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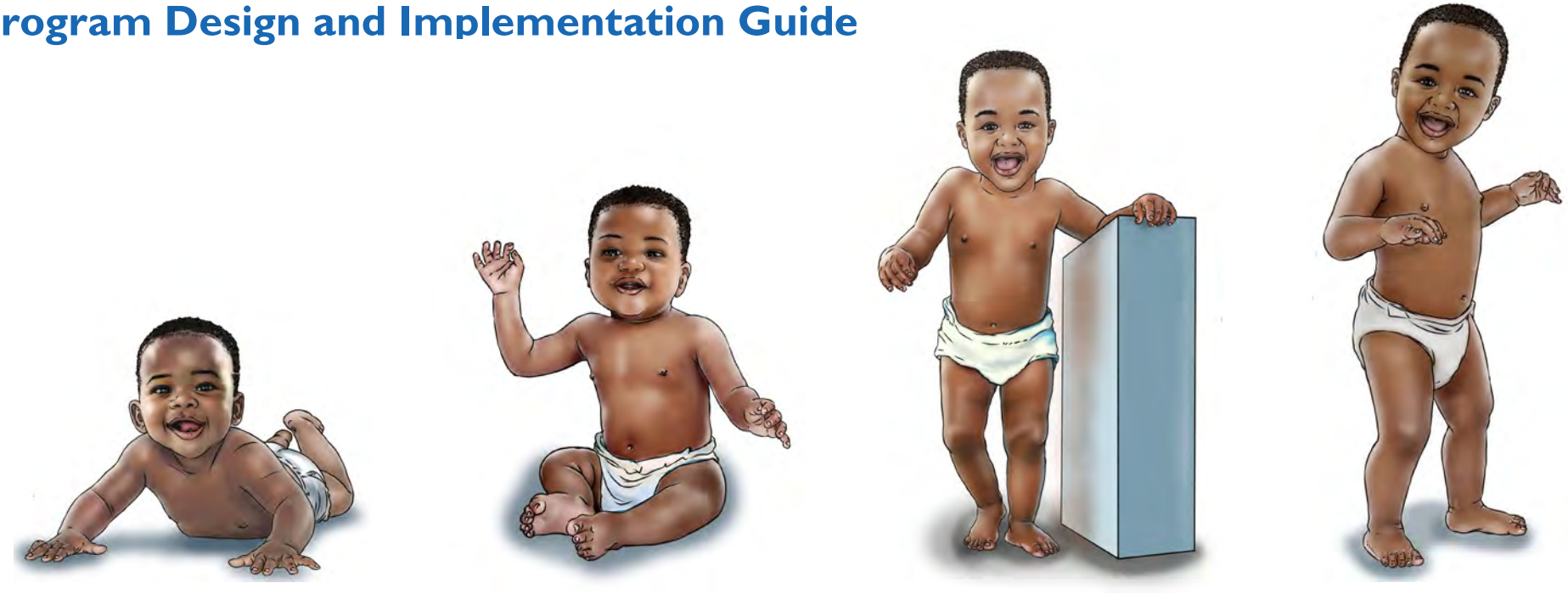
Ages and Stages Reference Package

Supporting Integrated Infant and Young Child Nutrition and Early Childhood Development Programming

Program Design and Implementation Guide



Ages and Stages Reference Package

Purpose: Support the design and implementation of integrated nutrition and responsive care and early learning programming based on the age and stage of a child.

Audience: USAID implementing partners seeking to integrate responsive care and early learning into their nutrition programming.

About USAID Advancing Nutrition

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, led by JSI Research & Training Institute, Inc. (JSI) and a diverse group of experienced partners. Launched in September 2018, USAID Advancing Nutrition implements nutrition interventions across sectors and disciplines for USAID and its partners. The project's multi-sectoral approach draws together global nutrition experience to design, implement, and evaluate programs that address the root causes of malnutrition. Committed to using a systems approach, USAID Advancing Nutrition strives to sustain positive outcomes by building local capacity, supporting behavior change, and strengthening the enabling environment to save lives, improve health, build resilience, increase economic productivity, and advance development.

Disclaimer

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In addition, please note this resource is not affiliated or associated with the early childhood development screening tool Ages & Stages Questionnaires (ASQ).

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Key Terms

- **Caregiver:** A person very closely attached to the child and responsible for the child's care and well-being. Primary caregivers can include mothers, fathers, grandparents, aunts, uncles and other family members, or basically any adult who is directly responsible for the child at home. They also include caregivers outside the home, such as those working in organized childcare.
- **Complementary feeding:** The feeding of foods and liquids to young children in addition to breast milk, beginning when breast milk alone is no longer sufficient to meet children's nutritional requirements. The complementary feeding period typically occurs between 6 and 24 months of age and includes continued breastfeeding.
- **Developmental milestones:** Functional skills or age-specific tasks that most children can do by a certain age.
- **Early childhood development:** The process of cognitive, physical, language, temperament, socioemotional, and motor development of children that starts at the time of conception until eight years of age.
- **Early initiation of breastfeeding:** Putting a newborn to the breast within the first hour of life.
- **Early learning:** When a child interacts with a person, place, or object in their environment. Every interaction (positive or negative), or lack of interaction, contributes to the child's brain development, laying the foundation for later learning.
- **Exclusive breastfeeding:** When an infant receives only breast milk and no other liquids or solids, including water (with the exception of prescribed vitamins, minerals, or medicines).
- **Nurturing care:** What a child needs to survive, thrive, and achieve their potential. Nurturing care promotes good development and protects young children from stressors or potential harm in their environment. Nurturing care consists of five interrelated and indivisible components that young children need to thrive: good health, adequate nutrition, safety and security, opportunities for early learning, and responsive caregiving.
- **Responsive caregiving:** The ability of the caregiver to notice, understand, and respond to the child's signals in a timely and appropriate manner.
- **Responsive feeding:** An approach to feeding where caregivers encourage infants and young children to eat, providing food in response to the child's appetite and satiety signals.

Acronyms and Abbreviations

BHA	USAID's Bureau for Humanitarian Assistance
ECD	early childhood development
C-IYCF	community-infant and young child feeding
EBF	exclusive breastfeeding
GSED	Global Scale for Early Development
IYCF	infant and young child feeding
RCEL	responsive care and early learning
RFSA	Resilience Food Security Activities
SBC	social and behavior change
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VSLA	village savings and loan association
WHO	World Health Organization

Introduction

Why Is the Integration of Adequate Nutrition and Caregiving Interventions Important for Optimal Child Development?

Brain development is more than 80 percent complete by the time a child is three years old (WHO et al. 2018). Inadequate care, adverse events and poor nutrition during these early years, particularly during the first 1,000 days (pregnancy through a child's second birthday), when children are growing and developing rapidly, can carry lifelong adverse consequences to a child's growth, development, self-confidence, and sense of well-being. Globally, there is growing evidence that children need more holistic care to grow and develop optimally. Over the past several decades, research has shown that integrating nutrition and responsive caregiving interventions improves early childhood development (ECD) outcomes more than either alone (WHO 2020). Despite this evidence, and broad interest in integrated programming, there are few examples of programs that integrate both nutrition services and responsive caregiving interventions during the first 1,000 days.

Responsive caregiving interventions are activities that enhance caregivers' access, knowledge, attitudes, practices, or skills to support early learning and development for young children (WHO 2020). Examples include interventions to promote caregiving competencies (e.g., how to notice, understand, and respond to a child's cues) and improve access to early learning play and reading materials. Nutrition interventions are activities and services that seek to improve a person's nutritional status. Common nutrition interventions during the first 1,000 days include breastfeeding promotion, counseling on IYCF practices, maternal nutrition counseling and supplementation, and growth monitoring and promotion. Evidence shows that integrated nutrition and responsive caregiving programming (such as combining IYCF and responsive caregiving counseling) has positive impacts on cognitive, language, and motor development and nutrition outcomes (i.e., weight-for-height [or length] z-scores) (WHO 2020; Maalouf-Manasseh et al. 2015). Furthermore, the benefits of integrated programming are even more pronounced in malnourished populations (WHO 2020). There are also operational benefits to integrated nutrition and responsive caregiving programming (Black et al. 2015). Integrated programming can lead to more efficient and holistic service delivery by more fully addressing the needs of children and their caregivers while also providing more cost-effective services (Gowani et al. 2014). This is because **integrated nutrition and responsive caregiving programs can use common personnel, platforms, and points of contact to deliver interventions.** Furthermore, integrated programming can help promote coordinated and consistent communication, increasing the likelihood that caregivers hear and act on recommended behaviors (Maalouf-Manasseh et al. 2015). While there are numerous benefits to integrated programming, implementers need to be aware that implementing integrated programming could increase demands on staff time, workloads, training, and supervision needs (Black et al. 2015).

In 2018, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) released the multi-sectoral Nurturing Care Framework (WHO et al. 2018), which asserted that children grow best in an environment that supports all aspects of their development—receiving the **nurturing care** they need. Nurturing care includes having **safe and secure surroundings, responsive caregiving, opportunities for stimulation and learning, and adequate health care and nutrition** (see Figure 1) (WHO et al. 2018).

Figure 1. Components of Nurturing Care

Source: WHO, UNICEF, and World Bank Group, 2018

BOX 1. RESPONSIVE CAREGIVING AND EARLY LEARNING

Responsive Caregiving: The ability of the caregiver to notice, understand, and respond to the child's signals in a timely and appropriate manner. Responsive caregiving is not limited to biological parents but extends to guardians or caregivers providing consistent care for the child. **Example activities** to support responsive caregiving include—

- activities that encourage play and communication between caregiver and child
- activities that promote caregiver sensitivity and responsiveness to the child's cues
- activities that involve fathers, extended family, and other actors in the care of the child.

Early Learning: The child's interaction with a person, place, or object in their environment. Every interaction (positive or negative), or lack of interaction, contributes to the child's brain development, laying the foundation for later learning. **Example activities** to support early learning include—

- activities that encourage young children to move their bodies, activate their five senses, hear and use language, and explore
- activities that encourage caregivers to engage with the child, including singing, talking, and telling stories to the child
- activities that promote age-appropriate play with household objects and people.

Source: USAID Advancing Nutrition 2023a

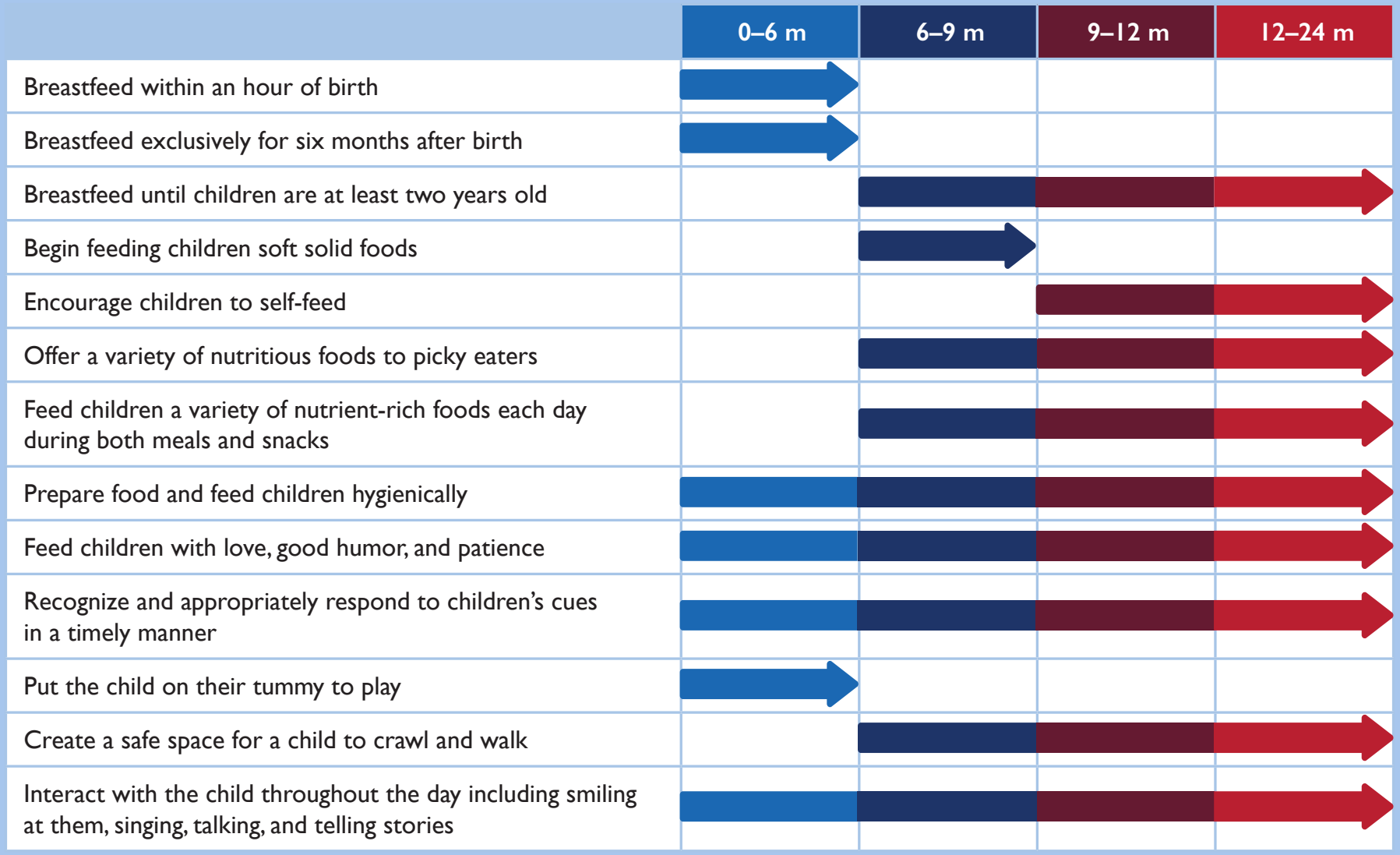
Building on this framework, in 2020 WHO developed guidelines to identify feasible, effective approaches to improve the developmental outcomes of children globally (WHO 2020). The guidelines recommend integrating nutrition programming for young children with two key components of nurturing care: responsive caregiving and early learning (RCEL). Interventions to support RCEL are a subset of caregiving interventions. For more information on RCEL, see Box 1.

