteer Playing the Role of “Counsellor”

- You are a counsellor conducting a home visit.
- Use “Handout 3.1: Three Steps for Conducting Individual Counselling Sessions” and the 3 steps for individual counselling sessions—(1) assess, (2) analyse, and (3) act—to structure the session. Use “Counselling Cards 1 and 2” to counsel the caregivers.
 - Health workers should also use “IYCF/RCEL Counselling Flow Chart for Child Welfare Services” to structure the session.
- You will counsel the caregivers on how to identify and respond to their child’s cues. Observe the interaction between the child and the mother and father. Ask the caregivers questions, such as the following:
 - What do you enjoy doing with your child?
 - Do you have any concerns or topics you would like to learn about most?
- During step 2 (analyse), share your observations with your group. Explain to participants that you are saying out loud what you noticed in the context of the role-play but that such an analysis would normally occur as an internal dialogue, not be said out loud during a real counselling session.
- Use “Listening and Learning Skills” and “Building Confidence and Giving Support Skills” throughout the counselling session.
- You will need your *Counselling Cards*, specifically “Counselling Card 1” and “Counselling Card 2,” and “Handout 3.1: Three Steps for Conducting Individual Counselling Sessions.”
 - Health workers will also need the “IYCF/RCEL Counselling Flow Chart for Child Welfare Services” card.

Handout 8.1: Communication and Play Group Session Role-Play Role-Play Using “Counselling Card 3”

Information for the Volunteer Playing the Role of “Observer” (Counselling Card 3)

Observe the group session. At the end of the role-play, you will be asked to provide feedback on the following questions:

- How well did the counsellor follow the 3 counselling steps?
- How welcoming was the counsellor? Was there an opening activity?
- Did the counsellor show the counselling cards to the caregivers in a way that each caregiver was able to see the cards?
- How well did the counsellor encourage the involvement of all participants (male and female) in activities and discussions?
- Did the counsellor praise the caregivers?
- If there were any disruptions, how well did the counsellor handle them?
- How well did the counsellor close the session by confirming with the caregivers what they will do at home?
- How well did the counsellor use the resources in the *Counselling Cards* (“Counselling Card 3,” “Steps for Facilitating Group Sessions” card, and “Group Session Facilitation Guide” card)?

Information for the Volunteers Playing the Role of “Caregivers” (Counselling Card 3)

- You are all caregivers attending a monthly parenting program.
- Most of you attend these sessions every month, but a couple of you are attending for the first time. Decide who will be new participants and who has previously attended.
- Last month the counsellor discussed responsive care and responsive feeding.
- If possible, identify 3 participants who will be fathers and one participant who will be a grandmother. The remainder are mothers. Make name tags identifying your roles.
- The children you have brought with you to the session today range in age from 2–3 months old up to 2 years old. Write the age of your child on your name tag.
- Pick 2 participants who will introduce some challenges that the counsellor will need to handle.
 - One participant should pose a question to the counsellor that is not relevant to the topics of today’s session. For example, today’s topic is about communication. Therefore, you might ask a question related to breastfeeding.
 - One participant should present incorrect information. For example, the counsellor may discuss how you can have a conversation with your child using sounds, words, and gestures before he/she can even speak. You think it’s silly for an adult to have a conversation with a child who doesn’t talk. You might say things like, “That’s impossible!” or, “Adults should wait until their child can talk before talking to them.”

Information for the Volunteer Playing the Role of “Counsellor” (Counselling Card 3)

- You are facilitating a group session on communication during a monthly parenting program.
 - Most of the caregivers attend these sessions every month, and last month you covered responsive care and responsive feeding.
 - Almost all of the caregivers are the child’s mothers; however, there are 3 fathers and a grandmother also in attendance.
 - The children who are with the caregivers vary in age from 2–3 months old up to 2 years old.
- Use the “Steps for Facilitating Group Sessions” card to structure the session, and “Counselling Card 3” to talk about today’s topic.
 - Remember to follow the 3 steps for facilitating a group session (1) assess, (2) analyse, and (3) act.
- Conduct a group activity that encourages caregivers to interact with each other and their children using the Practical Tips on “Counselling Card 3.” The “Group Session Facilitation Guide” card also has some examples to choose from.
- During step 2 (analyse), share your observations with your group. Explain to participants that you are saying out loud what you noticed in the context of the role-play but that such an analysis would normally occur as an internal dialogue, not be said out loud during a real group session.
- You will need your *Counselling Cards*, specifically “Counselling Card 3,” “Steps for Facilitating Group Sessions” card, and “Group Session Facilitation Guide” card.

