



Integrating Responsive Caregiving in Health Systems: A Competency Framework for Health Workers, Supervisors, and Trainers



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The **Aga Khan Foundation (AKF)** is a private, not-for-profit, non-denominational, international development agency established in 1967 by His Highness the Aga Khan. AKF brings together human, financial and technical resources to address some of the challenges faced by the poorest and most marginalised communities in the world. With an emphasis on women and girls, AKF invests in human potential, expanding opportunities and improving quality of life.



Aga Khan Health Services

Aga Khan Health Services (AKHS) is one of three AKDN agencies that support activities in health, alongside the Aga Khan Foundation and the Aga Khan University. Together, they provide quality health care to eight million people annually and work closely on planning, training and resource development. AKHS also works with the Aga Khan Education Services and the Aga Khan Agency for Habitat on the integration of health issues into partnered projects.



آغا خان یونیورسٹی
THE AGA KHAN UNIVERSITY

The Aga Khan University, Human Development Program (AKU-HDP) was established in 2003 dedicated to advancing human development through interdisciplinary research. With a primary focus on early childhood, AKU-HDP integrates education, health, nutrition, and child development, encompassing cognitive, social, and emotional aspects. AKU-HDP engages in research, teaching, and community development, addressing child development, education, research, policy advocacy, and caregiver support. It specializes in providing information and capacity-building to mothers, families, educational institutions, and communities.

The Aga Khan University, Institute for Educational Development (AKU-IED) was founded in 1993 to empower teachers with progressive teaching methods from early childhood to secondary education, elevating the teaching profession in Pakistan and beyond. Operating in Pakistan and East Africa, AKU-IED graduates are revolutionizing education through innovative teaching, leadership, and community engagement, significantly impacting schools and education systems.



Madrasa Early Childhood Development (MECP) is an affiliate of the Aga Khan Foundation that supports holistic development of children aged 0-8 years in Kenya, Uganda, and Tanzania. MECP works with diverse stakeholders, including communities, civil society, government, and development partners to deliver high quality, innovative and impactful programming that is needs based and contextually relevant.

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Contents

Background and Rationale	4
Target Audience	5
Overview of the Document	6
Competency Areas	7
The Levels	10
Part 1. Competencies for Health Workers Supporting Caregivers with Children Ages 0 to 3 years	11
Part 2. Roles and Responsibilities of Mentors, Supervisors and Trainers	22
Mentors and Supervisors of Health Workers	22
- Prerequisite competencies	22
- Roles and responsibilities	24
Trainers of Health Workers	25
- Prerequisite competencies	25
- Roles and responsibilities	25
References	27



Background and Rationale

For young children to survive and thrive, they must be in good health, receive adequate nutrition, be raised in an environment free of emotional, physical or environmental danger. They also need to have opportunities to interact with people, places and objects, and be cared for by at least one loving, nurturing and responsive caregiver. In other words, to achieve healthy growth and development, children need the five interrelated and indivisible components of nurturing care (see Box 1).

Box 1. Components of nurturing care



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 a child.



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 wellbeing and that of her unborn child. After birth, the mother's nutritional status affects her ability to provide adequate care to her young child.



Safety and security refers to safe and secure environments for children and their families. This includes physical dangers, emotional stress, environmental risks (e.g., pollution), and access to food and water.



Opportunities for early learning refers to any opportunity for a baby, toddler or child to interact with a person, place, or object in their environment. It recognizes that every interaction, positive or negative, or absence of interaction contributes to a child's brain development and lays the foundation for later learning.



Responsive caregiving refers to the ability of a caregiver to notice, understand, and respond to their child's signals in a timely and appropriate manner. It is considered the foundational component because responsive caregivers are better able to support the other four components.

Source: Nurturing Care Framework Advocacy Working Group. What is nurturing care? Geneva: Partnership for Maternal, Newborn and Child Health; 2020. (<https://nurturing-care.org/what-isnurturing-care/>, accessed 1 March 2023).

In the very early years, before children start going to school, it is the people in their home and community that are best placed to ensure they get everything they need for their bodies and minds to develop to their full potential. Those raising children, their caregivers¹, need support to ensure they care for themselves and are able to care for their children.

