

#EarlyMomentsMatter

MANUAL FOR FACILITATORS

CYCLE 1



PREFACE

Curiosity and imagination are the striking features of childhood. In this phase of life, everything that a child sees around her, whether it is a tiny droplet of water or a long trail of ants or even a quick leap of a cat, is fascinating and enjoyable.

Children tend to be fearless and inquisitive in this age. They constantly seek to know more about the things and people around them. What the child needs is to be carefully nurtured by her family, so that she establishes a strong and emotional bond with her parents and peers.

Child development is a healthy combination of the affection and encouragement the child receives from her parents, grandparents and other family members. Apart from the child's mother, it is also the responsibility of her father and other family members to care for the child, nurture her and meet her essential needs (nutritious and wholesome diet, timely vaccinations, play and communication, appropriate medical treatment). This approach is based primarily on the research available in this field. This research has demonstrated that a comprehensive approach needs to be adopted with respect to the child's nutrition, health, growth and development. For this, we need to empower the child's family and caregivers. The significance of caregivers and family members with regard to the child's growth and development through daily activities and interpersonal communication cannot be stressed enough. However, children also need support. If frontline functionaries and their supervisors are given the right support and guidance, it will result in the improvement of child care and child development processes.

ACKNOWLEDGEMENT

This training package has been designed in collaboration with Mahatma Gandhi Institute of Medical Sciences (MGIMS), Sevagram and UNICEF for training of Anganwadi workers, ASHA and their supervisors for delivery of nurturing care interventions. The concepts, activities, tools and drawings used are largely from the training package developed under 'Aarambh' initiative at MGIMS, Sevagram, which was supported by UNICEF through IKEA funding during 2017 - 2020. An earlier multi-centric study implemented by SWACH, Panchkula and MGIMS, Sevagram supported by World Health Organization through IKEA funding laid the foundation for this initiative.

We wish to thank all frontline functionaries (Anganwadi workers and ASHA), their supervisors & other stakeholders as well as the 'Aarambh' Project team whose inputs were invaluable in developing the current training package.



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Session 2: Planning of Field Trainings

SAMPLE AGENDA

DAY 1

09:00 am to 09:30 am	Inauguration & Introduction	Game
09:30 am to 09:45 am	Pretest	Questionnaire
09:45 am to 10:15 am	Growth & Development	Discussion
10:15 am to 10:30 am	Tea	
10:30 am to 12:30 pm	Why ECD?	Games & Discussion
12:30 pm to 01:30 pm	Responsive Parenting	Roleplay & Discussion
01:30 pm to 02:30pm	Lunch	
2:30 pm to 3:30 pm	Play & Communication	Roleplay & Discussion
3:30 pm to 3:45 pm	Tea	
3:45 pm to 4:45 pm	Safe Environment	Roleplay & Discussion
4:45 pm to 5:00 pm	Key Messages	

DAY 2

09:00 am to 09:30 am	Recap of Day 1	
09:30 am to 11:30 am	Feeding Demonstration	Group Activity
11:30 am to 11:45 am	Tea	
11:45 am to 01:30 pm	Responsive Feeding	Roleplay & Discussion
01:30 pm to 02:30 pm	Lunch	
02:30 pm to 03:30 pm	Responsive Feeding	Roleplay & Discussion
03:30 pm to 04:30 pm	Health & Hygiene	Game & Discussion
04:30 pm to 04:45 pm	Tea	
04:45 pm to 05:00 pm	Key Messages	

DAY 3		
09:00 am to 09:30 am	Recap	
09:30 am to 11:00 am	Home Visit	Roleplay & Discussion
11:00 am to 11:15 am	Tea	
11:15 am to 01:30 pm	Home Visit	Field Demonstration
01:30 pm to 02:30 pm	Lunch	
02:30 pm to 03:45 pm	Home Visit	Discussion
03:45 pm to 04:00 pm	Tea	
04:00 pm to 04:45 pm	Supportive Supervision	Discussion
04:45 pm to 5:00 pm	Key Messages	

DAY 4		
09:00 am to 9:30 am	Recap	
09:30 am to 11:00 am	Parents Meeting	Roleplay & Discussion
11:00 am to 11:15 am	Tea	
11:15 am to 01:30 pm	Parents Meeting	Field Demonstration
01:30 pm to 02:30 pm	Lunch	
02:30 pm to 03:45 pm	Parents Meeting	Discussion
03:45 pm to 4:00 pm	Tea	
04:00 pm to 04:45 pm	Supportive Supervision	Discussion
04:45 pm to 05:00 pm	Key Messages	

DAY 5		
09:00 am to 09:30 am	Recap	
09:30 am to 11:00 am	Facilitation skills	Discussion
11:00 am to 11:15 am	Tea	
11:15 am to 11:30 am	Post-Test	Questionnaire
11:30 am to 01:00 pm	Planning of Field trainings	
01:00 pm to 01:30 pm	Valedictory	
01:30 pm to 02:30 pm	Lunch	

RESOURCES FOR TRAINING

You will need the following resources for this training:

- Facilitators
- Agenda of training
- Materials
 - Household materials required for the
 - ‘Play and communication’ activities
 - ‘Activity Bank’
 - ‘Pre-test’ questionnaire
 - Banners
 - Chalk and board
 - Two spindle balls of thin rope around
 - 150 meters of length each
 - White paper sheets
 - Coloured pens
 - Videos
 - Paper or cloth puppets
 - Screen or sheet of cloth
 - Growth charts
 - Mother and child Protection card - Water colours: green, black, yellow, etc.
 - Bowls – 6
 - Picture cards (eatables, waste, garbage, etc.)
 - Home
 - visit observation checklist
 - Mothers’ meeting observation checklist

DAY 1

SESSION 1: INAUGURATION AND INTRODUCTION

Objective of the session

Inauguration of the Training and introduction of the the trainees and trainers.

Session duration

30 min.

Material needed for the session

- Blank papers and pen
-

Session plan

- Prayer
- Introduction
 - The Facilitator may use any appropriate method for the introduction, preferably a game.
 - Here is a sample game:
 - Make pairs of chits such as table-chair, cup-saucer, etc. Ask every trainee to pickup a chit and find his/her pair. Once the trainee finds his or her pair, ask them to get to know each other better by exchanging their name, nature of their work, likes and so on. Lastly, introduce your partner to the entire group.
 - Motivate Participants to tell one funniest thing about themselves from their childhood.

SESSION 2:

PRE-TEST

Objective of the session

To assess the existing knowledge of trainees regarding Child Development

Session duration

15 min.

Material needed for the session

'Pre-test' questionnaire

How to conduct the session

- Ask all trainees to complete the pre-test. There are a total of 15 questions to be answered. This activity should not take more than 15 min.
- Ask the trainees to write their 'ID number' on the pre-test as well as the post test. To keep the identity of the trainees confidential, the ID number will be used for evaluation.
- The questions are provided in the appendices.
- Determine the focus areas for emphasis during the training based on the evaluation of the answers and concentrate on those during the sessions and provide appropriate guidance.

SESSION 3: GROWTH AND DEVELOPMENT

Objective of the session

To explain the concept of 'Growth and development'

Session duration

30 min

Material needed for the session

- Posters: Growth and development
- 'Growth and development' statement
- Chalk/Pen and board

How to conduct the session

- The facilitators must ask the trainees to distinguish between growth and development, and have a discussion on it. They should use the poster given below
- The first and second picture on the right illustrates the growth of a child while third and fourth picture illustrates her overall development.
- Note the comparison and discussion points on the board and explain the difference between growth and development using these.
- The facilitator should ask the trainees what initiatives and efforts they are taking with regard to the growth and development of the children in their daily routine ' and ask them to discuss this in detail.
- The facilitator should explain the difference between 'growth and development' using the following table.
- The facilitator should read every sentence in the following passages and after every sentence, discuss 'growth and development' in detail.



Picture No. 1



Picture No. 2



Picture No. 3



Picture No. 4

GROWTH	DEVELOPMENT
Growth essentially refers to physical growth.	Development mainly refers to the development of a child's physical, cognitive, emotional and social competence.
Growth is quantitative.	Development is qualitative.
Growth can be tangibly measured.	Development cannot be easily measured, it can only be assessed.
For example: Weight, height	For example: Riding a bicycle, buttoning a shirt

• 9-months-old Meenu was seen crouching on both knees as if she was horse-riding.	Development
• 10-months-old Nilesh was able to stand with the support of the table.	Development
• 3-years-old Megha seemed to be taller.	Growth
• 1-year-old Aditya was able to stand without any support.	Development
• 8-months-old Neetu started looking chubby.	Growth
• 25-months-old Saket refuses to do anything that he is told.	Development
• One fine morning, a tooth was spotted in 7-months-old Rehaan's mouth.	Growth
• 3-years-old Rakesh started riding his tricycle on his own in just fifteen days.	Development
• 2-years-old Surabhi has 20 milk teeth.	Growth
• 4-years-old Simran was helping her 2-years-old brother climb down the stairs.	Development
• 3-years-old Rohit has started buttoning his shirt without any problem.	Development
• 1.5-years-old Sarita eats chapati all by herself.	Development

Key messages

- **Growth and development are two distinct concepts.**
- **A child's growth and development are only possible if the child gets the following from conception: proper nutrition, health, encouragement, play and communication, safe environment, love and affection.**

SESSION 4: WHY ECD?

SESSION 4.1: EARLY CHILDHOOD DEVELOPMENT

Objective of the Session

- To explain the concept of 'ECD'
- What is ECD? How do we ensure child development? To guide trainees on the measures to be taken for child development.

Session duration

20 min.

Material needed for the session

- Chalk and board
- 'True or False' statements
- Child Development sentences chits

How to conduct the session

- The facilitator should use 'True or False' game and have a discussion on it.
- Based on the following information, the facilitators should explain the concept of 'child development' to the trainee and give proper guidance.

'True or False' game

- In this game, the trainees will be given a set of statements relating to child development.
- Or make chits, ask the trainee to answer with an explanation.

No.	Statements on child	True	False	Explanation
1	When a mother feels confident about her ability while taking care, she does that work better.	True		Before the caretaker leaves, the Caregiver should have the opportunity to practice new things with you, and she should feel confident that she can do it at home.
2	The development of the brain is faster when the child first attends school than at any other time.		False	The development of the brain is highest during pre-birth and the first three years post-birth. All efforts taken to help a child learn at this age will be beneficial for her lifetime.
3	Children learn by trying things themselves or by imitating one another.	True		Evidence shows that children learn by doing things themselves.

No.	Statements on child development	True	False	Explanation
4	Before the child can speak, the Father should speak to the child.	True		Elders prepare the child to talk and show it how people interact with each other.
5	Before speaking, the child can only communicate by crying.		False	Small babies communicate through movements. For instance, they indicate that they are hungry by sucking their thumb, pouting and turning to the mother's breast. Observing the children's movements helps the caregiver to identify their needs. Waiting till the child starts to cry can be stressful for the children and caregivers.
6	Children can hear sounds at birth	True		There is also evidence that a child can hear sounds pre-birth. A child may recognise the voice of those around it, like her mother and father
7	A child cannot see at birth.		False	The child can see at birth. Of course, the eyes are attracted to more faces as the days go by. Studies have shown that children can mimic the face of others in just two to three weeks. Some mimic faces in the first few days.
8	The child should be scolded if she tries put something in her mouth.		False	Babies put objects in their mouths because their mouths are very sensitive. They understand cold and hot, soft and coarse through their mouth and touch. Make sure these things are safe and clean.
9	Children throw things around to annoy their parents.		False	An object falling down can also be accidental. Children also learn by trying new things. E.g. Catching objects, picking them up, various noises coming from them etc.
10	Children start playing when they are big enough to play with other children.		False	A caregiver can start playing with a child right from its birth. Children learn by playing. Caregivers can interact and play with children through movement, touch, and by drawing their attention to sounds and colourful objects
11	Children can learn while playing with pots, cups and spoons.a	True		Kids do not need toys brought from shops. Children can learn from many things in the home.
12	Talk to your child. But don't talk to it while breast-feeding it.		False	The mother can speak softly to the child or interact with it as it is being breast-fed, without distracting it. This allows the mother to better understand the child. The child feels safe by the touch and voice of the mother.


What is development?

Children are unique in that they grow and develop at different speeds. Parents' involvement in increasing this capacity for growth and development is very important. Their growth and development also depend on how they were taken care of in the early stages. The experience with the caregiver in the first few years has an influence on the kind of person the child will grow up to be. Getting love, care, and affection from the family are very important for the development of the child. This increases the growth and development of the child and children stay healthy. At the very least, children acquire the necessary skills for their future. Their brain growth is rather fast pre-birth and in the three years post-birth. Children can see and hear at birth. They need the opportunity to use their eyes and ears from the very initial stages. For their brain to develop, children need movement and touch as well as to play with different things and the people around them. All this experience enables the child's brain to develop





Key messages

- Child development starts from pre-birth.
 - Children can see, hear, smell and taste as soon as they are born.
 - The child's growth and development in its first 3 years is occurs very rapidly. During this time the baby's brain needs to be stimulated.
- 

SESSION 4.2:

DOMAINS OF DEVELOPMENT

Objective of the session

- To give the trainees appropriate guidance as regards the 'different domains of a child development'.

Session duration

20 mins.

Material needed for the session

- Posters
- Chalk/Pen and board

How to conduct the session

- Facilitators must explain the concept of 'Domains of development' to the trainees using the posters and information given below. They must have a discussion on it and address doubts, if any.