Why Use the *Supporting Integrated Infant and Young Child Nutrition and Early Childhood Development Programming: Ages and Stages Reference Package*?

The Bureau for Humanitarian Assistance (BHA) Resilience Food Security Activities (RFSAs) are five-year awards that are implemented in highly vulnerable and food insecure areas in low-income countries. They often include a focus on improving young child nutrition as a means to reduce malnutrition. Most programmatic activities focus on improving infant and young child feeding (IYCF) practices during the first 1,000 days. However, while some RFSA implementing partners note a need or interest to integrate RCEL, they may lack a practical understanding of how to do so.

In response to WHO's recommendations and U.S. Agency for International Development (USAID) implementing partner needs, USAID Advancing Nutrition developed the *Supporting Integrated Infant and Young Child Nutrition and Early Childhood Development Programming: Ages and Stages Reference Package*, hereafter referred to as the *Ages and Stages Reference Package*, to help program managers design and implement more holistic and integrated programming that will support the health and development of children zero up to two years of age. More specifically, this reference helps implementers **provide more targeted programming to support caregivers based on the age and stage of a child.** This targeted approach is necessary for three reasons. First, this package focuses on programming for children during the first two years of life, as this is the period when care and nutrition needs are greatest and when interventions can have the greatest impact (WHO et al. 2018). Second, the 1,000 days window is a highly transient stage, with a child's nutrition and caregiving needs changing rapidly as the child ages. This is because as young children age, they achieve several key feeding and developmental milestones based on physical, cognitive, socioemotional, and communication changes. These changes (e.g., transitioning from exclusive breastfeeding to starting complementary feeding) require different care and feeding practices and support at each stage (see Figure 2). Third, global evidence shows that for behavior change to occur, caregivers need relevant information at the appropriate time as well as realistic and achievable behaviors to adopt and practice recommended behaviors (Packard 2018a). Caregivers are most likely to change their behaviors if they can focus on prioritizing and changing a few relevant behaviors at a time (Breakthrough RESEARCH 2019).

Figure 2. Illustrating the Highly Transient Nature of Children's Feeding and Responsive Care and Early Learning Behaviors Between 0–2 Years of Age



What Is the *Ages and Stages Reference Package*?

The *Ages and Stages Reference Package* (see Box 2) provides a user-friendly resource to support implementers in designing and creating tailored, age-specific programming. In addition to this *Program Design and Implementation Guide*, the reference package contains four age-specific modules **(birth up to 6 months, 6 up to 9 months, 9 up to 12 months, 12 up to 24 months)**[1]. Each age-specific module provides information on how children grow and develop and what their feeding and care needs are at each age/stage. They also identify potential caregiver challenges and provide example activities that programs can do to support targeted IYCF/RCEL activities at each age/stage. To support the use of these modules, this document—the *Program Design and Implementation Guide*—provides information on how to use the age-specific modules and provides key design principles to support the package's effective use. Users can download the entire package (across all age groups), or they can download each individual module separately. The package also includes an online resource collection, which provides users a focused set of resources to support the design, implementation, and measurement of integrated IYCF/RCEL programming.

Overall, this package is for program managers who oversee IYCF programming, local practitioners, and frontline workers who implement IYCF activities in the context of RFSA awards, to provide practical guidance on what RCEL is and how to integrate RCEL activities into their programs. While the primary audience for this guide is RFSA implementing partners, the content provided in this guide is broadly applicable to all programs that implement IYCF activities during the first 1,000 days and seek to integrate RCEL.

The *Ages and Stages Reference Package* relies upon two key resources: USAID Advancing Nutrition's *Responsive Care and Early Learning (RCEL) Addendum* and UNICEF's *Community Infant and Young Child Feeding* (C-IYCF) *Counselling Package* (see Box 3). These two resources provide foundational principles and in-depth information on how to plan for, train, monitor, and implement IYCF and RCEL counseling services, albeit separately[2]. Using the *Ages and Stages Reference* requires training and experience with both the *RCEL Addendum and C-IYCF Counselling Package* (see "What to Plan For" below). The *Ages and Stages Reference Package* builds upon both of these resources, providing users with consolidated information, resources, and illustrative activities to help users design and implement age-specific activities that support integrated IYCF and RCEL practices.

BOX 2. AGES AND STAGES REFERENCE PACKAGE

This package includes:

1. **Four age-specific modules** that provide overviews and example activities:
   - **Module 1**: Birth Up to 6 months
   - **Module 2**: 6 Up to 9 months
   - **Module 3**: 9 Up to 12 months
   - **Module 4**: 12 Up to 24 months
2. **Program Design and Implementation Guide** that supports design and implementation of an age-specific, integrated program.
3. **Online Resource Collection** that provides a curated set of resources searchable by age of the child and/or cross-cutting themes:
   - breastfeeding
   - complementary feeding
   - nurturing care
   - social and behavior change
   - support to caregivers
   - monitoring and evaluation.

Therefore, since the *C-IYCF Counselling Package* and *RCEL Addendum* serve as the backbone of the *Ages and Stages Reference Package*, we recommend that you familiarize yourself with both packages before designing your integrated program.

[1] Please note the following clarification about the age group categories. The birth up to 6 month age group includes children 0 to 5.99 months. The 6 up to 9 month group includes children 6 to 8.99 months. The 9 up to 12 month age group includes children 9 to 11.99 months. The 12 up to 24 month age group includes children 12 to 23.99 months.

[2] In late 2023 or early 2024 there will be an update to the *C-IYCF Counselling Package*. While the update of the *C-IYCF Counselling Package* includes some RCEL content that has been adapted from the *RCEL Addendum*, the Addendum serves as a valuable resource to the *C-IYCF Counselling Package*, especially for those countries and programs interested in adding additional focus and training sessions on RCEL practices. A link to the *RCEL Addendum* is provided in the Planning and Adaptation Guide component of the *C-IYCF Counselling Package*.

BOX 3. RESOURCES UTILIZED TO DEVELOP AND IMPLEMENT THE AGES AND STAGES REFERENCE PACKAGE

Responsive Care and Early Learning (RCEL) Addendum: This *RCEL Addendum* is designed to be added or integrated into existing child health, nutrition, or IYCF packages in use by many countries and programs globally. The *RCEL Addendum* was designed to promote core responsive care and early learning practices that are essential for improving ECD outcomes but are often missing from nutrition and health packages. The *RCEL Addendum* is not intended to be a stand-alone program for improving ECD. This training is intended for community-level workers or volunteers who interact with mothers, fathers, and other caregivers of infants and young children, but can be adapted for nurses and doctors or another cadre of workers. These workers should, ideally, already have some training in IYCF counseling, or should receive IYCF counseling training at the same time as the *RCEL Addendum* training.

Community Infant and Young Child Feeding (IYCF) Counselling Package: UNICEF's *C-IYCF Counselling Package* guides local adaptation, design, planning and implementation of community based IYCF counseling and support services at scale. It also contains training tools that use an interactive and experiential adult learning approach to equip community workers with relevant knowledge and skills on the recommended breastfeeding and complementary feeding practices for children 0 to 24 months. There are also tools to enhance workers' counseling, problem solving, negotiation, and communication skills and to prepare them to effectively use the related counseling tools and job aids. **Please note an updated version of the C-IYCF Counselling Package will be available in late 2023 or early 2024.**

Using the *Ages and Stages Reference Package*: What to Plan For

Use of the *Ages and Stages Reference Package* is based on a set of assumptions that are prerequisites to its use: materials are adapted; staff are trained and supported to conduct activities with quality, clear monitoring and evaluation plans are established; and quality social and behavior change principles are used to design, implement and refine the program/activities. **It is highly recommended that users review the "Key Design and Implementation Principles" section as you design your program and before use of the package.**

Adapt to Your Context

The *Ages and Stages Reference Package* provides information, materials, and guidance to conduct individual and group activities to promote optimal IYCF and RCEL practices for four key age groups (see "Suggested Activities" for more information). However, it is necessary to adapt these materials (i.e., training plans and job aids) to your context and pretest them to ensure that their use and delivery is relevant and feasible in your setting. Furthermore, this adaptation process can help you to identify, tailor, and prioritize key behaviors within the specific context in which they are working. The *RCEL Addendum* and the *C-IYCF Counselling Package* both provide guidance on how to adapt their materials to your context. For more information, see the *RCEL Addendum Planning, Adaptation, and Implementation Guide* and the *C-IYCF Counselling Package Adaptation Guide* (USAID Advancing Nutrition 2023b; UNICEF 2012b).

Prepare Program Staff and Implementers to Conduct Activities

The *RCEL Addendum* and *C-IYCF Counselling Package* provide guidance on how to train providers to conduct quality IYCF and RCEL individual and group counseling sessions. These packages also include materials to support implementation (see the Annex of each age-specific module for illustrative examples of RCEL activities) including job aids and materials to share with caregivers, such as counseling cards, videos, handouts, and brochures (UNICEF 2012a; USAID Advancing Nutrition 2023a; USAID Advancing Nutrition 2023c; USAID Advancing Nutrition 2023d). To use the *Ages and Stages Reference Package*, plan to train staff and program implementers (e.g., care group promoters, mother leaders) on both the *RCEL Addendum* and *C-IYCF Counselling Package* (or a similar package) to implement the suggested age-specific *Ages and Stages Reference* activities. Implementing the *Ages and Stages Reference* individual- and group-level activities requires knowledge of IYCF and RCEL behaviors and how to provide quality counseling. The *RCEL Addendum* is a three-day training and the *C-IYCF Counselling Package* is a five-day training. The brief *Supporting Children to Thrive: Using the Responsive Care and Early Learning Addendum to Improve Child Nutrition and Development* provides an example of how USAID Advancing Nutrition

in the Kyrgyz Republic and Ghana implemented integrated RCEL and IYCF programming using the *RCEL Addendum* and *C-IYCF Counselling Package* (USAID Advancing Nutrition 2023f). Additional resources sharing learning on implementing the *RCEL Addendum* in Ghana and the Kyrgyz Republic are available on the USAID Advancing Nutrition website. In Ghana, USAID Advancing Nutrition and the Ministry of Health also created a six-day integrated RCEL/IYCF training agenda, highlighting one way in which the *RCEL Addendum* and *C-IYCF Counselling Package* can be integrated (see Annex A). In the Kyrgyz Republic, USAID Advancing Nutrition created simplified versions of the three-day health worker training to feed the existing format for training community level volunteers, which used a low-dose, high-frequency model. Examples of the training agendas on responsive care, early learning, and integrated responsive care and exclusive breastfeeding present additional ways the training materials can be used (see Annex A).

Implement Individual and Group Activities

Identify Behaviors to Focus on during Activities

Integrated IYCF/RCEL programming should focus on creating a supportive enabling environment and helping the caregiver practice and **adopt one to two behaviors at each contact** (see "Frequency of Activities" below for more information on when and how often these contacts should occur to support behavior change). As a reminder, the provision of targeted, timely, and age-specific counseling/group activities are important to help caregivers address the current needs of their children by providing them relevant support and not overwhelming them with too much information. Caregiver behaviors should be prioritized and refined based on what you know about the context, including tailored behaviors specific to each age range. See "Key Design and Implementation Principles" for information on how to design and implement quality social and behavioral change (SBC) programming. Listed in Box 4 are illustrative globally applicable behaviors to focus on for each age, while each age-specific module provides examples of refined versions of these behaviors that programs can focus on:

Suggested Activities

Each age-specific module provides illustrative individual and group activities that programs can use to inform and help caregivers adopt optimal IYCF/RCEL practices. **Individual-level** activities encompass activities such as a home visit or a one-on-one counseling session at a health facility. **Group-level** activities include activities such as group counseling, community dialogues, and other group discussion contacts—such as care groups, youth groups, village savings and loan groups, and husband schools. It is important to note that while counseling is at the core of this package, counseling services must be coupled with supportive activities to help create an enabling environment for caregivers to practice optimal child feeding and nurturing care behaviors. Be sure to follow SBC best practices throughout implementation (see "Key Design and Implementation Principles").

BOX 4. ILLUSTRATIVE GLOBALLY APPLICABLE BEHAVIORS FOR EACH AGE/STAGE

Exclusive Breastfeeding (0 up to 6 months of age)

- Breastfeed soon after birth (within one hour), frequently, and on demand.
- Breastfeed exclusively for six months after birth.
- Breastfeed until children are at least two years old.

Complementary Feeding (6 up to 9, 9 up to 12, and 12 up to 24 months of age)

- Prepare food and feed children hygienically.
- Feed children with age-appropriate frequency, amount, and consistency while continuing to breastfeed them.
- Feed children a variety of nutrient-rich foods each day during both meals and snacks.

Across All Age Groups

- Rest and take care of the caregiver's own needs.
- Ensure the child continues to breastfeed and eat during illness.
- Provide the child recuperative feeding for two weeks after illness.
- Interact with the child throughout the day including smiling at them, singing, talking, and reading to them or telling them stories.
- Play with the child in age-appropriate ways.
- Identify developmental delays and seek appropriate care.
- Recognize and appropriately respond to the child cues in a timely manner.
- Feed children with love, patience, and good humor.

At the **individual level**, one-on-one counseling during a home or facility visit is a great opportunity to have a dialogue with a caregiver or family around one to two specific age-appropriate care or feeding practices, helping to identify, discuss, and address caregiver problems and concerns (see "Key Design and Implementation Principles" for information). Individual counseling should follow the five recommended steps (see Box 5), which help the counselor connect with the caregiver, observe and assess the family's needs (e.g., how is the child feeding and interacting with the caregiver), praise and encourage the caregiver, help the caregiver problem solve and identify concrete actions to take, and close with plans for the next session. Overall, counseling needs to be tailored to the child's age/stage and the caregiver or family's unique challenges, context, and home environment and based on what they share and what is observed. These counseling steps help ensure the caregiver has the knowledge, motivation, skills, and confidence to take action.

