



CARING FOR THE CAREGIVER

Overview Guide

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Introduction to CFC



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1

Introduction to CFC

Describes the purpose of CFC and why caring for caregivers is important

2

Principles underpinning CFC

Explains how CFC aligns with other frameworks



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CFC modules

Describes the foundation, intervention and resource modules

Introduction to CFC

Why is caring for the caregiver important?

Children's survival and healthy development is dependent on caregivers and caregiving systems. Unfortunately, large numbers of caregivers and children live in regions of the world where caregiving systems are under threat.

Caregivers face multiple adversities linked to poverty, poor health, structural and gender inequities with women bearing a disproportionate burden of caregiving responsibilities, often in isolation, with little access to resources. This heightens vulnerability to mental health problems which in turn limits capacity for responsive caregiving with negative effects on child development.

Evidence suggests that to up a third of caregivers living in these conditions may have mental health disorders like depression or anxiety that require higher intensity treatment interventions. The remaining majority may not have mental health problems, but they might still – as a consequence of living in harsh environments with limited support – be feeling emotional and social distress. If the adversity is ongoing and this distress is not met with emotional and practical support, these caregivers may develop mental health problems.

These caregivers need mental health prevention efforts alongside practical family support, and an enabling community, that helps them and their families to buffer the effects of high



adversity. To mitigate the effects adversity on large numbers of caregivers these prevention efforts are best delivered through task-shifting to Frontline Workers (FLWs).

What is the purpose of CFC package?

Recognizing the need to respond to the mental health and social support needs of caregivers in early child development programming – and building on the success of the Care for Child Development (CCD) package – UNICEF have developed the Caring for the Caregiver (CFC) package. The purpose of the package is to strengthen the capacities of FLWs, caregivers and communities to mitigate the effects of multiple adversities on caregiver and family well-being, social isolation, and barriers to providing care to children.

CFC is not a treatment for mental health problems like depression or anxiety. It is a relationship-centered prevention intervention package. It aims to make relationships central to how we think about caregiving, and the systems that support caregiving in contexts of high adversity.

The purpose of CFC is to:

- ✓ Strengthen FLW mental health literacy and counseling capacities;
- ✓ Improve caregiver well-being and reduce the stress around caregiving in difficult situations;
- ✓ Enhance caregiver support by strengthening partner and family relationships and improving access to caregiving resources;
- ✓ Mobilize community resources in support of FLWs working with caregivers in order to strengthen caregiving relationships.

CFC aligns to several existing UNICEF and World Health Organization (WHO) guidance documents and it has three focal areas: Early Child Development, Adolescence and Gender.



Principles underpinning CFC

The CFC information and content aligns with, and draws from multiple international guiding principles, frameworks and conventions related to child rights. These principles are critical to safeguarding and promoting enabling environments for children to survive and thrive. In the development of this practical guidance, four core, underpinning documents are the [Nurturing Care Framework \(NCF\)](#), [UNICEF’s vision for elevating parenting](#), the [UNICEF MHPSS Global Framework](#), and the [Psychological First Aid \(PFA\) Guidelines](#).

1. The Nurturing Care Framework

The Nurturing Care Framework (NCF) for helping children survive and thrive builds upon a comprehensive body of evidence on how child development unfolds, and outlines effective policies and interventions that can improve early childhood development.

The NCF focuses on the period from pregnancy to 3 years, and explains that to reach their full potential, children need five inter-related and indivisible components of nurturing care: good health, adequate nutrition, safety and security, responsive caregiving and opportunities for early learning. Importantly, it not only recognizes that caregivers are at the center of providing nurturing care for their children, but also that there are enabling environments (including policies, services, communities) which need to be in place for them to do so. CFC includes “Red flags for nurturing care”, which encourages FLWs to make referrals linking caregivers, their children and families to these services where needed.



2. UNICEF’s Vision for Elevating Parenting

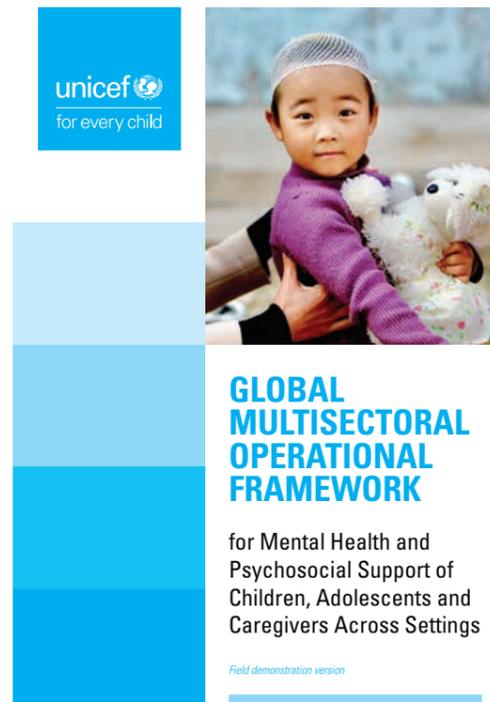
UNICEF’s vision for elevating parenting is a strategic note that outlines key actions needed to enhance parenting support across the life course. It is closely aligned to CFC in that both elevate the role of the caregivers as collaborative partners and co-constructors of the support they need for themselves and their children. Both focus on community engagement and empowerment, and the creation of enabling environments. CFC has also been strengthened to include gender-responsive language in alignment with this strategic note.

3. The UNICEF Global Multisectoral Operational Framework for Mental Health and Psychosocial Support (MHPSS) for Children, Adolescents and Caregivers Across Settings

At a community level, CFC is aligned to this UNICEF operational framework, which emphasizes the engagement of actors in the health, social welfare, child protection and education sectors at all levels of society, in order to design, implement and evaluate MHPSS strategies that are locally relevant, comprehensive and sustainable.

The Global Framework for MHPSS targets four key outcomes:

1. Improved child and adolescent mental health, and psychosocial well-being;
2. Improved caregiver mental health and psychosocial well-being, including for parents, caregivers, mothers, family and teachers;
3. Improved community capacity at district and sub-district levels, for non-stigmatizing, accessible, available and quality MHPSS service delivery, across primary health care, social welfare and protection, and education systems and structures;
4. Improved enabling environment for MHPSS across the policy, legislation and financing systems, the MHPSS workforce, multisectoral supports and referral pathways, and MHPSS research and data.



CFC works to achieve Outcome 2 in the following ways:

2.1 Increasing access to mental health and psychosocial well-being support:

CFC is designed to improve caregiver psychosocial well-being. Its design is relatively generic, in order to support context-specific adaptation in multiple contexts, linked to a wide range of programs and sectors and delivered by FLWs, all of which increase access to psychosocial support at a community level.

2.2 Increasing support networks for caregivers and families:

The CFC training, tools and activities include content which aims to increase caregivers' access to partner, family and community support, resulting in improved mental health and psychosocial well-being. There is also content provided to guide the establishment of local community-based support networks for caregivers.

2.3 Increasing caregiver and family skills in supporting child and adolescent mental health and psychological well-being

The CFC **Connect** and **Support** tools are focused on providing skills, capacities and confidence for caregiving, and includes age-sensitive key messages to address caregiver stress linked to expected developmental transitions.

4. Psychological First Aid (PFA)

Psychological First Aid (PFA) is a form of basic mental health and psychosocial support provided to acutely distressed children or adults soon after exposure to a stressful event. It is humane, supportive and practical assistance, offered in ways that promote the recipient's safety, dignity and rights. PFA involves:

- Practical care and support that is not intrusive;
- Assessment of needs and concerns;
- Helping to address basic needs;
- Sympathetic listening without pressure to talk;
- Comforting people and helping them to feel calm;
- Helping people connect to information, loved ones and services;
- Protecting people from further harm.

Both PFA and CFC present practical strategies for providing support which is non-intrusive and builds on a strengths-based, relationship-centered counseling approach. PFA acknowledges the need for the FLW who is delivering the support to manage their own work-related stressors through adopting healthy habits. CFC complements this with the Resource Toolkit, which lays out the limits to the FLW role and gives practical ways to refer cases which are outside of their scope of work. Secondly, the CFC supervision module is designed to support FLW emotional well-being by ensuring that FLWs are mentored through handling difficult cases, are able to learn from peers and given opportunities for emotional check-ins.

Source documents

World Health Organization, United Nations Children's Fund, World Bank Group. *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*. Geneva: WHO; 2018. Licence: CC BY-NC-SA 3.0 IGO.

United Nations Children's Fund. *Global Multisectoral Operational Framework for Mental Health and Psychosocial Support of Children and Families Across Settings (field demonstration version)*. New York: UNICEF, 2021.

World Health Organization, War Trauma Foundation and World Vision International. *Psychological First Aid: Guide for Field Workers*. Geneva: WHO; 2011.