The image contains two posters. The left poster is titled 'Physical Skills' and has the subtitle 'Learning to reach an object and to hold it, and to stand up and walk.' It features four illustrations: a baby reaching for a red object, a baby crawling to catch a ball, a baby standing up, and a child walking. The right poster is titled 'Cognitive Skills' and has the subtitle 'To Think and solve problems and puzzles, Comparing shapes, Recognizing people and objects.' It features three illustrations: a woman comparing shapes, a woman recognizing people and objects (with a speech bubble saying 'Dad... Dad!'), and a woman thinking and solving problems and puzzles (with a speech bubble saying 'Small bowl').

Physical Skills
Learning to reach an object and to hold it, and to stand up and walk.

Learning to reach an object
To catch an object
Standing up and walking

Physical development - Learning to reach an object and holding it, standing up and walking.

Cognitive Skills
To Think and solve problems and puzzles, Comparing shapes, Recognizing people and objects.

Comparing shapes
Thinking and solving problems and puzzles.
Recognizing people and objects.
Dad... Dad!
Small bowl

Cognitive development - Thinking and solving problems, comparing sizes, and identifying people and things.

Social Skills

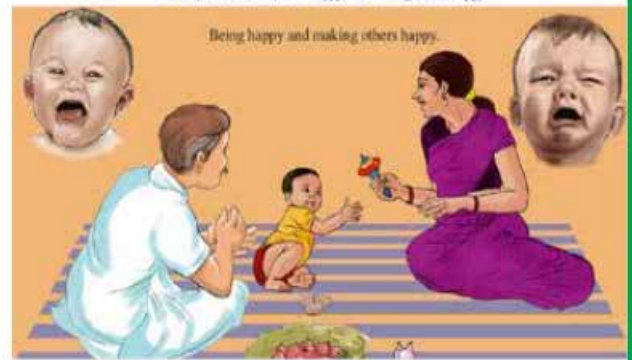
To relate to people around them



Social development - Asking for things that the child needs and interacting with other people.

Emotional Skills

To keep oneself calm, to be happy and making others happy.



Emotional development - Calming themselves, exercising self-control, being happy and making others happy.

Key messages

There are four domains of child development: physical, cognitive, emotional and social.

SESSION 4.3:

THE IMPORTANCE OF THE FIRST 6 YEARS

Objective of the session

To highlight the importance of the first six years and offer guidance accordingly.

Session duration

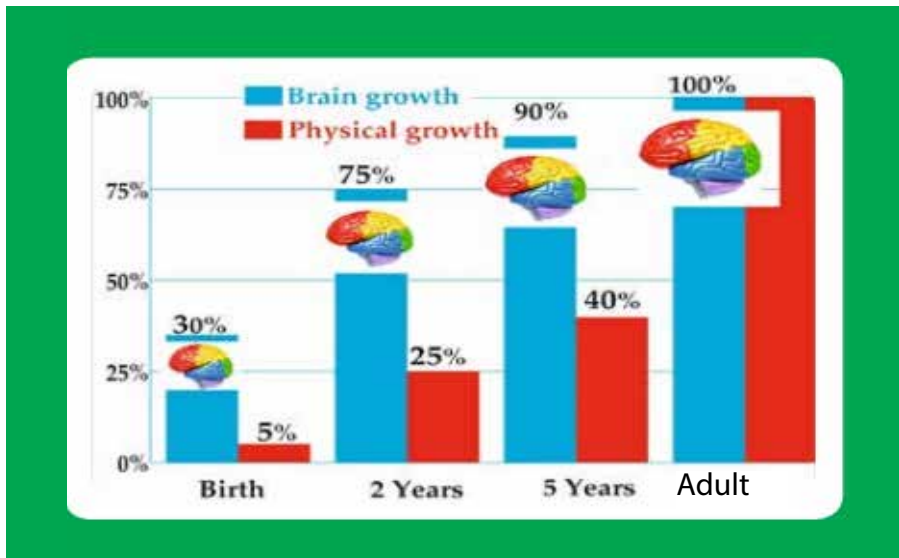
20 min.

Material needed for the session

- Posters
- Chalk/Pen and board

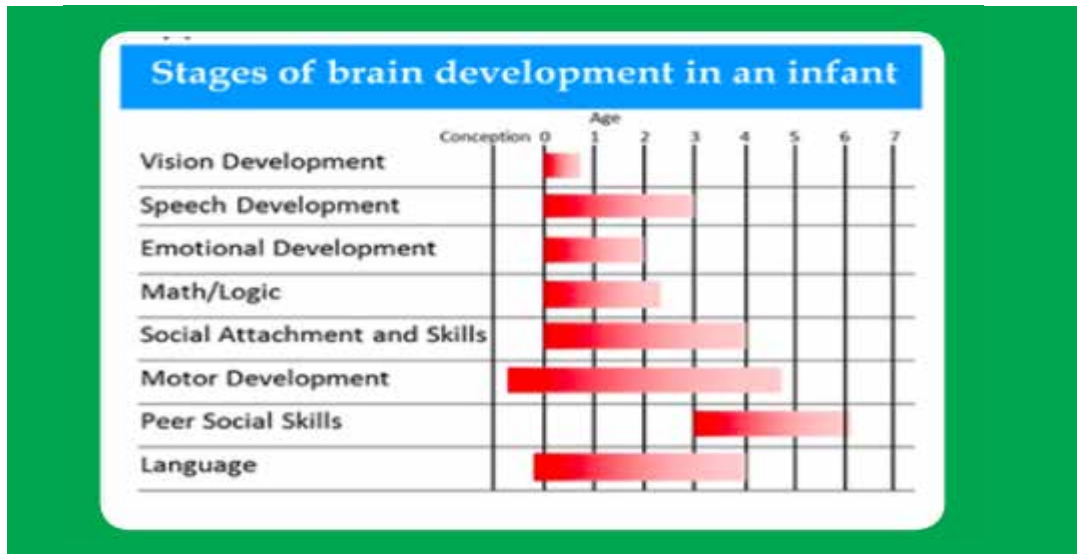
How to conduct the session

The Facilitator must show the following image to the trainees and ask what they see in it. Listen to what they have to say and discuss in detail. Address any doubts that the trainees may have. For that, you can use the information given below.



Description of Figure

- This figure shows that the rate of brain growth is different from physical growth.
- At birth, the weight of the brain is 30% of the adult brain, while the physical weight is only 5% of it.
- By the age of 2 years, the brain weight increases to about 75-80%. Encouraging the child in this age leads to the formation of a tight network in the brain. This is why the child needs to be encouraged at this juncture.
- However, till the age of 2 years, the child's physical weight is only 20-25% of that of an adult.
- From this, we see that brain growth is very fast in the first 5 years, and this is when we should encourage the child the most and give stimulation to her brain.



Description of Figure

The red bars in this graph show the child's development according to her age.

- This is a critical phase for the child. In this phase, if children do not have the opportunity or are not encouraged to learn new things, it is very difficult, or at times even impossible, for them to learn those things in the future.
- The first two years are extremely critical for the child to form new ideas. But in that time, if ideas are not allowed to take shape, the child finds it difficult, or even impossible, to grasp them later in life. But if children are taught the right concepts at the right time, it allows them to develop effectively.
- Therefore, children should be given the opportunity to learn as many concepts as possible in these critical moments for their overall development.

- The development of the child's vision begins from birth and is very fast for 9 months. From birth to three years, the development of the child's speech is also very fast. Similarly, we can observe that emotional development from birth to two years, development of mathematical capability and ability to imagine from birth to two and a half years, and the development of the child's social commitment and skills from birth to four years are very fast. Muscular or physical development can be seen in children even pre-birth for up to four and a half years. For three to six years, the child learns to interact and cooperate with her peers while linguistic development is observed from pre-birth to four years. The child understands languages even before he is born but he begins to speak only sometime after birth.

Key messages

- **Brain growth is very fast in the first 5 years, and hence, this is when the child needs to be given opportunities and encouragement the most.**
- **If children are taught the right concepts at the right time, it allows them to develop appropriately. Therefore, children should be given the opportunity to learn as many concepts as possible in this critical phase for their overall development.**

SESSION 4.4:

BRAIN WIRING GAME

Objective of the session

- To explain the concept of child development through the brain wiring game to the trainees.
-

Session duration

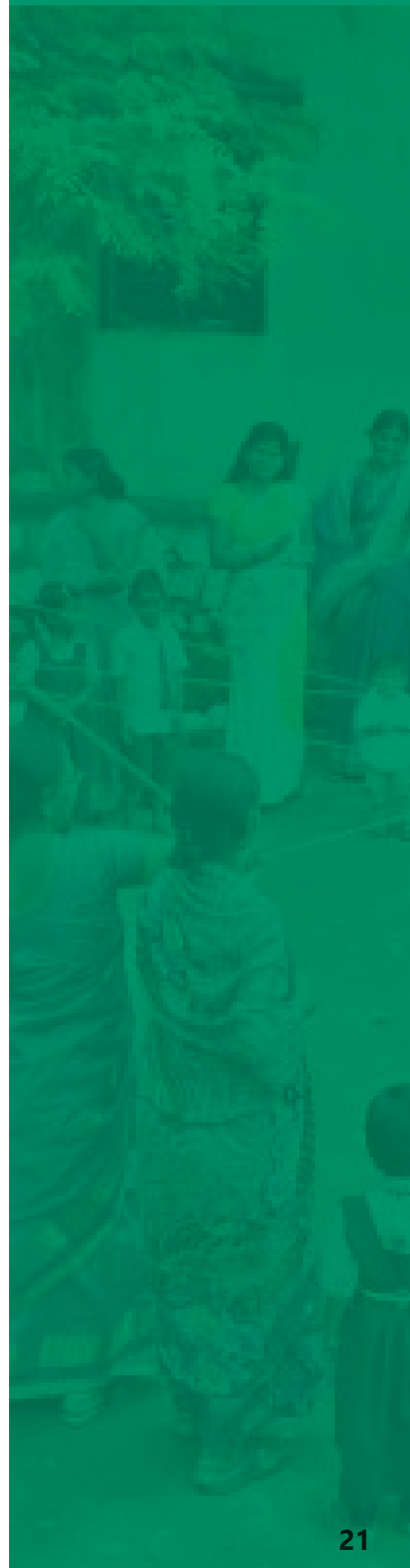
30 mins.

Material needed for the session

- Posters
 - Chalk/Pen and board
 - Two spindle balls of thin rope
-

How to conduct the session

- The facilitator should instruct the trainees on how to play the following games and have a discussion based on the information given.
- Explain the importance of the first six years with the given poster and information, discuss it in detail and address doubts, if any.



Dense Mesh



Sparse Mesh



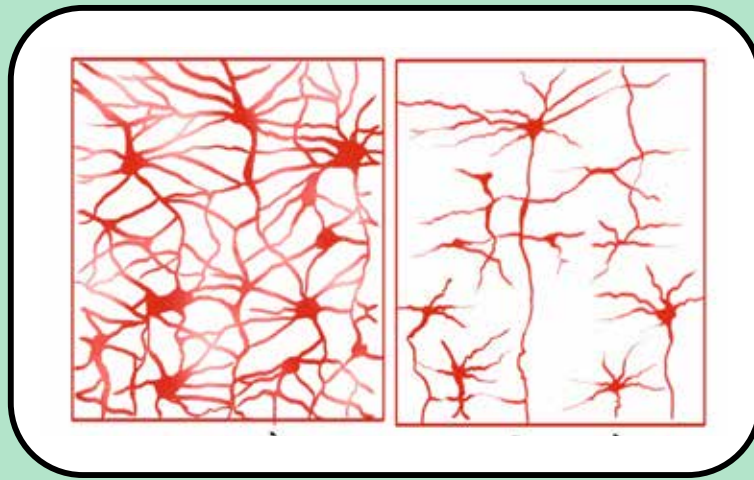
First Time

First, place the trainees in a circle and give one of them a bundle of rope. Ask that person to hold the one end of the rope and throw the bundle towards any person in the circle. Without giving any instructions, encourage the trainees to participate in the game. If the bundle falls, politely tell them to continue the game without shouting or scolding the trainee. Play the game till the bundle finishes. After finishing, ask the participants to keep the rope they are holding on the ground.

Second Time

Ask the trainees to form a circle again and give them a second bundle of rope to play with. Tell them the rules of the game. If the bundle falls, the trainee will be out of the game. If the bundle is not thrown or caught properly, the trainee will be scolded, shouted, or punished. There will be a time limit for playing, and no one will clap for trainees while playing. There will be restraint, and no one will encourage the trainees to play well. After giving the instructions, tell them to start the game. As the game finishes, tell the trainees to keep the formed shape of rope they are holding on the ground. Tell the trainees to observe both the figures properly.