Role-Play Using “Counselling Card 4”

Information for the Volunteer Playing the role of “Observer” (Counselling Card 4)

Observe the group session. At the end of the role-play, you will be asked to provide feedback on the following questions:

- How well did the counsellor follow the 3 counselling steps?
- How welcoming was the counsellor? Was there an opening activity?
- Did the counsellor show the counselling cards to the caregivers in a way that each caregiver was able to see the cards?
- How well did the counsellor encourage involvement of all participants (male and female) in activities and discussions?
- Did the counsellor praise the caregivers?
- If there were any disruptions, how well did the counsellor handle them?
- How well did the counsellor close the session by confirming with the caregivers what they will do at home?
- How well did the counsellor use the resources in the *Counselling Cards* (“Counselling Card 4,” “Steps for Facilitating Group Sessions” card, and “Group Session Facilitation Guide” card)?

Information for the Volunteers Playing the Role of “Caregivers” (Counselling Card 4)

- You are all caregivers attending a monthly parenting program.
- Most of you attend these sessions every month, but a couple of you are attending for the first time. Decide who will be new participants and who has previously attended.
- Last month the counsellor discussed responsive care and responsive feeding.
- If possible, identify 3 participants who will be fathers and one participant who will be a grandmother. The remainder are mothers. Make name tags identifying your roles so the counsellor is aware, such as, “Grandmother,” or “Father.”
- The children you have brought with you to the session today range in age from 2–3 months old up to 2 years old. Write the age of your child on your name tag.
- Pick 2 participants who will introduce some challenges that the counsellor will need to handle.
 - One participant should pose a question to the counsellor that is not relevant to the topics of today’s session. For example, today’s topic is about playing with your child. Therefore, you might ask a question related to hygiene.
 - One participant should present incorrect information. For example, the counsellor may discuss how your child learns through playing with you. You think it’s silly to let children make a mess by playing with things in the house and that children only start learning when they go to school. You might say something like, “That’s impossible for a child to learn by playing!” or, “Children just make a mess for me to clean up because young children do not know how to play!”

Information for the Volunteer Playing the Role of “Counsellor” (Counselling Card 4)

- You are facilitating a group session on play during a monthly parenting program.
 - Most of the caregivers attend these sessions every month, and last month you covered responsive care and responsive feeding.
 - Almost all of the caregivers are the child’s mothers; however, there are 3 fathers and a grandmother also in attendance.
 - The children who are with the caregivers vary in age from 2–3 months old up to 2 years old.
- Use the “Steps for Facilitating Group Sessions” card to structure the session and “Counselling Card 4” to talk about today’s topic.
 - Remember to follow the 3 steps for facilitating a group session: (1) assess, (2) analyse, and (3) act.
- Conduct a group activity that encourages caregivers to interact with each other and their children using the Practical Tips on “Counselling Card 4.” The “Group Session Facilitation Guide” card also has some examples to choose from.
- During step 2 (analyse), share your observations with your group. Explain to participants that you are saying out loud what you noticed in the context of the role-play but that such an analysis would normally occur as an internal dialogue, not be said out loud during a real group session.
- You will need your *Counselling Cards*, specifically “Counselling Card 4,” “Steps for Facilitating Group Sessions” card, and “Group Session Facilitation Guide” card.

Handout 9.1: Examples of Homemade Toys



Safety Tip

Make sure the toys are made with clean, safe materials. They should not be sharp or have small pieces that the child could choke on (anything smaller than the child's palm).

Shaker or rattle



Ages: Birth up to 12 months

Adapting for older ages and higher complexity:

- Fill the bottles with larger objects, such as clothespins or small stones, and let the child put the items in and out of the container.

Objects on a string



Ages: Birth up to 12 months

Adapting for older ages and higher complexity:

- Let the child put the objects on and off of the string (as long as objects are big enough that the child will not choke).
- Put together patterns on the string.

Mobiles hanging above baby (out of reach)



Ages: Birth up to 6 months

Adapting for older ages and higher complexity:

- Hang handmade light objects or picture cards, such as things made of felt paper/foam or coloured cards, and have the baby name the objects or colours.



Safety Tip

Make sure the toys are made with clean, safe materials. They should not be sharp or have small pieces that the child could choke on (anything smaller than the child's palm).