United Nations Children's Fund. *UNICEF's vision for elevating parenting: a strategic note*. New York: UNICEF, 2021.



CFC priority focal areas

CFC is designed to respond primarily to the context of adversity in increasingly challenging times. The content of the package draws attention to three priority focal areas which are important for the developmental potential of young children and their caregivers. These focal areas are: early childhood development, adolescent caregivers and gender.

Early childhood development

Each stage of child development builds on the skills learned during the stage before. Some stages are particularly sensitive to either positive or negative exposures. Experiences during the first two years of life are especially important for brain development and setting a foundation for future health.

Caregivers and families play a pivotal role in ensuring that children develop to their full potential by attending to their basic needs, providing responsive care, and protecting them from risks such as illness, violence or malnutrition. They are also responsible for providing children with developmentally appropriate interaction and play opportunities so that they can develop the skills they need to learn and successfully navigate the world around them. Furthermore, when caregivers engage in meaningful play with their children, they are not only supporting their children's development, but are also improving their own emotional well-being.

CFC supports early childhood development in these ways:

- It recognizes that the demands and stressors of caregiving change as the child develops and their needs and behaviors change;
- It provides information about expected child behavior and challenges across four developmental stages (pregnancy, 0-6 months, 6-12 months and 12-24 months);
- It suggests activities for interacting with or playing with the child in a developmentally appropriate way that also promotes emotional well-being in the caregiver.



Adolescent caregivers

Adolescent caregivers are vulnerable to mental health problems. During a time when adolescents have an increased need for emotional and practical support, pregnant adolescent girls and adolescent caregivers are often faced with a myriad of negative social consequences and withdrawal of support. Not only do they experience stigma, family conflict around their pregnancies, and rejection by partners, but there is an increase in violence perpetrated against them – most commonly by their partners and family members.

A lack of support during pregnancy can have drastic consequences for the health of the adolescent girl and her baby. Family conflicts around an adolescent pregnancy may arise for a number of reasons: the family may feel that the mother is too young; they may be concerned about the partner not wanting to take responsibility for the child; they may be concerned for the adolescent's future; or there may be financial strains on the family.

In addition to the core CFC content, CFC provides an adolescent supplement with CFC activities adjusted to be developmentally sensitive and engaging for adolescent caregivers.

CFC provides guidance for supporting adolescent caregivers in two ways:

- Encouraging co-caregiving by partners, and/or by the adolescent's own caregiver;
- Providing activities which build family support and de-escalate conflict.



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Gender

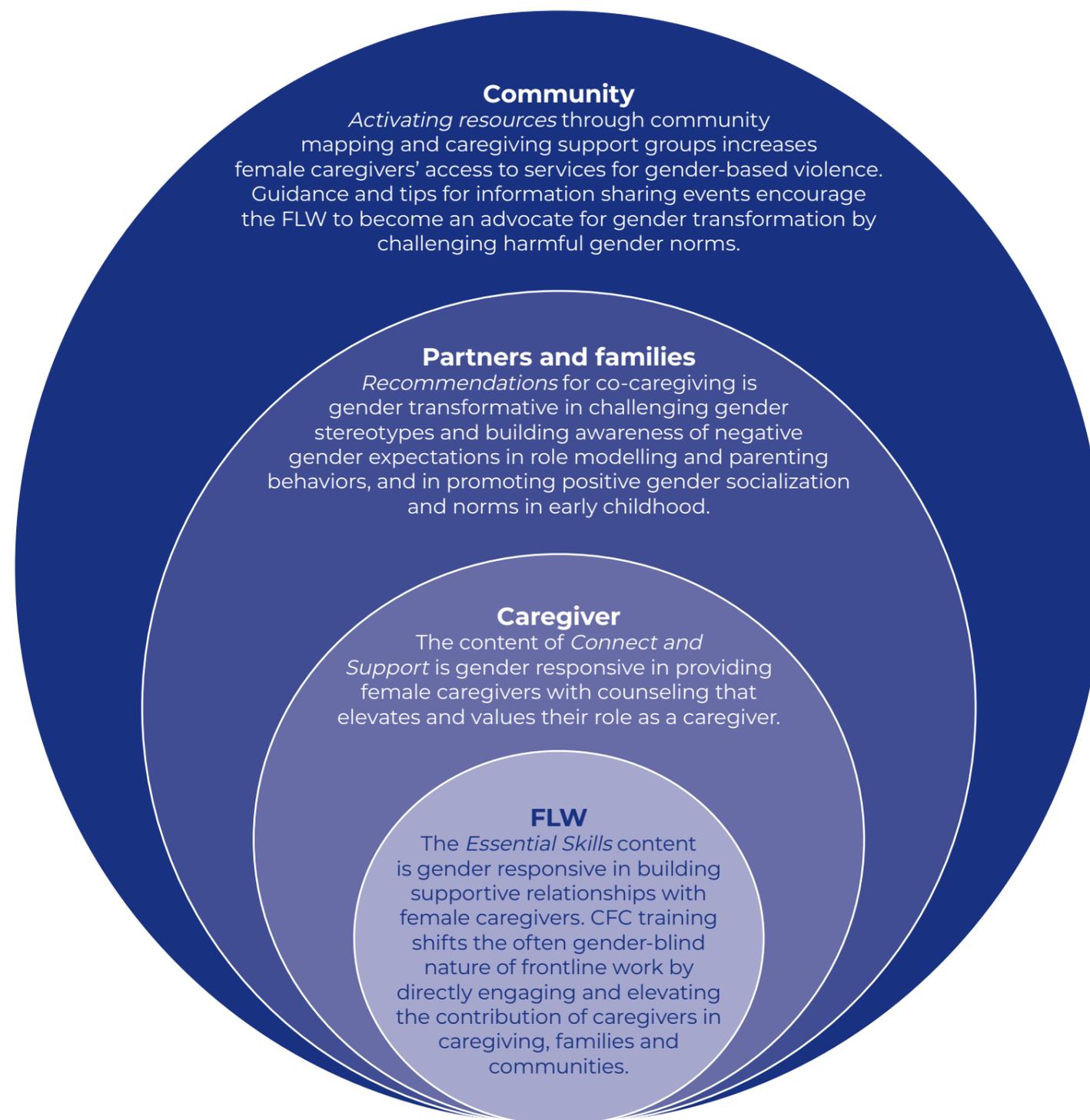
Female caregivers shoulder the majority of child care and household responsibilities. The CFC approach provides an opportunity to address discriminatory gender norms and roles.

While the main aim of CFC is to support caregivers to care for themselves in order to support children, self-care of caregivers includes a need to 'recognize, reduce and redistribute women's care responsibility' and to promote shared caregiving within families and communities. As such, the CFC approach emphasizes the engagement of partners and family members so that women can reach their full economic, social and individual potential.

CFC does this in three ways:

- CFC helps FLWs engage with gender inequity in the household by encouraging greater sharing of responsibilities among caregivers, their male partners and their families;
- CFC helps FLWs influence broader community culture and practices towards nurturing care by providing guidance on raising awareness about harmful practices that affect women and children;
- CFC acknowledges that many FLWs are female caregivers themselves and advocates for a broader, more robust approach to providing supervision and support for FLWs who provide integrated counseling in home visiting programs.

CFC uses a socio-ecological framework to outline opportunities for incorporating gender transformative approaches within CFC content.



How is CFC designed and operationalized?

For CFC to be a sustainable approach to mental health promotion and prevention, it needs to be accepted, adopted, and integrated into routine public services wherever possible. In line with the UNICEF policies, UNICEF regional and country offices seldom deliver training or support in the public sector without partnering with government ministries to ensure that activities are aligned to the country's most salient needs and strategic objectives and can be sustainably delivered.

CFC was therefore designed for use within public sector services including health, education, and social services. It is not a stand-alone intervention, but rather an add-on which is integrated into other routine services. CFC is rooted in design principles identified as priorities in stakeholder consultations with UNICEF, WHO, ministries, and academic experts. These design principles ensure that it is:

Pragmatic and theoretically sound:

It responds to the most common emotional and social caregiving challenges, using strategies grounded in a clear conceptual framework, drawing on evidence-based practices, applicable to the majority of caregivers.

Affordable and flexible:

It is low dose and has a wide range of content that can be used selectively following an assessment of need, encouraging integration, prioritization, and efficiency. It is flexible enough to be adapted to a wide variety of settings, literacy levels or specific adversities within the population.

Systematic and transferable:

It is a comprehensive package aimed at system-wide change through the provision of manuals, online resources, job aids, resourcing tools and adaptation and monitoring guidance. CFC activities allow FLWs to model and reinforce behavior change, thereby increasing the transferability of skills to caregivers and families, and reducing the need for CFC over time.