Caregivers typically go to health and nutrition services to seek support when their children are very young. Hence, these services are an optimal platform to support caregivers' capacity to care for themselves and their children. These services already provide caregivers with much needed support to ensure their child's health and nutritional needs are met. However, little or no attention is given to the other three components of nurturing care (responsive caregiving, opportunities for early learning, and safety and security) or to the caregiver's well-being.

In an effort to mitigate this gap, various training packages exist and are in use. However, no single training package can effectively ensure that health workers have the competencies they need to better support caregivers to care for themselves and their children. Hence, the Aga Khan Development Network (AKDN) embarked on an exercise to define the competencies that would be required of health workers to enhance their existing support to caregivers. During their routine interactions with caregivers, they are able to support caregiver well-being and enhance the caregivers' capabilities to be responsive caregivers, create opportunities for developmentally appropriate learning experiences at home, and keep their children safe and secure from physical, emotional, and environmental dangers.

The aim here is to start with what we want health workers to be able to do in these newer areas and then design training that can support mastery of these competencies. This will enable a more effective use of existing training packages but may also require further adaptation of existing training packages or the designing of new packages. Further, as mentors, supervisors, and trainers are key to enhancing health workforce capabilities, we seek to better define their roles and responsibilities so that they can better support health workers in accessing additional support and continuing to enhance their skills.

Target Audience

This document is intended for programme designers and implementers who seek to build the capacity of health workers to support caregivers to care for themselves and their young children, especially from pregnancy to age 3.

Though designed with health workers in mind, the competencies included herein could be adapted for other frontline workers such as early childhood educators, child protection officers or social workers who directly interact with and support caregivers with young children. They could also be adapted for use by frontline workers who interact with slightly older children (e.g., 3 to 6 year olds).

¹Caregiver refers to the people who are raising a child and who have a close relationship with that child. This could include the mother or father, an aunt or uncle, a grandparent, an older sibling, anyone who is directly responsible for the child at home. The primary caregiver, typically the mother, is often the main focus of any support given to caregivers. While this should continue, it is understood that additional caregivers interact with the child and thus support to caregivers should embody a whole-family approach whereby the capability of all caregivers is supported.



Overview of the Document

This document comprises two sections:

Part 1

**Competencies
for health workers
supporting caregivers
with children ages
0 to 3 years**

This section outlines competencies required of health workers to support caregivers with children ages 0 to 3 years in promoting their child's overall development. It is assumed that health workers are already supporting caregivers to ensure their children are in good health and adequately nourished. Hence, the focus is on enhancing what health workers already know and do to reinforce and strengthen caregivers' capacity to care for themselves, develop positive relationships with their children and other caregivers in the household, and support their child's healthy growth and development.

Part 2

**Roles and responsibilities
of mentors, supervisors,
and trainers**

This section outlines the roles and responsibilities of mentors, supervisors and trainers. It is expected that these individuals have mastered levels 1, 2 and 3 of the competency framework for health workers prior to taking on one or more of these roles. Mentors, supervisors and trainers may be distinct roles or they may overlap. In other words, a mentor may also be a trainer and vice versa.

Competency Areas

The competencies for health workers are divided into eight areas with three levels each. It is expected that after an initial or basic training the health workers would have the foundational knowledge and skills to apply most, if not all, of the skills listed in level 1. With observation, peer support, tailored support, and additional training, health workers can be supported to advance to levels 2 and 3. A description of each competency area is provided in the box below.



CHILD DEVELOPMENT

Child development is a continuum marked by milestones across different developmental domains: cognitive, physical, social-emotional, and linguistic. Although children generally follow a predictable developmental trajectory, their development is shaped by cultural and community beliefs, their home environment, and interactions with individuals in their household and community. In this competency area, health workers help caregivers understand how their children develop and what influences their development. Health workers help caregivers reflect on their childrearing practices and how they influence their child's development. They help caregivers notice how their actions and decisions support their child's development. They respond to questions caregivers may have about their child's development, and use the information provided by caregivers and their own observations to identify and act on signs of atypical development.



CAREGIVER WELL-BEING

Caregivers are best placed to provide their children with nurturing care. However, if they are in poor physical or mental health, they will likely face difficulty caring for their child. In this competency area, health workers identify and address the difficulties that prevent caregivers from caring for themselves and their children. Health workers listen empathetically, offer words of encouragement and appreciation, and support caregivers in finding solutions when problems arise.