Plastic jar or basket for putting stones or objects in and out

Ages: 9 months up to 24 months



Adapting for older ages and higher complexity:

- Start to count the different objects.
- Learn how to open and close the jar.
- Teach directional words like “in” and “out.”
- Use different textured objects to explore soft, smooth, rough, etc.

Books with drawings or pictures

Ages: 9 months up to 24 months



Adapting for older ages and higher complexity:

- Add letters and words to the book.
- Add more detailed pictures that tell a story.
- Ask the child to make a story from the pictures.

Push and pull toys

Ages: 12 months up to 24 months



Image source: USAID/Kate Holt

Adapting for older ages and higher complexity:

- Encourage pretend play and imagination (creating stories).



Safety Tip

Make sure the toys are made with clean, safe materials. They should not be sharp or have small pieces that the child could choke on (anything smaller than the child's palm).

Cups or cans for stacking

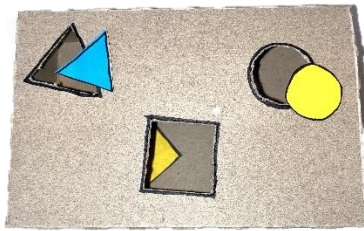


Ages: 12 months up to 24 months

Adapting for older ages and higher complexity:

- Over time, build the tower higher and higher.
- Stack according to colours.
- Build different buildings or scenes for imaginative play.

Sorting shapes or colours



Ages: 18 months and up

Adapting for older ages and higher complexity:

- Count the objects.
- Add more shapes and colours.

Pictures drawn on cardboard to create a puzzle



Ages: 18 months and up

Adapting for older ages and higher complexity:

- Increase the number of pieces to make the puzzles more complicated. About 4–5 pieces are most appropriate for 12–24 months.

Handout 10.1: Developmental Milestones Chart from Early Childhood Development and Care Standards

Age	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	<ul style="list-style-type: none"> • Baby begins to react to touching (rooting reflex) • Baby lifts chin off flat surface (rooting reflex) • Baby moves head from one side to the other whilst lying on the stomach • Baby folds and extends legs whilst lying on back • The baby responds to tickling with various movements • Baby can grip things in his/her hand (reflex/effect) 	<ul style="list-style-type: none"> • Baby is learning 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 • Baby begins to coo. Cooing usually means your infant is training his/her vocal cords to make sounds • Can whimper. This is his/her way of telling you that something is wrong. Infant also cries intermittently for attention. • Infants gurgle a lot when they are happy. 	<ul style="list-style-type: none"> • Baby turns towards sound • Begins to enquire by tracking people and objects movements with his/her eyes • Starts to discover parts of the body • Baby shows bonding with caregiver through cries and coos, eye contact and rooting, as he/she tries to establish a relationship with the caregiver • The baby recognizes his/her caregiver through cries and coos, eye contact and rooting, as he/she tries to establish a relationship with the caregiver • Responds to smile and touch with pleasure • Able to track people with his/her eyes • Able to turn towards noise 	<ul style="list-style-type: none"> • NONE

Age	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
6 months ^a	<ul style="list-style-type: none"> • The infant is stable and can roll over without support • Lifts head, shoulder and chest when lying on stomach • Sits up with help • Infant uses the hands and fingers to explore. He/she can reach for and grasp objects and toys. He/she explores then with fingers, hands, and mouth to find out what they can do. • Infant begins putting objects into the mouth • 	<ul style="list-style-type: none"> • Infant responds with sounds when spoken to • The infant is learning the rules of conversation. He/she attempts to start a conversation with the caregiver. • Infant is now beginning to use sound as a call for attention more than crying • Infant communicates by using sounds, actions, and facial expressions. He/she laughs, babbles and gurgles. • 	<ul style="list-style-type: none"> • Infants responds to play and the environment. The child is beginning to explore the world around. • Starts to get into a routine. Infant may be starting to develop a more regular eating and sleeping schedule. For instance, when you make the room dark, he/she realizes it is time for sleep. • 	<ul style="list-style-type: none"> • The growing infant smiles in response to a smile • The infant sometimes smiles to him/herself • The infant begins to identify people by sight and by voice • Recognizes and settles with caregivers. The infant identifies caregivers and rejects other people. He/she can now identify familiar people by accepting them when they reach out to carry him/her but will reject the unfamiliar ones by crying or withdrawing.