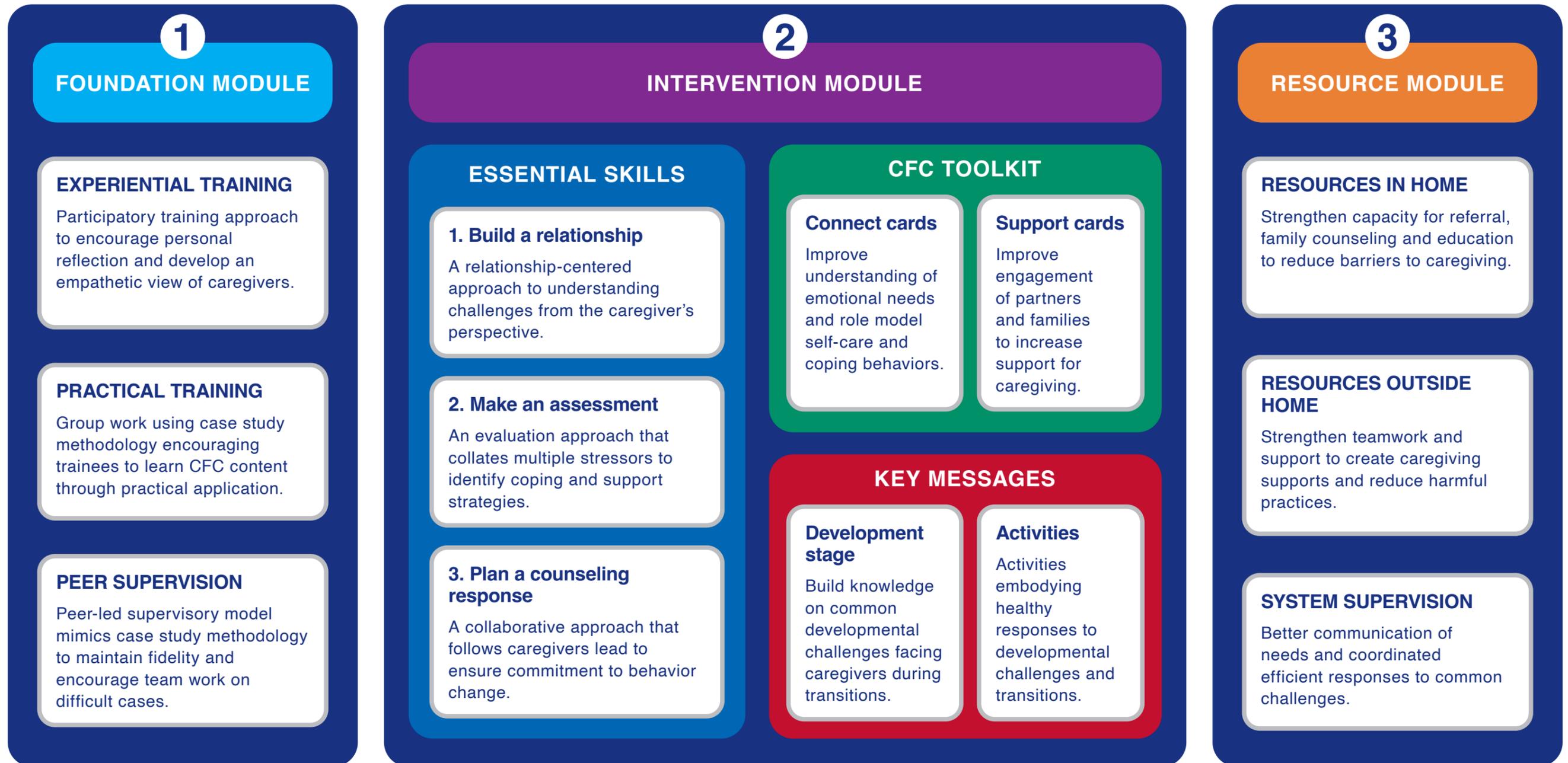
To date, CFC has leveraged the UNICEF footprint, relationships and resources embedded in country and regional offices to test and deliver CFC. This has been done in partnership with government ministries, and where requested, with the involvement of local community-based organizations (for aspects of training, delivery, or supervision of CFC).

In the future, and with relevant permissions in place, the independent delivery of CFC by large-scale international or national non-governmental organizations (or appropriate community-based organizations) would be considered appropriate only if the NGO or CBO demonstrated sufficient infrastructure and support to deliver CFC in a sustainable way, with active collaborations within the public sector being encouraged to ensure that referral networks and community resources are available to FLWs.

In this way, the CFC operational guidance aims to strongly encourage alignment and partnership with the public sector to effect system-wide change.

CFC MODULES

CFC has three core modules that encourage more relationship-centered approaches at the level of the FLW, Caregiver and Community, as illustrated here:



CFC Foundation Module

Frontline work is, by its nature, decentralized and community based, ensuring greater access and reach with potential to deliver stable and consistent support for caregivers. However, many FLWs have not received skills training to deliver counseling and may not be sensitive to the needs of caregivers. This module is developed to deliver training that promotes the FLW's understanding of the caregiver's emotional well-being and social support needs, to foster responsiveness in relationships between FLWs and caregivers, and to encourage a collaborative approach to working with caregivers.

Target audience: Frontline workers (FLWs)

Task shifting to FLWs as an entry point for CFC delivery encourages integration of mental health and social support content within existing FLW programming in health, nutrition, social care, and education. FLWs have a wealth of experience and expertise on local caregivers, cultures and structures, and are trusted sources of information. They have potential, with adequate training and resources, to be key change agents for caregivers and advocates for caregiving at a community level.

Depending on how CFC is being integrated with public services, FLWs could be:

- ✓ Community members supporting caregivers on a voluntary basis (e.g. mothers' groups, faith or community-based organizations);

- ✓ FLWs providing sector-specific support like early childhood education (ECE) or nutrition services at a community level (e.g. ECE facilitators, breastfeeding counselors);
- ✓ FLWs in healthcare delivering primary health or maternal and child health services through facility-based or home-based counseling and support services (community health care workers, doulas).

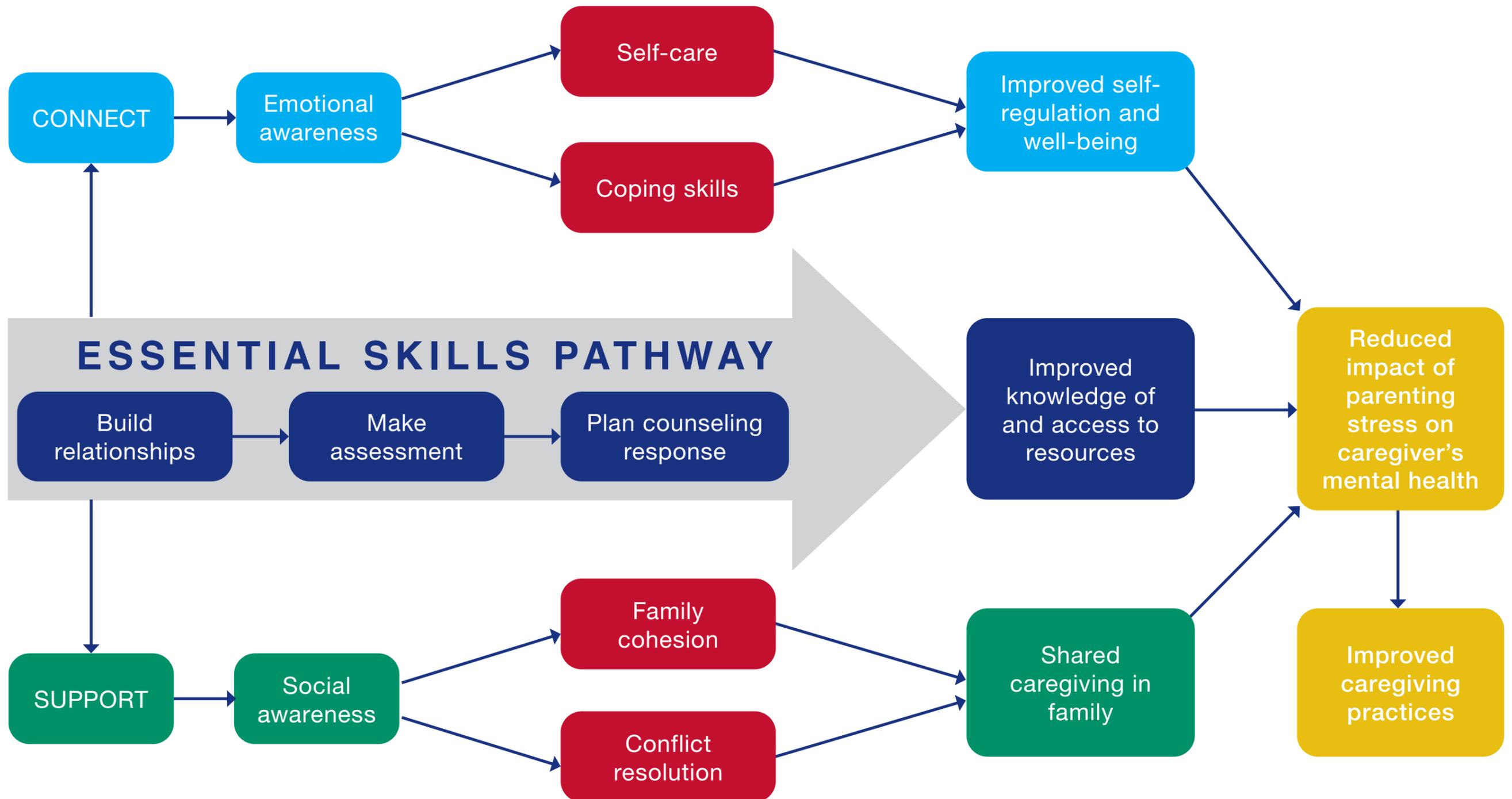
Method: Experiential and practical training