Nerve Network of Brain



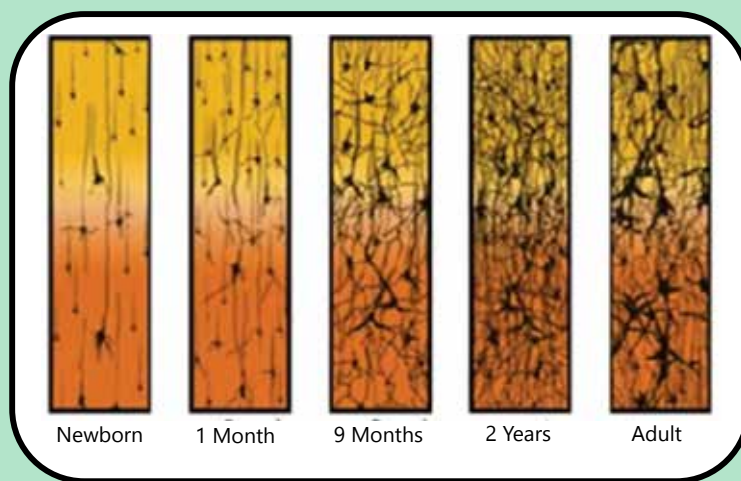
Dense Mesh

Sparse Mesh

Description of Figure

- This is a picture of the nerve network of the brain.
- The network is dense in one picture, while it is sparse in the other.
- Engaging in activities that stimulate the brain, such as communication and games, and encouraging the child or giving it opportunities allows this network to become more dense.
- In contrast, a lack of stimulation of the brain, absence of play and communication, scolding, scaring or hitting the child results in the network becoming sparse.
- What can parents/caregivers do at their level to ensure a dense network of synapse formation

Stages of Brain Development




Description of Figure

The rate of brain thickening is highest till the age of two years. This picture shows little difference between a 2-year-old child's brain network and an adult's brain network. Hence the first two years are crucial for brain development.



Key messages

- **Engaging child in play and communication activities, and love and support to the child allows the brain network to become more dense.**
 - **Scolding, scaring, forcing or hitting the child makes the network sparse.**
 - **To make sure that the children grow up to be responsible and smart, it is necessary to play and interact with them and show them affection.**
- 

SESSION 4.5: JAMAICA STUDY

Objective of the Session

- To discuss 'The Jamaica Study' and address doubts, if any.

Session duration

30 min.

Material needed for the session

- Posters
- Chalk/Pen and board

How to conduct the session

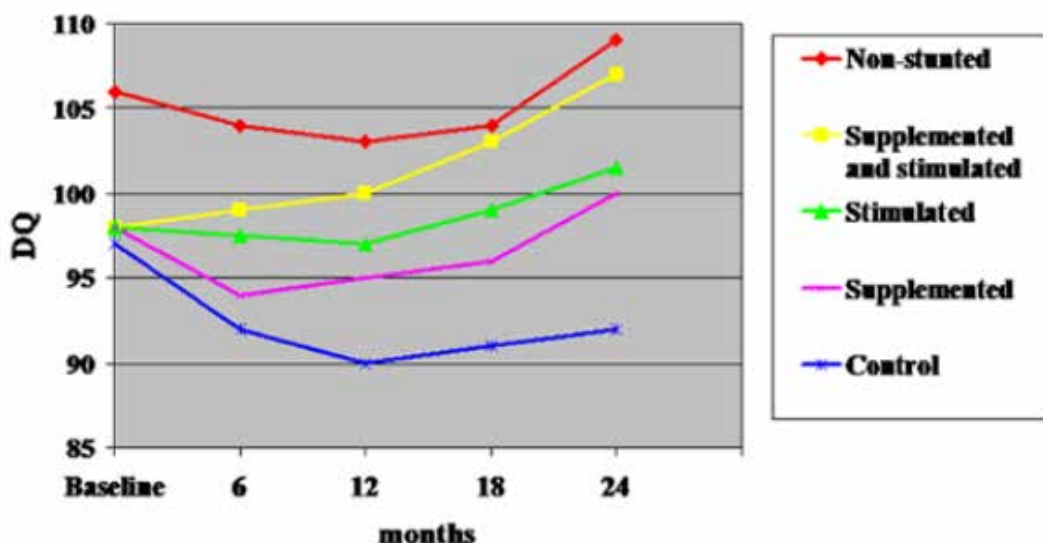
- The facilitator should describe 'The Jamaica Study' in the form of a story, and discuss it in detail. And then use the poster to explain the graph.
- Provide appropriate guidance using the key message and discussion.

Story

- In a country named Jamaica, an experiment was conducted with 129 stunted children.
- In this study, these stunted children were randomly divided into four groups. Of these, one group did not receive any supplementary nutrition or activities promoting psychosocial stimulation. The second group only received only supplementary nutrition intervention. The third group was introduced only to psychosocial stimulation intervention while the fourth group received both psychosocial stimulation and supplementary nutrition interventions.
- These four groups we compared with non-stunted children from the same neighborhood.
- The rate of development was the best in the group

that received both- activities promoting psychosocial stimulation and supplementary nutrition interventions while the rate of development was the lowest in the group that did not receive any supplementary nutrition or activities promoting psychosocial stimulation.

- The rate of development in the group that was given only psychosocial stimulation was higher throughout than those who received only supplementary nutrition.
- Even stunted children can achieve the rate of development of a non-stunted, normal child through activities promoting psychosocial stimulation.
- This experimental study proved that the impact of supplementary nutritional intervention is short-lived whereas, the impact of activities promoting psychosocial stimulation having a life-long impact.



Description of the graph //correction in lines

- The vertical line (Y-axis) in the graph shows the rate of Development of the children.
- The first line from the bottom (blue coloured line) shows the rate of Development of the children who did not receive any intervention neither psychosocial stimulation nor supplementary nutrition.
- The second line from the bottom (purple coloured line) shows the Rate of Development of the children who received only additional supplementary nutrition interventions.

- The third line from the bottom (green coloured line) shows the Rate of Development of the children who received only psychosocial stimulation intervention.
- The fourth line from the bottom (yellow coloured line) shows the Rate of Development of the children who received both psychosocial stimulation and supplementary nutrition interventions.
- The top-most line (red coloured line) shows the Rate of Development of the non-stunted children.

When children turn 17-18 years old

The following positive impacts were observed in the group of stunted children that received psychosocial stimulation intervention:.

- Compared to other children, their IQ is higher, they read better and have a stronger vocabulary.
- Anxiety and depression appeared to be low.
- Better self-esteem (Dexterity in doing different things)

When children turn 22 years old

The following positive impact was observed in the group of stunted children that received psychosocial stimulation intervention:

- IQ is higher than other children, more progress was seen in academics.
- A drop in the crime rates could be seen with violent behavior on the decline.
- Anxiety and depression appeared to be low.
- Showed initiative in creating a positive atmosphere at the social level.

No impact was seen in the group receiving supplementary nutrition intervention.

Observations of the follow-up after 20 years under the Jamaica project

- Most notably, children who received psychosocial stimulation intervention achieved 5.6 percent more schooling, than participating children who did not receive stimulation, and were nearly three times as likely to have had some college-level education.
- According to the follow-up conducted 20 years later, under the aegis of this project, stunted children who received psychosocial stimulation earned, on average, 25 percent more income than stunted children who did not receive stimulation.
- The nutrition intervention group showed no impact on later life outcomes.

Key Messages

- It is important to nourish not only the bodies of children but also their brain through psychosocial stimulation.
 - In relation to the diet, the development of children who are given brain-stimulating activity is faster.
 - Stunted children can also match the development rate of non-stunted children if they receive both adequate nutrition and psychosocial stimulation.
 - The effects of a supplementary diet are short-lived, but the effects of brain-stimulating activity remain for a lifetime.

SESSION 5:

5.1. RESPONSIVE PARENTING

Objectives of the Session

To conduct a discussion and provide guidance on the concept of responsive parenting.

Session Duration

1 hour

Material needed for the session

Chalk/Pen and Blackboard

How to conduct the Session

- The facilitator should pay a visit to the Anganwadi Center in the area one day prior to the training and inform the Anganwadi worker in advance about the requirement of children between the ages of 0 to 3 and the mothers/caregivers of the child for demonstration the next day. The Anganwadi worker should be informed about the timings of the training and requested to bring the mother and child to the training place on the assigned day. On the day of the training, the facilitator must keep ready all the toys according to the age groups that are required for the training. Toys that are readily available in the surroundings as well as at home should be used.

- Ask the mother / caregiver to play and interact with the child and ask the trainees to observe it.

- The motivator should have an in-depth discussion of the importance of sensitive and responsive parenting based on the following information and after the discussion, provide guidance based on the figure below.

Points for Discussion:

- What did you observe in the demonstration?
- What is meant by sensitive and responsive communication and parenting?
- Was the action carried out by the caregiver right? If yes, why? If not, why not? What action should the mother / caregiver have taken at this time?
- To which action by the child did the mother react to?
- What action by the mother / caregiver taken at this time would have meant interacting with the child in a sensitive and responsive manner, or playing?
- What other actions did the child take during the play activity?
- What need of the child was sensitively identified by the mother as early as possible? How did the mother respond to the child's need?
- What changes should be made in a child's play according to age? How does it benefit the child?
- Is it possible to undertake such demonstrations at the Anganwadi during parents' meetings?

RESPONSIVE PARENTING

Responsive parenting is when the caregiver is sensitive towards the child, recognizes what the child is trying to say and meets his or her needs as soon as possible.

For example, if the baby is looking at the mother and raising her arms, the mother should be able to identify that the child is asking to be picked up and should pull the child close.

The beginning of a child's life in terms of development is very important. During this period, if the child receives love, affection, encouragement, and appreciation then proper all-round development of the child takes place. For this, identifying the child's needs is very important. A child may have several needs. For example, hunger, play, talk, loving touch, cleanliness of the child's urine and defecation, changing of wet and soiled clothes, and so on. Sensitive identifying these needs of the child from its physical movements or actions (cues), and responding and meeting these needs to them appropriately and as soon as possible is a sign of responsive parenting.

It is very important that the parent give time to the child. Spending time is not just about playing or interacting together but also about recognizing the

child's feelings and actions and responding to them sensitively, which is more important. The child cannot continue doing one particular action for a long period of time because the child's mind is fickle and curious.

Sensitive parents recognize the child's feelings and take responsive action. It is important to give the child an opportunity to act as he or she wishes without imposing our opinion upon the child. Parents must exert a little patience while dealing with the child, closely monitoring the child's actions and extending help if needed. Instead of the parents carrying out the entire action, the child should be given the opportunity to complete it. The child's actions change with age. As children grow up, they start doing different things. If the child's curiosity is to be nurtured, then it is necessary to respond to the action that arises from the thoughts of the child. Children continue learning from every such action.

Tip: In the beginning, it is important that each person from every level start practicing responsively at a personal level (mother/caregiver, supervisors, parents, supervisors, Anganwadi worker, ASHA, and others.)

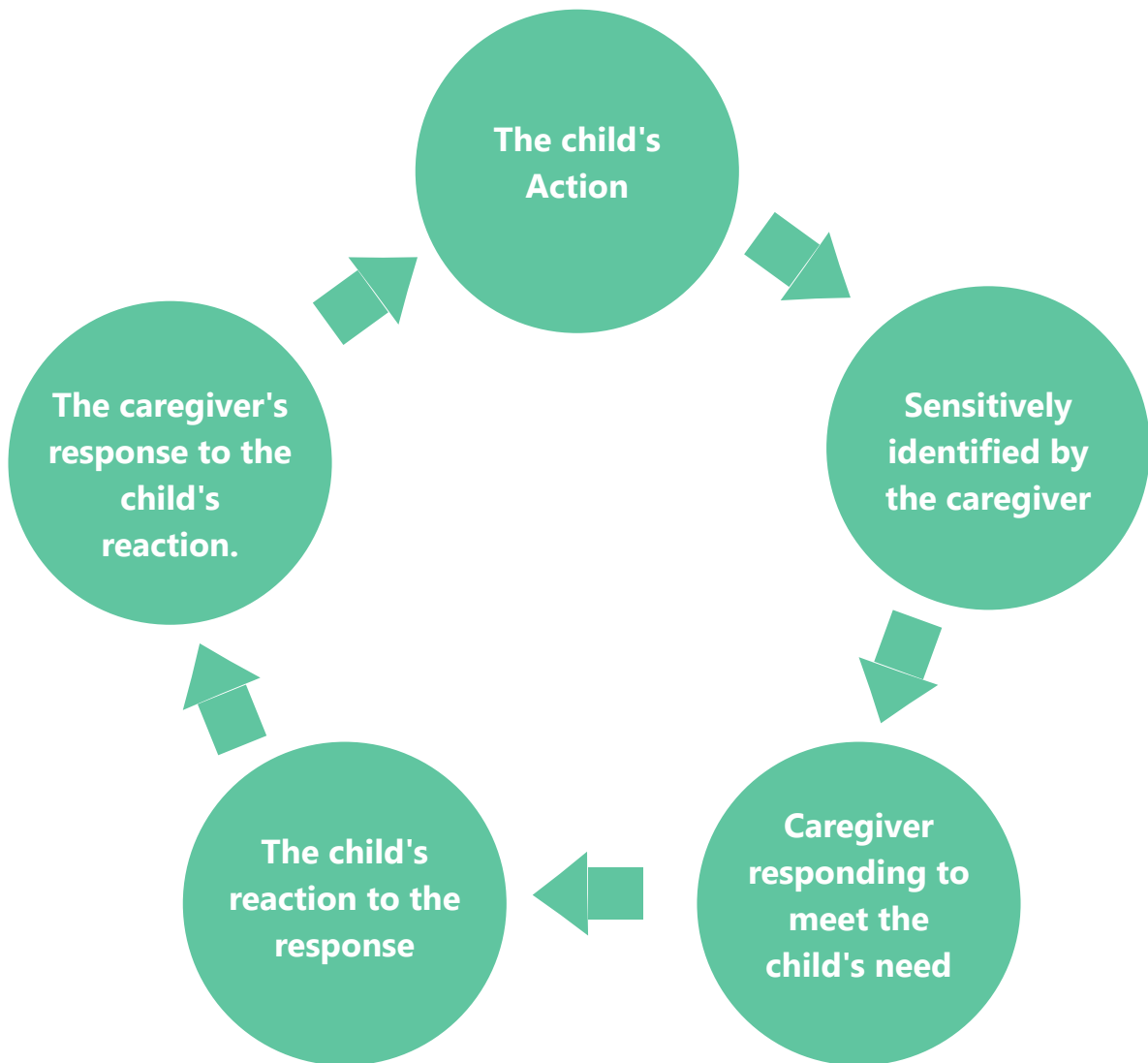
The Role of ASHA and Anganwadi Workers:

- Parents' Meeting
- Home Visits
- Explaining the importance of sensitive and responsive parenting to the caregiver, parents, and family members, using every opportunity available during the community-based program.
- The caregiver should interact with the child by smiling, talking, and extending a loving touch to the child. The importance of this should be stated during the given opportunity.
- The Anganwadi worker should provide counseling

on how the caregiver should respond sensitively to the child by recognizing the indications of each of the child's actions and how to encourage the child to act by appreciating the indications shown by the child.