BOX 5. 5 COUNSELING STEPS:

1. Welcome caregiver(s)
2. Assess
3. Analyze
4. Act
5. Recap and close

The *RCEL Addendum* training package includes sessions and videos on how to conduct counseling using the five steps.

Source: USAID Advancing Nutrition 2023a

Group level sessions are great opportunities for caregivers to hear and learn from peers; build a support system; problem-solve; discuss challenges and successes; and identify feasible, local solutions (see "Key Design and Implementation Principles" for information). Group sessions should not be lectures but rather opportunities for interactive discussion. For group activities, create age-specific groups (e.g., group caregivers who have a child 0–6 months of age together), or split the larger group into smaller, age-specific groups to discuss relevant topics before reconvening as a whole. Make sure to select a topic that group participants are interested in discussing, providing two to three options at the start and then agreeing upon a topic for the next session.

Other activities that can help to create a supportive enabling environment for behavior change include—

- **Community dialogues**—to discuss children's needs at each age/stage and necessary support for caregivers
- **Multichannel (e.g., mass, social, and traditional) media campaigns**—to influence social norms and beliefs that promote equitable gender attitudes and social support for caregivers, and to encourage optimal nutrition and nurturing care practices
- **Working with vendors in markets**—to increase access to healthy, diverse, and nutritious foods
- **Health systems strengthening**—to support providers to have the capacity and resources required to provide quality nutrition and nurturing care services
- **Policy advocacy**—to ensure families have institutionalized support to provide optimal feeding and care practices, such as paid parental leave and universal health coverage.

For more information and lessons learned on SBC methods and approaches commonly used among RFSA implementers to support behavior change, see *Report on a Review of Social and Behavior Change Methods and Approaches within Food for Peace Development Food Security Activities* (Packard 2018a).

Frequency of Activities

Global research shows that more frequent contact between a provider and caregiver results in improved infant feeding practices (UNICEF 2021). ECD programs have found similar successful results (i.e., changes in caregiver practices and/or ECD outcomes) with frequent interactions (e.g., once or twice monthly) with providers (Grantham-McGregor 2016; Walker et al. 2017; Mehrin et al. 2021). Frequent visits help providers focus on addressing the caregiver's current needs, discuss age-specific concerns, and help providers prioritize recommendations while knowing that there will be additional visits to discuss other concerns or points of interest. Therefore, frequent contacts between caregivers and program implementers is highly recommended. However, programs need to consider their context—including existing contact points, provider capacity and workload, and available resources—when determining how frequently to make contact with caregivers. One approach, used by the Alive & Thrive initiative in Ethiopia, provided timed and age-appropriate IYCF counseling over eight visits during the first 1,000

days (Alive & Thrive 2017). More information on the timing of each contact and the purpose of each visit can be found in the brief, *Alive & Thrive Program Brief: Timed and Age Appropriate Messaging Approach on Infant and Young Child Feeding* (Alive & Thrive 2017). The *C-IYCF Counselling Package* also recommends individual counseling contacts throughout the first 1,000 days but more frequent visits within the first few days and weeks of birth (UNICEF 2012a). This is because frequent visits during the early postpartum period can help monitor the health and well-being of the mother and newborn, help to establish breastfeeding, and ensure caregivers understand the core components of providing responsive care. The *C-IYCF Counselling Package* also suggests that individual counseling contacts be supported by peer or group activities to complement and reinforce those individual sessions.

We therefore recommend that programs provide **individual contact** on at least a **monthly** basis until the child turns one year old, and then at least **one contact every three months** until the child turns two years old (for a total of four contacts over that second year of life). However, when feasible, we suggest programs conduct more frequent contacts during the first days and weeks after birth (e.g., one contact at birth, one contact within two to three days of birth, and one contact before the child is one month old). We also recommend that **group activities** occur once **every two weeks** throughout the period, but at a minimum once a month. Given the transient nature of IYCF and RCEL practices—a child's needs quickly evolve and change as they develop (e.g., moving from exclusively breastfeeding to adding complementary feeding at six months of age)—and monthly activities help caregivers understand and address their child's current needs, as well as their own.

Although time, workload, and resource constraints will influence how long each individual and group contact can be, we recommend that **individual contacts be at least 15–30 minutes** to ensure the provider has time to complete the necessary five quality counseling steps (see Box 5). For **group activities**, we recommend that **sessions last an hour**, again allowing for groups to complete activities and have time to fully engage in discussion points.

We also recommend that programs utilize and work with existing platforms and structures (antenatal, postnatal, immunization, growth monitoring and promotion, sick, and well-child care visits) throughout the first 1,000 days and beyond whenever possible to promote and support optimal IYCF/RCEL practices, noting that the availability and frequency of these services may vary depending on the individual country setting. Although this package does not have a specific module for the antenatal period, support for optimal child nutrition and development is important throughout the first 1,000 days window and materials from Module 1 can be used to improve RCEL knowledge during antenatal care (see Box 6 for more information).

BOX 6. HOW TO DISCUSS RCEL DURING THE ANTENATAL PERIOD

Programs can use *Ages and Stages Module 1: Birth to 6 Months of Age* to discuss with mothers and other caregivers during antenatal care caregivers how to provide RCEL to their newborn infant right from the start. Programs can also introduce expectant mothers to community resources for support, such as mothers' groups, where they can learn to care for their infants and discuss caregiving concerns.

Support Implementation Staff

Programs are more effective when implementers have support beyond initial training (Manzi et al. 2017). Mentorship and supportive supervision are two important capacity strengthening approaches to ensure activities are implemented as intended (Baker et al. 2013; USAID Advancing Nutrition 2023e). Supportive supervision and mentorship help implementers by providing on-the-job support, problem solving, and training—strengthening implementers' skills, knowledge, and motivation (Desta et al. 2020; Manzi et al. 2017). Therefore, we recommend that program managers establish or build upon existing supportive systems to ensure program implementers have the capacity and resources required to implement activities as intended. The *RCEL Addendum* and *C-IYCF Counselling Package* provide specific guidance and tools on how to provide supervision and mentorship support,

including how to select supervisors, how frequent visits should occur, and how to track progress (USAID Advancing Nutrition 2023b; UNICEF 2012c). Furthermore, examples of how USAID Advancing Nutrition has helped to create and support mentorship and supportive supervision activities can be found in *Strengthening Counseling Capacity through Supportive Supervision and Mentorship: Insights from USAID Advancing Nutrition Program Experiences* (USAID Advancing Nutrition 2023e).

Establish Monitoring Processes and Plan

The *RCEL Addendum* and *C-IYCF Counselling Package* provide guidance on creating a monitoring and evaluation plan to ensure implementers can track and understand how the interventions are going and whether they are contributing to program goals (USAID Advancing Nutrition 2023b; UNICEF 2012a). They offer guidance on how to measure program inputs, outputs, outcomes, and ultimately impact. It is important to note that while the ultimate goal of the *Ages and Stages Reference Package* is to support the provision of integrated IYCF and RCEL programming to improve ECD outcomes, measurement of impact can be difficult. Measurement of child development is challenging, due to the complexity of development in the first years of life and a lack of standardized and validated tools to measure ECD in many contexts.

WHO is leading efforts to develop The Global Scale for Early Development (GSED) to address the need for standardized measurements of ECD at both the population and individual levels (GSED 2019). The World Bank's *Toolkit for Measuring Early Childhood Development in Low and Middle-Income Countries* (Fernald et al. 2017) provides guidance on identifying the most appropriate measures, and the *Nurturing Care Handbook* (WHO 2021) provides further guidance on indicators to monitor implementation success. As shown in the *Nurturing Care Handbook*, the Nurturing Care Framework has 24 core indicators to monitor its five different components. In addition to the nutrition indicators that RFSAs measure in the baseline and final evaluations (and use to monitor their programs), programs can use the indicators from the framework on RCEL, shown below.

There is one indicator to monitor **responsive caregiving:**

- percentage of children aged 0–59 months left alone, or in the care of another child under 10 years old, for more than an hour at least once in the past week

There are two indicators to monitor **opportunities for early learning:**

- percentage of children aged 0–59 months who have three or more children's books at home
- percentage of children aged 0–59 months who play with two or more of the playthings at home

The report *Indicators for Measuring Responsive Care and Early Learning Activities* (Hentschel et al. 2021) provides further guidance on how to measure indicators for RCEL activities, and the brief *Responsive Care and Early Learning (RCEL) Addendum Implementation Research: Learnings on the feasibility and acceptability of the RCEL Addendum* provides an example of the type of indicators USAID Advancing Nutrition used to evaluate its pilot of the Addendum in Ghana and the Kyrgyz Republic (USAID Advancing Nutrition 2023g).

Key Design and Implementation Principles

The use of quality SBC is key to achieving nurturing care outcomes (USAID Advancing Nutrition 2020b). The following are key principles grounded in quality SBC that we highly recommend implementing partners follow when designing integrated IYCF/RCEL programming and using the *Ages and Stages Reference Package*. See Box 7 for key questions for programmers to ask themselves as they design and implement their integrated and age-specific programs. For more detail, refer to USAID Advancing Nutrition's *Enabling Better Complementary Feeding: Guidance and Workbook* (USAID Advancing Nutrition 2022a). Additional resources and materials to support program design are mentioned below and located in the *Ages and Stages Resource Collection*.

BOX 7. DESIGN AND IMPLEMENTATION PROCESS CHECKLIST

- ☑ Did you **adapt** and pre-test the materials (e.g. training package, counseling cards) to ensure they are relevant within your context?
- ☑ Did you use quality **SBC principles to design** your program? More specifically, did you prioritize behaviors for each age and stage based on the needs of your context?
- ☑ Did you conduct a **behavioral analysis** and select and design program activities based on that analysis? For example, did your behavioral analysis indicate that individual counseling or group discussions are needed?
- ☑ Did you plan **complementary activities** to address other factors (e.g., access to nutritious complementary foods, social norms) with other influencers (e.g., family members, community leaders) that might be influencing the adoption of optimal IYCF/RCEL practices?
- ☑ Did you **train** your staff to ensure they have capacity in both RCEL and IYCF to implement the age and developmental stage activities?
- ☑ Are you **implementing** activities at the appropriate frequency and timing to support optimal adoption of the prioritized behaviors?
- ☑ Do your activities allow for **smaller groups segmented by age/stage?**
- ☑ Are you **supporting the implementation** of activities through mentorship or supportive supervision approaches?
- ☑ Did you establish a **monitoring process and plan** to help track and understand how the interventions are going and whether they are contributing to program goals?

Prioritize Behaviors

Prioritize the behaviors that matter the most for your specific context based on existing data (USAID BHA 2022). If your activity has not yet prioritized behaviors for the entire RFSA, your teams should prioritize behaviors (USAID Advancing Nutrition 2021a) within young children's feeding and early learning outcomes as a start (see Box 8 for an example of how to prioritize behaviors). You may end up narrowing in on a particular age and stage, depending on the behavior and context. Caregiver behaviors to support child development and feeding change rapidly as children grow up. These behaviors are essential and complex, but each is only relevant for a short period of time during its particular stage. This rapid shifting requires intensive focus from caregivers at the right age and stage. Prioritization ensures activities do not overwhelm participants, volunteers, and staff; gives adequate time and space or dialogue, trials, and adaptations on what matters most in your context; and will likely achieve deeper, lasting, sustainable change.

BOX 8. DESIGN EXAMPLE: HOW TO PRIORITIZE BEHAVIORS

A multi-sectoral program in Kenya aimed to reduce acute malnutrition or wasting in young children. The SBC team started by prioritizing behaviors (using the prioritization framework) and organizing them according to categories of their program's Theory of Change. Next, the technical teams fill in data using existing literature and service utilization data. Then team members use the prioritization framework to independently score potential behaviors to address and created average scores for each behavior. They discussed the average scores with the broader team and agreed on priority behaviors, selecting 10 health and nutrition behaviors to focus on out of an original list of 30 potential behaviors. The team used the list to plan, research, and shape their SBC strategy.

Conduct a Behavioral Analysis to Understand and Meet Caregivers' Real Needs

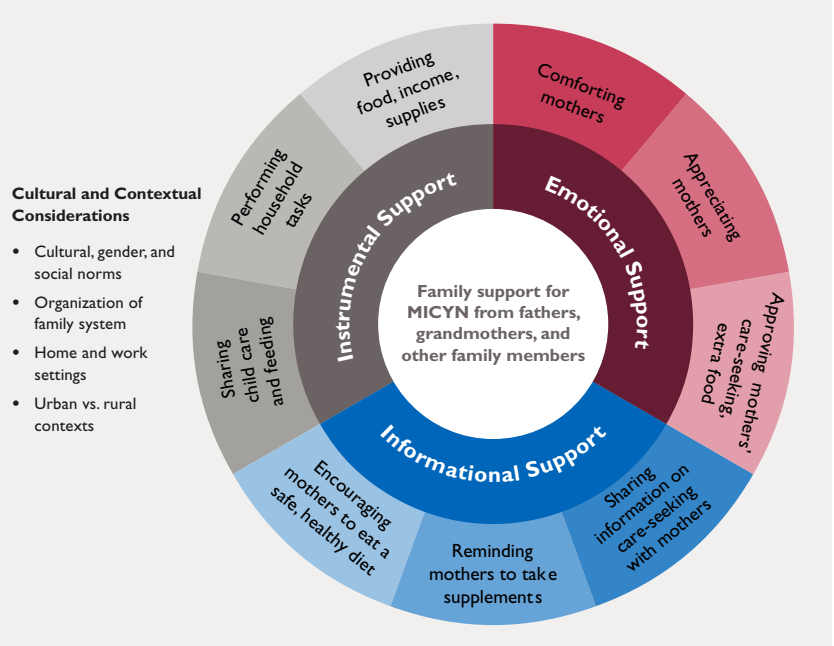
Behavioral analysis (see Think|BIG's example for responsive feeding) uses existing and formative research to better understand prioritized behaviors, as well as the barriers, enablers, and people influencing those behaviors. This understanding enables programmers to build activities through pathways to change that suit the context and the program goals. It takes much more than knowledge to change behavior. Often, knowledge is high and there are other factors preventing or supporting uptake of behaviors (USAID Advancing Nutrition 2020c). Some of these other factors may be social norms (USAID Advancing Nutrition 2022b), caregiver resources (USAID Advancing Nutrition n.d.-a)—both tangible (e.g., food, money, assets) and intangible (e.g., mental health and social support)—family dynamics, and access to a local, affordable source of nutritious food for young children. Programs need to make sure to address caregivers' specific barriers to practice optimal behaviors. Participatory methods, such as trials of improved practices, are especially useful to identify the specific behaviors caregivers are willing and able to do, and how (USAID Advancing Nutrition 2022c). Use this *Ages and Stages Reference Package* to build out aspects of program activities as appropriate. When there is a knowledge gap (e.g., with new content such as early learning), generic communication may not be relevant or actionable based on the caregivers' experiences. We need to understand potential barriers and enablers to uptake. Then activities can address those reasons and solutions.