Age	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
9 months	<ul style="list-style-type: none"> • The child has more control over the body and can sit on his or her own and may scoot to get around • Begins to crawl, and creep • The child attempts standing and can pull himself/herself up to stand by holding onto furniture or someone • He/she can pick up small objects using the thumb and other fingers. • Child can grasp and hold large objects and pick larger objects from the ground • Child uses both hands competently and can drink from a cup without spilling • Can hold a spoon with food but cannot enter mouth well 	<ul style="list-style-type: none"> • The child now babbles a lot, trying to talk. The child is now working hard to communicate with you. When someone talks to him/her, the child makes sounds back. The child also uses his/her voice to express feelings when he/she is happy or angry. • The child imitates actions of caregiver, like waving "bye-bye" and shaking the head "no-no." • Starts to indicate by pointing • The child may start to repeat words they hear • The child can say one or two syllable words like dada, mama accompanied by gestures 	<ul style="list-style-type: none"> • The child is learning to think through play. For example, when a ball is thrown out of sight, he/she will look for the ball. The child begins to learn that things still exist even when they are not visible. • The child begins to understand and demonstrates his/her understanding through actions rather than speech • Identifies familiar objects and people • The child recognizes his/her own name • The child moves towards bright colours 	<ul style="list-style-type: none"> • Identifies and takes an interest in people • The child begins to seek more attention

Age	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
12 months ^a	<ul style="list-style-type: none"> • The child can creep, crawl and stand. The child has found his/her own way of crawling. • The child can stand and walk while holding on to furniture or a hand. The child may even start walking on his/her own. • Can strike one object/toy with another and claps both hands together 	<ul style="list-style-type: none"> • Your child tells you what he/she wants with their sounds and body movements. He/she can say one or two syllable words, like Mama and Papa. • Child continues to repeat words • Understands when being cautioned 	<ul style="list-style-type: none"> • He/ she is learning to think through issues and attempts problem solving. For example, the child tries to search and find an object that drops from the table • Understands what you say to him/ her and acts upon simple instructions, like give me the spoon. The child loves to do things repeatedly. He/she uses this to practice and figure out how things work. The child also builds their memory through repetition 	<ul style="list-style-type: none"> • The child demands more attention. He/she is learning to enjoy the company of the people they know and love, especially the primary caregiver. • He/she may cry when mother and other caregivers leave • They know that things exist somewhere around even though the child cannot see them

Age	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 ^a	<ul style="list-style-type: none"> • Pull him/herself up to stand • Stoop and stand up again without falling over • Can walk without support • Starts to run on average about 16 months and begins to jump on average by 18 months. • The toddler can control his/ her body movements • Pick up objects from inside or under a cover • Neat pincer grasp: the child can pick up small objects, such as pebbles, small stones, beans, with precision using the tips of his thumb and index finger. • Will attempt to eat without assistance 	<ul style="list-style-type: none"> • The child's language gets better, words get pronounced more clearly • Repeats words after others 	<ul style="list-style-type: none"> • Toddler is very curious, he/she identifies objects and plays with them • Recognizes ownership of objects • Can identify the presence or absence of objects 	<ul style="list-style-type: none"> • Cries for attention • May start having tantrums • The child is beginning to understand his/her feelings and other people's feelings too • The child may repeat sounds and actions that make someone else laugh

Age	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
24 months ^b	<ul style="list-style-type: none"> • Walks upstairs, if hand held • Can run, though stiffly, and stop suddenly without falling • Can jump with both feet • Hand-eye coordination quite well developed • Should be scribbling spontaneously be now and be able to imitate a stroke • Can use a spoon by himself/herself, keeping it upright 	<ul style="list-style-type: none"> • Can now begin to ask questions and responds to questions and directions 	<ul style="list-style-type: none"> • Now able to sense danger • Can identify their mother's cloth • Concentrates for short periods of time • He/she scribbles on anything 	<ul style="list-style-type: none"> • Develops friendships • The child will want to follow caregiver everywhere • Child wants to do things on his/her own

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 Protection.

Handout 10.2: Developmental Monitoring Using the Maternal and Child Health Record Book

Extracted from pages 58-59 in the Maternal and Child Health Record Book

Look Out for These Signs

Your child might have a problem in these areas. If your child shows any of the following behaviours/signs, take him/her to the health facility immediately.

Hearing – If your child:

- Does not turn toward the source of new sounds or voices at the age of 6 months.
- Has frequent ear infection. (discharge from ear, earache)
- Does not respond when you call unless he / she can see you at the age of 12 months.
- Does not talk or talks strangely at the age of 18 months.