- The Anganwadi worker should take a review by asking two or three key messages that the participants have learned from demonstration and then concluding the meeting.
- The Anganwadi worker should discuss with the caregiver the different needs of the child such as hunger, play, talk, a loving touch etc.
- The Anganwadi worker should discuss with the caregiver about the wrong doings of the child which the parents should not ignore but explain it to the child with love, patience and without getting angry.
- The Anganwadi worker should discuss how the child's actions changes with age.

The cycle of the parent's reactions to the child's actions



The facilitator should provide guidance on the following points after the discussion:

- Raising a child does not just mean meeting needs but being sensitive to the child's every action.
- The child does not engage in any action for a long period of time. Parents should not ignore another action done by the child immediately after doing one action. The child learns something new from every action.
- Sensitive parents recognize the child's feelings and respond to his or her actions.
- If the child's curiosity is to be nurtured, it is necessary to respond to the action that arises from the child's thinking, and to provide opportunities for new action.
- Parents should respect their child's feelings from an early age itself.

The positive effects of Responsive parenting on the child:

- Providing encouragement to the actions done by the child increases their curiosity.
- The child learns to think from a broader perspective.
- The child develops a close and intimate relationship with the other person.
- Helps to develop good habits in the child.
- Encouragement to the actions done by the child promotes the child's enthusiasm.
- Helps to make the child a sensitive person in future.

Key Messages

- **Responsive parenting involves the caregiver being sensitive towards the child and recognizing what the child is trying to say and meeting his or her needs as soon as possible.**
- **The caregiver should be sensitive and recognize the child's every need and respond to it at the earliest.**
- **It is important to respond with respect to the child's actions in order to nurture the child's curiosity.**

SESSION 5:

5.2 PLAY AND COMMUNICATION

Objective of the session

- To explain the importance of the concept of 'play and communication'.
- To provide a demonstration of 'play and communication' age group wise and to guide the trainees in this regard.

Session duration

1 hour

सत्रासाठी लागणारे साहित्य

- 'माता व बालसंगोपन पत्रिका'
- 'Play and Communication Manual'
- Toys

How to conduct the session

- The facilitator must demonstrate the 'play and communication' activity through roleplay by age group. Then, have a detailed discussion with all the trainees based on the information given below.
- After the discussion, divide trainees into groups and ask each group to provide a demonstration of the 'play and communication' activity through a roleplay as per the age groups given below.
- Observe the demonstration of the trainees, praise it and encourage them, and address doubts, if any.
- The facilitator must ask the trainee how a caregiver should play with children in his or her day to day work routine. Please give examples.

Roleplay

- Demonstrate a 'play and communication' activity using a 'bowl and spoon' while playing the roles of a mother and her child.
- The mother and child will demonstrate the 'play and communication' activity based on the age groups given below.
- 0 to 6 months: The mother will attract the child to her by making sounds using the bowl and spoon, and interact with the child.
- 6 to 12 months:
- 1 to 2 years
- 2 to 3 years



Touch, Talk and Play: Role Play

(Tip: Every character should introduce themselves before performing the role play)

3-month-old child

Mother:- : (makes a sound near the baby's ears using the bowl and spoon) Here Riya, look! Listen to this sound!

Riya:- Hoo.... ahh... ahh....

6-month-old child

The caregiver:- (asks the child to take the bowl and spoon which is kept near her.) Here Riya! Try to get the bowl! (The child crawls to the bowl)

Riya:- Uhh.... Uhh... Guhh.....

The caregiver:- (Hides the bowl and spoon under a handkerchief and asks the child to find them. Turns it into a hide-and-seek game) Here, Riya, guess what's under the handkerchief!

Riya:- (Looks under the handkerchief with excitement. Grabs the handkerchief and uncovers the bowl and spoon and laughs) Ha ha... Ha ha... Ha ha..

The caregiver:- Very good! Riya has found the bowl! (Claps)

18-month-old child

The caregiver:- (Give the child 3-4 bowls of different sizes to play with. Asks her to arrange them by size.) Riya, put the small bowl in this big one!

Riya:- This one... Bowl... (Riya places one bowl in the other)

The caregiver:- Very good, Riya! (The mother pats Riya's back). Now, put the third one!

Riya:- Okay... Which one? (Holds the bowl and asks the care-giver)

The caregiver:- Now, try to place two bowls upside down and place the third one on them!

Riya:- Yes... Yes...

The caregiver:- Very good!

30-month-old child

The caregiver:- (Place 3-4 bowls and spoons of different sizes before the child and talks to her about the colour and shape) Here, Riya! This bowl is smaller than this one. This bowl is bigger than this one.

Riya:- Mother... This bowl is small.

The caregiver:- Excellent!

Riya:- This bowl is bigger.

The caregiver:- Very good! Now look at this. This is a metal spoon and this is a plastic bowl and it is red. Now, take the plastic and metal bowls and a spoon and make a sound!

Riya:- (Makes a sound using both bowls and realises they make different sounds. This fascinates her and makes her more curious) This one makes a loud noise, while this one makes a soft noise.

The caregiver:- Very good! Now Riya, do it again! (The Role play ends)

Discussion points

The facilitator must conduct a discussion on the following points after the roleplay

- What is the significance of 'play and communication'?
- What is its intellectual context?
- What is the importance of classifying it by age?
- What is the importance of sensitivity and responsiveness?
- What can we do in this activity that will help further stimulate the child's thought process?
- How can we use household items for the 'play and communication' activity?
- Why is it important that every family member participate in it?
- What activities can they take part in?

Touch, Talk and Play

Touch: Right from her birth, the child feels someone should talk to her, lovingly embrace her, respond to her and interact with it. When the caregiver embraces the child, takes her in their arms, smiles and kisses her, and lovingly caresses her, the child gets familiarised with the touch, giving her a sense of safety and resulting in its development.

Communication: Young children constantly need to be encouraged and motivated. They need to be spoken to right from their birth. It is also important to respond to what they say. One can interact with the child through smiles, speech and gestures.

Play: Playing is an important driver of child development. Playing helps holistic development of the child. A caregiver can help the child to develop a number of new skills by giving her different household items to play with.

Key messages

- 'Play and communication' are extremely important for the child's overall development.
- The child needs play, not toys.
- The 'play and communication' activity must be according to age.
- It is important to explain its intellectual background to the caregivers and other family members.
- It is important to take into consideration 'sensitivity and responsiveness' when engaging in 'play and communication' activities.
- We need to adapt the play activity to make it more stimulating and gradually challenging for the child.
- Household items must be used for the 'play and communication' activities.
- All family members must take part in this.

SESSION 6: SAFE ENVIRONMENT

Objective of the session

To explain the importance of the concept of a 'safe environment'.

Session duration

1 hour

Material needed for the session

- Posters: 'Mother and child Protection card'
 - Chalk and board
-

How to conduct the session

- The Facilitator must note the points taken from the discussion with the trainees and also discuss 'safe environment'.
- For that, you can use the information given below.



- In this regard, accidents are the major source of danger. Burns, cuts, wounds, falls and injuries caused by accidents can be fatal at times and young children tend to get injured most often in and around the house.

- If parents and others are vigilant as to safety and create a safe environment for children, then children can be protected from a number of severe injuries. Special attention is required for children when they crawl, walk or run.

- Children are more vulnerable to danger when walking on the road. It is necessary that the child be accompanied by an adult when either crossing the road or walking along it. As children tend to instinctively put objects in their mouth when they crawl, their toys need to be washed and cleaned from time to time.

Dangerous objects

- Toxic and harmful substances
- Consumable items, hot objects
- Water tanks
- Sharp objects
- Electrical appliances
- Snakes, scorpions and other dangerous animals
- Wells, streams, large openings in the house
- Getting entangled by ropes
- Strangers

Physical Environment



Physical Environment

Children continuously find out new things and learn new skills. To ensure that they are not physically hurt, it is important to maintain clean and safe surroundings.

Protection from Danger

 Poison and harmful substances	 Objects that can be swallowed	 Hot objects	 Open water tanks
 Sharp objects	 Places that might cause a pinch	 Electric sockets	 Vehicles on the road

Family environment

- Along with physical environment, family environment is also important for child development.
- Children must be protected from violence or severe punishment so as to boost their confidence and to help learn new things.
- The following must be strictly avoided. • Stressful condition of the mother
- Alcoholism in the father
- Quarrels between parents or other family members
- Improper treatment of elders • Hostility among family members or with neighbours • Use of abusive language by family members



Key messages

- When children are playing and learning, they need clean and safe physical and family environments to avoid physical injury and mental trauma.
- It is thus very important for the caregiver and other family members to take special care.

DAY 2

SESSION 1.1: COMPLEMENTARY FEEDING

Objective of the session

- To build the capacity of frontline workers to organize feeding demonstrations
 - To have a discussion on nutrition and food, and
 - provide guidance on complementary and responsive feeding
-

Session duration

1 hour

Material needed for the session

- White Paper
 - Sketch Pen
-

How to conduct the session

- The facilitator should divide the participants into four groups. Each group should be assigned one of the following age groups and be asked to present the demonstration

Age Groups for the Demonstration

- 0 to 6 months old children
 - 6 to 12 months old children
 - 1 year to 2 years old children
 - 2 years to 3 years old children
- The demonstration by each group should include the following topics:
 - What should be the daily diet of that particular age group?
 - How many times should feeding be done?
 - What foods should be included in the diet?
 - What changes should be made in the diet if the child is unwell?
 - The above points should be prepared and presented by the group and if some of the given points are omitted, the facilitator should have an in-depth discussion about complementary diet with the participants on the basis of the following discussion points and information.

Discussion Points

The Facilitator must have a discussion on the following. .

- What are the various food groups?
- Which food ingredient is a source of energy for the body?
- Which food ingredient helps heal the wear and tear of the body?
- Which food ingredient helps protect the body?
- How many food groups should a child receive in a daily diet?
- When should the complementary feeding be started?
- What are the constituents of a complementary feeding?
- What should be the frequency of the complementary feeding?
- How should be the density of food items that are given to a child during complementary feeding?
- What precaution needs to be taken with regard to complementary feeding?
- What are some reasons for not starting complementary feeding at the right age?
- Why do babies spit out the food or vomit when they are first given a complementary feeding?

Continue the further conversation by showing these videos.

(<https://youtu.be/mCRo8ZB33lc>)

(<https://youtu.be/rwi4Qsfyu3w>)

INFORMATION

Energy Building



Protective Food

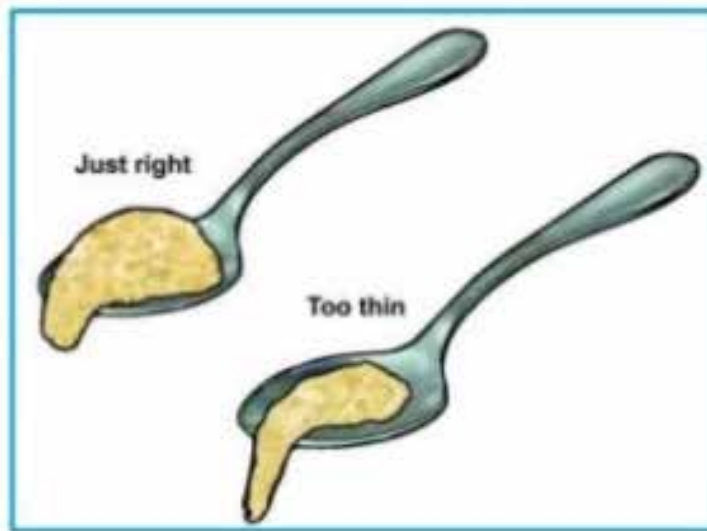


Body Building



The diet should consist of three major food items: those for providing energy, healing body wear and strengthening the immune system.