Support Caregiver Well-Being

Primary caregivers (which are typically mothers) need encouragement, support, and guidance from family, community members, and health providers to help care for themselves and help their children grow and develop optimally (Rochat et al. 2019). For example, both the mother and the child benefit from support from family members to take on household tasks, play with the child, and feed the child (see Figure 3). For the mother, family engagement can provide opportunities for rest, time to do household chores, and bond with the child. For the child, this involvement creates opportunities for increased engagement and stimulation, helping them to learn, feel safe and loved, and bond with other family members.

In addition, primary caregivers need to be healthy, both physically and mentally, to provide optimal care to their children. For example, addressing the mother's physical health and nutrition needs before, during, and after her pregnancy is critical for not only her health and well-being but that of her child as well. In addition a mother's mental health needs to be considered, beginning during pregnancy and throughout the postpartum period. Poor mental health is common for caregivers around the world, but especially in resource-poor settings where risk factors (e.g., high levels of socioeconomic stress, unplanned pregnancies, and intimate partner violence) can have negative consequences for both the caregiver and the child (WHO et al. 2018).

Figure 3. Illustrative Example of the Kinds of Support Families Can Provide Primary Caregivers



Source: USAID Advancing Nutrition 2020a.

If primary caregiver well-being comes out as a factor influencing uptake of the behavior, plan individual and group counseling to identify caregiver difficulties and discuss their needs. Create posters, visuals, and other relevant materials that can provide information during antenatal and postnatal care, highlighting available mental health resources and mapping available community resources to support caregiver mental health. In addition, programs can encourage antenatal and postnatal care attendance, ensuring mothers receive key services such as iron–folic acid supplementation and counseling on healthy eating, physical activity, and other healthy behaviors such as taking opportunities for rest and planning for the arrival of their child. For more resources to help support primary caregivers to care for themselves and their children, see UNICEF's Caring for the Caregiver training package (Rochat et al. 2019) and visit the *Ages and Stages Resource Collection*.

Engage the People Who Influence Caregiver Behavior

When conducting nutrition activities, implementers often focus only on the primary caregiver (typically the mother) and telling or teaching them what to do. This approach does not take into account the environment around the caregiver or the role other influential people in the caregiver's life may have on their ability to practice certain behaviors. Fathers, grandparents, and other key family members can play an important role in decision-making about food access, household food distribution, and IYCF and care practices.

Furthermore, evidence shows that lack of familial support is a major barrier to maternal engagement in ECD program activities (Mehrin et al. 2021). Therefore, be sure to plan activities to engage these family members if their influence comes through in your behavioral analysis. For more information on engaging family members and men in particular, see *Program Guidance on Engaging Family Members*, *How to Engage Men in Nurturing Care Across the Life Stages*, *and the DO's & DON'Ts for Engaging Men and Boys* (USAID Advancing Nutrition 2020a; USAID Interagency Gender Working Group 2020; USAID and MOMENTUM Country and Global Leadership 2022).

Base Program Activities on Behavioral Analysis

For example, if behavioral analysis indicates caregiver knowledge and/or skills around specific IYCF or RCEL behaviors are a barrier to optimal practices, strengthening counseling and group facilitation activities using this package may be appropriate along with complementary activities to create an enabling environment. Using existing community structures, such as farmers' groups and village savings and loan groups, enables counselors to interact with others in the community and reach key influencers with supportive communication and guidance. If designed well and with the right intention, group activities can also be helpful for shifting norms and offering social support. Even if activities are already selected, they can be adjusted to meet caregivers' current needs.

For example, care groups can incorporate home-based food preservation activities to give caregivers convenient sources of nutrient-rich food in the lean season.

- **Counseling can occur individually or within groups, and either in a health facility or a community setting.** Counseling, when done in a high-quality manner, goes beyond simply educating a client and entails a tailored and interactive discussion between provider and client to help the client make decisions and take action. Quality counseling helps meet client needs by strengthening their knowledge, motivation, skills, and/or confidence, and requires a different role and skill set than direct message giving. The role of quality counseling is particularly important when sharing new information and asking caregivers to adopt new behaviors (e.g., RCEL practices).

  Providing high-quality counseling can be challenging. Providers need both a solid foundation of technical knowledge as well as a myriad of skills that help them understand, listen, problem solve, and build rapport with clients (Packard 2018b), but training alone is often not enough. To provide quality counseling, providers need clear expectations, appropriate and dependable remuneration, a supportive environment—including a manageable workload and sufficient time to provide quality counseling—and timely feedback from a supportive and knowledgeable supervisor (SPRING 2017).

The *RCEL Addendum* and *C-IYCF Counselling Package* promote the use of supportive supervision to help address those provider needs by supporting counselors and helping them to strengthen their counseling skills, maintain their motivation, build rapport with their clients, and solve problems in a timely manner.

For more information on approaches and guidance on how to provide high quality counseling, see *Nutrition Assessment, Counseling, and Support (NACS): A User's Guide—Module 3: Nutrition Education and Counseling, Version 2* (FANTA 2016); Food and Nutrition Technical Assistance III Project's (FANTA) technical brief, *The "C" in NACS: FANTA's Experience Improving Counseling in the Nutrition Assessment, Counseling, and Support (NACS) Approach* (Packard 2018b); and the *RCEL Addendum* job aids on how to conduct individual and group counseling sessions (USAID Advancing Nutrition 2023d).

- **Counseling alone is insufficient to support behavior change.** Counseling is most effective when it is coupled with multilayered actions that support and reinforce the counseling sessions and create an enabling environment for the practice and adoption of recommended behaviors according to your behavioral analysis (Menon et al. 2016; Packard 2018a). This includes activities such as social and mass media campaigns to model behaviors and share information; community mobilization activities, such as community dialogues and engagement with new or existing community groups (e.g.,village savings and loan groups, care groups, peer support groups, and farmer schools), to encourage and reinforce counseling and influence supportive community and household norms; mentorship and supportive supervision within health systems to help providers provide quality services; and advocacy for and enactment of supportive policies (e.g., paid parental leave) that help address time, resource, and well-being needs.

Effective programs will need to use different approaches, contact points, and information to reach different audiences, taking into consideration how people's perspectives, social norms, and roles within a household and community impact their receptivity and ability to change behaviors.

Special Considerations

Address the Specific Needs of Adolescent Caregivers

Adolescent mothers have increased nutritional needs during pregnancy as compared to adult women, since they themselves are still growing (Canavan and Fawzi 2019). Global evidence shows that adolescent pregnancy has negative outcomes for both mother and child. Adolescent pregnancy is linked with higher rates of preeclampsia, maternal anemia, postpartum depression, preterm birth, stillbirth, low birth weight, stunting, developmental delays, and maternal and neonatal deaths. Furthermore, adolescents, compared to older mothers, often delay seeking antenatal and postnatal care, fail to recognize danger signs during pregnancy, and are at increased risk of nutritional deficiencies (Maheshwari et al. 2022).

Adolescent mothers often need additional support and tailored services to reach them and address their unique needs. This is because adolescent mothers also often lack the knowledge, autonomy, resources, and support that older and/or more experienced mothers receive from their family and communities (Wrottesley and Leijveld 2023). Programs need to target adolescents, using varied contact points (e.g. clubs, peer groups, safe space groups, mobile health, and social media), that may be different from the ones used to contact older women/mothers. Programs also need to create specific content and information for adolescents by engaging them in formative research and understanding their unique barriers to care (USAID Advancing Nutrition 2021b). Lastly, programs need to create a supportive enabling environment for them to conduct optimal IYCF/RCEL practices (e.g., working with husbands' schools and key community influencers to understand and support adolescent girls' needs during pregnancy) (Perera 2016). One example of a practical tool to support adolescent mothers during pregnancy is Save the Children's *My First Baby: Guide for Adolescent Girls*, which is a book that provides information and peer experiences to help adolescent girls understand pregnancy and childbirth to help them take care of themselves and their child (2014). Another resource from Save the Children, *Our First Baby: Health Education for Adolescents Who Are Pregnant or First-Time Parents* (2019), provides nine participatory sessions to support discussions amongst first-time mothers and their partners.

Do Not Ignore Children with Disabilities

Children with developmental difficulties and disabilities need nurturing care just as much, if not more, than other children. Too often, however, developmental delays are not identified by caregivers or health providers, and therefore those children do not receive the care and support they need. Furthermore, even when these delays are identified, children with developmental delays or disabilities are often overlooked or ignored by the health system. Caregivers of children with developmental difficulties or disabilities often experience significant stress due to the challenges of caring for a child with additional needs and the stigma and discrimination these children and their families often face.

This package provides resources to help monitor a child's development and encourages providers to have conversations with caregivers to identify concerns or potential risk factors that warrant additional follow-up. It is critical that programs promote factual, non-stigmatizing information in their work. The *RCEL Addendum* includes guidance and training on how to support caregivers with children with developmental difficulties or disabilities, but the training program alone is insufficient to tackle potentially harmful social norms and beliefs that may be present in the communities where you are working. The *RCEL Addendum Training Package* serves as a first step in opening discussions about barriers to inclusion, and it will be important to continue discussions during activities (both through individual and group settings) to support caregivers of children with a disability, or caregivers who have a disability themselves, and ensure they are included in program activities.

For more information on supporting families with disabilities, visit USAID Advancing Nutrition's Feeding and Disability Resource Bank, which provides a repository of materials to help nutrition and disability program managers, government leaders, and donor agency staff design and implement effective nutrition programs for children with disabilities (USAID Advancing Nutrition n.d.-b).

BOX 9. CONSIDER SUPPORTIVE DIGITAL/MOBILE TOOLS

Globally, more people are gaining access to and utilizing digital and mobile technologies, with at least half of the world's population now having access to the Internet. The COVID-19 pandemic further highlighted the need and ability of such technologies to reach and support populations. Therefore, research on the use of mobile and digital technologies to support counseling and share information with caregivers has become more available. While the *RCEL Addendum* package was designed to be used without the requirements of any special technology, USAID Advancing Nutrition has developed complementary training videos on responsive care and counseling skills that may be used when teaching some of the concepts. In addition to their use during training, counselors can also use some of the videos (in coordination with the counseling cards) during counseling sessions to help explain what responsive care is and how caregivers can understand and respond appropriately to their children.

Although not currently included in the *Ages and Stages Reference Package*, other approaches using digital tools to improve counseling are worth exploring (e.g., Best4Baby, Bebbo, and Momby) as they show promising results in supporting and improving optimal IYCF practices (Bellad et al. 2023; Billah et al. 2021; Lau et al. 2016; Nguyen 2022; WHO et al. 2022; Ma et al. 2022).These apps can help counselors provide more tailored, age-specific counseling; fill information gaps (especially in context where interpersonal communication is low), link caregivers to resources, and support counselors in providing quality counseling and providing prompts and reminders on key points and counseling best practices (Ma et al. 2022; Nguyen 2022; WHO et al. 2022). However, it is also important to note that these apps should not replace interpersonal counseling but offer complementary support to both counselors and caregivers. These apps also need to be adapted and adjusted to fit the context in which you are working.

ANNEX A
PROGRAM DESIGN AND IMPLEMENTATION GUIDE

RESOURCE: Example Training Agenda

Module 2: Exclusive Breastfeeding (Infants from Birth Up to 6 Months) and Responsive Care

Module Objectives

At the end of this session, participants will be able to–

1. recall important exclusive breastfeeding (EBF) key messages.
2. explain the importance of EBF.
3. recall responsive care key messages, explain importance of responsive care in Nurturing Care Framework.

Planned Time

- Approximately two hours (in person); approximately one hour (online)

Materials and Preparation

- Prepared flipcharts for presentation, EBF animation

Activity I: Introduce USAID Advancing Nutrition Project (10 minutes)

Dear Activists,

We would like to remind you about the USAID "Advancing Nutrition" project in the Kyrgyz Republic that works to improve the nutritional status of women of reproductive age (ages 15–49) and children under 5 in the Kyrgyz Republic, with specific focus on the 1,000-day window of opportunity, which covers the time from pregnancy up to the second birthday of the child.

USAID Advancing Nutrition works in close collaboration with the Ministry of Health of the Kyrgyz Republic.

USAID Advancing Nutrition will work with partners in the community for improved behaviors related to food, water, healthcare, hygiene, and sanitation, because all of those things affect our nutritional well-being.

The project provides recommendations from the World Health Organization and the Ministry of Health of the Kyrgyz Republic to improve awareness and understanding of nutrition and hygiene.

Activity II: Introduce the Topic of Exclusive Breastfeeding (20 minutes) (with the display of EBF key messages)

1. **Ask the audience**

   Dear Activists,

   Let's remember the EBF messages! We had a whole separate module about "Exclusive breastfeeding from birth to six months." The trainer should break participants into three groups: the first group should work on defining benefits of breastfeeding for mothers, the second group should work on defining benefits of breastfeeding for children, and the third group should work on setting consequences of irrational infant formula feeding.