CFC provides a FLW training package delivered through experiential and practical training approaches, including training in CFC Essential Skills, which organize the counseling process and encourage a balance between emotional and practical help. There are also tools and job aids to ensure delivery of high-quality counseling, and a peer supervision practice model to ensure quality of counseling is maintained over time and that teams of FLWs support each other and work together to solve community-level challenges to caregiving.

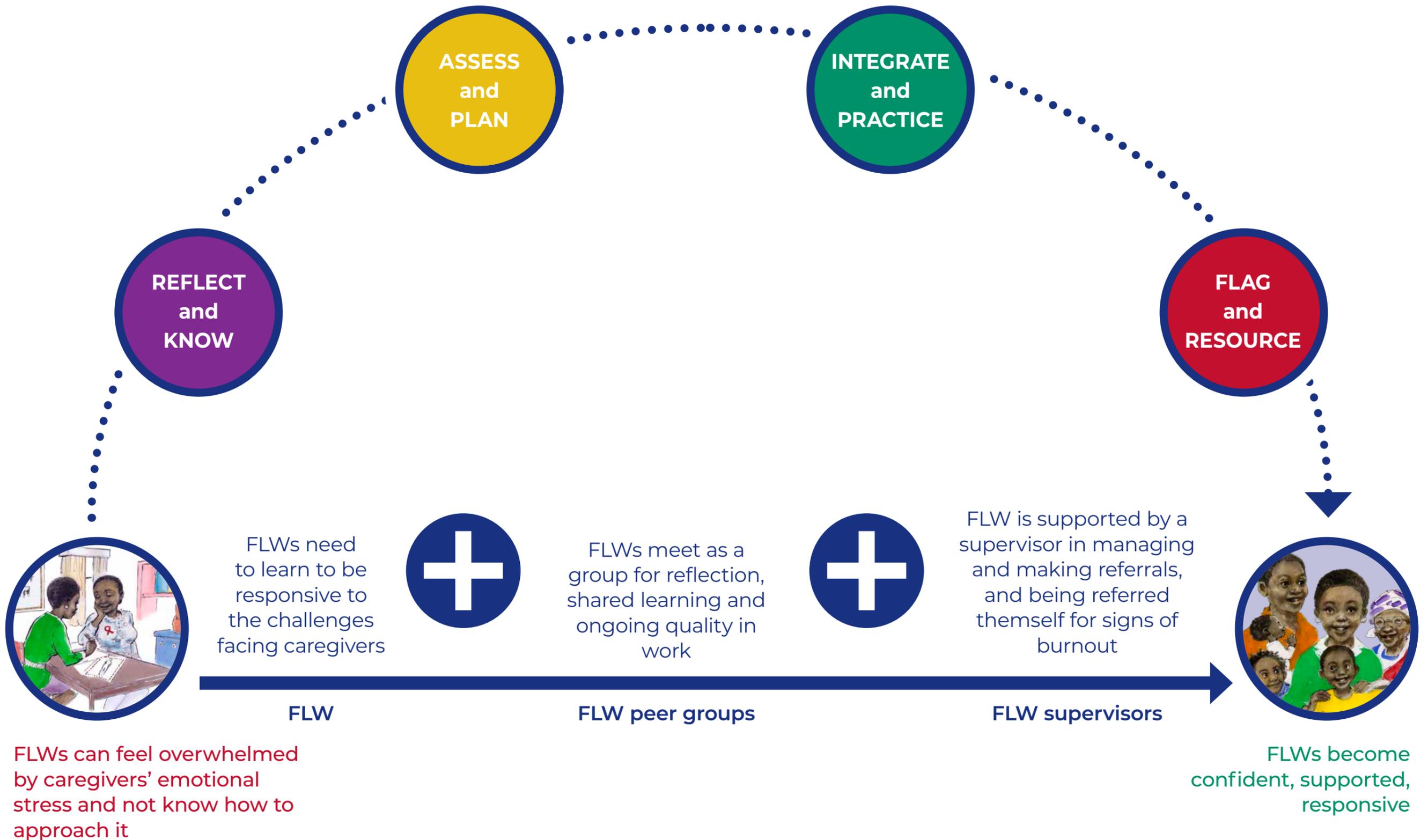
To illustrate how this Foundation Module operates, we use the diagrams on the next few pages:

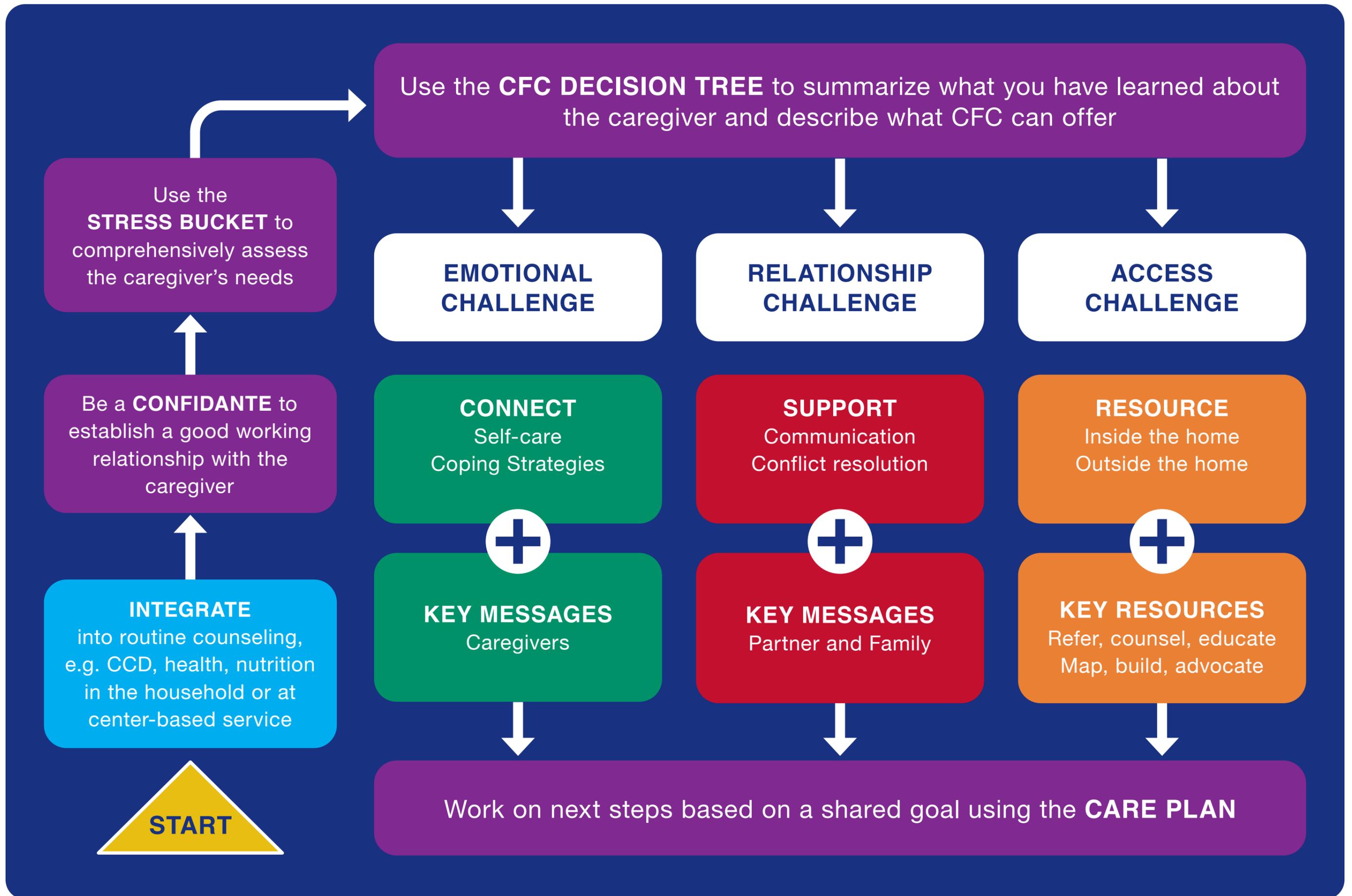
- CFC Conceptual Framework outlines the pathway by which CFC operates;
- CFC Learning Process summarizes how FLWs can work through and practice the CFC content;
- CFC Decision Tree provides FLWs with guidance for identifying and responding to priorities during counseling.