- The body gets energy from carbohydrates and fats, proteins helps in healing body wear, vitamins and minerals protect the body by strengthening the immune system.
- Carbohydrates are obtained from all kinds of cereals, grains, and root plants. Fats are obtained from all kinds of oils, oilseeds, eggs, meat, fish and ghee. Proteins are obtained from all grains,
- Sprouts, oilseeds, milk and milk products, eggs, meat, fish.
- Vitamins and minerals are obtained from all fruits, green leafy vegetables and other vegetables.
- To keep your body healthy and properly nourished, it is necessary to have a variety of food items



The main food groups of a balanced diet are as follows:

- Cereals
- Sweet potato and potato
- Yellow fruits and vegetables
- Other fruits and vegetables
- Pulses, legumes, oilseeds and dry fruits
- Milk and dairy products
- Eggs
- Meat product



Complementary food

	6 to 9 months	7 to 9 months	10 to 12 months	13 to 15 months
Food	<p>Start the supplementary meal</p> <p>Thick porridge, fruits, green leafy vegetables, non-vegetarian foods, eggs, dairy products etc.</p>	<p>The diet must include at least four food constituents.</p> <ul style="list-style-type: none"> • Cereals • Green leafy vegetables and fruits • Oil or ghee • Pulses/legumes • Eggs • Meat 	<p>The diet must include at least four food constituents.</p> <ul style="list-style-type: none"> • Cereals • Green leafy vegetables and fruits • Oil or ghee • Pulses/legumes • Eggs • Meat 	<ul style="list-style-type: none"> • There must be a variety of foods in the daily diet. • Oil/ghee must be used generously. • The meals must not be too hot or spicy
Quantity	Meal of 2-3 spoons (30-40 ml) initially and 1/2 bowl (100 ml) subsequently.	1/2 bowl (100 ml) meal	3/4 bowl (150 ml) meal	3/4 bowl (150 ml) meal
Frequency	Meals: 2-3 times, snacks: 1-2 times, everyday	Meals: 3-4 times, snacks: 1-2 times, everyday	Meals: 3-4 times, snacks: 1-2 times, everyday	Meals: 3-4 times, snacks: 1-2 times, everyday
Consistency	Mashed, spoonful and thick	Mashed, finely cut, such that the child can hold and eat it.	Mashed, finely cut, such that the child can hold and eat it.	Serve the child in her own plate.



Key Messages

- For the first 6 months, the child should breastfeed exclusively. Complementary feeding should be started only after six months.
- During pregnancy as well as while breastfeeding, a high calorie diet is essential to provide proper nutrition to the mother and the child.
- The diet should be solid in consistency. Do not include watery foodstuffs. Quantity, frequency and consistency of foodstuffs should be gradually increased.
- The child should be fed at least 4 to 5 times a day.
- Food variety should be considered.
- The complementary food should be cooked soft, thick and fresh.
- The mother should wash her hands every time she handles and feeds the baby.
- After 1 year, the daily diet should include rice, chapatis, green leafy vegetables, oranges and yellow fruits, pulses, eggs, meat, fish and dairy products. The same food which is prepared for family members should be given to the child.
- The leftover food in the child's plate indicates that the child is full. Therefore, do not try to force the child to eat.

Objective: To familiarise the trainees with all the food items in the diet.

Game

Method: The Facilitator must ASK every trainee individually:

Name five ingredients for me.

Name five vegetables for me.

Name five fruits for me.

Name five pulses for me.

Name five sour food items for me.

Name five food items that contain Vitamin A for me.

Name five white food items for me.

Name five spicy food items for me.

Name five pods for me.

Name five sweet food items for me.

Name five root crops for me.

Name five grains for me.

Name five root crops for me.

Name five types of meat for me.

Name five oilseeds for me.

Name five leafy vegetables for me.



SESSION: 1.2 RESPONSIVE FEEDING

Objective of the session

- Explaining the concept 'Responsive feeding' with its importance
 - To guide the family on how to encourage responsive feeding
-

Session plan

The trainers should demonstrate to the trainees the following three different feeding roleplays based on three different households' scenarios. When all the roleplays are done, trainers should have an in-depth discussion about each role-play with the trainees on the basis of their observation. Based on the discussion about the role play trainers should explain the concept of responsive feeding in detail to the trainees. (Trainers can take the help of trainees to perform a role play).

Session duration

2 hours 45 mins

Material needed for the session

- Chalks/Pen and Blackboard
-



Example – 1

The child is sitting next to the parent (or on the parent's laps) with the child's arms held out of the way to prevent the child from putting his/her hands near the bowl or the food. The parent spoons food into the child's mouth. The pace of spooning is rapid. If the child struggles or turns away, he/she is brought back to the feeding position. Child may be slapped or forced if he/she does not eat. The parent decides when the child has eaten enough and takes the bowl away

Example – 2

The child is on the floor sitting on a mat. The parent gives an older sibling a bowl, and the sibling puts the bowl of food beside the child with a spoon in it. The parent and the older sibling turn away and continue with other activities. The parent does not make eye contact with the child or help with feeding. The child pushes food around the bowl, looks to the parent and sibling for help, eats a little, cannot manage a spoon well, tries with his hands but drops the food, gives up and moves away. The parent says, "Oh, you aren't hungry" and takes the bowl away

Example – 3

The parent washes the child's hands and her/his own hands and explains to the child why hand washing is important. The parent then sits level with the child so that both are comfortable. The parent keeps eye contact and smiles at the child. Using a small spoon and an individual bowl, small amounts of food are put to the child's lips. The child opens the mouth and takes food a few times. The parent talks about the food "Now a spoon of carrot; it is a lovely orange color" to help stimulate language development and general cognitive development. The parent praises the child and makes pleasant comments – "You are getting good with your spoon", "do you want the blue bowl or the white bowl" while feeding slowly. The child stops taking food by shutting the mouth or turning away. The parent tries once- "Another spoonful of lovely dinner?" The child refuses, and the caregiver stops feeding. The parent offers a piece of food that the child can hold - bread crust, piece of cooked vegetable or something similar. "Would you like to feed yourself?" The child takes it, smiles and sucks/ munches it.

Points of Discussion

After these activities, engage a discussion on the following points.

- What is responsive feeding?
 - How to identify signs of hunger and fullness cues?
 - Should the child be given a separate plate? Why?
 - Do family members feed the child slowly and patiently?
 - Is the child encouraged to develop an interest in eating food?
 - Should the child be permitted to eat with his own hands?
 - What are the advantages of self-feeding?
 - What is force feeding?
-

With the help of three different examples given below, the facilitator should demonstrate to the participants the method of feeding the children in three households. At the end of all the role plays, the facilitator should engage an in-depth discussion with the participants about explanation of the role plays in each example, discussion points, and responsive feeding based on the information provided. (The facilitator can enlist the help of the participants to enact the role plays).

Explanation of Example 1

This is an example of controlled feeding. This way, children may not learn to regulate their intake by themselves, which may lead to obesity and food refusal later. In such a situation, the child may feel eating is very frightening and unpleasant.

Explanation of Example 2

This is an example of feeding by leaving the child to feed for himself/herself. Leaving the child on his or her own while eating can result in malnutrition if the child has a poor appetite or is too young to manage the skills of eating. The child may be hungry and sad and feel frustrated in wanting to eat, but not being able to eat

Explanation of Example 3

This is an example of feeding the child in response to the child's signs - responsive feeding. The child may feel happy about eating, like the contact and the praise of the caregiver, enjoy feeding him/herself and learning skills. The child may have a healthy weight and positive attitudes to eating. Mealtime is used as an opportunity to also build the child's skills and broader development.

Role of Asha and Anganwadi Worker

During home visit, AWW and ASHA should recognize that this parent is concerned that the child eats enough, and perhaps the good foods given could be mentioned. After recognizing something positive, she should offer information that at this age a child learns about self-feeding. She can suggest ways the parent can assist the child to learn self-feeding skills, ways to respond to the child with smiles and encouragement. She can gently explore if there are factors that result in the parent rushing feeding, such as many calls on the parent's time, or the parent is feeling it is difficult to cope with life, or another child was suffering from malnutrition, etc. Such factors can affect how the parent responds to the child, and they need to be addressed rather than only telling a parent what they should be doing differently

During home visit, AWW and ASHA should recognize perhaps the good foods given. After recognizing something positive, she may offer information that at this age child can learn self feeding, however they do not yet have sufficient skills to eat all their meal without encouragement and assistance. She can suggest ways the parent can assist their child by sitting with him/ her while eating, respond to the child's attempts of learning to use a spoon with smiles and encouragement, while also gently and patiently offering some spoonful.

During home visit, AWW and ASHA should recognize that the parent is responding to the child's signs and mention some specific signs that you see. You can reinforce positive choices of foods

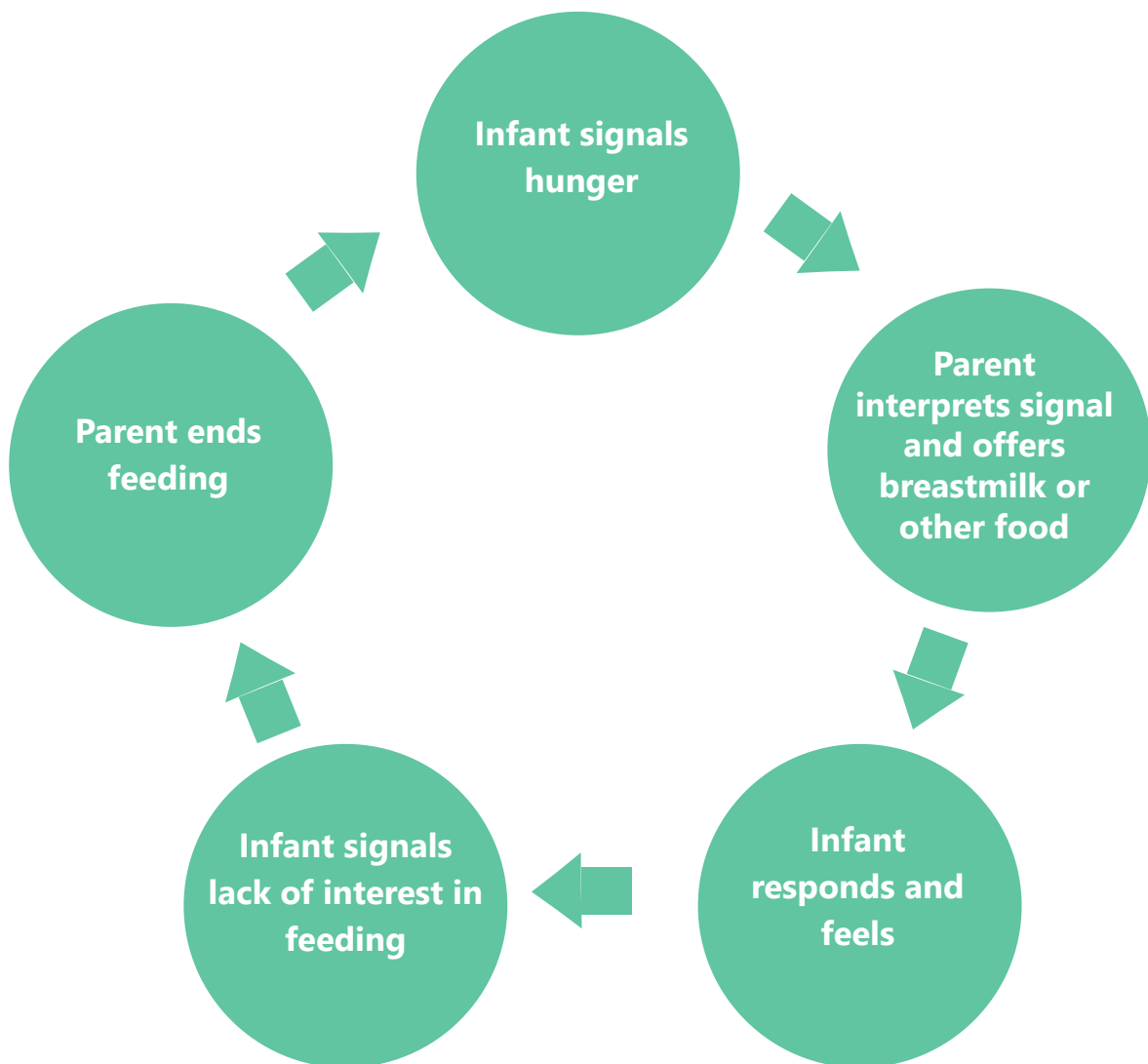
Watch the video below and have a discussion over it.

(<https://youtu.be/XBaV3hbEJS4>)

How to use responsive feeding skills?

Responsive feeding is important from birth on through the early years and beyond. The child shows signs, the parents recognize the signs and respond, and both child and parents learn from this interaction. AWW or ASHA can facilitate these responses during home visit. Even during the antenatal home visits with a pregnant woman, she can start to discuss responsive breastfeeding and feeding practices. The baby gives indicators when he/ she is hungry. It is very important for the mother to recognize these indicators given by the baby and respond or act appropriately in response.

Child Initiated and Directed Feeding



Hunger Cues (0 to 6 Months)

- Thumb or finger sucking
- Rapid movement of limbs
- Salivation
- Trying to locate the mother by looking around
- Turning the head towards the breasts or expressing a liking for breastfeeding.
- And finally, crying

Fullness cues (0 to 6 months)

- Turning away or closing the mouth
- Stay away from everyone
- Refusing to eat
- Spitting out food

Hunger Cues (6 to 12 months)

- Following the mother around
- Tugging at the mother's saree
- Taking someone to the kitchen or near a food container
- Crying



Advantages of responsive feeding

- Feeding times are periods of learning and love.
- Responsive feeding may contribute to prevent malnutrition or to later obesity and eating problems.
- This contributes to establishing the foundations for a trusting relationship between child & parents that supports the child's development.