   Give each group 10 minutes to work, then ask participants to shift to another flipchart and to complete with additional statements.

2. **Presentation**
   Ask leader from each group to present each flipchart and discuss all the statements in the flipchart

3. **Summarize**
   After listening to and discussing all the presentations, summarize relevant key messages using the reference below, demonstrating with the EBF booklet.

For children (reference notes for the facilitator):

- Breast milk contains all the nutrients and fluids that babies need for the first six months of life.
- Breastfeeding delivers health benefits to the infant and mother.
- Breast milk provides an ideal balance of nutrients for the human infant. The nutrients in breast milk are easily absorbed and digested. Other foods/liquids are hard for babies younger than six months to digest and expose babies to contamination and illnesses.
- Infants younger than six months who receive drink or food in addition to breast milk have a higher risk of diarrhea. Because infant formula is mixed with water, bottle-fed babies are 17 times more likely to get diarrhea than EBF babies.
- Breastfeeding protects babies against respiratory diseases. Child mortality from pneumonia is higher among infants who did not exclusively breastfeed. Breast milk contains immune and anti-infective properties that protect babies from other infections and even allergies.
- Exclusive breastfeeding takes time and patience. Newborns have small stomachs and should be breastfed eight times throughout the day and night. Because of this, family and workplace support are very important for moms to exclusively breastfeed.
- During breastfeeding, a baby is learning how to control his appetite and soothe himself. He is determining how much milk he needs and how much he wants to suck to comfort himself.

For women:

- Nearly all women are biologically capable of breastfeeding, barring the very few with severely limiting medical disorders, even if they don't get enough to eat, are ill, have twins, or become pregnant again.
- Breastfeeding also stimulates loving feelings between mother and baby. It helps your baby feel safe and comforted.
- Moms can increase the amount of milk they produce by feeding more frequently and making sure to feed long enough from each breast (until it feels soft).
- Breastfeeding reduces a mother's risk of anemia, ovarian cancer, and breast cancer.

Consequences of infant formula, as compared to breastfeeding (at a global level):

- Infant formula doesn't allow for the type of bonding between mother and child that breastfeeding does.
- Infant formula increases the risk of diarrhea and chronic diarrhea.
- Infant formula increases the risk of respiratory infections.
- Infant formula can lead to malnutrition, vitamin A deficiency.
- Infant formula increases the probability of allergies and intolerance to milk.
- Infant formula increases the risk of developing noninfectious diseases.
- Infant formula increases risk of obesity later in life.
- Infant formula increases the probability for the mother to become pregnant again sooner.
- Breastfeeding improves intelligence scores and cognitive development for children.

To summarize the activity, the trainer explains the following key messages:

- Health worker support is important to help moms and babies establish a good breastfeeding routine and help moms overcome challenges.
- Giving other liquids or food (including infant formula) can decrease the mother's supply of breast milk. More breastfeeding means more breast milk is produced.

Remember the EBF booklet. Ask participants if they remember a baby's hunger and satiety cues.

Below are the responses that the trainer should come with:

- Cues your baby is hungry: Wakes and tosses; sucks on fist (before three months); cries or fusses.
- Cues your baby is full: Closes mouth or shuts lips; turns head away; decreases or stops sucking; spits out the nipple or falls asleep when full.

Breastfeeding is also very important during Covid-19:

- Continue breastfeeding.
- If you suspect any symptoms of COVID-19, wear a mask and wash your hands (for no less than 20 seconds) before breastfeeding.

Activity III: Provide Responsive Care to Your Child (20 minutes)

Dear Activists,

We also had a module about responsive care. Let's brainstorm what responsive care is and why responsive care is important.

Make sure something like this is said: "Responsive care is understanding the cues/signals of your child and responding in a timely and appropriate way. Responsive care builds a bond and trust between the child and the caregiver, as the child learns the caregiver will respond to the child's needs."

1

2

3

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After getting responses, the trainer can break the group into pairs and give each pair a scenario from the list below. Each pair should play out a scenario and explain what the responsive care in the story card is and the purpose of that responsive care. Ask participants to think about the following questions:

1. How is the child communicating with their caregiver in this story?
2. How is the caregiver responding to the child's communication?
3. How do you think the child and caregiver feel in this story?

Responsive Care Story Cards #1 (use responsive story card #2; one person, demonstrating with a doll):

- Show the interaction of responsive breastfeeding.
- The baby provides a cue to his caregiver that he is hungry. Babies often put their fingers or fists in their mouths as a sign/cue to show they are hungry. The caregiver responds by breastfeeding the baby in a timely way.
- For responsive care, it is important to make eye contact so you can read the cues of your child and respond appropriately. Your child can see from the day she is born. Look into your child's eyes often. It will help her connect with you and learn to identify emotions in people.

Responsive Care Story Cards #2 (use responsive story card #2; one person, demonstrating with a doll):

- Show the interaction of a caregiver and three-month-old child playing together.
- What activities and play can be done (e.g., talking, singing, showing the baby objects, playing with the baby's fingers and toes)? Demonstrate the interaction of play. The child will respond by making eye contact, moving their hands toward the caregiver, or other signs to show if they are enjoying the play. The child might turn away or show facial expressions of frustration if they are tired, hungry, or otherwise not wanting to play right in this moment. The caregiver can follow their signs if they show they are ready to do something else.
- For responsive care, the quality of interaction is important and can make simple play moments fun opportunities to learn. Responsive care promotes bonding and positive interactions. Responsive care is fun and easy to do. It helps your child learn.

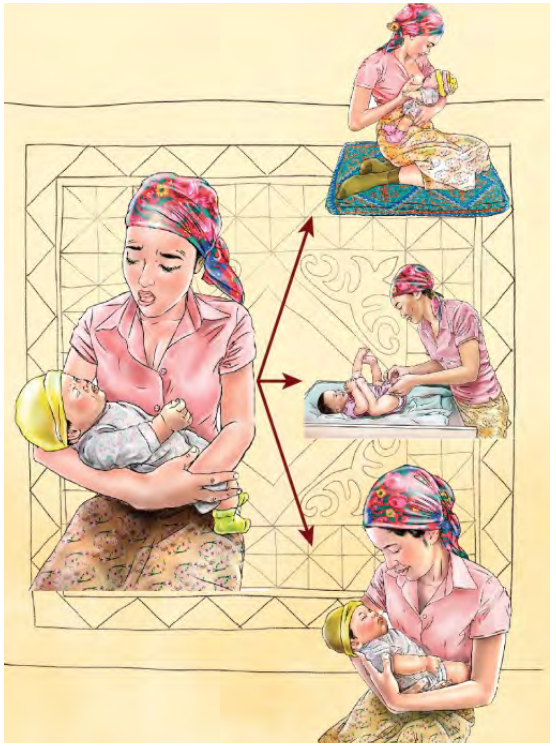
Responsive Care Story Cards #3 (use responsive care story card #1):

- Show the interaction of a caregiver demonstrating and showing parts of the body (e.g., where are your nose, mouth, eyes, eyebrows, cheeks, hands). The caregiver demonstrates and explains the bond of a child and a caregiver. Demonstrate the interaction of play. For responsive care, the quality of interaction is important and can make simple play moments fun opportunities to learn.
- Responsive care promotes bonding and positive interactions. Responsive care is fun and easy to do. It helps your child learn.

Activity IV (20 minutes)

Remember to review with participants the booklet that was disseminated among them and circulate key messages.

This activity can be summarized with the following key messages:



Learning your child's cues

- Your child tells you what he needs by using his sounds, facial expressions, and body movements. Observe your child. With practice, you will often be able to read your child's cues and respond with what he needs. Reading your child's cues takes practice. Watch your child a lot and look for ways your child uses her eyes, mouth, and body to tell you what she needs. Crying is usually the last form of communication.
- Create a daily routine for your child's care, including set times for meals (starting at six months), bathing, and bedtime. Routines help your child feel secure because he knows and recognizes daily activities.

Responding when your child is upset

- When your child is upset, think through possible solutions—she may be hungry, tired, soiled, uncomfortable, or sick. Your child may just want your attention. Once you have calmed your child, think about the movements and sounds he was making. Over time, you will notice patterns in your child's movements and sounds and the kinds of things he needs. When your child is upset, gently rock, stroke, hold, or sing to them. Provide skin-to-skin contact to stimulate and comfort your newborn baby.

Responding when your child wants to interact with you

- Your child can see from the day she is born. Look into your child's eyes often. It will help her connect with you and learn to identify emotions in people.
- Signs your baby wants your attention are wide-open eyes, looking toward your face or toward someone who is talking, being alert, sucking on his fists or object, clasping his hands or feet together, and grasping your finger or an object. Respond to your child's sounds and movements, such as reaching out, babbling, smiling, or making faces, by producing similar vocalizations and gestures and by talking to her.

Practice responsive care during feeding times with your child to show support and love. This means listening and watching for cues that your child is hungry or full and responding appropriately to those cues.

Responsive feeding helps make feeding time a time of love and learning. It helps you and your child develop a strong bond and encourages good eating habits in your child as she grows.

Birth up to 6 months:

- Breast milk is all your baby needs for nutrition up to six months of age. Breastfeeding stimulates loving feelings between mother and baby. It helps your baby feel safe and comforted.
- During breastfeeding, a baby is learning how to control his appetite and soothe himself. He is determining how much milk he needs and how much he wants to suck to comfort himself.

Responsive caregiving is considered the foundational component of nurturing care because responsive caregivers are better able to support children's health, nutrition, safety/security, and early learning.

When a baby has opportunities to explore the world by playing, practicing new things, and seeing and hearing new things, the baby gets more information to the brain and more brain connections are formed. Put simply, they learn more! The brain of a baby is like a sponge that can absorb lots and lots of information and learn things quickly. Through interactions with others, the baby's brain forms many connections. But when a child has few opportunities to interact with others, play, and practice new skills, she will not experience healthy development. By being responsive to the child's needs, we give the child more opportunity to reveal all their capabilities and learn better.

The first three years of a child's life are a crucial window of opportunity to support healthy brain development and protect children from the effects of negative experiences. Supporting stimulating and caring interactions between caregivers and children is the most powerful mechanism for building healthy brains.

Activity V: Counseling (30 minutes)

Method: Start activity with trainer providing an example of how to conduct counseling. Then break into groups so others can watch and assess the counseling.

Dear Activists,

After getting USAID Advancing Nutrition project series training on nutrition and hygiene, based on 11 evidence-based practices and 10 topics, you have become a "counselor " who can help your community by extending key messages about best practices in child feeding, positive hygiene, and nurturing care, which have a crucial impact on and role in the well-being of families and children.

Below is the scenario we would like to play out with you for developing more tailored counseling skills.

Implementation Idea:
When practicing asking and listening skills, the observer pulled a red card if the "counselor" jumped ahead to give advice. This was a fun and effective way to teach the importance of listening before offering information. On the final day of training, actual clients came in from the community for more realistic practice of skills. Participants learned to confront and navigate unexpected counseling challenges, and they processed the experience together after the clients left.

https://www.fantaproject.org/sites/default/files/resources/C-in-NACS-Brief-Aug2018.pdf

This time you will be counseling ONLY a 1,000-day household, as the module is based on promoting best young child feeding and nurturing care practices.

ONLY FOR 1,000-DAY Households!

STEP 1—Open and welcome:

The counselor meets and greets the household members, asking how they are doing, setting a very positive and welcoming tone.

The counselor invites all the household members to have a joint conversation and discussion.

After greeting the caregiver, the counselor reaches the household members and asks if the previous topic was interesting to them. The counselor asks what topic they covered last time. If the household doesn't remember, the counselor reminds them that it was a refresher module about dietary diversity, reducing junk food, and preventing anemia.

Reminding them of the name of the topic will help the household remember what the topic was about. The counselor then asks if the household has changed some of its habits after getting messages about a diversified diet, reducing junk food, and consuming nutritious food.

Ask the household what they have changed, and if they like this experience. Help the household members remember the messages, if they are having issues remembering them. The counselor can define the importance of a diversified diet if the household doesn't remember the key messages. Be patient and try to explain the messages.

STEP 2—Assess and recap:

Introduce the topic of your visit and then wait. Give the caregivers an opportunity to speak first.

Introduce the new topic of your visit and begin the session by asking the household member about what they know and what they do in the household regarding this topic. It is important to understand the situation of the family.

Sample questions on breastfeeding:

How old is your child?

Are you currently pregnant?

Tell me about what you are feeding your child (EBF)?

STEP 3—Analyze and introduce today's topic:

Internally review the information you learned in Step 2 and prioritize what you will do next. Always respond to concerns raised by caregivers. Prioritize no more than two recommendations that you will make for small, doable actions that the caregivers can practice at home within a short period of time.

Today I am in your household as I wanted to share the importance of breastfeeding practices. Here, the counselor should review the practice of breastfeeding mothers in the household. In the case of a pregnant or breastfeeding mother of a child under six months of age, the counselor should ask how the breastfeeding happens.

In the case of a mother breastfeeding a child under six months of age, the counselor should remind the household and the mother of EBF practices until six months. The counselor can ask if the mother is having challenges or difficulties in breastfeeding practices.

The counselor should summarize what the caregiver has said about the concept to refine how messages are conveyed.

STEP 4—Act (conduct an activity with demonstration, practice, and positive feedback):

Praise caregivers for their efforts. Provide counseling using a demonstration and allowing caregivers time to practice. Be sure to respond to any concerns raised by caregivers.

Counselors can use abstracts from the booklets to demonstrate key messages and best practices. Directing the households' attention to the booklets.

The counselor can ask how a mother learns that a baby is hungry. And ask questions: Should the mother wait until the baby cries? Why should a mother respond to a child's needs, and what is responsive care? Can a mother communicate with the baby while breastfeeding?

STEP 5—Recap and reflect:

Summarize key messages and encourage caregivers to share their reflections. Discuss barriers to applying recommendations and problem solve together about how to overcome those barriers.

While learning more about the households' practices regarding EBF and responsive care, the counselor should respond to all the needs that are under the given recommendations. If there are more issues, the counselor should direct the household to a health provider for more information.