Seeing – If your child:

- Has red or discharging eyes.
- Has a cloudy appearance of the eyes.
- Frequently rubs eyes and says they hurt.
- Often bumps into things while moving around.
- Holds head in an awkward position when trying to look at something.
- Has eyes which sometimes or always look in different directions.
- Has a white spot in the eye.

Stages of Growth (Developmental Milestones)

If your child **cannot** do the following at the corresponding age, take him/her to the health facility:

At the age of 1 month:

- Stare at his/her mother
- Utter small sounds
- Smile

At the age of 3 months:

- Support his/her head upward while lying on his/her belly
- Laugh
- Move head to left and right side

At the age of 6 months:

- Imitate sounds

- Reach the nearest object
- Roll over on his/her own
- Turn his/her head to follow a sound

At the age of 9 months:

- Sit up unsupported
- Say “ma ma ma”, “da da da”
- Enjoy playing alone and clapping hands
- Hold a biscuit

At the age of 12 months

- Pinch a small object
- Imitate simple words, “papa” or “mama”
- Stand and walk while holding on

At the age of 2 years (24 months)

- Point and identify body parts
- Climb a ladder and run
- Imitate chores such as sweeping the floor, mopping
- Scribble things on paper

Handout 10.3: Monitoring Child Development Individual Counselling Role-Play

Monitoring Child Development Scenario I

Information for the Volunteer Playing the Role of “Caregiver” (Scenario I)

- You are a mother aged 32 years, married, with 3 children aged 7 years, 3 years, and 9 months.
- You are visiting the community health clinic today because the 9-month-old girl is due for a well-child visit for growth monitoring and her measles vaccine.
- The 7-year-old is in school, but you have both the 3-year-old and 9-month-old with you during today’s visit.
- When the counsellor asks you how your child is developing and if you have any concerns about your child’s development, you respond by sharing that you have concerns because, by 9 months, your other children were already starting to crawl and could sit up well by themselves, while this child cannot. Your mother-in-law has been giving you a hard time, saying that your child is “slow.” She has told you that it is your fault.
- When the counsellor asks you about the child’s feeding, you tell the counsellor that she is still breastfeeding and enjoys trying different complementary foods.

Information for the Volunteer(s) Playing the Role of “Observer” (Scenario I)

Observe the discussion between the counsellor and caregiver. At the end of the individual counselling role-play, you will be asked to provide feedback on the following questions:

- How well did the counsellor follow the 3 counselling steps?
- How welcoming was the counsellor?
- How well did the counsellor ask questions that allowed the caregiver to give detailed information?
- How well did the counsellor listen to the caregiver’s concerns?
- How well did the counsellor prioritize recommendations for the caregiver?
- Did the counsellor praise the caregiver for what she is doing for her child?
- How well did the counsellor close the session by confirming with the caregiver what she will do at home?
- How well did the counsellor use the resources in the *Counselling Cards* (“Counselling Card 5,” and “IYCF/RCEL Counselling Flow Chart for Child Welfare Services,” if applicable)?

Information for the Volunteer Playing the Role of “Counsellor” (Scenario 1)

- You are conducting an individual counselling session at a community health clinic.
- Use “Handout 3.1: Three Steps for Conducting Individual Counselling Sessions” and the 3 steps for individual counselling sessions—(1) assess, (2) analyse, and (3) act—to structure the session. Use “Counselling Card 5” to counsel the caregivers.
 - Health workers should also use “IYCF/RCEL Counselling Flow Chart for Child Welfare Services” to structure the session.
- You will counsel the caregiver on monitoring their child’s development. Ask the caregivers questions, such as the following:
 - Monitoring your child’s development is useful to see if there are any areas that need extra support. By development, I mean: how your child learns, communicates, understands, relates to people, moves her body, uses her hands and fingers, and also hearing and vision. How is your child developing in all of these areas?
 - Do you have any concerns about your child’s development?
 - Do you have any concerns about your child’s feeding?
- During step 2 (analyse), share your observations with your group. Explain to participants that you are saying out loud what you noticed in the context of the role-play but that such an analysis would normally occur as an internal dialogue, not be said out loud during a real counselling session.
- During step 3 (act), you could consider introducing a second topic using another counselling card, or an Infant and Young Child (IYCF) topic if one seems appropriate to the needs and interests of the caregiver and child using the information you learned in step 2 (analyse). If you do not have enough time for a second topic, focus on “Counselling Card 5” for this role-play.
- Use “Listening and Learning Skills” and “Building Confidence and Giving Support Skills” throughout the counselling session.
- You will need your *Counselling Cards*, specifically “Counselling Card 5” and “Handout 3.1: Three Steps for Conducting Individual Counselling Sessions.”
 - Health workers will also need the “IYCF/RCEL Counselling Flow Chart for Child Welfare Services” card.