RESPONSIVE CAREGIVING

Right from birth, children communicate their needs verbally (cries, babbles) and non-verbally (gestures, facial expressions). These attempts to communicate are an invitation to the caregiver to notice the child's attempts to communicate, infer what the child is trying to communicate, and respond in a timely and appropriate manner. These parent-child interactions are the basis for the way caregivers bond with their children, and how children form trusting relationships with their caregivers (as well as future relationships with peers and partners). When a caregiver notices, understands, and appropriately responds to the cues (or signals) their child is sending, they are being responsive. Some caregivers do

this naturally, while others need assistance to develop this ability. In this competency area, health workers help caregivers notice and respond to their children's cues and help them understand the benefits of these actions for their child and for themselves.



OPPORTUNITIES FOR EARLY LEARNING

Very often, learning is associated with something that happens in a formal space (e.g., a daycare or school). In reality, children begin learning in-utero from their caregivers and the people in their home environment. Everyday interactions with people, places, and objects throughout the day support brain connections, help children progressively acquire new knowledge, master new skills across all developmental domains, and teach children about their world. In this competency area, health workers support caregivers to see and use every moment in the day as a learning moment. They help caregivers understand that children have the capacity to learn starting in the womb. They help caregivers see how and what their children are learning and guide parents to create opportunities for learning by using available materials in the home.



SAFETY AND SECURITY

Children need to experience an environment that is free of physical or psychological danger (e.g., sharp objects, tobacco, neglect, abuse, violence). Because children cannot protect themselves, they need their caregivers to make sure their homes are safe and secure. In this competency, health workers guide caregivers to understand what could be considered unsafe for a child and to learn strategies to mitigate these risks. Health workers assist caregivers by ensuring the home environment is free from physical danger, emotional stress, or environmental risks and aid caregivers in creating a positive physical and emotional climate at home. They help caregivers to pay attention to and act on signs of abuse, neglect, or violence in the home.



WORKING WITH CAREGIVERS AND FAMILIES AS PARTNERS

Children spend most of their time with their caregivers and families. As such, caregivers are the most knowledgeable about the child. In this competency area, health workers gain the trust of and demonstrate respect for caregivers and families by acknowledging and appreciating the important role they play in their child's life. It is the personal qualities of the health workers that will determine the extent to which caregivers and families feel they can confide in the health worker, seek their assistance, and listen to what they have to say. In this competency area, health workers cultivate trusting relationships with caregivers and families by being friendly, approachable, empathetic, showing interest, asking questions, and listening.



WORKING WITH THE COMMUNITY AND OTHER SERVICES

Health workers are just one element of a wider ecosystem in the community. They play a crucial role in helping caregivers and families access information, resources, and services that could provide support in areas of need. This could range from financial assistance, maternity protection, specialists, day care, and so on. But they also have an intimate knowledge of what additional supports families need that may not be available in the community. In this competency area, health workers help families navigate the wider ecosystem and take part in efforts to ensure the wider ecosystem is able to better support families in the community (e.g., advocacy efforts, community meetings where decisions are taken).



DOCUMENTATION AND REPORTING

Health workers complete various tools and forms to capture both quantitative and qualitative information. This information is intended to help the health worker prepare for and take decisions on how to conduct the next interaction with the family (e.g., might begin with check-in on something that was agreed to at the prior visit). The information can also help managers and programme designers see changes in a group over time and identify and respond to common issues arising across multiple families. In this competency, the health workers consistently inform the caregivers of what data is being collected, what it means, and how it will be used. Health workers show respect for the caregivers and give them an opportunity to ask questions and give consent for how data is used. Health workers are able to complete the required documentation, communicate the contents of any tools or documentation to families, and seek consent for use of this data in this programme (or if applicable beyond).



The Levels

The competencies are organized into three levels. Each set of competencies at each level builds on the previous set. Thus, a health worker seeking to attain a higher level must continue to demonstrate mastery of the competencies of the previous level(s), as well as expand their expertise to include the competencies of the current level. Figure 1 summarizes the key skills pertaining to each level.

Figure 1. Key skills of health workers to be mastered at each level



Level 1 refers to someone who has recently completed initial training. They likely have a basic understanding of key concepts related to child development and are keen to share this information with caregivers. They tend to focus their interactions with caregivers on conveying what they know (or what they think parents should know), stating key facts or messages, and explaining what caregivers should do.