STEP 6—Close:

Ask caregivers to demonstrate or explain to you what they agreed to do and how they will apply this at home.

The counselor should check the date and time for the next visit and remind the household that the next module will be about complementary feeding, early learning through play and communication.

Activity VI: Conclusion (5 minutes)

Thank you for joining and for your efforts to mobilize the community on exclusive breastfeeding and responsive care. By helping our moms and kids to be strong and well nourished, we are helping Kyrgyz Republic be a strong country.

The first three years of a child's life are an important time to support healthy brain development. Responsive care—responding to your child's cues and needs in a timely and appropriate manner—is essential for that development.

Responsive care is something all caregivers can do—moms, dads, grandmas, grandpas, uncles, aunts. It helps the baby bond with you, helps their brain grow, and is fun!

Even when babies are very little, they communicate with you through their facial expressions, movements, and sounds. With practice, you will understand your child's cues. Take time to observe and respond, your child will love interacting with you!

RESOURCE: Example Training Agenda

Module 7: Responsive Care and Feeding

Module Objectives

At the end of this session, participants will be able to–

1. describe how nurturing care contributes to healthy brain development throughout the first 1,000 days.
2. understand the concept of responsive care and responsive feeding practices through the first two years of life.
3. demonstrate and practice delivering key messages on responsive care and responsive feeding.

Planned Time

- Approximately two hours (in person); approximately one hour (online)

Materials and Preparation

- Five Components of the Nurturing Care Framework image in Russian (this image can be drawn on a flipchart paper instead)
- Positive Experiences Cards (Child A): Cut the pages in half. Put the cards in a container marked "Child A"
- Positive Experiences Cards (Child B): Cut the pages in half. Put the cards in a container marked "Child B"
- Negative Experiences Cards (Child A): Cut the pages in half. Put the cards in a container marked "Child A"
- Negative Experiences Cards (Child B): Cut the pages in half. Put the cards in a container marked "Child B"
- Colorful Smiley Faces and White Faces with Frowns: Cut the pages in half. Put the faces in a pile next to the "experiences cards" containers at the start of the activity

Activity I: Introduce USAID Advancing Nutrition Project (5 minutes)

Dear Activists,

We would like to remind you about the USAID "Advancing Nutrition" project in the Kyrgyz Republic that works to improve the nutritional status of women of reproductive age (ages 15–49) and children under 5 in the Kyrgyz Republic, with specific focus on the 1,000-day window of opportunity, which covers the time from pregnancy up to the second birthday of the child.

USAID Advancing Nutrition works in close collaboration with Ministry of Health of the Kyrgyz Republic.

USAID Advancing Nutrition coordinates with all partners in the community for improved behaviors related to food, water, healthcare, hygiene, and sanitation, because all of those things affect our nutritional well-being.

Today we would like to present the new module based on early childhood development (ECD), what ECD is and why are we including ECD in our modules.

As USAID Advancing Nutrition promotes only evidence-based recommendations and practices, ECD enhances early learning, extending opportunities for all capabilities of the child in all spheres, such as cognitive (learning), physical (body growth and movement), communication and language, social and emotional development (understanding emotions, relationships, social skills, etc.).

Nurturing care is critical for every child's growth and development from zero to three years old, which is the period of rapid development that sets the foundation for lifelong health and well-being. We will learn more about nurturing care during the session today.

Activity II: Nurturing Care and Experiences Cards Activity (25 minutes) (with display of Nurturing Care Framework)

Dear Activists,

In this module we are going to learn about nurturing care. Let's define what nurturing care is for participants: "Nurturing care refers to what a child needs to survive, thrive, and achieve healthy growth and development. Nurturing care promotes good development and protects young children from stressors or

potential harm in their environment. Nurturing care consists of five interrelated and indivisible components that young children need to thrive: good health, adequate nutrition, safety and security, opportunities for early learning and responsive caregiving."

Let me remind you about the Nurturing Care Framework (Community Mobilizer can prepare a flipchart in advance with the description of the five components):

The Community Mobilizer should also add this information: "All five components of nurturing care are equally important and interrelated. These five components represent all the care children need to achieve good growth, health, and development outcomes.

"Many families are aware of the health and nutrition services available in their community, and there are several training packages for service providers on those topics.

"In this module, we will focus on responsive caregiving and responsive feeding. In a future session, we will talk about opportunities for early learning."

Why is nurturing care important for children in the Kyrgyz Republic? Twenty-six percent of children under five years of age in the Kyrgyz Republic are at risk of poor development.

Tell participants that we are now going to do an activity to show how different experiences a child has during the first 1,000 days of life, the time period from pregnancy to two years of age, when the baby's brain is rapidly developing, can contribute positively to brain development or negatively to brain development, depending on the type of experience.

The Community Mobilizer should take out the pre-prepared flipchart paper with images of Child A's and Child B's brains; two containers of the "Positive and Negative Experiences Cards," one for Child A and another for Child B; and the smiley and frowning faces. The Community Mobilizer should keep the "responding to a child's nonverbal communication" positive experience image, from Child A's container, to use in the following demonstration.

Explain that these brains represent two different children in the same community, born on the same day and at the same time, but who are not twins or related. The cards in the container represent positive and negative experiences that a child might have during his/her first 1,000 days of life.

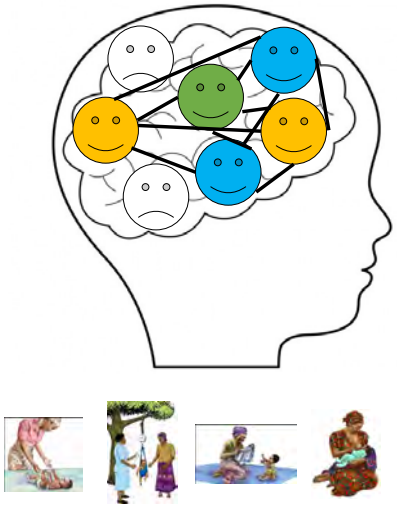
The Community Mobilizer should say, "For example, we can speak a lot to our baby so he/she learns to recognize familiar voices, learn words, and feel secure." The Community Mobilizer shows the image on the "Positive Experiences Card" that was removed from Child A's container, tapes a colorful smiley face to Child A's brain, and tapes the "Positive Experiences Card" under Child A's brain.

Ask for a participant to choose a card from Child B's container and describe the image or read what is on the card. The volunteer determines whether this is a positive (colorful smiley face) or negative (white frowning face) experience. The volunteer tapes the corresponding smiley or frowning face to Child B's brain. If it is a "Positive Experiences Card," this is taped under Child B's brain. If it is a "Negative Experiences Card," the volunteer gives the card to the Community Mobilizer.

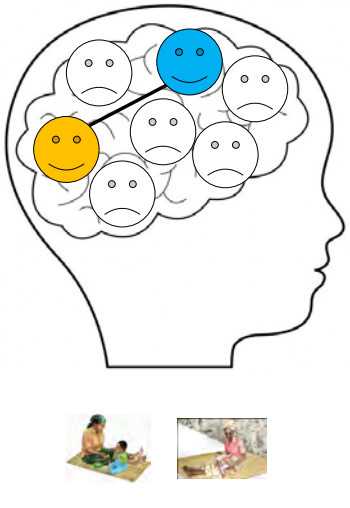
Another participant is called to remove a card from container A. The participant determines whether this is a positive or negative experience. This time, the corresponding smiley or frowning face is added to Child A's brain. If it is a "Positive Experiences Card," this is taped under Child A's brain. If it is a "Negative Experiences Card," the volunteer gives the card to the Community Mobilizer. Continue in this way, alternating between container A (Child A) and container B (Child B), until all of the cards have been removed from the containers.

As the Community Mobilizer says the following sentences aloud, connections should be drawn only between the smiley faces, demonstrating the connections in these children's brains. The Community Mobilizer summarizes the following messages and shares them with participants: "These children were born in the same place on the same day, but they have very different experiences. **When a baby has opportunities to explore the world by playing, practicing new things, and seeing and hearing new things, the baby gets more information to the brain and more brain connections are formed. The brain of a baby is like a sponge that can absorb lots and lots of information and learn things quickly. Through interactions with others, a baby's brain forms many connections. But when a child has few opportunities to interact with others, play, and practice new skills, she will not experience healthy development. By being responsive to the child's needs, we give the child more opportunity to reveal all their capabilities** (The Community Mobilizer needs Figures 2.2.2 and 2.2.3 from the Facilitator's Guide to know what the final image should look like). **We must be responsive to our children's signals and interact often to help our children's brains grow. The brain development in the first few years of life lays the foundation for future learning and success. It is essential to provide a strong foundation."**

Child A



Child B



Ask participants what they observe about Child A's and Child B's brains. Ask, "What differences do you see?" Child A's brain will be very colorful, with many connections formed, enriched with positive experiences. Child B's brain will be very white, with few connections, harmed with adverse or negative experiences. Say, "Adverse experiences, such as violence, abuse, neglect, or enduring hunger can disrupt the process of brain development, as you can see from these images. Almost all children will have some negative experiences, as every family or community often experiences stress of some kind. However, positive experiences help children form trusting relationships with their caregivers, which protect them from the negative impacts of these stresses on their brain."

Close by telling participants: "This is an activity to help you as the Activist understand why it is important for caregivers in the community to learn about responsive caregiving and opportunities for early learning. **The first three years of a child's life are a crucial window of opportunity to support healthy brain development and to protect children from the effects of negative experiences. Supporting stimulating and caring interactions between caregivers and children is the most powerful mechanism for building healthy brains.** We don't expect you to conduct this activity with caregivers in the community, but hopefully it was a good way to learn about the concept of nurturing care."

Activity III: Introduction to Responsive Care and Responsive Feeding and Recap of Complementary Feeding Module (5 minutes)

Dear Activists,

As we just learned in the activity about nurturing care, responsive care is one of the five components of the Nurturing Care Framework. Responsive caregiving is the ability of the caregiver to notice, understand, and respond to their child's signals in a timely and appropriate manner. Responsive caregiving is considered the foundational component of nurturing care because responsive caregivers are better able to support children's health, nutrition, safety/security, and early learning.

Some examples of responsive care include the following:

- Learning your child's cues: Your child tells you what he needs by using sounds, facial expressions, and body movements. Observe your child. With practice, you will often be able to read your child's cues and respond with what he needs.
- Responding when your child is upset: Gently rock, stroke, hold, or sing to your child. Provide skin-to-skin contact to stimulate and comfort your newborn baby.
- Responding when your child wants to interact with you: Signs your baby wants your attention are wide-open eyes, looking toward your face or toward someone who is talking, being alert, sucking on his fists or objects, clasping his hands or feet together, and grasping your finger or an object.

It is also important for caregivers to practice responsive caregiving when they are feeding their child. We call this responsive feeding. Responsive feeding is when a caregiver identifies, is aware of, and interprets their child's cues or signals and vocalizations that communicate feeding needs and wants, particularly when the child is hungry or full. During responsive feeding the caregiver responds promptly and appropriately to the child's cues or signals and needs for feeding care. Responsive feeding helps make feeding a time of love and learning. It helps you and your child develop a strong bond and encourages good eating habits in your child as she grows.

Some examples of responsive feeding include:

- Minimize distractions during mealtimes. Sit facing your child so you can focus on each other and on eating.
- Pay attention to your child's cues of hunger and fullness to be sure she is getting enough food and that you are not overfeeding her. Never force a child to eat and never use food as a reward.
- Be patient and give your child time to eat. If your child shows signs of fullness, slow down or pause. Try offering another bite after a minute or two. End the feeding if he again indicates he is full.

Adequate nutrition is also one of the five components of the Nurturing Care Framework. You may remember that we discussed responsive feeding in the "Complementary Feeding" module. Thank you for being so active in this module. We were happy to get all the feedback. Let's remember our key messages.

Ask each Activist to remember one of the key messages. Then summarize all the key messages with the big group. The key messages are as follows:

Continue breastfeeding: Breastfeeding for up to two years will help your baby to be healthy and smart.

Complementary feeding: This is food in addition to (complementing) breast milk. After six months, breast milk remains an important part of a child's diet, but by then it does not provide enough nutrients for health and growth, so other foods must be added. Continued breastfeeding and complementary feeding starting at six months guarantee proper weight gain and growth for your baby.

Between 6 and 12 months is when stunting—insufficient growth and mental development—can begin. To prevent this, caregivers must follow principles of good complementary feeding.

Responsive feeding: Introducing new foods to children at this age takes love and patience. They are learning how to eat and every taste and texture is new to them. Caregivers must take time to encourage children to eat and be patient and persistent to ensure that children are eating enough nutrients.

Frequency: Feeding must happen frequently because children at this age have small stomachs and can only eat a little bit at a time.

Adequacy: The total amount of food and breast milk eaten during the day must be of sufficient quantity. Food with a thick consistency gives more energy and stays on the spoon.

Diversity/density: Foods must be nutrient dense (containing many nutrients per gram). First foods should be thick and include animal-source foods and mashed fruits and vegetables. Give children a variety of foods to make sure that all their nutritional needs are met. For healthy growth, children need domestic-animal products; different kinds of beans; lentils; walnuts; and yellow fruits and vegetables, which contain vitamin A.

Use: Bring children for regular health checks. Not all illnesses can be seen, and some illnesses interfere with the body's ability to use food for energy, growth, and mental development.

Handwashing: Caregivers must wash their hands and the child's hands at critical times. Tell activists that next month's topic will discuss handwashing and hygiene in more detail. For now, refer them to the booklet's page on handwashing at five critical times.

Avoid harmful foods: A growing child should eat three diverse meals and healthy snacks twice per day. Junk foods are defined as prepackaged foods with lots of added salt, fat, and sugar that take up room in a child's stomach without providing the nutrients they need to grow. These foods can also be expensive, using money that would be better spent on healthier foods, such as eggs, dairy, fish, meat, and nutrient-rich vegetables.

Give healthy, clean water to children ages six months to two years. Do not give sugary drinks such as soda or fruit juice, which reduce appetite for healthy foods and rot the first teeth.