Responsive feeding

Children's Actions

- If the child is irritated.
- If the child does not eat or refuses to eat.
- Refuses to eat same foodstuff twice.
- If the child takes too long a time to eat.
- If the child eats with his own hands but spills the food and soils his/ her clothes.

Mother's Response/ Reaction

- Identify that the child is hungry and feed him/ her.
- Do not force- feed the child but slowly encourage him/ her to eat.
- Prepare different types of foodstuffs and with the help of games, songs and stories develop the child's interest in eating.
- Do not threaten or scare the child into eating quickly. Sit patiently till the child finishes his/ her food.
- Compliment the child to develop his/ her interest in food and slowly encourage the child to eat in a proper manner.

Key Messages

- The caregiver should identify the hunger cues of the child and respond to them immediately.
- Encourage the child to eat with his or her own hands and applaud the child's efforts.
- Serve food to the child in a separate plate. This boosts the child's confidence.
- Do not force feed the child but give him/her to eat when she/he asks. Be sensitive towards the child's likes and dislikes and encourage the child in a responsive manner.
- Meal times should be joyful and aspirational. The act of eating can be made interesting for the child by using mediums such as songs, stories, natural environment and others.
- A loving touch, talking and engaging communication with the child is very important while feeding him/ her.
- All family members should contribute or at least be a part of this activity.
- When the child is eating, the caregiver should pay complete attention to the child.

SESSION 2:

HEALTH AND

HYGIENE

Objective of the session

- To emphasize the importance of health and hygiene.
 - To provide guidance about the prevention and treatment of common illness amongst children.
-

Session duration

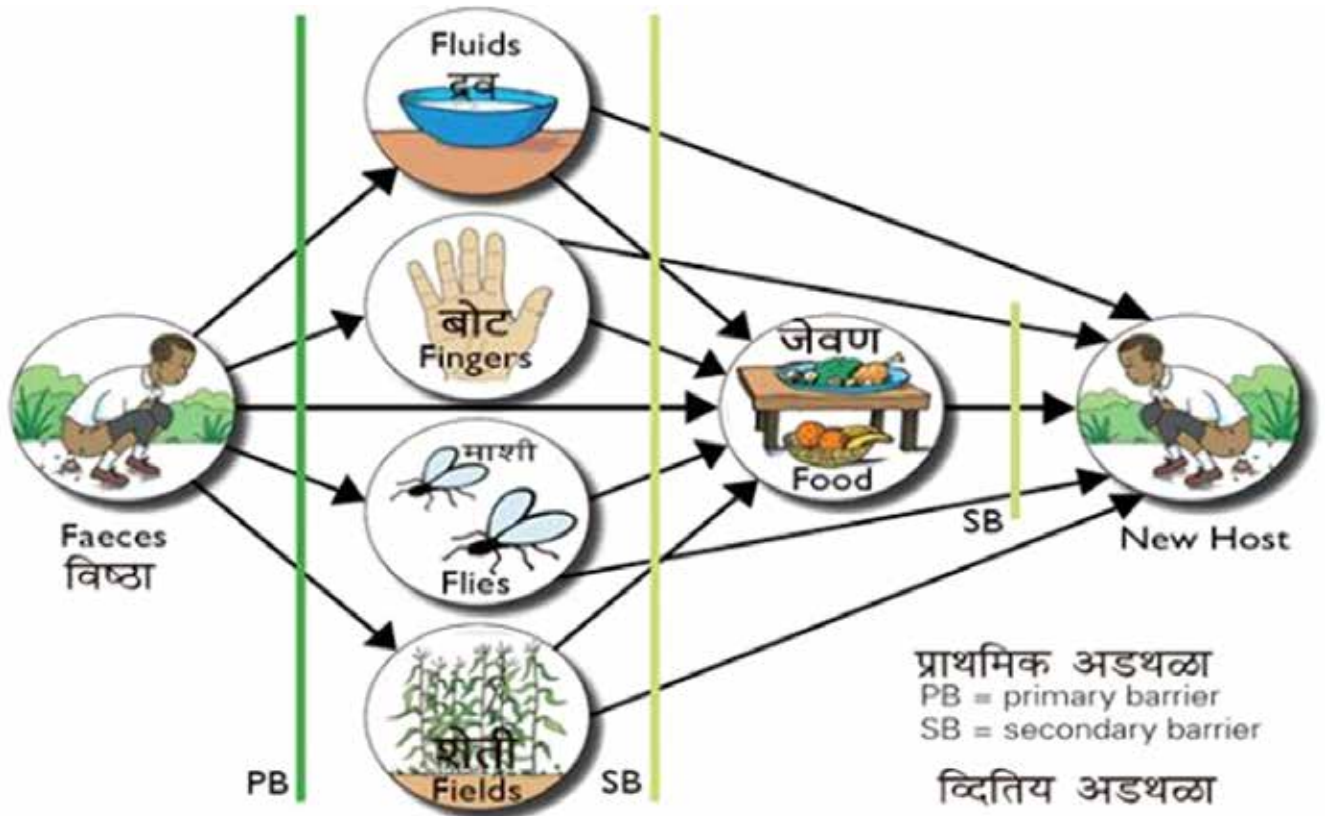
1 hour

Material needed for the session

- Water colours- Green, black, red, yellow etc.
 - Bowls- 6
 - Kulfi sticks
 - Printed pictures (various food items, dirt, garbage etc.)
-

Session plan

- The facilitator should ask the trainees to play the 'I am a fly' game and then engage a discussion based on the information given below.
- The facilitator should spread out all the pictures on the floor. Fill small bowls with coloured water that matches the colour of the pictures. Place these bowls near the pictures. Give each trainee a kulfi stick. Instruct all the trainees to imagine that they are a fly for some time. Then ask them to dip the stick given to them in the coloured water placed near the pictures of garbage and dirt and then place it on the pictures of food stuffs. It can be seen that the coloured water is transferred on to these pictures.
- After different colors are splattered on the pictures of food items, the resource person should discuss with the trainees how while a fly sits on dirt and garbage it picks up germs and bacteria from there which it later deposits on the food as it alights on it, effectively contaminating the food and consequently, causing diseases to spread.
- The facilitator should then ask the trainees what they learned from this activity.



After the discussion, if any of the following points are left out, proper guidance should be provided for the same.

- Do not defecate in the open.
- Do not spit in the open.
- The child should be given toys to play with only after thoroughly washing them clean.
- Home and its surroundings should be kept clean.
- All food items should be kept covered.
- Avoid eating food items that are not covered.
- Drinking water should be clean and pure.
- When should we wash our hands?
- Before preparing meals, while preparing meals
- Before having food and before feeding a child.
- After taking care/serving a sick person.
- Before and after treating a wound.
- After coming from the toilet.
- After cleaning the child in the toilet.
- After blowing nose, sneezing or coughing.

Protection of Baby from Diseases



Key Messages

- **Breastfeeding only** - As long as breast milk is available for the baby, it is the best. Breast milk contains elements that help the baby fight diseases and infections.
- **Don't feed milk from a bottle** - Loose motions, fever and other diseases are quite common among babies who are bottle fed. This is because, even after washing the bottle with water, a little residual milk can be left behind between the bottle and its rubber nipple which spoils causing microbes to multiply.
- **Vaccination** - Children should be vaccinated against a range of illnesses that can usually occur.
- **Vitamin A** - 'Vitamin A' is very important in protecting children from eye diseases. It also protects them from other infections.
- **Clean, fresh and hot meals** - Children should always be given fresh and hot meals. The cooked food should be given in utensils washed with clean water. Avoid feeding stale food.
- **Pure drinking water** - Drinking water should be clean and pure. The main reason for the contamination of the water around us is open defecation. Always make sure that the water is pure before drinking it or giving it to the child.
- **Clean hands** - Washing your hands thoroughly with soap is one of the easiest and most effective ways to protect a child from infections. It is necessary to wash your hands thoroughly after defecation, before cooking a meal and before feeding the child.

DAY 3

SESSION 1: HOME VISIT (GRUHBHET)

Objective of the session

Instruct the trainees to utilize the platform of 'home visit' effectively to enhance participation of all family members for optimum child development and also empower the family for nurturing care.

Session duration

5 hour

Material needed for the session

- Home visit – Supervision checklist
- Materials for play
- Plan for a field demonstration



How to conduct the session

• Facilitators will enact roleplay about home visit by AWW. Facilitator should plan 'field demonstration of Home visit by AWW/ASHA' for clear and realistic understanding of participants.

• The facilitator should make the trainees participate and present a home visit. For this, create groups and make chits about home visits according to age groups.

- Birth to 6 months
- 6 to 12 months
- 1 to 2 years
- 2 to 3 years

Facilitator should tell the following points to the participants before going for field demonstration.

- Each group will present role play of home visit of each age group.
- Before leaving for field demonstration following instructions should be given to all participants –
- All information of field area or place of visit
- Explain objective of field visit
- Age of children to visit
- Effective use of supervision checklist • Not to distract child or any family member
- Not to criticise AWW/ASHA during Home visit



Role play

(Tip- Each character should introduce themselves before presenting the role play)

Supervisor- Lalita Tai, what are you doing?

Anganwadi Worker- Madam, I'm getting ready for the home visit.

Supervisor- Where are you going for the home visit today?

Anganwadi worker- According to my timetable, today I am going to visit the Kavale family with an 18 months old baby. For that, I have studied the family's background and have taken along the Mother and Child Protection Card. I am also carrying a toy according to the child's age group.

Supervisor- Oh! Very nice! So, you've planned everything beforehand then?

Anganwadi Worker- Yes, tai.

Supervisor- Come on! I'll come with you!

Anganwadi Worker- Namaskar Tai. How are you? And your baby? And your family members?

Mother- Namaskar tai. We all are good. How are you? Please come in, have a seat.

Anganwadi Worker- I am fine too. Have you finished your household chores?

Mother- Yes, tai. I knew that you are coming to our home today.

Anganwadi Worker- Oh, good! What is your Raj up to?

Mother- After a bath and some food, he's just gone out with his father. My husband also knows about your visit today. They will be back very soon.

Anganwadi Worker- Very nice, tai! You take good care of your Raj.

Anganwadi Worker- What did Raj eat?

Mother- I give him everything we eat, tai. Dal, Rice, vegetables, chapati.

Anganwadi Worker- Very good! You should add a little oil to the Dal. It will give him energy and also strengthen his muscles. Tai, how many times in a day do you feed Raj?

Mother- Two to three times a day. He also drinks milk.

Anganwadi Worker- Good! Continue breastfeeding him, tai. But, our Raj is growing up now, so you should give him 3 to 4 meals and snacks twice in a day.

Mother- I will give him now, tai.

Anganwadi Worker- How do you feed Raj?

Mother- Means what? Tai, he eats little-little with everybody in the house.

Anganwadi Worker- Is it? Okay. But tai, Raj is growing up now so, you should give him food in a separate plate. Also, let him eat with his own hands. This will generate self- confidence about eating with his hands. Another thing- at least one person should sit with him while he is eating. Besides, do not hurry him while eating, it's okay to be slow. Since, last month's visit has Raj fallen ill anytime?

Mother- No, tai.

Anganwadi Worker- Now look, tai. Since it's the monsoon season, we have to be more careful about the drinking water. Sieve the water through a 4-folded cloth or add 2 drops of Jeevan Drops to a vessel or boil it well and then cool it down. Give your child only this water to drink as it will prevent diseases like diarrhea and cholera. Okay? Now, please give me your Mother and Child Protection card. Mother- Here it is, tai.

Anganwadi Worker- Last month we had measured Raj's weight. How much was it? Mother- 8 kg 300 grams

Anganwadi Worker- Oh great! You remember! Now from this Growth Monitoring Chart, can you tell me what all you understand?

Mother- no, tai. Anganwadi Worker- No problem, tai. Look here, the baby's weight is increasing in the upward direction. You are taking very good care of Raj. Please continue to do so. Raj's vaccination is also complete.

Mother- yes, tai.

Note: Raj's father and Raj walk into the house just then.

Mother- Oh look! Raj's father and Raj have returned. O! Please bring Raj here.... Raj, look who has come to meet us!

Father- Do I need to be here too?

Anganwadi Worker- Yes, Bhau. Since you play with Raj and take care of him too, you should also know these things about your baby. You also contribute

in Raj's development, right?

Father- Correct, tai. I will listen too.

Anganwadi Worker- Now, how do you talk and play with your baby?

Mother- I give him a big ball to play with.

Anganwadi Worker- Oh! Very nice! Do you also play with him and show him how to play with the ball?

Mother- Yes, tai. Note: The Anganwadi Worker observes while the mother plays ball with Raj.

Anganwadi Worker- Very nice! You play the ball very well with Raj. (While playing, Raj throws the ball far away.)

Father- Aree! Don't throw the ball there. Bring it here (angrily).

Anganwadi Worker- It's okay, bhau. He enjoys throwing the ball here and there. It makes him happy so, let him throw the ball. He learns a lot from it. Such as, he understands the color of the ball and learns how to hold it. Note: Raj brings the ball and sits near his mother, holding it.

Anganwadi Worker- Oh! Very good! Raj plays very well with the ball but now he have learned everything he can from it. So, according to his age, we should give him other toys to play with. Look, according to Raj's age, I have brought some toys for him. Take these. Play them with Raj for me please.

Note: The anganwadi worker observes while the mother and father play the toys with Raj.

Anganwadi Worker- Very good! You both play so nicely with Raj. Now, what did Raj gain/learn from

this?

Father- what, didn't get.