Level 2 refers to someone who has mastered Level 1 competencies and who obtains information during their interactions with caregivers (observe, ask, listen). They are able to assess children's development, regularly demonstrate activities, and help caregivers practice these activities in their presence. They try to praise the caregiver and offer feedback, which is usually non-specific and may include terminology not understood by caregivers.

Level 3 refers to someone who has mastered Level 1 and 2 competencies and is very experienced and comfortable with taking their cue from caregivers. They seek and use information provided by caregivers (in the current and previous interactions) to inform what they discuss and do during each session. They help caregivers to problem-solve, make plans, and make use of supports. They interact with and involve the entire family and even engage in fora where they can influence policy and practice. This person might be recognized within the community or beyond for their work ethic and contributions to improving child development in their community.



Part 1.

Competencies for Health Workers Supporting Caregivers with Children Ages 0 to 3 years

This section outlines the competencies for each of the eight competency areas and the three levels.



CHILD DEVELOPMENT

CHILD DEVELOPMENT

LEVEL

1

- Explains why the early years are important for child development, later learning, health and behaviour.
- Provides examples of culturally relevant experiences and interactions that positively or negatively affect child development.
- Emphasizes the important role of mothers, fathers, and other caregivers in influencing child development.
- Explains how family and community beliefs about gender can shape how a family raises a child and impact the child's development.
- Names and describes the developmental domains and how they work together.
- Explains the concept of developmental milestones.
- Explains one activity that caregiver(s) can do to support a child's mastery of a particular milestone.
- Emphasizes that the home environment and the people in it play an important role in child development.

CHILD DEVELOPMENT

LEVEL

2

- Asks open-ended questions to understand the child's daily life (e.g., who is with the child, what does the child do, what makes the child smile, describe a typical day).
- Identifies and praises caregiver(s) for at least one positive aspect in the child's life, explaining why this aspect is beneficial for the child's development (explanation may contain terminology not understood by caregivers, e.g., it's good for brain development).
- Discusses family and community beliefs regarding gender and provides examples of how these positively or negatively affect child development.
- Asks caregiver(s) to share any concerns they have about their child's development.
- Assesses children's growth and development using appropriate tools.
- Identifies signs of developmental delay or disability.
- Provides examples of age-appropriate developmental milestones.
- Models or demonstrates at least one activity that caregiver(s) can do to support a child's mastery of a particular milestone.
- Helps the caregiver to practise the activity in their presence.
- Praises the caregiver's efforts.

- Asks if the caregiver has any concerns about how the child is developing.
- Respectfully raises and discusses a topic based on prior knowledge and interactions with the caregiver (e.g., previous interactions have shown that the child is developing well but more attention needs to be given to physical development. OR the family has a boy and does not let the boy play with dolls).
- Problem-solves with the caregiver about how to address a concern that has been identified either by the caregiver or the health worker.
- Explains the results of assessments to the caregiver, including where the child is progressing well, any positive changes since the previous interaction, and, if applicable, where further attention may be required.
- Acts on signs of developmental delay or disability (e.g., referral, identifying supports in community).
- Provides constructive feedback using simple and specific language (avoids jargon) that conveys what the caregiver is doing well and what the caregiver could do differently.



CAREGIVER WELL-BEING

- Explains and emphasizes the importance of the caregiver being in good health - physically and mentally - for the child's development.
- Provides examples of how the caregiver's health and well-being can positively or negatively affect the child's development.
- Provides examples of what the caregiver can do to take care of their physical and mental health.
- Tells the caregiver about available resources in the community and online that might be helpful.
- Explains the importance of all caregivers being involved and making decisions together about how to raise the child.

CAREGIVER WELL-BEING

LEVEL 2

- Asks open-ended questions to understand how the caregiver is taking care of her own health, any difficulties, and their support system (food, sleep, physical activity, what do you need help with, what makes it easier, who helps you).
- Asks open-ended questions to understand how the caregiver feels about and relates to the child (e.g., how does your child make you smile, what is it like having a child in the home).
- Asks open-ended questions to learn about other caregivers and how they support the primary caregiver and the child (e.g., who helps you with looking after the child, how you would like them to help).
- Acknowledges any difficulties the caregiver is experiencing.
- Praises and encourages the caregiver's efforts.
- Observes and identifies signs of potential domestic violence and poor caregiver physical and mental health, and follows reporting protocols when necessary.