Feed healthy snacks, such as dried or fresh fruit, cheese, or plain bread, to children instead of sugary or salty prepackaged snacks, such as biscuits/cookies, candies, chips, or croutons.

Limit the addition of oils and fats to food. When possible, boil or steam food because those are healthier methods of cooking than frying.

As discussed previously, during the maternal anemia session, self-care is very important for both the mother and the child.

Self-care strategies: Take deep breaths to calm down. Ask your partner or a relative to take the child for a few minutes so you can calm down. Take time for yourself to do something you like—sewing, singing, etc.

Activity IV: Role-Play (25 minutes)

Dear Activists,

To support our community members in providing responsive care and feeding, let's create a role-play.

We will give you our booklets, which we are planning to disseminate among communities, and we can practice the six steps of our "Counselor" role.

You are a community volunteer providing recommendations and practices from the Ministry of Health and World Health Organization among communities. We need two volunteers to practice this exercise:

Step 1: Open and welcome

Welcome all members of the household you are visiting. It would be great if all caregivers (father, mother-in-law, father-in-law, younger children) could listen to your messages.

You can start with an icebreaker, like asking the age of the child/children.

Step 2: Assess and recap

The Community Activist should listen, ask, and observe caregivers and their children to understand their interests, needs, concerns, and strengths. The Community Activist can ask about the previous topic that was disseminated among the community.

Step 3: Analyze and introduce today's topic

Show them the booklet and explain the title of the booklet: "What Is Responsive Care and Feeding and Why It Is Important."

Responsive care is about interacting with your child, showing love, and responding consistently to match the needs and interests of your child.

Responsive care is fun and easy to do! Dads, moms, grandparents, and the whole family play an important role in making your child feel safe, loved, and secure.

Step 4: Act (conduct group activity with demonstration, practice, and positive feedback)

While showing the booklet, speak about the key messages:

- **Learning your child's cues**
  Your child tells you what he needs by using his sounds, facial expressions, and body movements. Observe your child. With practice, you will often be able to read your child's cues and respond with what he needs. Reading your child's cues takes practice. Watch your child a lot. Look for ways your child uses her eyes, mouth, and body to tell you what she needs. Crying is usually the last form of communication.
- Create a daily routine for your child's care, including times for meals (starting at six months), bathing, and bedtime. Routines help your child feel secure because he knows and recognizes daily activities.
- **Responding when your child is upset**
  When your child is upset, think through possible solutions—she may be hungry, tired, soiled, uncomfortable, or sick. Your child may just want your attention. Once you have calmed your child, think about the movements and sounds he was making. Over time, you will notice patterns in your child's movements and sounds and the kinds of things he needs. Gently rock, stroke, hold, or sing to your child. Provide skin-to-skin contact to stimulate and comfort your newborn baby.
- **Responding when your child wants to interact with you**
  Your child can see from the day she is born. Look into your child's eyes often. It will help her connect with you and learn to identify emotions in people. Signs your baby wants your attention are wide-open eyes, looking toward your face or toward someone who is talking, being alert, sucking on his fists or objects, clasping his hands or feet together, and grasping your finger or an object. Respond to your child's sounds and movements, such as reaching out, babbling, smiling, or making faces, by producing similar vocalizations and gestures and by talking to her.

Practice responsive care during feeding times with your child to show support and love. This means listening and watching for cues that your child is hungry or full and responding appropriately to those cues.

Responsive feeding helps make feeding time a time of love and learning. It helps you and your child develop a strong bond and encourages good eating habits in your child as she grows.

- **All children:**
  Minimize distractions during mealtimes. Sit facing your child so you can focus on each other and on eating.
- Pay attention to your child's cues of hunger and fullness to be sure she is getting enough food and that you are not overfeeding her. Never force a child to eat and never use food as a reward.
- Be patient and give your child time to eat. If your child shows signs of fullness, slow down or pause. Try offering another bite after a minute or two. End the feeding if he again indicates he is full.
- **Birth up to 6 months:**
  Breast milk is all your baby needs for nutrition up to six months of age. Breastfeeding stimulates loving feelings between mother and baby. It helps your baby feel safe and comforted.
- During breastfeeding, a baby is learning how to control his appetite and soothe himself. He is determining how much milk he needs and how much he wants to suck to comfort himself.
- **6 up to 9 months:**
  Slowly move the food in front of your baby's eyes. When she begins to follow and reach for the food, respond by offering the food to eat.
- **9 up to 12 months:**
  Your baby may be interested in starting to use utensils or drinking water from a clean, open cup. Put some food on a spoon and let her try to feed herself. Give her a small cup with just a little bit of water to start and help her hold the cup. There will be spills, but encourage her. She will get better with practice!

- **12 up to 24 months:**
  You can start to provide small, cut-up bites of family foods for your child, as his chewing skills are stronger now. Encourage him to feed himself—he will get better and better at coordinating how to scoop up food and bring it to his mouth.

Step 5: Recap and reflect

Ask a caregiver to remember the messages you have mentioned. Give the caregiver the booklet and time to review it.

Step 6: Close

Summarize the key messages of responsive care and feeding

The first three years of a child's life are a crucial window of opportunity to support healthy brain development and protect children from the effects of negative experiences. Supporting stimulating and caring interactions between caregivers and children is the most powerful mechanism for building healthy brains.

Activity V: Conclusion (5 minutes)

Thank you for joining and for your efforts to mobilize the community on responsive caregiving.

We look forward to meeting you all soon!

RESOURCE: Example Training Agenda

Module 8: Early Learning

Module Objectives

At the end of this session, participants will be able to–

1. describe why early learning and play are important for child development.
2. identify play and communication activities that are appropriate for different ages.
3. describe why it's important to monitor a child's development.
4. demonstrate and practice delivering key messages on opportunities for early learning.

Planned Time

- Approximately 2 hours (if in-person); approximately 1 hour (if online)

Materials and Preparation

- Play and communication activities cut into small strips of paper

Activity I: Introduce USAID Advancing Nutrition Project (5 minutes)

We would like to remind you about the USAID "Advancing Nutrition" project in the Kyrgyz Republic that works to improve the nutritional status of women of reproductive age (ages 15–49) and children under 5 in the Kyrgyz Republic, with specific focus on the 1,000-day window of opportunity, which covers the time from pregnancy up to the second birthday of the child.

USAID Advancing Nutrition works in close collaboration with Ministry of Health of the Kyrgyz Republic.

USAID Advancing Nutrition coordinates with all partners in the community for improved behaviors related to food, water, healthcare, hygiene, and sanitation, because all of those things affect our nutritional well-being.

Today we would like to present the new module based on early childhood development (ECD), what ECD is and why are we including ECD in our modules.

As USAID Advancing Nutrition promotes only evidence-based recommendations and practices, ECD enhances early learning, extending opportunities for all capabilities of the child in all spheres, such as cognitive (learning), physical (body growth and movement), communication and language, social and emotional development (understanding emotions, relationships, social skills, etc.).

Nurturing care is critical for every child's growth and development from zero to three years old, which is the period of rapid development that sets the foundation for lifelong health and well-being. We will learn more about nurturing care during the session today.

Activity II: What Are Play and Communication and Why Are They Important? (20 minutes)

Review and discuss these key points.

Play

- Children learn by playing, observing, copying, and trying new things starting from the moment they are born. Your child enjoys and learns through playing with you! All your child needs is you.
- Give your child opportunities to explore the world around him through play. He will enjoy playing with his fingers and toes, your face, and household objects. Follow his lead, encouraging play with safe objects that interest him. Observe his body language and sounds, and do not force him to play with something when he is not interested.
- Give your child challenging but achievable tasks. Guide her actions and build on what she can do to make the task slightly more difficult.

Communication

- Your child uses eye contact, cooing, facial expressions, and movement to tell you what she needs and wants from the day she is born. Follow her signals to understand her needs.
- Babies begin to understand many words before they can speak. Talk and sing to your child often so that he can hear words. He will learn to talk by listening to you talk.
- Have a conversation with sounds, words, and gestures. When your child communicates with you using sounds or movements, respond to him and he will respond back. You are each taking turns in the conversation.
- You can help your child learn new words by expanding on her language. If she says one word, such as "papa," build her language by adding more words: "Papa loves you!"

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

Divide participants into small groups (about four to five people per group). Hand each small group five cut-up strips of paper from "Training Aid 6.1: Play and Communication 'Practical Tips' for Caregivers." Ensure groups have enough unique "Practical Tips" per participant.

Participants take turns picking a strip of paper and acting out the play or communication activity on the strip of paper. Participants should use a doll, or other prop, to represent a child he/she is playing with or communicating with. After a participant acts out an activity, he/she should say what age group (0–6 months, 6–9 months, 9–12 months, 12–24 months) that activity would be most appropriate for and why.

Other participants provide feedback, beginning with praise (identifying at least one thing the participant did well), then explaining what the participant could do better, followed by expanding feedback on the good practice or providing advice to promote the positive interaction. The next participant chooses a strip of paper and does the same. Encourage participants to give feedback to each other.

Give participants 15 minutes to practice at least one activity per person. Debrief the activity in a large group discussion with all participants. Ask, "How did it feel to do this activity? Have you had experience doing any of these activities with a child before?"

The Community Mobilizer can tell the participants which activities are associated with each age group:

Birth Up to 6 months:
During or after breastfeeding, talk and sing to your baby. She is listening and will find comfort in your voice.

Imitate your baby's sounds and gestures. He is communicating with you with his sounds and movements. When he coos, respond to him. Your baby needs to hear you talk. He will learn to talk by listening to others around him.

- **6 up to 9 months:**
  Your baby can start to recognize common words. When you see your child is no longer hungry, ask her, "All done?" If she shows you that she is still hungry, say, "More?"
- Respond to your baby's sounds and interests. Call your baby's name and notice his response.
- **9 up to 12 months:**
  Your baby will start to enjoy different soft

foods now, such as soft fruits or cooked vegetables, and needs diverse, colorful foods to meet her nutritional needs. Use words to describe the food, and slowly she will understand new words. Name the different foods and parts of her body that she is using to eat, such as her fingers and mouth.

- Talk to your baby as you prepare his meal. Describe what is happening as you interact with him, such as saying, "Here is your bowl" or "Dad cooked you potatoes." Ask him questions, "Do you want eggs?" Give him time to respond with gestures, such as pointing or sounds, before you provide a verbal answer.
- **12 up to 24 months:**
  As you feed your child, describe the colors and textures of her food. Encourage her to speak by asking her the name or the color of the food she is eating. Point and tell her the names of the foods after she has had a chance to try to answer you.
- Sing with your child. Start a song and let him sing parts that he knows. Over time, he can sing more and more himself as he learns more words, and you can practice taking turns.
- Children learn to love stories when they read together with their parents every day. Ask your child to point to different people and animals in a book, magazine, or poster. Praise her for finding the animals and objects.
- Close the session by telling participants it is important they feel comfortable practicing these play and communication activities, as they will be teaching caregivers how to do these things with their children during home visits. Sometimes these things can feel a bit silly as an adult, but children learn through play, so it's important that caregivers can do these activities with their children.

Activity IV: Monitoring a Child's Development (15 minutes)

Dear Activists,

As we saw in the previous activity, there are some activities that are more appropriate to do with a child at one age than with a child who is older or younger. Children develop at different stages—they are learning and developing all the time. For example, an eight-month-old may be able to sit up by him- or herself BUT the child cannot walk, whereas many two-year-olds can walk and run on smooth surfaces without falling over. These are developmental milestones. Milestones are skills that most children learn by a certain age.

The Community Mobilizer asks participants, "What do you think about when you hear the term child development?" The Community Mobilizer should listen to the responses from the participants. After participants have responded, the Community Mobilizer can give the definition: "The term child development refers to the cognitive, physical, language, social/emotional development of a child. Or more simply, how a child learns, communicates, understands, relates to people, grows, moves her body, uses her hands and fingers."

Many parents think that playing with a child only serves to make the child quiet or distract him/her. But actually, playing is the child's job, like what we learned in the previous activity. The games you play and conversations you have with your child help the child develop in four areas: physical, language, cognitive, and social/emotional.

It is important to remember that children learn at different paces. Some children learn quickly, and some children need more time. But remember, all children can learn! Children's skills build upon one another. For example, a child must learn to sit before he can stand.

Some children are born with or develop conditions that can affect their abilities. Children may develop differently in how they move, see, hear, learn, think, or interact with others. Many conditions contribute to children developing differently. You may hear many things about disabilities in your community, but it is important to know that disabilities are not the fault of the mom or dad, and they are not a curse. All children can learn, and some children may need extra support.

All children should have their growth, development, hearing, and vision monitored to identify any concerns early. If you are concerned about your child's development, seek support from a health care provider.

Activity V: Role-Play (30 minutes)

Dear Activists,

To support our community members in engaging their children in early learning opportunities, let's create a role-play.

We will give you our booklets, which we are planning to disseminate among communities, and we can practice the six steps of our "Counselor" role.

You are a community volunteer providing recommendations and practices from the Ministry of Health and World Health Organization among communities. We need two volunteers to practice this exercise:

Step 1: Open and welcome

Welcome all members of the household you are visiting. It would be great if all caregivers (father, mother-in-law, father-in-law, younger children) could listen to your messages.

You can start with an icebreaker, like asking the age of the child/children.

Step 2: Assess and recap

The Community Activist should listen, ask, and observe caregivers and their children to understand their interests, needs, concerns, and strengths. The Community Activist can ask about the previous topic that was disseminated among the community.

Step 3: Analyze and introduce today's topic

Show them the booklet and explain the title of the booklet: "Early Learning through Play and Communication."

Your child uses eye contact, cooing, facial expressions, and movement to tell you what she needs and wants, from the day she is born. Follow her signals to understand her needs.