Monitoring Child Development Scenario 2

Information for the Volunteer Playing the Role of “Caregiver” (Scenario 2)

- The community health worker has come to visit you at home to see how you and your new baby, now 3 months old, are doing.
- You are an adolescent mother, age 17, and this is your first child. You live at home with your mother.
- The father, also 17, comes to visit most days after school.
- You don’t try to play or talk much with your baby because he is always sleeping or feeding, and you think you will start to play when he is able to talk and move more on his own.
- When the counsellor asks you how your child is developing and if you have any concerns about your child’s development, you tell the counsellor that you don’t have any concerns. You explain to the counsellor that your child can hold his head up and loves to smile.
- When the counsellor asks about the child’s feeding, you tell the counsellor that your son is doing well. He is breastfeeding regularly, day and night, and growing well. He takes no other foods or liquids.

Information for the Volunteer(s) Playing the Role of “Observer” (Scenario 2)

Observe the discussion between the counsellor and the caregiver. At the end of the individual counselling role-play, you will be asked to provide feedback on the following questions:

- How well did the counsellor follow the 3 counselling steps?
- How welcoming was the counsellor?
- How well did the counsellor ask questions that allowed the caregiver to give detailed information?
- How well did the counsellor listen to the caregiver’s concerns?
- How well did the counsellor prioritize recommendations for the caregiver?
- Did the counsellor praise the caregiver for what she is doing for her child?
- How well did the counsellor close the session by confirming with the caregiver what she will do at home?
- How well did the counsellor use the resources in the *Counselling Cards* (“Counselling Card 5,” and “IYCF/RCEL Counselling Flow Chart for Child Welfare Services,” if applicable)?

Information for the Volunteer Playing the Role of “Counsellor” (Scenario 2)

- You are conducting an individual counselling session at a home visit.
- Use “Handout 3.1: Three Steps for Conducting Individual Counselling Sessions” and the 3 steps for individual counselling sessions—(1) assess, (2) analyse, and (3) act—to structure the session. Use “Counselling Card 5” to counsel the caregivers.
 - Health workers should also use “IYCF/RCEL Counselling Flow Chart for Child Welfare Services” to structure the session.
- You will counsel the caregiver on monitoring their child’s development. Ask the caregivers questions, such as the following:
 - Monitoring your child’s development is useful to see if there are any areas that need extra support. By development, I mean: how your child learns, communicates, understands, relates to people, moves her body, uses her hands and fingers, and also hearing and vision. How is your child developing in all of these areas?
 - Do you have any concerns about your child’s development?
 - Do you have any concerns about your child’s feeding?
- During step 2 (analyse), share your observations with your group. Explain to participants that you are saying out loud what you noticed in the context of the role-play but that such an analysis would normally occur as an internal dialogue, not be said out loud during a real counselling session.
- During step 3 (act), you could consider introducing a second topic using another counselling card, or an IYCF topic if one seems appropriate to the needs and interests of the caregiver and child using the information you learned in step 2 (analyse). If you do not have enough time for a second topic, focus on “Counselling Card 5” for this role-play.
- Use “Listening and Learning Skills” and “Building Confidence and Giving Support Skills” throughout the counselling session.
- You will need your *Counselling Cards*, specifically “Counselling Card 5” and “Handout 3.1: Three Steps for Conducting Individual Counselling Sessions.”
 - Health workers will also need the “IYCF/RCEL Counselling Flow Chart for Child Welfare Services” card.

Monitoring Child Development Scenario 3

Information for the Volunteer Playing the Role of “Caregiver” (Scenario 3)

- You are aged 58 and taking care of your granddaughter, who is now 20 months old.
- You have just attended a group session, and you go to talk to the facilitator one-on-one after it ends.
- The mother and father have both gone to the city for work and return only occasionally, but they send money to help you care for her.
- You are so proud of your granddaughter!
- When the counsellor asks you how the child is developing and if you have any concerns about the child’s development, you respond by sharing that she loves to look through books, pointing and describing what she sees. She wants to do everything with you, including pretending to help with washing and cooking. She can hear well, and she is very talkative. You want to do everything you can to help her grow up to be smart! You do have a concern about her left eye—sometimes it appears to wander off to one side.
- When the counsellor asks about the child’s feeding, you tell the counsellor that you don’t have any concerns. She enjoys different foods, and you try to make sure to give her lots of colourful foods to help her grow. The only challenge is that sometimes there is not enough money to buy all the foods that you would like.