CAREGIVER WELL-BEING

LEVEL 3

- Respectfully raises and discusses a topic based on prior knowledge and interactions with the family (e.g., caregiver is not getting much sleep, father is not spending time with the child, caregiver is stressed about money).
- Problem-solves with caregiver about how to address a concern that has been identified either by the caregiver or the health worker.
- Involves and interacts with other caregivers in a culturally appropriate manner to identify and act upon ways they can share parenting responsibilities, better communicate, make decisions together about their child, and ensure all caregivers feel supported.
- Praises the caregiver for positive steps taken since the previous interaction.
- Links the caregiver to available resources and services in the community, as appropriate.



RESPONSIVE CAREGIVING

RESPONSIVE CAREGIVING

LEVEL

1

- Explains the meaning of key terms - bonding, attachment, sensitivity, responsiveness.
- Describes the different stages and types of attachment.
- Explains the significance and advantages of promptly noticing and responding to a child's cues, which contributes to the child's development and nurtures the caregiver-child relationships.
- Explains the importance and benefits of having a consistent caregiver for child development.
- Explains the benefits of children bonding with multiple caregivers for their development.
- Provides examples of how a child might communicate their needs verbally (cries) or non-verbally (gestures, facial expressions).
- Models or demonstrates one contextually appropriate activity that caregivers can do to interact and bond with their child (e.g., peek-a-boo, massage).

RESPONSIVE CAREGIVING

LEVEL

2

- Able to identify (through observation) whether the child has bonded with their mother.
- Able to identify (through observation) the mother-child attachment type.
- Asks open-ended questions to understand whether the child has bonded with multiple caregivers.
- Engages caregivers in an activity to reinforce or develop secure attachments with their children.
- Observes cues as children interact with their caregivers.
- Observes the responsiveness of caregivers to their children's cues.
- Asks caregivers to describe how their children communicate their needs and wants (e.g., hungry, tired, ready to play, etc.).
- Models or demonstrates a variety of contextually appropriate activities that caregivers can do to increase interaction and bond with their child.
- Engages caregivers in practising responsive interactions.
- Praises the caregivers when they notice a cue and respond in a timely and appropriate manner.

- Models responsiveness when interacting with the family (adults and children).
- If there are multiple children in the home, asks caregivers to describe the similarities and differences in how each child communicates their needs and the caregiver's response.
- Involves and interacts with other caregivers to understand the child's bond with other caregivers in the home.
- Provides constructive feedback on the relationship the caregivers have with each child (acknowledging that children may communicate their needs differently and that caregivers may need to provide different responses depending on the child).
- Respectfully raises and discusses a topic based on prior knowledge and interactions with the family (e.g., caregiver is not getting much sleep, father is not spending time with the child, caregiver is stressed about money).
- Problem-solves with caregivers on how to address a concern that has been identified either by the caregivers or the health worker.
- Recommends and practices activities that can strengthen the bond with other caregivers in the home.

OPPORTUNITIES FOR EARLY LEARNING



- Explains what early learning means, what it looks like in the home environment, and why it is important.
- Conveys the importance of creating opportunities for early learning for child development (e.g., communication, play, interactions with people, places and objects).
- Describes materials at home that can be used to support early learning (e.g., spoons, pots, scarves).
- Describes how to use materials at home to make a play item (e.g., rattle, toy car, doll).
- Shows examples homemade toys.
- Explains how the same play items and toys are beneficial for boys and girls.
- Explains and demonstrates an activity caregivers can do with their child.
- Explains the benefits of the activity for child development (explanation is usually non-specific and may include terminology not understood by caregivers.).

OPPORTUNITIES FOR EARLY LEARNING

LEVEL 2

- Asks caregivers to describe who plays with the child, when and how.
- Identifies appropriate materials for play available in the home environment.
- Demonstrates and helps caregivers use those materials to engage in an age-appropriate and playful learning activity with their child.
- Explains and provides examples of how early learning activities can be integrated with the daily routine (e.g., bath times, feeding, etc.)
- Explains how an activity benefits their child's development by using simple language and specific examples (e.g., shaking a rattle helps strengthen their hearing, giving them objects to pick up with their hands helps them develop all the little muscles in their fingers, hands, and wrists).
- Helps caregivers to practice the activity with their child in their presence.
- Helps caregivers to follow their child's lead while doing the activity.
- Helps caregivers to use language while doing the activity (e.g., name the objects, describe what they are doing, praise the child).
- Praises the caregiver's efforts and gives feedback.