THE CFC CONCEPTUAL FRAMEWORK



THE CFC LEARNING PROCESS





CFC Intervention Module

Caregivers and families are central to children's lives and should be valued for the care that they provide. Caregivers come in many forms – they are most often biological mothers and fathers or kin relatives, but this can differ based on circumstance or preference. Regardless of how the family is structured, or the type of caregiver, the primary caregiver is the person the children spend the most time with and who is primarily responsible for their protection. This module has been developed to improve caregiver well-being and reduce stress by improving coping skills, self-care and strengthening partner and family relationships in support of caregiving.

Target: Caregivers, partners, and families

CFC does not see caregiving as one person's responsibility, but rather the responsibility of families, including both female and male caregivers. Under circumstances of adversity, caregiving becomes more stressful and supportive relationships are key to coping with this stress. When caregivers feel supported, they become more confident in their caregiving ability and are more motivated to provide responsive care, no matter who they are or what challenges they face.

Depending on the country and region, primary caregivers and families could be:

- ✓ The child's mother or father, other related family member such as older siblings, aunts and uncles or grandparents;

- ✓ An adult who isn't biologically related to the child, but who has taken on the role of mother or father, either within a family setting or in other related family-like structures;
- ✓ A primary caregiver (kin or otherwise) living outside of a family setting due to circumstances of adversity or displacement.

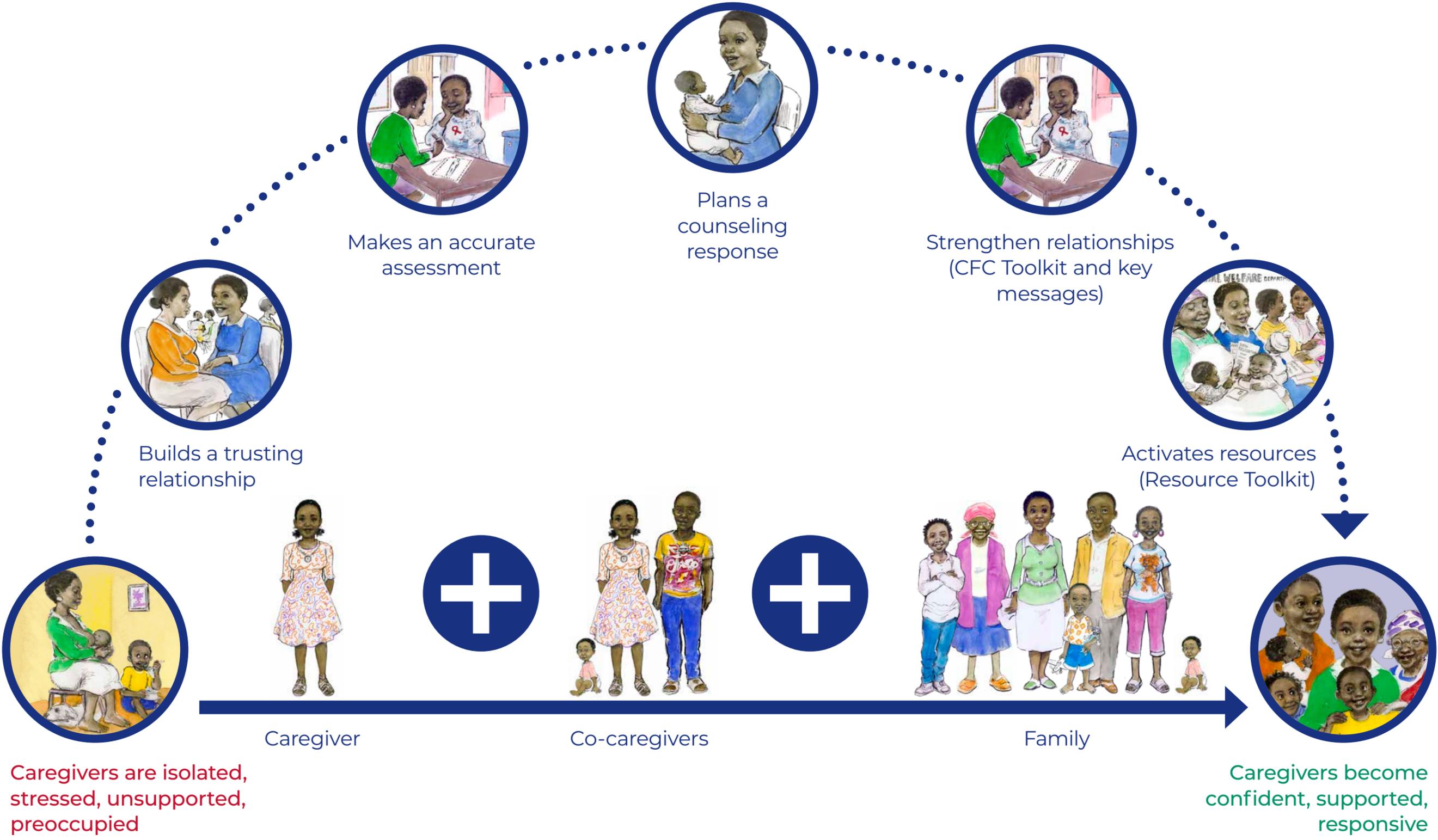
Method: CFC Package

CFC allows caregivers to collaborate with FLWs in planning how to respond to stressors and identifying the emotional and practical support they may need. Caregivers benefit from a range of activities that help with self-care, coping, daily routines, and social support, as well as tools for family communication and conflict resolution alongside key messages, which give them information and activities for children, partners and families at specific ages and key developmental transitions.

To illustrate how this Intervention Module operates, we use the diagrams on the next few pages:

- CFC Counseling Process lays out counseling steps that can be used with caregivers;
- CFC Puzzle summarizes the main messages of CFC for the caregiver;
- CFC Package Overview summarizes all of the intervention materials available to the FLW to use selectively, based on need.

CFC COUNSELING PROCESS



CFC Puzzle

Connect with caregiver:

- Tune in and connect to the emotional needs of the caregiver.
- Encourage the caregiver's ability to cope with emotions and stress.

Support for caregiver:

- Engage support from partners and family and help resolve conflict.
- Problem solve barriers to accessing resources and services in the community.

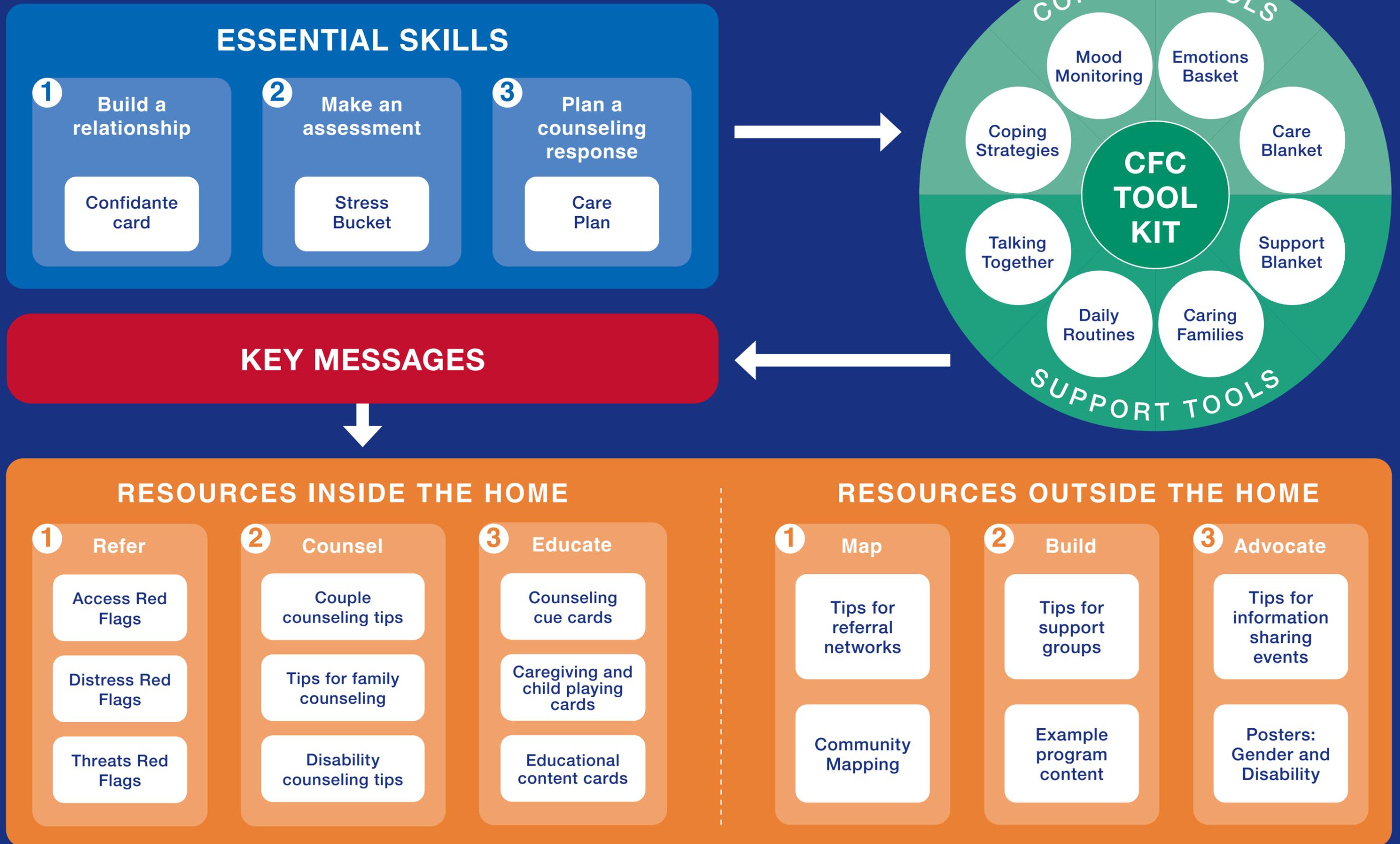
Connect with child:

- Caregiver coping skills enable emotionally responsive and attentive caregiving.
- Understanding of emotional development encourages stronger parent-child interactions.

Support for child:

- Partner and family share caregiving responsibilities, which reduces burden on a single caregiver.
- Families create the environment for learning in everyday playful activities.

CFC PACKAGE



CFC Resource Module

Caregiver adversity is often coupled with low access to public and community resources, and limited support for the needs of caregivers. Mobilizing community support for caregiving requires that the few resources which do exist are targeted at the most salient caregiving needs. This module aims to use a supervision system to organize FLW teams to identify the common challenges faced by the caregivers they support and to work as a team to connect caregivers to existing resources, build community supports where possible, or to advocate for the needs of caregivers.

Target: FLW teams, supervisors, and communities

FLWs working directly with caregivers and families often have the clearest understanding of community challenges, but they need to be part of a team to enable change. Health Breaks have tremendous potential to be change makers at a community level.

Depending on the system within which CFC is being delivered, teams can include:

- ✓ A peer supervisor who is themselves a FLW, has a good understanding of CFC and excellent counseling skills, and who, after training as a supervisor, can provide peer supervision within their community in a way that can be easily accessed by FLWs;
- ✓ A systems-supervisor, who is identified as someone with responsibility for supporting FLWs, has authority to make

referrals and recommendations for support within the system, and can assist FLWs to access resources;

- ✓ Key stakeholders in the community may be recruited into groups that support FLWs. These can include local healthcare workers, community leaders or coordinators of local community, faith-based or not for profit organizations.

Method: CFC Resource Pack

CFC provides a Supervisor Guide and a Resource Toolkit for helping groups of FLWs and their supervisors manage red flag situations (related to health, psychological distress, and violence). Helpful guidance is provided for FLWs to use inside the home – through referrals, educational activities, and partner or family counseling, and outside the home – through Community Mapping, building resources, and tips for advocating for increased services or reduction in harmful practices.

To illustrate how this Resource Module operates, we use the diagrams on the next few pages:

- Resources inside the home summary table;
- Resources outside the home summary table;
- The CFC Community Process, which shows how FLWs work within communities to bring about change.

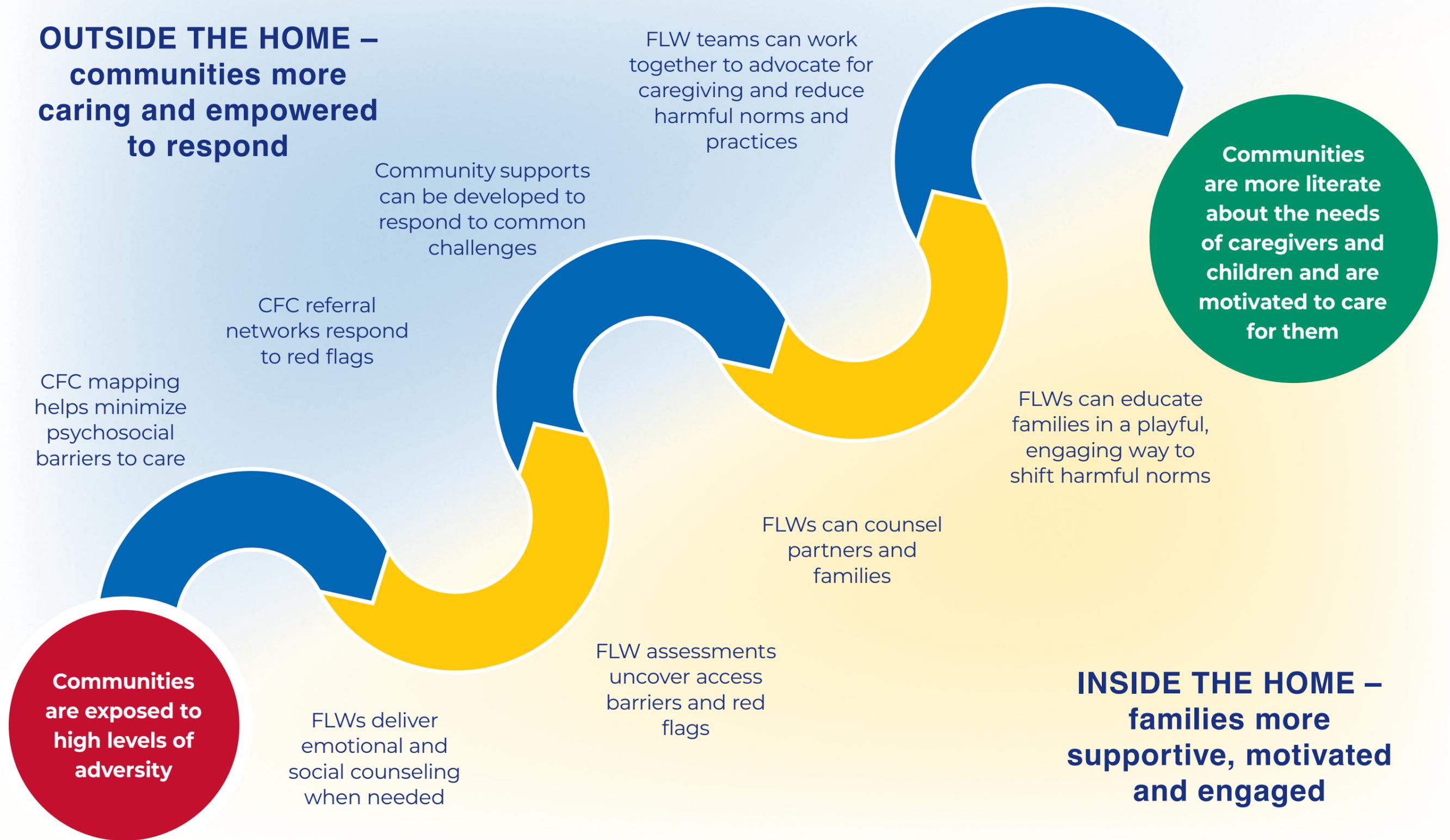
There are three resource target activities that usually take place **inside the home environment**. The table below summarizes when these might be needed and indicates the resource materials available in CFC:

<p>REFER</p>	<p><i>Some situations fall outside the scope of CFC and FLWs must refer to psychological services.</i></p> <ul style="list-style-type: none"> • Distress Red Flags 	<p><i>Some situations fall outside the scope of CFC and FLWs must refer to social services.</i></p> <ul style="list-style-type: none"> • Threat Red Flags 	<p><i>Some situations fall outside the scope of CFC and FLWs must refer to multi-sector services.</i></p> <ul style="list-style-type: none"> • Access Red Flags
<p>COUNSEL</p>	<p><i>Some caregivers may have additional needs within the scope of CFC, and tips can be provided to support the FLW to respond.</i></p> <ul style="list-style-type: none"> • Tips for caregivers of children with disabilities 	<p><i>Counseling partners or a co-caregiver is sometimes needed, and additional tips can be provided to support the FLW to respond.</i></p> <ul style="list-style-type: none"> • Tips for couples counseling 	<p><i>Behavior change may require support from partners or family, and additional tips can be provided to support the FLW to respond.</i></p> <ul style="list-style-type: none"> • Tips for family counseling
<p>EDUCATE</p> <p>*all education tools can be used across caregiver, partners and families</p>	<p><i>Educational tools can improve caregiver knowledge.</i></p> <p>Information cards:</p> <ul style="list-style-type: none"> • Counseling cue cards 	<p><i>Educational tools can engage partners in important caregiving activities.</i></p> <p>Information cards:</p> <ul style="list-style-type: none"> • Caregiver playing cards • Child development playing cards 	<p><i>Educational tools can improve family knowledge and engagement.</i></p> <p>Information handouts:</p> <ul style="list-style-type: none"> • Healthy habits • Fetal development 
	<p>CAREGIVER</p>	<p>COUPLE</p>	<p>FAMILY</p>

These three resource practices target resources that are usually found **outside the home environment**. The table below summarizes when these might be needed and indicates the resource materials available in CFC:

RESOURCE	TARGET	RATIONALE	MATERIALS AND ACTIVITIES
<p>MAP</p> 	<p>When awareness of, or access to resources is low, FLWs may need to work in teams to map community resources that respond to common caregiving challenges, and build family awareness about these.</p>	<p><i>Some caregivers, couples or family members may not engage in healthy behaviors if they do not know about the resources available to support them to do so. There may also be barriers within their family that block a caregiver or a child's path to the resource.</i></p>	<p>Community Mapping:</p> <ul style="list-style-type: none"> • Referral networks
<p>BUILD</p> 	<p>When resources are lacking, FLWs may need to work in teams to build community resources that are responsive to common caregiving challenges.</p>	<p><i>Some caregivers may not have access to supports in their community, but could benefit from being with, and learning from other caregivers who share the same challenges.</i></p>	<p>Tips for setting up support groups:</p> <ul style="list-style-type: none"> • Support group poster
<p>ADVOCATE</p> 	<p>Where community-wide problems exist, FLWs may need to advocate for the needs of caregivers and to change harmful beliefs and normative practices.</p>	<p><i>In some communities, normative practices may be harmful to caregivers and behavior change might not be possible without encouraging change through knowledge building.</i></p>	<p>Tips for information sharing events:</p> <ul style="list-style-type: none"> • Gender inequity poster • Disability inclusiveness poster

THE CFC COMMUNITY PROCESS



The CFC cascade



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1

Planning and orientation

Orientating high-level stakeholders, implementers and UNICEF country office teams to the content and process of CFC

2

Adaptation

Steps taken to ensure that the CFC package is relevant and appropriate in the context



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3

Training of trainers

The process of creating a cadre of trainers able to train CFC content and practice

4

Frontline worker training

The training and supervision of FLWs to use CFC with caregivers



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CFC CASCADE

PLANNING AND ORIENTATION

CFC OUTCOME

Stakeholders introduced to CFC

Implementers orientated

Stakeholders understand CFC

CFC RESOURCE

Overview Guide

AGORA online training

High-level training-of-trainers process

IN-COUNTRY ADAPTATION

CFC OUTCOME

CFC locally contextualized

Systems in place to support cascade

Systems in place to monitor impact

CFC RESOURCE

Adaptation Guide

Country planning tool

M&E Guide

TRAINING OF TRAINERS (TOT)

CFC OUTCOME

Preparation for ToT

ToTs are trained

Trainers know how to supervise CFC

CFC RESOURCE

Facilitator Guide

Training of Trainers Pack

Supervisory Guide

FRONTLINE WORKER (FLW) TRAINING

CFC OUTCOME

FLWs are trained

FLWs implement CFC

FLWs are supported in CFC work

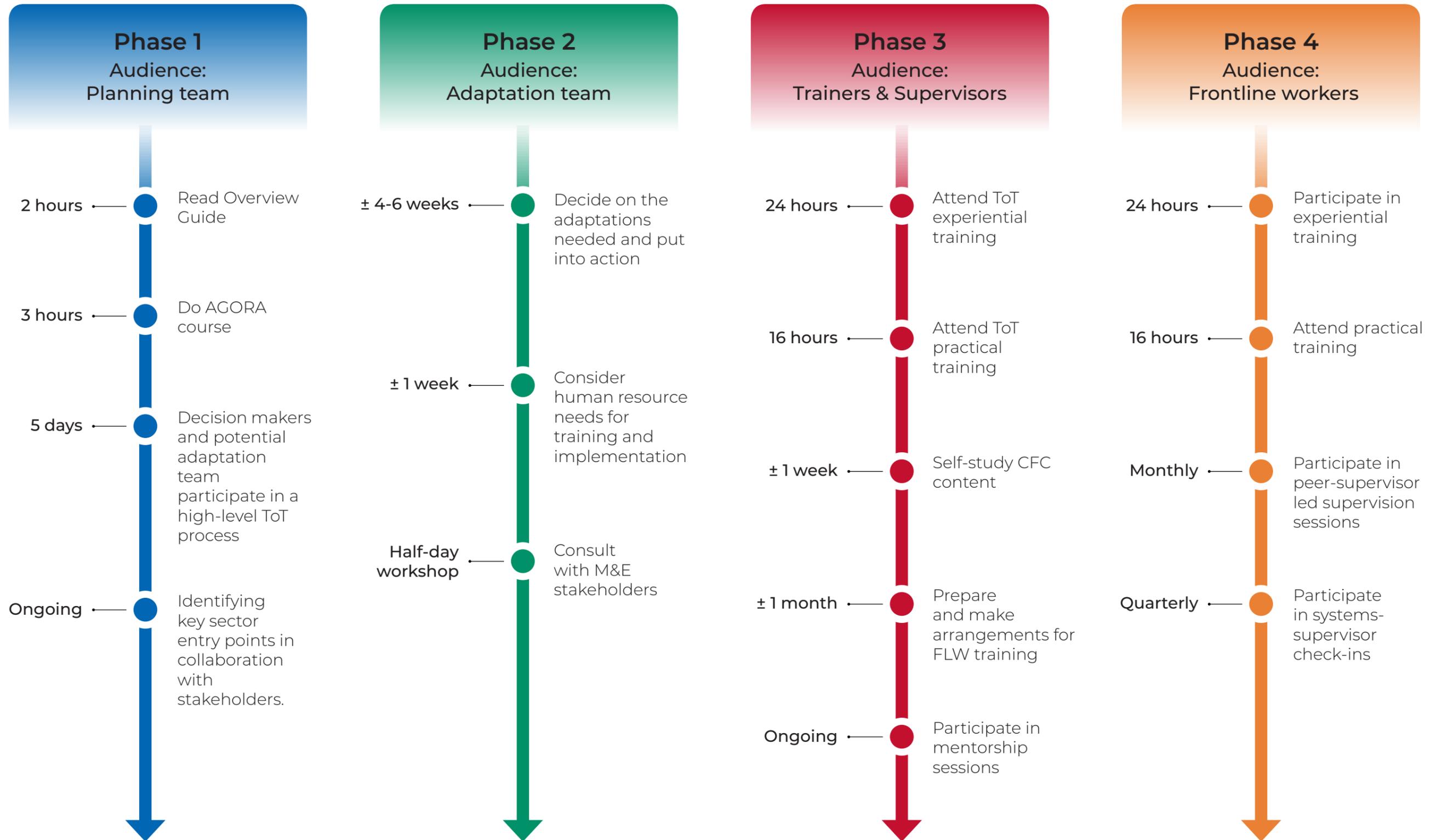
CFC RESOURCE

FLW training pack

Implementation pack

Supervision Workbook

CFC TRAINING TIMELINE



1 Orientation and planning

Who is involved?

High-level stakeholders, including ministerial and community leadership.

What are the steps?

The following steps and activities form part of this phase:

1. Read this **Overview Guide** or share it with stakeholders, to gain an overview of the CFC approach;
2. Choose to participate, or invite stakeholders to participate in the **CFC online course** on the [AGORA](#) platform;
3. Attend a high-level ToT training to become fully orientated to the CFC process. *The justification for this is explained on the next page.*

What are the minimum standards?

1. To enhance buy-in, attend a high-level ToT training prior to any adaptation or implementation.
2. CFC is designed to be integrated and delivered at a large scale by both governmental and non-governmental services, and should not be implemented as a stand-alone intervention.
3. It is not recommended that CFC be implemented if budgeting does not provide for the required systems changes to ensure ongoing supervisory support and monitoring of the FLW workforce.

High level training for planning, adaptation, and preparation for training

The CFC package is a Training-of-Trainers (ToT) cascading package that provides methodology and content for training in-country trainers, who then go on to train FLWs.