Information for the Volunteer(s) Playing the Role of “Observer” (Scenario 3)

Observe the discussion between the counsellor and the caregiver(s). At the end of the individual counselling role-play, you will be asked to provide feedback on the following questions:

- How well did the counsellor follow the 3 counselling steps?
- How welcoming was the counsellor?
- How well did the counsellor ask questions that allowed the caregiver to give detailed information?
- How well did the counsellor listen to the caregiver’s concerns?
- How well did the counsellor prioritize recommendations for the caregiver?
- Did the counsellor praise the caregiver for what she is doing for the child?
- How well did the counsellor close the session by confirming with the caregiver what she will do at home?
- How well did the counsellor use the resources in the *Counselling Cards* (“Counselling Card 5,” and “IYCF/RCEL Counselling Flow Chart for Child Welfare Services,” if applicable)?

Information for the Volunteer Playing the Role of “Counsellor” (Scenario 3)

- After a group session, a grandmother comes to talk with you one-on-one, so you use it as an opportunity to provide individual counselling.
- Use “Handout 3.1: Three Steps for Conducting Individual Counselling Sessions” and the 3 steps for individual counselling sessions—(1) assess, (2) analyse, and (3) act—to structure the session. Use “Counselling Card 5” to counsel the caregivers.
 - Health workers should also use “IYCF/RCEL Counselling Flow Chart for Child Welfare Services” to structure the session.
- You will counsel the caregiver on monitoring their child’s development. Ask the caregivers questions, such as the following:
 - Monitoring your child’s development is useful to see if there are any areas that need extra support. By development, I mean: how your child learns, communicates, understands, relates to people, moves her body, uses her hands and fingers, and also hearing and vision. How is your child developing in all of these areas?
 - Do you have any concerns about your child’s development?
 - Do you have any concerns about your child’s feeding?
- During step 2 (analyse), share your observations with your group. Explain to participants that you are saying out loud what you noticed in the context of the role-play but that such an analysis would normally occur as an internal dialogue, not be said out loud during a real counselling session.
- During step 3 (act), you could consider introducing a second topic using another counselling card, or an IYCF topic if one seems appropriate to the needs and interests of the caregiver and child using the information you learned in step 2 (analyse). If you do not have enough time for a second topic, focus on “Counselling Card 5” for this role-play.
- Use “Listening and Learning Skills” and “Building Confidence and Giving Support Skills” throughout the counselling session.
- You will need your *Counselling Cards*, specifically “Counselling Card 5” and “Handout 3.1: Three Steps for Conducting Individual Counselling Sessions.”
 - Health workers will also need the “IYCF/RCEL Counselling Flow Chart for Child Welfare Services” card.

Monitoring Child Development Scenario 4

Information for the Volunteer Playing the Role of “Caregiver” (Scenario 4)

- You (a father) and your wife, both aged 26, have been participating in a community group for new parents. Today, the group leader has come to visit you at home to see how you and your son, now 6 months old, are doing.
- You let the volunteer know that you are learning a lot in the group about responsive care and how to play with your child.
- You now take time each day to play with him, which is something you learned in the group. Before you thought only the mother had to care for the child since she was always breastfeeding your son.
- When the counsellor asks you how your child is developing and if you have any concerns about your child’s development, you respond by telling the counsellor that your son has started rolling over and can sit up well with support. He really loves playing with his daddy. When you play with him, you notice that he doesn’t respond much to sound and that even loud noises don’t startle him.
- When the counsellor asks about the child’s feeding, you tell the counsellor that he has just started eating complementary foods. You have given him some porridge.

Information for the Volunteer(s) Playing the Role of “Observer” (Scenario 4)

Observe the discussion between the counsellor and the caregivers. At the end of the individual counselling role-play, you will be asked to provide feedback on the following questions:

- How well did the counsellor follow the 3 counselling steps?
- How welcoming was the counsellor?
- How well did the counsellor ask questions that allowed the caregiver to give detailed information?
- How well did the counsellor listen to the caregiver’s concerns?
- How well did the counsellor prioritize recommendations for the caregiver?
- Did the counsellor praise the caregiver for what he is doing for his child?
- How well did the counsellor close the session by confirming with the caregiver what he will do at home?
- How well did the counsellor use the resources in the *Counselling Cards* (“Counselling Card 5,” and “IYCF/RCEL Counselling Flow Chart for Child Welfare Services,” if applicable)?