Anganwadi Worker- Look, while playing, Raj puts the toys together and pulls them apart. He also picks up the toy from one place and keeps it at

another. This strengthens his muscles and develops his physical skills. Similarly, while searching for hidden objects, his ability to think and reason is enhanced. Also, playing with different colored clips introduces him to different colors and develops his cognitive skills. He feels happy when the clip falls into the jar and becomes sad when it falls out of the jar. This develops his emotional skills. Also, when you and tai play with him, it enhances his social development. Can you give similar toys to play at home?

Father- Tai, we have different colored boxes of oil, powder etc.

Mother- Yes, tai. Also vegetables and fruits at home are of different colors!

Anganwadi Worker- Oh yes! Very good! Anganwadi Worker- During the next visit, we'll talk about your observations while playing with these home objects with Raj. I'll take your leave now.

Thank you!



Discussion points

What did we observe in the above role play and during field demonstration?

- Planning of the home visit.
- Demonstration of 'age appropriate play and communication' activity.
- Use of Mother and Child Protection Card.
- What is the importance of the participation of all family members?
- Is it important to counsel the family on the basis of assessment of the home environment? If yes, why?
- How one can use 'Activity Bank' for an effective home visit to demonstrate 'Play and communication' activity?
- How to use household material for play and communication?
- What is the importance of 'Age appropriate play and communication activity'?
- Explain 'sensitivity and responsiveness' if you have observed.
- What is the 'Safe environment'?
- Planning for next home visit.

Objectives of the home visit

- Create an ideal home environment for the child development by encouraging care giver and family members for play and communication

Preparations for the home visit

- Basic details of the child (Child's name, age, immunization status, weight, height etc)
- Educational material like Mother and child protection card
- Age appropriate play and communication activity and required material

Steps for Home Visit

- Preparation for the home visit should be done
- Details of the child
- Use of Mother and Child Protection Card
- Use of age appropriate play material or toys
- Smiling, greeting to all family members
- Creating a free and relaxed atmosphere for active participation of all family members in discussion and play activity
- Encouraging the mother to participate in the discussion and boosting her self-confidence
- Discussion about the child's growth using growth chart and in case of a problem or an issue, suggesting a solution and providing support
- Encouraging the family to give nutritious diet to the child and appreciating their efforts
- Giving required information about health and hygiene after analysis of problem or situation at home
- Discussion and demonstration of play and communication activity
- Giving information about how this play and communication activity promotes child development
- Encouraging the family to play using household material
- Informing the family about the next visit

The importance of responsive communication in bringing about a behavioral change

Active listening	<ul style="list-style-type: none"> • Listening actively while communicating • Involving more and more senses while listening such as hearing with the ears and initiating action by touching and observing with the eyes.
Positive communication	<ul style="list-style-type: none"> • Use words, tone and language in a rhythmic manner with good intonations. • Stress in speech - Do not feel stressed while speaking, openness in personality should be seen through gestures. • Communicate respectfully
Trust	<ul style="list-style-type: none"> • Build trust while communicating. • Be respectful towards feelings and emotions
Self-Confidence	<ul style="list-style-type: none"> • Encourage yourself and believe in your ability to do new things.
Empathy	<ul style="list-style-type: none"> • Look at every problem in an optimistic light. Communicate accordingly in a sympathetic manner.
Open-minded Attitude	<ul style="list-style-type: none"> • Keeping one's own opinion aside, also take into consideration other people's opinions, values and attitudes. • Keep an open mind to accept that not everyone is the same.

Positive self-assessment of Anganwadi workers and ASHA

Positive self-assessment is a very important skill. The facilitator should explain the importance of positive self-assessment to the participants. Positive self-assessment builds self-confidence in individuals. Every Anganwadi worker and ASHA is expected to closely monitor the major activities such as Home Visits, Parents' Meetings and community-based programs during the field visit. When making a positive self-assessment, one should use the observation list prepared for the Home Visits, and Parents' Meetings. One should make a detailed observation whether all the points mentioned in the observation list have been emulated? After the activity, ASHA and Anganwadi workers should appreciate the right action undertaken them, and express happiness about the good activity completed. However, if any points from the observation list were missed during the activity, ASHA and Anganwadi workers should decide and make sure that the points from the list will not be missed next time. Thus, using positive self-assessment helps to work more effectively.

Responsive Supervision

Responsive supervision is a very important skill. The facilitator should explain the importance of responsive supervision to the participants. Responsive supervision helps to build trust and friendship between two individuals. During each field visit, the supervisor is expected to closely monitor the activities in the field, such as Home Visits, Parents' Meetings, and community-based programs. While carrying out responsive supervision, the observation list designed for the same, should be used. The supervisor should closely monitor all the points in the observation list. The supervisor should first ask the ASHA and the Anganwadi worker for his / her opinion upon the action/ activity undertaken by them. Then, based on the observation list, the supervisor should praise them for good appropriate counseling. If any points from the observation list were missed by them, the supervisor should calmly guide them using positive words without being angry, and encourage them to note and execute all the points on the observation list next time. In this manner, the use of responsive supervision helps in making the desired changes in the work in a proper and efficient way.



Key Messages

- **Every family member should be encouraged to participate.**
- **Mother and child Protection card should be use as counselling tool.**
- **Counselling should be done on the basis of assessment of home environment**
- **Age appropriate 'Play and communication activity' should be demonstrated and brainy background should be explained.**
- **Activity bank should be used by AWWs/ ASHA.**
- **Use of household material should be encouraged for play.**
- **Demonstrate 'Responsiveness and sensitivity'.**
- **Explain and guide on 'Safe environment'.**
- **Plan next home visit.**
- **Take notes of home visit**

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CHECKLIST FOR HOME VISIT

Observer: Tick YES or NO to indicate whether the behaviour was observed.

Village: _____

Name of the Anganwadi worker/ ASHA: _____ Date: _____

1	Greets the mother or other caregiver at beginning of the visit?
2	Encourages the family members to talk or ask questions at least once throughout the visit?
3	Uses positive non-verbal communication and body language throughout the visit?
4	Praises care giver for what they are doing good?
5	Properly manages time?
6	Effective use of MCP card/educational tool for counselling?
7	Appropriate counselling for child growth and nutrition?
8	Counselling on customized messages for health and hygiene?
9	Asks how the caregiver plays & talks with the child?
10	Uses appropriate objects or toys for caregiver's demonstration?
11	Does she give appropriate solution to problem if asked?

Name of the supervisor

sign

DAY 4

SESSION 1: PARENTS' MEETING (PALAK SABHA)

Objective of the session

Instruct the trainees to utilize the platform of 'Parent's' Meeting (PalakSabha)' effectively to improve parent's participation for the child's development

Session duration

5 hours

Material needed for the session

- Parent's Meeting Supervision checklist
 - Materials for play
 - Plan for field demonstration
-

Session plan

- Facilitators will enact roleplay about Mothers' Meeting by AWW. Facilitator should plan 'field demonstration of Mothers' Meeting by AWW/ASHA' for clear and realistic understanding of participants.
- Debriefing should be done after that.
- Before leaving for field demonstration following instructions should be given to all participants –
- All information of field area or place of visit
- Explain objective of field visit
- Age of children to visit
- Effective use of supervision checklist
- Not to distract child or any family member
- Not to criticise AWW/ASHA during.





Parents' Meeting (Palak Sabha) Role Play

(Tip- Each character should introduce themselves before presenting the role play)

Anganwadi Worker:- (To the Anganwadi Helper)
Hey! Today is our parents' meeting. Yesterday you had informed everyone. Will you please remind them all again?

Anganwadi Helper:- Yes, Tai.

ASHA:- I'm here.

Anganwadi Worker:- Today, our supervisor madam is planning to join us for mothers' meeting... Oh! Here she is!

Supervisor:- What is going on?

Anganwadi Worker:- Madam, today we have planned Parents' Meeting. We are preparing for the same. We have started the preparations yesterday itself such as, the age group has been well-defined, the list of the parents' names is ready; The toy sets, Mother and Child Protection cards and other such materials are also ready. All parents will soon arrive with their children. (Names of the parents: Rita, Reshma, Sunita, Jyoti, Shanta, Atul, Imran, and Gaurav).

Sunita:- All parents arrived early. I got a little late.

Anganwadi worker:- No problem. Come everyone and sit here! All sit in a semicircle, okay? You all are early today?

Reshma:- Today is the market day, so we finished our chores early.

Imran:- As today we have this Parents' Meeting, I'll be going to work a little late today. Tai, Shabana is down with a fever so, she could not come today.

Anganwadi Worker:- oh! I will go and meet her afterwards. Shall we start with the meeting now?

All parents:- Yes, Tai.

Anganwadi Worker:- ASHA Tai, would you like to engage a game.

ASHA Worker:- Sure, Tai. Come on everyone, let's play a game.

All parents:- Yes, Tai.

ASHA:- Let's play 'Bharat hands up'. Now look at me. When I say, 'Bharat hands up', you will raise both your hands and when I say, 'Bharat hands down', you will bring both your hands down. But if

I give the instruction without the word 'Bharat', you will make no movements. Understood? Otherwise, you are out.

All mothers:- Yes, tai...

(Game: The game is played using several sentences such as Bharat hands up, Bharat hands down, Bharat hands on your head, hands on your ears, hands on your nose and so on.)

(The ASHA worker engages the group with the game and at the end of it, all parents clap their hands).

Anganwadi Worker:- In the last meeting, all of you introduced yourselves. This time, tell us your baby's name and what it likes. That is, tell us what does your baby like to eat; which is its favorite foodstuff.

(All parents introduce their child to the group.)

Anganwadi Worker- Tell me, how would you like your child to be in future?

Jyoti- My child should be smart and active.

Atul- My baby should be healthy and should possess all good qualities.

Rita- My child should achieve great things in life.

Anganwadi Worker:- Oh! That is very nice! So, what efforts do you take to make your child active and smart?

Atul:- I play with the baby whenever I have time.

Jyoti:- I told all my family members the information that you had given us during the last meeting.

Anganwadi Worker:- Very good! You all did very well! See, if you want your child's development, your contribution is extremely important. From birth until the age of 3, the child's brain develops the most. And to enhance this brain development, we have to take some efforts. The contribution of every family member is also essential for the development of child. Only when your child goes through all the stages of physical development, cognitive development, emotional development and social development will it possess all qualities.

See, now I will teach Gaurav Bhau a game. Play the same game with your child later on. Gaurav Bhau, your child falls in the 1 to 2 years' age group. Which game can you play with this child? I have a basket here. There are different coloured paper balls in it- Green, yellow and red. Show me how

you will play it with your baby.

Gaurav:- Sure, tai. I will play.

(Gaurav Bhau plays the game of placing the balls in the basket and removing them with the baby and the other parents watch carefully).

Anganwadi worker:- Gaurav Bhau, you played very well! (Encourages all parents to engage the game and communication activity with their child).

Jyoti:- Arya, will you place this ball in this basket?

Imran:- Junaid, remove the red coloured ball from the basket.

Rita:- Oh ho! Your ball fell to the ground. But don't worry, It is fine. Come on, we will play again.

Anganwadi Worker:- Excellent! you all are playing so well! Now, make the child pick up each ball and say, "This is red colour, like a tomato.... Green colour is of chilies." In this manner, give information to your child about every ball. Speak to the child while lifting every ball. Ask your child to remove all the balls from the basket and then ask to place them back in the basket. If the child is doing the activity correctly, praise the child abundantly.

When the child picks up and drops the ball with its fingers, hand muscles develop. When the child walks, kicks the ball with the foot, it leads to the development of the child's leg muscles. The child learns to differentiate between the red ball and the yellow one. When the child places the red ball in the basket, it first understands that the color is red and then places the correct colored ball in the basket. This leads to the child's cognitive development. Now I'll tell you how this game promotes emotional development. When the child threw the balls from the basket all over the place, you did not shout. You let the child play for a long time by itself and when it did well, you hugged the child and gave it a kiss. This made the child happy and it laughed. Similarly, when the ball did not drop into the basket, the child became sad. In this manner, he has learned how to be patient after failure; this game leads to the child's emotional development. The child played well with all of us and did not cry even though it is so crowded. Also, it went from you to another child to play. This means that the child has also been developing its social skills.

ASHA:- Look, here in the Anganwadi, we played with paper balls. At home, you can use various things in the house such as brinjals, potatoes,

tomatoes, and then utensils like bowls, spoon and play with the child while you are doing your chores. You all understand?

All parents:-Yes, tai.

Anganwadi worker:- Very good. Now you all play with your child and communicate with them. (All parents play with their children; Anganwadi worker and ASHA encourage them all and appreciate their efforts).

ASHA Worker-Please ensure that all the toys that you give to your child are clean and safe. Okay? And in 3 days, there is a vaccination session in our village; I will come to call you all then.

Thereafter, the Anganwadi worker and ASHA provides guidance and engage a discussion about health and diet on a specific topic decided in advance with the help of the checklist provided. The Anganwadi worker takes a quick review of the information provided and after thanking them, decides the date and time of the next meeting and concludes the meeting.

All parents:-Thank you, Tai.

Supervisor:- (After conclusion of the parents' meeting, the supervisor gives feedback about the parents' meeting to the Anganwadi worker and ASHA worker) Tai, you two conducted the parents' meeting very efficiently. Very good! Y'all discussed almost all the points during the meeting. However, if some other things had also been done, the parents' meeting would have been even better. But, it is okay, tai. You can try to include them in the next parents' meeting. I'll take your leave now. Thank you! I will definitely try to come to the next parent meeting.