OPPORTUNITIES FOR EARLY LEARNING

LEVEL 3

- Discusses and problem-solves with the caregiver on how to encourage play and learning during routine tasks (e.g., feeding, sleeping, while cooking, while cleaning).
- Discusses and problem-solves with the primary caregiver and other caregivers on how everyone can provide opportunities for early learning.
- Asks caregivers to share something new their child has done or learned since their last interaction.
- Asks the caregiver and child to demonstrate an activity they like to do together.
- Observes how the caregiver and child play together.
- If there are multiple children, helps caregiver to play with the children in the caregiver's presence.
- Praises the caregiver, provides feedback (e.g., appropriateness, creativity, what the child is learning) and suggests additional ideas (how to modify the activity to involve multiple children, how to make an activity simpler or more challenging, how to extend an activity to build on an interest).



SAFETY AND SECURITY

SAFETY AND SECURITY

LEVEL

1

- Describes environmental hazards in the home and surrounding environment (e.g., sharp objects, large bodies of water).
- Explains the negative impact of smoking, alcohol, and other substance abuse on child development.
- Explains the importance of establishing healthy routines for eating and sleeping.
- Explains the negative impact of screens (e.g., TV, phone, tablet) on child development and cites the World Health Organization's (WHO) recommendations.
- Explains the negative impact of physical punishment, neglect, abuse, or gender-based violence on child development.

SAFETY AND SECURITY

LEVEL

2

- Helps caregivers identify and correct environmental hazards to a child's development.
- Provides an example of a healthy routine and what to do to direct children's attention away from screens.
- Provides age-appropriate examples of how to redirect a child's attention, set limits, or address behaviour.
- Observes for signs of potential neglect, abuse or exploitation of children or gender-based violence, and follows reporting protocols when necessary.

SAFETY AND SECURITY

LEVEL

3

- Asks if there are any concerns about the child's safety or any times where the caregiver finds it difficult to manage their child.
- Problem-solves with caregivers on how to address a concern that has been identified either by the caregivers or the health worker (e.g., unhealthy behaviours such as smoking, alcohol or substance abuse, routines such as eating and sleeping, reducing screen time, adopting new strategies for dealing with children's behaviour, parenting styles).
- Helps the family develop and carry out a plan (including making changes if necessary and celebrating successes).
- Links the family to relevant services in the community where applicable.

WORKING WITH CAREGIVERS AND FAMILIES AS PARTNERS



WORKING WITH CAREGIVERS AND FAMILIES AS PARTNERS

LEVEL

1

- Arranges meeting time according to availability or preference of the family (for home visits and group sessions).
- Asks permission to enter the home (for home visits).
- Explains the reason for the visit/consultation and what they and the family will do during their time together.
- Greets the family with a smile and interacts with everyone present.
- Does not offer any judgement or criticism.
- Does not use discriminatory language.

WORKING WITH CAREGIVERS AND FAMILIES AS PARTNERS

LEVEL

2

- Asks open-ended questions to understand what is important to the family with respect to child-rearing (goals, values, beliefs, dreams/aspirations, roles and responsibilities).
- Asks open-ended questions to understand issues or concerns (e.g., child's development, caregiver support).
- Creates moments for conversation and dialogue every time.
- Interacts with caregivers in a warm, positive, caring, empathetic and encouraging manner.
- Helps caregivers to practice a new skill in their presence.
- Praises and encourages caregivers (e.g., identifies a positive change since the previous interaction, acknowledges something positive the caregiver does during the session, recognizes that the caregiver has made an important observation and identified a strategy for making change).
- Provides practical suggestions to address areas of concern or areas requiring further support (phrased as do's rather than don'ts).
- Maintains confidentiality.
- Maintains professional boundaries.

- Involves and interacts with other caregivers during home visits (e.g., father, grandparent) and family members (e.g., siblings).
- Asks caregivers to share what they did or did not do since the previous session (e.g., if they agreed to do a specific activity did they do it? If yes, how did it go? If not, why?)
- Builds on prior knowledge and interactions with the family to tailor the session to the specific needs of the family.
- Treats caregivers and family members with respect and is sensitive to different backgrounds.
- Uses culturally and contextually relevant positive emotions, humour, surprise, praise, encouragement, and delight with the caregivers.
- Is trusted and respected by all families and the community.
- Co-creates solutions with caregivers that are aligned with the family's values and goals.
- Incorporates caregivers' culture and context in the sessions.
- Families provide explicit examples of how the health worker has assisted the family (e.g., improved a caregiver-child relationship, provided moral support to the caregiver, helped the family address a problem, linked them with a service in the community).
- Families recommend the health worker to other families.