Information for the Volunteer Playing the Role of “Counsellor” (Scenario 4)

- You are conducting an individual counselling session at a home visit.
- Use “Handout 3.1: Three Steps for Conducting Individual Counselling” and the 3 steps for individual counselling sessions—(1) assess, (2) analyse, and (3) act—to structure the session. Use “Counselling Card 5” to counsel the caregivers.
 - Health workers should also use “IYCF/RCEL Counselling Flow Chart for Child Welfare Services” to structure the session.
- You will counsel the caregiver on monitoring their child’s development. Ask the caregivers questions, such as the following:
 - Monitoring your child’s development is useful to see if there are any areas that need extra support. By development, I mean: how your child learns, communicates, understands, relates to people, moves his body, uses his hands and fingers, and also hearing and vision. How is your child developing in all of these areas?
 - Do you have any concerns about your child’s development?
 - Do you have any concerns about your child’s feeding?
- During step 2 (analyse), share your observations with your group. Explain to participants that you are saying out loud what you noticed in the context of the role-play but that such an analysis would normally occur as an internal dialogue, not be said out loud during a real counselling session.
- During step 3 (act), you could consider introducing a second topic using another counselling card, or an IYCF topic if one seems appropriate to the needs and interests of the caregiver and child using the information you learned in step 2 (analyse). If you do not have enough time for a second topic, focus on “Counselling Card 5” for this role-play.
- Use “Listening and Learning Skills” and “Building Confidence and Giving Support Skills” throughout the counselling session.
- You will need your *Counselling Cards*, specifically “Counselling Card 5” and “Handout 3.1: Three Steps for Conducting Individual Counselling Sessions.”
 - Health workers will also need the “IYCF/RCEL Counselling Flow Chart for Child Welfare Services” card.

Handout for Facilitator Session H: Practice Individual Counselling and Group Session Facilitation

Individual Counselling Observation Questions

Step 1: Assess

1. How welcoming was the counsellor?
2. How well did the counsellor ask questions that allowed the caregiver(s) to give detailed information?
3. How well did the counsellor listen to the caregiver's concerns?
4. How well did the counsellor reflect back what the caregiver(s) said?

Step 2: Analyse

5. How well did the counsellor prioritize recommendations for the caregiver(s)? How well did the recommendations respond to the concerns or interests of the caregiver(s)?

Step 3: Act

6. Did the counsellor praise the caregiver(s) for what they are doing for their child?
7. Did the counsellor demonstrate to the caregiver(s) what they can go home and do with their child and allow the caregiver(s) time to practice and ask questions?
8. How well did the counsellor close the session by confirming with the caregiver(s) what they will do at home?
9. If barriers were raised, how well did the counsellor problem-solve with the caregiver?

General counselling skills

10. How well did the counsellor follow the 3 counselling steps?

11. How well did the counsellor use helpful nonverbal communication, such as keeping their head level with the caregiver(s), making eye contact, removing any barriers, taking time, and providing appropriate touch?

12. Did the counsellor avoid using judging words?

13. How well did the counsellor use the resources in the *Counselling Cards*?

Group Session Facilitation Observation Questions

Step 1: Assess

1. How welcoming was the counsellor? Was there an opening activity?

2. Did the counsellor recap the previous session, if applicable?

Step 2: Analyse

3. Did the counsellor consider who was in attendance and make adaptations to their session plan, as needed? (*Note: You will not be able to observe this, but you can discuss this with the counsellor after the session.*)

Step 3: Act

4. Did the counsellor show the *Counselling Cards* to the caregivers in a way that each caregiver was able to see the cards?

5. Did the counsellor conduct a group activity that allowed time for demonstration, practice, and discussion, and was relevant to the topic of the session?

6. Did the counsellor praise the caregivers?

7. How well did the counsellor close the session by confirming with the caregivers what they will do at home?

General counselling skills

8. How well did the counsellor follow the 3 counselling steps?
9. Did the counsellor avoid using judging words?
10. How well did the counsellor encourage involvement of all participants (male and female; young or old) in activities and discussions?
11. If there were any disruptions, how well did the counsellor handle them?
12. How well did the counsellor use the resources in the *Counselling Cards*?