The CFC ToT is also a useful way for implementers and other in-country stakeholders to experience and learn about CFC prior to adaptation. This first training event, along with post training mentorship and competency assessment of in-country trainers, should be facilitated by UNICEF and the developers of CFC to ensure fidelity.

Conducting what is called a high-level training with all the key stakeholders – including potential trainers – early on in the process can help to accelerate the process of adaptation and preparation for implementation. It is also cost effective because UNICEF and the developers will, in all likelihood, only need to support one high level training, whereafter the country can proceed to cascade and train others with remote support from UNICEF and the developers.

The high-level training includes experiential and practical training and takes five days. The high-level ToT is approached differently to an implementation ToT in that it includes a mixed group of participants in order to achieve multiple goals, and provides teams with access to an expert trainer to guide reflection and discussions about adaptation. The high-level training is only feasible if the right combination of participants are selected for the high-level ToT, as outlined in the four goals of the training.

The goals of a high-level training event include:

1. Gaining high-level regional or country stakeholder support for CFC by training decision makers and gatekeepers who will be responsible for resourcing CFC;
2. Providing support for senior system implementers to plan how CFC can be integrated with other programming to develop implementation strategies;
3. Ensuring that the adaptation team who will work on adjusting CFC to suit the country context has a sound understanding of CFC before making changes;
4. Ensuring that a proportion of proposed in-country trainers are trained by the package developers and are able to receive mentorship and attain competency to train, while in-country adaptation takes place.

It is recommended that the high-level training take place in-person to ensure the ongoing fidelity of CFC. However, if necessary, it can be delivered remotely. More information on delivering the first CFC ToT remotely can be provided in consultation with UNICEF.

2 Adaptation

Who is involved?

The UNICEF, government and other partner teams involved in adapting CFC for in-country use.

What are the steps?

The following steps and activities form part of this phase:

1. Once familiar with the CFC processes and package, refer to the **Adaptation Guide** for more information about how CFC can be adapted;
2. If necessary, convene adaptation workshops to work through the necessary changes;
3. Use the **country planning tool** and **M&E Guide** to plan how CFC will cascade in-country.

What are the minimum standards?

1. Countries may opt for either limited or in-depth training with adaptation teams, depending on the level of expected adaptation.
2. At a minimum, all those engaged in the adaptation process must have completed the ToT experiential training. Furthermore, since it provides testimonial videos illustrating other adaptations, the adaptation team should complete the CFC online training.
3. Adaptations include translation to local language, adapting to culture and normative frameworks and responding to local conditions and challenges. Adaptation can include using CFC content in a group format, and guidance is provided on how to do this to ensure fidelity and safety is retained.

3 Training of Trainers

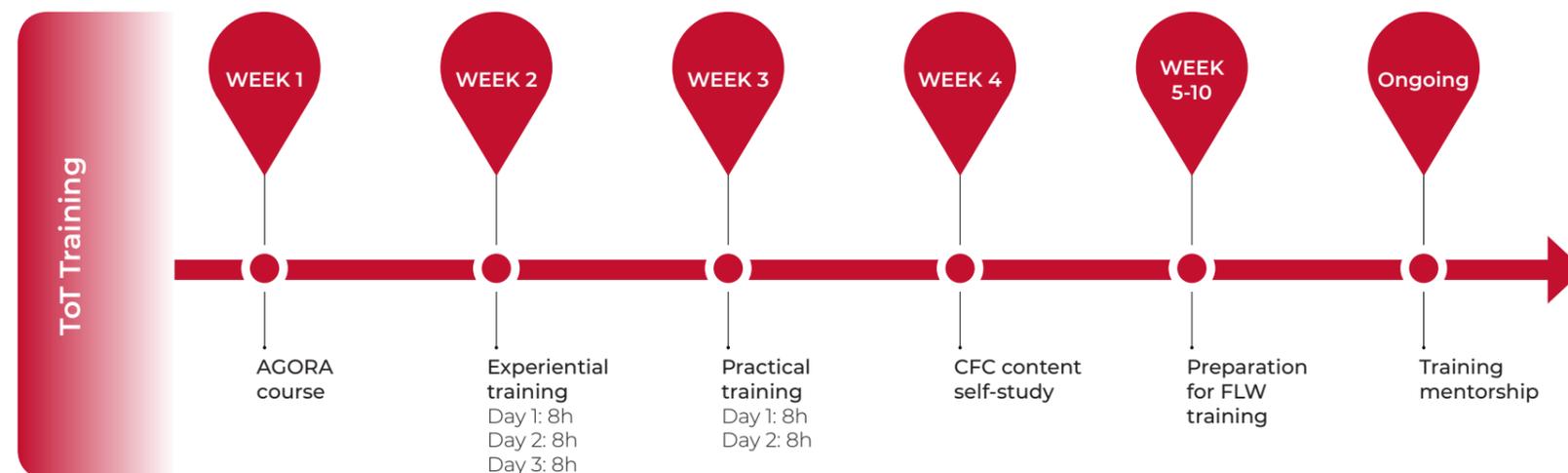
Who is involved?

Master trainers co-ordinating and conducting the ToT training; ToT participants.

What are the steps?

1. In-country trainers lead the experiential and practical training using the **ToT Facilitator's Guide** and **ToT training pack**;
2. Trainers assimilate detailed CFC content by self-study, using **ToT Participant's Training Manual**;
3. System supervisors can participate in this training and become orientated to supervision process using the **Supervisory Guide**.

The steps in this phase are summarized in the timeline below:



What are the minimum standards?

1. Trainers should have a formal training qualification and a minimum of 1-2 years of prior training experience. Where no qualification is required, 3-5 years of hands-on training experience is recommended.
2. In-person training groups should not exceed groups of 12:1; online training groups should not exceed groups of 8:1.
3. All steps of the ToT process must be completed and must be presented in the correct order.

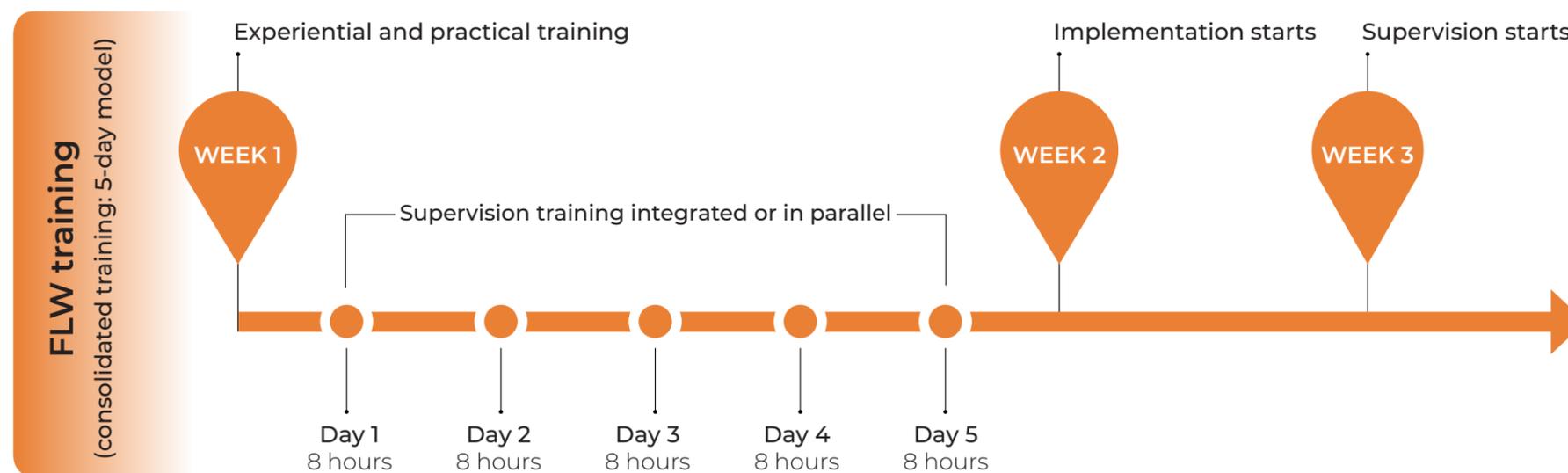
4 Training of FLWs

Who is involved?

Trainers co-ordinating and conducting FLW training; FLWs.

What are the steps?

1. Experiential training is delivered using the **FLW Facilitator's Guide**, **FLW implementation pack**, **posters** and **cards** to explore and understand the relevance of CFC to FLWs themselves;
2. Practical training is delivered using a case study approach, to broaden knowledge and skills in the practical application of CFC;
3. Peer supervisors can be identified and trained during this process to ensure quality of ongoing CFC delivery.



What are the minimum standards?

1. In-person training participant to trainer ratios should not exceed groups of 12:1 or 24:2.
2. All steps should be completed – no steps can be omitted during the adaptation process.
3. All FLWs must be networked into peer supervision and check-in systems prior to implementation.