WORKING WITH COMMUNITIES AND OTHER SERVICES

- Is aware of relevant policies, laws, and regulations pertaining to child welfare and development.
- Is aware of relevant people, organizations and services that could be beneficial for families and children.

- Cites relevant policies, laws, regulations when appropriate (e.g., CRC, CRPD).
- Compiles and shares information about relevant community resources with families.
- Encourages caregivers and families to seek support from a relevant organization or service, when applicable.
- Follows protocols when necessary to link families to the specific organization or service.

- Helps caregivers and families make initial contact with relevant people, organizations or services.
- Participates in advocacy efforts or working groups to improve policies or services in their community.

DOCUMENTATION AND REPORTING



DOCUMENTATION AND REPORTING

LEVEL

1

- Comes prepared with pertinent documents and tools.
- Knows the purpose of each document and tool.
- Accurately completes tools and quantitative reports.
- Written observations are non-specific, brief or use negative language (e.g., very good, child doesn't walk).
- Requests permission to take photos, if applicable.

DOCUMENTATION AND REPORTING

LEVEL

2

- Completes reporting tools on time.
- Written observations are specific, include the observation as well as the recommendation or action taken, and use positive language (e.g., during the visit, it was observed that the caregiver and child did not make eye contact. I encouraged the caregiver to sit the child in her lap with the child facing her, and to copy the child's facial expressions and sounds while looking right into his eyes. The child was unsure at first but then began to laugh).
- Obtains written consent from the family to use photos or identifying information in reports or publications.
- Properly files documents.

DOCUMENTATION AND REPORTING

LEVEL

3

- Is able to interpret the data for an individual family to assess how the child's development has improved, regressed, or stayed the same over time.
- Is able to interpret data across multiple families to examine how children are developing in the community.
- Communicates data to caregivers and families, as needed, acknowledging progress first and then pointing out anything that needs to be monitored or addressed.
- Communicates data to community actors or community fora to improve services.



Part 2.

Roles and Responsibilities of Mentors, Supervisors, and Trainers

The role of a mentor, supervisor, or trainer is to support the health worker in developing their knowledge and skills so that the health worker can progressively master levels 1, 2, and 3 of the competency framework for health workers. Prior to becoming a mentor, supervisor, or trainer, it is expected that the individual has mastered the 3 levels of the competency framework for health workers (prerequisite competency, see Figure 2). In this way, the individual will have an intimate understanding of the daily work of the health worker. They will be mindful of what is feasible and not feasible for the health worker to discuss, do, and advise when interacting with a family. They will have a sense of the kinds of questions or issues that may come up when in front of caregivers and children, as well as be able to provide a range of ideas on how to address concerns or issues that emerge.

MENTORS AND SUPERVISORS OF HEALTH WORKERS



As mentor or supervisor, the individual will provide tailored support to each mentee as well as ongoing support to all the mentees. A key role of the mentor or supervisor is to observe a mentee interacting with and counselling caregivers and families. The observations are intended to help identify what the mentee is doing well, where they have improved, and where further improvement is needed. On the basis of this observation and subsequent dialogue between the mentor and mentee, a plan is made to help the mentee make progress in an area identified for improvement. The observations provide an opportunity to work with each mentee individually. In addition, the mentor or supervisor is expected to create ongoing opportunities for mentees to learn from and support each other.

This section lists the roles and responsibilities before, during, and after observing a mentee interacting with caregivers or families. It also lists the roles and responsibilities for providing ongoing support to an individual or group of mentees.

PREREQUISITE COMPETENCIES

- Has attained level 3 in all areas of the competency framework for health workers.
- Models the skills expected of health workers (e.g., listening, observing, asking open-ended questions, problem-solving, confidentiality, honesty, respect, professionalism).

ROLES AND RESPONSIBILITIES

Before observing a mentee interact with caregivers or families:

- Is familiar with and knows how to administer the observation tool.
- Explains their roles and responsibilities as mentor or supervisor.
- Builds trust with mentees.
- Asks mentees open-ended questions – what they think they are doing well, if they are having any difficulties, what they want to improve.