Anganwadi worker and ASHA worker :- Thank you, madam.

(The Role Play ends.)



Importance of small groups

- Active participation of all mothers
- Demonstration of 'Play and communication activity' is easy in small groups
- Adolescent girls will be sensitized to develop into wise mothers in future

Objectives of the Mothers' Meeting

Improving the mother's participation for the child development through play and communication

Planning of the weekly Mothers' meeting

- Pregnant women and mothers of children up to the age of 6 months
- Mothers of the children between the age of 6 months and 2 years
- Mothers of the children between the age of 2 and 4 years
- Mothers of the children between the age of 4 and 6 years
- Make 4 groups of total enrolled adolescent girls and invite each group for the weekly meeting in rotation.
- If 5th week comes in a month, organize a separate meeting for the adolescent girls.

Preparation for the Mothers' Meeting

- Inviting the mothers
- Greeting all the mothers
- Informing them about the age group and the agenda of the meeting
- Asking them if they play and communicate with their child at home
- Appreciating the responses given by them
- Demonstrating a play activity with one of the mothers and instructing the mothers to play and linking it to the development of a child. Also, telling them about the logic behind that game
- Asking all mothers to play with their child
- Telling them about the importance of child play
- Appreciating all the mothers
- Giving customized messages about nutrition and health/ hygiene with the help of the Mother and Child Protection Card
- Focusing on those points on which the mothers have doubts and queries
- Deciding the date and time of the next meeting
- Thanking all the mothers and concluding the meeting.

Key Messages

- **Day and venue of Mothers' meeting should be informed to all mothers of specific age group.**
- **Every mother should be accompanied by her child.**
- **AWW should have sufficient play material for all participants with Mother and Child Protection card.**
- **Mothers' meeting should be planned for specific age group as above.**
- **Demonstrate 'Age appropriate Play and communication activity' with sufficient time, so that mothers will play with their child.**
- **Messages related to Nutrition and Health should be given as given in Activity bank.**
- **Every mother should be encouraged.**

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CHECKLIST FOR PARENTS MEETING

Observer: Tick YES or NO to indicate whether the behaviour was observed.

Village: _____

Name of the Anganwadi worker/ ASHA: _____ Date: _____

1	Greets all mothers at beginning of the meeting?	
2	Encourages the mothers to ask questions at least once throughout the meeting?	
3	Uses positive non-verbal communication and body language throughout the meeting?	
4	Praises mothers for what they are doing good?	
5	Properly manages time?	
6	Effective use of MCP card/educational tool for counselling?	
7	Demonstrates play and communication activity by asking one mother in the group to play with the child?	
8	Provides required resource to all mothers for play and communication activity?	
9	While playing with the child does she emphasize on: <ul style="list-style-type: none"> • Sensitivity and Responsiveness of mother • Encourage the child • Speak in a soft tone to the child • Praises the child verbally or by patting • Increasing complexity of play activity for building child's skills? 	
10	Counselling on customized messages for health and hygiene?	
11	Appropriate counselling for child growth & nutrition?	
12	Does she give appropriate solution on problem if asked?	

Name of the supervisor

sign:

DAY 5

SESSION ONE

SKILLS OF A FACILITATOR

Objective of the session:

To provide guidance regarding the skills of a facilitator, and the role of a facilitator during the training.

Session Duration

1 hour 30 minutes

Materials needed for the session

Chalks/Pen and Black board

How to Conduct the Session

The facilitator should ask all the participants to close their eyes for two minutes, narrate the following example and ask them to imagine the scene from the example. Give some examples of children while imagining. The first group of children are sitting in a classroom and learning with the aid of pens and notebooks while the other child is shepherding goats on a hill.

After narrating this example, the following questions should be discussed-

1. Who do you think is learning? first child or second child?
2. Are they both learning?
3. Whose teachings will last longer? and why?

A good facilitator should have belief that the child not only learn through classroom but also from field experiences.

Which skills should a facilitator have? Discuss this with the participants and note down the points on the board-

- The facilitator should always be enthusiastic and full of confidence.
- The facilitator should possess the social skills to keep the group together and on a unified path.
- The facilitator should be able to create an educational environment as well as strive to include and use the thoughts, ideas and skills of the learners.
- The facilitator should be able to organize and plan the resources efficiently.
- The facilitator should have the ability to identify and solve problems effectively and efficiently.



The Skills of a Facilitator

Verbal skills

- The voice of the facilitator should be clear and loud.
- The facilitator's voice should be energetic, enthusiastic and must use tone and language in a rhythmic manner with good intonations.

Communication skills

- The facilitator should stand confidently during training, breathe comfortably, not be harsh or rude and not panic suddenly.
- The facilitator's body movements should be comfortable. Hands should be relaxed without crossing them and appropriate gestures should be used while speaking.
- The facilitator should maintain eye contact with all the participants.
- The facilitator should keep his/her face smiling and full of interest and enthusiasm.
- The facilitator should listen to the participants calmly and with an open mind. He/she should give everyone a chance to speak, and use verbal responses such as "Hmmm, Hmmm", "Aa Hmmm..." or "Yes" to show that they are listening to the speaker. This encourages the participants to continue their speech and share their opinions.
- The facilitator should respect the opinions expressed by the participants, as well as, their feelings.
- The facilitator should project his/her curiosity to garner as much information as possible from the participants through small actions and gestures such as, "as I can understand", "can you tell me more about it", "I would also like to know" and so on.

The Role of a Facilitator

The role of the facilitator is to teach, give encouragement and provide efficient management.

Teaching

- To ensure that every trainee understands how the content is to be employed practically.
- Answering the questions asked by the trainees and clearing their doubts.
- Encouraging the use of group discussions, videos, field visits and role-plays.
- Closely observe and check the work and contribution of each participant.
- Helping each participant to employ the skills learnt in the syllabus.
- To inform the participants about their work and provide guidance regarding what is to be done during a field visit as and when required.

Encouraging

- Praising the participants and the group if they have developed their skills or improvement is observed in their work.
- While learning these new skills, the participants may face some problems. Encourage the participants to overcome the initial hurdles. Focus on the importance of what they are learning and the stages of their progress.

Efficient Organization

- Keep the resources required each day ready well in advance.
- Plan the field visits efficiently.
- Keep a close watch on the progress of each participant.
- The facilitator should work with the group every day to know and understand if any improvement is required.

The facilitators can use all the resources available to effectively conducts their sessions.

Key Messages

- **The facilitator should always be soft- spoken, humble, and empathetic.**
- **The facilitator should be impartial and should promote trust and confidence amongst the participants.**
- **The facilitator should be able to identify the problems of the participants and work out the right way to solve them effectively and efficiently.**

SESSION TWO: PLANNING OF FIELD TRAININGS

Objective of the session:

To facilitate the planning of field trainings from the participants

How to Conduct the Session

The facilitator will ask the participants to make a group of participants of each district and plan the field trainings for their respective districts.

Session Duration

1.30 hours

How to Conduct the Session

Chart papers and marker pens

क्र. क्र.	दिनांक	विट/PHC	प्रशिक्षणाचे स्थळ	प्रशिक्षणाचे विषय	प्रशिक्षण संख्या	प्रशिक्षक व्यक्ती
1	01/06/21	पवनार	अंबावाडी क. 1 पवनार	Why ECD?	40	शुभिता परदेशी वेंकटा नागोरे
2	02/07/21	आंजी	अंबावाडी क. 3 चौकळेकी	बहू भेद-चर्चा शैक्षणिक वाच्य शैक्षणिक भेद	40	जना होले उल्लिना फेरगण
3	03/08/21	तळेगाव	अ. रामान मंदिर तळेगाव	मातसुभा-चर्चा शैक्षणिक वाच्य शैक्षणिक भेद	34	शुभिता शहा योगेश सिंदे

Workplace Training topics

Trainings	Session
First month	<ul style="list-style-type: none"> Growth and development Early childhood development
Second month	Age-appropriate stimulation <ul style="list-style-type: none"> Role of caregiver and Family Responsive caregiving Safe environment
Third month	Home visit
Home visit	Parents' meeting
Fifth month	<ul style="list-style-type: none"> Nutrition Responsive feeding

Sample pre-test

1) Can babies see and hear immediately after birth?

- a) Correct b) Wrong
-

2) When does a child's brain begin to grow?

- a) After birth b) before birth
c) after the baby turns 1-year-old.
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3) When should you start talking to the child?

- a) After the child learns to speak
b) Before birth
c) As soon as the baby is born
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4) Who can be called as the child's caretaker?

- a) The person who feeds the child
b) The person who interacts with the child
c) The person who protects the child from illness and takes the child to the health center if s/he falls ill.
d) The person who does all of the above
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5) Till what age does the child's brain develop rapidly?

- a) After the child goes to the Anganwadi.
b) 2 to 3 years
c) After the child goes to school.
-

6) How do small children convey their needs?

- a) Only by crying
b) Through some hint or an action
c) Little children are unable to convey their needs

7) Why do little kids put objects in their mouths?

- a) Because little kids do not understand anything.
b) They enjoy putting things in their mouths.
c) They are curious.
d) Both b and c
-

8) When do children start playing?

- a) After the child turns 5 or 6 years of age
b) From birth
c) After 1 year of age.
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9) Should the mother talk to the child while breastfeeding him/ her?

- a) Yes b) No
-

10) Playing with the child leads to the development of which of the following in the child?

- a) Physical development
b) Cognitive development
c) Emotional development
d) Social development
e) All of the above
-

11) What is meant by 'exclusive breastfeeding'?

- a) Mother's milk only
b) Mother's milk and water
c) Mother's milk and cow's milk

12) What is needed the most when children try doing new things?

- a) Encouragement b) Help c) Ignoring the child
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13) Kids of the age 9-12months can do which of the following activities?

- a) Can stand without support
b) Can walk properly
c) Can eat with their own hands
d) All of the above
-

14) If the child pulls a dirty object towards itself, what should the mother do?

- a) She should scold or beat the child so that the child will not do it again.
b) She should snatch the object from the child
c) She should divert the child's attention towards something else.
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15) How will you come to know if a baby below the age of 10 months is hungry?

- a) When the child cries
b) When the child pulls at the mother's saree
c) When the child makes different noises
d) When the child puts its fingers in its mouth
e) All of the above
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सार्वजनिक आरोग्य विभाग
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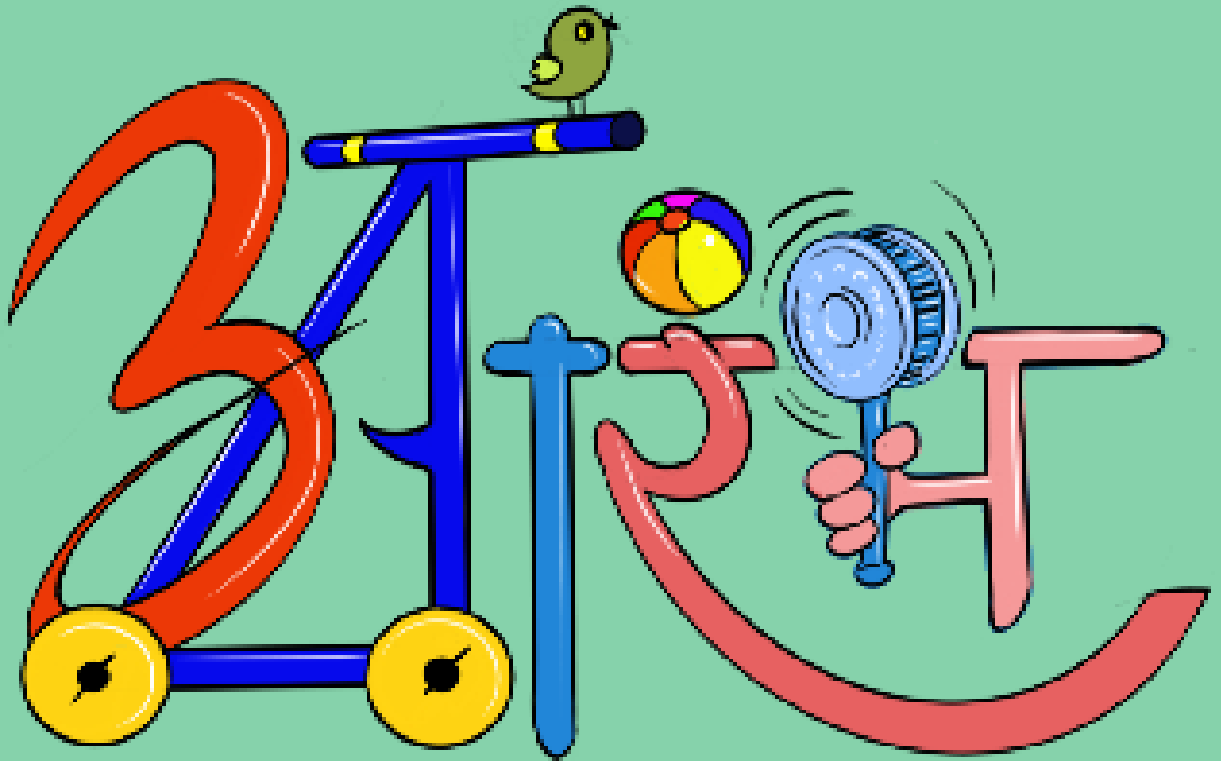
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सुशिक्षित बालविकास सेवा योजना
(महाराष्ट्र राज्य)



महिला व बाल विकास विभाग
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