While observing a mentee interact with caregivers or families:

- Quietly observes the health worker interacting with the caregivers or families (does not interrupt or participate in the session).
- Maintains a warm disposition during the observation (no frowning, grimacing – neutral expression).
- Administers the observation tool.

Following an observation, has a dialogue with the mentee:

- Asks the mentee open-ended questions to help them reflect on their abilities.
- Uses the responses provided by the mentee as well as their own observations to provide constructive and targeted feedback (first acknowledging something the health worker did well before talking about what needs improvement).
- Provides examples from their own experience working with caregivers and families on how to handle specific challenges identified by the mentee or the mentor/supervisor.
- Agrees on one competency area or competency to improve upon with the mentee.
- Agrees with the mentee on what they will work on (and how) before the next time they meet.
- Demonstrates probing for more information by saying something like, “tell me about...,” “tell me more about...,” or “explain to me...”
- Demonstrates active listening during dialogue with the mentee by doing things like nodding, smiling, making eye contact, asking questions, summarising what they have heard, and making connections to other experiences.

Ongoing support

- Creates opportunities for health workers to observe each other and to share experiences.
- Praises a health worker – individually or in front of others – for something they are doing well.
- Demonstrates encouragement, attention, an inclusive attitude, and anticipates and responds to mentees’ needs.
- Uses different strategies for supporting mentees to make improvements in the specified area (e.g., modelling, demonstrating, or role-playing; giving an example of how a similar situation was handled by someone else - leaving out any identifying information, discusses different options for the mentee to select from; identifies someone the mentee can observe or talk to for specific guidance; shares resources with the mentee; identifies a training opportunity for the mentee).

- Maintains regular engagement with mentees (e.g., WhatsApp group chat, phone calls, visits, community of practice meetings).
- Provides targeted and needed support to each mentee.
- Develops a professional development plan with each mentee.
- Maintains records of observations and decisions taken.
- Is aware of people or services and resources that could be utilized to help improve the knowledge and skills of their mentees.
- Is aware of people, services, resources, or organizations that could be beneficial for families and children.

TRAINERS OF HEALTH WORKERS

The role of a trainer is to provide experiences that help health workers master the specific knowledge and skills identified as needing improvement by the health workers. The trainer ideally has experience as a mentor or supervisor.

This section lists the roles and responsibilities of the trainer before, during, and after the training to ensure quality training and follow-up, and continued support after training is complete.

PREREQUISITE COMPETENCIES

- Has attained level 3 in all areas of the competency framework for health workers.
- Has completed training of trainers' courses on training packages aligned with the competency areas.
- Has completed a trainer's or facilitator's competency course.
- Models the skills expected of health workers (e.g., listening, observing, asking open-ended questions, problem-solving, confidentiality, honesty, respect, professionalism).

ROLES AND RESPONSIBILITIES

Before the training:

- Designs the training and prepares resources based on the identified needs or competencies to be mastered by the group.
- Obtains basic information about the participants before (or at the start of) training - how many participants, where they are from, their names, their existing knowledge or skills, the types of relevant experience they have.
- Sets clear and measurable objectives for the training.
- Develops a plan and tool for soliciting feedback from participants on the training.

During training:

- Creates a warm and welcoming atmosphere for all participants.
- Uses adult learning principles and interactive methods (e.g., role play, experience-based learning, scenarios, case studies, group work, reflection) to deliver the training.
- Encourages participation from all participants.
- Creates opportunities for participants to share relevant knowledge or skills.
- Creates opportunities for participants to ask questions.
- Creates opportunities for participants to learn from each other and get to know each other.
- Models the knowledge and skills the participants should demonstrate.
- Includes activities to check that participants have understood and mastered a skill.
- Uses interactive methods to solicit feedback from participants on the training.
- Provides additional resources for participants to use after the training.

After the training:

- Provides a written summary of the objectives, activities completed, and resources used in the training.
- Provides a written summary of the feedback provided by participants.
- Includes in the summary their own reflections on what went well and what could be improved next time.
- Includes in the summary ideas for what to address in subsequent trainings (and how).
- Includes a summary of what mentors and supervisors can do to reinforce new knowledge and skills during their interactions with training participants.
- Provides mentors and supervisors (and other relevant individuals) a copy of the report.



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