Step 4: Act (conduct group activity with demonstration, practice, and positive feedback)

While showing the booklet, speak out key messages:

Key messages:

- Babies begin to understand many words before they can speak. Talk and sing to your child often so he can hear words. He will learn to talk by listening to you talk.
- Have a conversation with sounds, words, and gestures. When your child communicates with you using sounds or movements, respond to him and he will respond back. You are each taking turns in the conversation.
- You can help your child learn new words by expanding on her language. If she says one word, such as "papa," build her language by adding more words: "Papa loves you!"

The following messages should be tailored to the ages of the children in the household.

- **Birth up to 6 months:**
  During or after breastfeeding, talk and sing to your baby. She is listening and will find comfort in your voice.
- Imitate your baby's sounds and gestures. He is communicating with you with his sounds and movements. When he coos, respond to him. Your baby needs to hear you talk. He will learn to talk by listening to others around him.
- **6 up to 9 months:**
  Your baby can start to recognize common words. When you see your child is no longer hungry, ask her, "All done?" If she shows you that she is still hungry, say, "More?"
- Respond to your baby's sounds and interests. Call your baby's name and notice his response.
- **9 up to 12 months:**
  Your baby will start to enjoy different soft foods now, such as soft fruits or cooked vegetables, and needs diverse, colorful foods to meet her nutritional needs. Use words to describe the food, and slowly she will understand new words. Name the different foods and parts of her body that she is using to eat, such as her fingers and mouth.
- Talk to your baby as you prepare his meal. Describe what is happening as you interact with him, such as saying, "Here is your bowl" or "Dad cooked you potatoes." Ask him questions, "Do you want eggs?" Give him time to respond with gestures, such as pointing or sounds, before you provide a verbal answer.
- **12 up to 24 months:**
  As you feed your child, describe the colors and textures of her food. Encourage her to speak by asking her the name or the color of the food she is eating. Point and tell her the names of the foods after she has had a chance to try to answer you.

- Sing with your child. Start a song and let him sing parts that he knows. Over time, he can sing more and more himself as he learns more words, and you can practice taking turns.
- Children learn to love stories when they read together with their parents every day. Ask your child to point to different people and animals in a book, magazine, or poster. Praise her for finding the animals and objects.

Step 5: Recap and reflect

Ask a caregiver to remember the messages you have mentioned. Give the caregiver the booklet and time to review it.

Summarize the key messages of play and communication:

Opportunities for early learning include any opportunity for the child to interact with a person, place, or object in the child's environment. Early learning means that every interaction (whether positive or negative), or the absence of an interaction, is contributing to the child's brain development and laying the foundation for later learning. Learning begins at conception, and as soon as babies are born they begin to learn and communicate through smiling and eye contact, talking and singing, modeling and imitating, and simple games. Playing with everyday things, like cups and pots, help children learn about objects and what to do with them. And reading books allows children to name things, as well as build curiosity, imagination, and knowledge. It is important for caregivers to identify different opportunities for their children to play and learn.

Activity IV: Conclusion (5 minutes)

Thank you for joining and for your efforts to mobilize the community on early learning through play and communication.

Thank you. It was nice meeting you. See you all soon!

RESOURCE: EXAMPLE INTEGRATED RCEL/IYCF TRAINING SCHEDULE

DAY ONE	
Time	**Activity**
9:00–10:00	• Registration • Introduction of participants • Welcome and opening ceremony
10:00–10:30	• Session 1: Introduction to infant and young child feeding and to the growth standards
10:30–11:15	• Session 2 from RCEL Addendum (What is nurturing care and why does it matter?): 45 minutes [only learning objectives 1 and 2 for now] • LO1: Identify and understand the 5 components of nurturing care (20 min) • LO2: Describe how nurturing care contributes to healthy brain development throughout the first 1,000 days (25 min)
11:15–11:35	*Coffee break*
11:35–12:05	• Session 2: Why breastfeeding is important
12:05–12:35	• Session 3: How breastfeeding works
12:35–13:45	• Session 4: Assessing a breastfeed
13:45–14:45	*Lunch*
14:45–15:45	• Session 5: Introducing child growth assessment
15:45–16:45	• Session 6: Measuring length, height and weight • Measuring, it's not so easy

DAY TWO	
Time	**Activity**
8:30–9:30	• Session 7: Listening and learning • Session 8: Homework: Listening and learning exercises
9:30–10:30	• Session 9: Building confidence and giving support • Session 10: Exercises
10:30–11:00	• Session 11: Plotting points for growth indicators
11:00–11:20	*Coffee break*
11:20–12:00	• Session 12 : Plotting points for growth indicators
12:00–13:00	• Session 13: Interpreting points for growth indicators
13:00–14:00	• Session 15: Interpreting trends on growth charts
14:00–15:00	*Lunch*
15:00–15:30	• Session 16: Taking a feeding history (breastfeeding)
15:30–16:35	• Session 17: Common breastfeeding difficulties

DAY THREE	
Time	**Activity**
8:00–09:00	• Recap of Days 1 and 2 – Homework (Listening and learning skills)
9:00–10:00	• Session 18: Expression of breastmilk and cup feeding
10:00–11:00	• Session 19: Breast conditions
11:00–11:20	*Coffee break*
11:20–12:00	• Session 20: Importance of complementary feeding
12:00–12:30	• Overview of RCEL Addendum cards
12:30–13:25	• Session 5 From RCEL Addendum (Provide responsive care to your child, 55 minutes) • LO1: Understand the concept of responsive care and responsive feeding practices through the first 2 years of life • LO2: Demonstrate and practice counseling on responsive care (including responsive feeding) using individual counseling and group session facilitation skills
13:25–14:25	*Lunch*
14:25–15:55	• Session 21: Food to fill the energy gap
15:55–16:45	• Session 22: Food to fill the energy gap

DAY FOUR	
Time	**Activity**
8:00–9:30	• Recap of Days 1 and 2 – Homework/Confidence building and support skills/Exercises
9:30–10:50	• Session 23: Quantity, variety and frequency of feeds
10:50–11:10	*Coffee break*
11:10–11:40	• Session 24: Feeding techniques
11:40–12:40	• Session 25: Growth assessment and results when a child is growing well
12:40–13:20	• Breastfeeding and CODE/Conflict of interest
13:20–14:20	*Lunch*
14:20–15:10	• Session 6 From RCEL Addendum (Early Learning Through Communication and Play, 50 minutes) 1. Identify play and communication activities that are appropriate for different ages 2. Demonstrate and practice counseling caregivers on how children learn through play and how to identify their child's communication signals using individual counseling and group session facilitation skills
15:10–15:45	• Session 2 From RCEL Addendum (What is nurturing care and why does it matter?, 35 minutes, only objective 3 here) • LO3: Understand child development, abilities, disabilities, and common causes of disability, and dispel common myths about disabilities (35 min)

DAY FIVE	
Time	**Activity**
8:00–9:00	• Recap and homework
9:00–10:30	• Session 26: Investigating causes of malnutrition
10:30–11:00	• Session 27: Counseling on undernutrition
11:00–11:20	*Coffee Break*
11:20–12:25	• Session 9 From RCEL Addendum (Monitoring Your Child's Development, 65 minutes) 1. Describe how to monitor a child's development, identify warning signs, and refer the child to a health facility or other program 2. Demonstrate and practice counseling on monitoring child development, identifying warning signs, and when to seek referral, using individual counseling and group session facilitation skills
12:25–13:50	• Session 10 From RCEL Addendum (Caring for the Caregiver, 85 minutes) 1. Understand the importance of taking care of the caregiver 2. Identify and practice strategies for supporting caregiver well-being 3. Brainstorm relevant resources that exist within and outside of the community for women, children, and families (resource mapping activity)
13:50–14:50	*Lunch*
14:50–16:20	• Flow chart: (90 minutes, pull content from recent flow chart workshop)
16:20–17:00	• Role plays on counseling

DAY SIX	
Time	**Activity**
8:00–9:00	• Recap and homework
9:00–10:00	• Role plays on counseling
8:00–9:00	• Session 27: Counseling on undernutrition
10:00–13:40	Practical session and discussion • Practical sessions • Listening and learning; building confidence and giving support: assessing a breastfeed and positioning a baby at the breast • Measuring growth and counseling on growth and feeding
13:40–14:00	*Coffee break*
14:00–14:30	• Checking understanding, arranging follow-up
14:30–15:30	• Discussion on follow-up after training
15:30–16:30	*Lunch*
16:30	• Closing

References

Alive & Thrive. 2017. *Program Brief: Timed and Age Appropriate Messaging Approach on Infant and Young Child Feeding.* Alive & Thrive. https://www.aliveandthrive.org/sites/default/files/attachments/TIMEandAGE_PROGRAM_brief.pdf.

Baker, Jean, Tina Sanghvi, Nemat Hajeebhoy, and Teweldebrhan Hailu Abrha. 2013. "Learning from the Design and Implementation of Large-Scale Programs to Improve Infant and Young Child Feeding." *Food and Nutrition Bulletin* 34, suppl. 3 (September): S226–30. https://doi.org/10.1177/15648265130343S208.

Bellad, Roopa M., Niranjana S. Mahantshetti, Umesh S. Charantimath, Tony Ma, Yukiko Washio, Vanessa L. Short, Katie Chang, Parth Lalakia, Frances J. Jaeger,Patricia J. Kelly, Geetanjali Mungarwadi, Chandrashekar C. Karadiguddi, Shivaprasad S. Goudar, and Richard J. Derman. 2023. "A Training Curriculum for an mHealth Supported Peer Counseling Program to Promote Exclusive Breastfeeding in Rural India." *International Breastfeeding Journal* 18 (6). https://doi.org/10.1186/s13006-023-00546-4.

Billah, Sk Masum, Tarana E. Ferdous, Patrick Kelly, Camille Raynes-Greenow, Abu Bakkar Siddique, Nuzhat Choudhury, Tahmeed Ahmed, Stuart Gillespie, John Hoddinott, Purnima Menon, Michael John Dibley, and Shams El Arifeen. 2021. "Effect of Nutrition Counselling with a Digital Job Aid on Child Dietary Diversity: Analysis of Secondary Outcomes from a Cluster Randomised Controlled Trial in Rural Bangladesh." *Maternal & Child Nutrition* 18 (1): e13267. https://doi.org/10.1111/mcn.13267.

Black, Maureen M., Rafael Pérez-Escamilla, and Sylvia Fernandez Rao. 2015. "Integrating Nutrition and Child Development Interventions: Scientific Basis, Evidenceof Impact, and Implementation Considerations." *Advances in Nutrition* 6(6) (November): 852–9. https://doi.org/10.3945/an.115.010348.

Breakthrough RESEARCH. 2019. "Behavior prioritization to improve SBC programming during a public health emergency: a call to action," Programmatic Research Brief. Washington DC: Population Council. https://breakthroughactionandresearch.org/wp-content/uploads/2021/03/BR_Zika_Behav_Prio_ProgBrief.pdf

Canavan, Chelsey R and Wafaie W. Fawzi. 2019. "Addressing Knowledge Gaps in Adolescent Nutrition: Toward Advancing Public Health and Sustainable Development." *Current Developments in Nutrition*. 4;3(7):nzz062. https://doi.org/10.1093/cdn/nzz062. PMID: 31218273; PMCID: PMC6571436.

Desta, Binyam Fekadu, Ismael Ali Beshir, Bekele Belayhun Tefera, Mesele Damte Argaw, Habtamu Zerihun Demeke, and Mengistu Asnake Kibret. 2020. "DoesFrequency of Supportive Supervisory Visits Influence Health Service Delivery?"—Dose and Response Study. *PLOS ONE* 15 (6): e0234819. https://doi.org/10.1371/journal.pone.0234819.

Fernald, Lia C. H., Elizabeth Prado, Patricia Kariger, and Abbie Raikes. 2017. *A Toolkit for Measuring Early Childhood Development in Low and Middle-Income Countries.*Washington, DC: World Bank. https://openknowledge.worldbank.org/entities/publication/deb106bb-7361-55c3-9c3d-edb33986a1e6.

Food and Nutrition Technical Assistance III Project (FANTA). 2016. *Nutrition Assessment, Counseling, and Support (NACS): A User's Guide—Module 3: Nutrition Education and Counseling, Version 2*. Washington, DC: FHI 360/FANTA. https://www.fantaproject.org/sites/default/files/resources/NACS-Module-3-Counseling-May2016.pdf.

Gowani, Saima, Aisha K. Yousafzai, Robert Armstrong, and Zulfiqar A Bhutta. 2014. "Cost effectiveness of responsive stimulation and nutrition interventions onearly child development outcomes in Pakistan." *Annals of the New York Academy of Sciences*, 1308, 149–161. https://doi.org/10.1111/nyas.12367.

Grantham-McGregor, Sally and Joanne A. Smith. 2016. "Extending The Jamaican Early Childhood Development Intervention." *Journal of Applied Research on Children: Informing Policy for Children at Risk* 7(2): 4. https://doi.org/10.58464/2155-5834.1306.

GSED (The Global Scale for Early Development). 2019. *The Global Scale for Early Development (GSED)*. GSED. https://earlychildhoodmatters.online/2019/the-global-scale-for-early-development-gsed/.

Hentschel, Elizabeth, Aisha K. Yousafzai, and Frances E. Aboud. 2021. *The Nurturing Care Framework: Indicators for Measuring Responsive Care and Early LearningActivities*. WHO. https://nurturing-care.org/wp-content/uploads/2021/03/Proposed_indicators.pdf.

Lau, Ying, Tha P. Htun, Wai S. W. Tam, and Piyanee Klainin-Yobas. 2016. "Efficacy of e-Technologies in Improving Breastfeeding Outcomes Among PerinatalWomen: A Meta-Analysis." *Maternal & Child Nutrition* 12(3): 38–401. https://doi.org/10.1111/mcn.12202.

Ma, Tony, Katie Chang, Amal Alyusuf, Elina Bajracharya, Yukiko Washio, Patricia J. Kelly, Roopa M. Bellad, Niranjana S. Mahantashetti, Umesh Charantimath,Vanessa L. Short, Parth Lalakia, Frances Jaeger, Shivaprasad Goudar, and Richard Derman. 2022. "Design, Development, and Testing of BEST4Baby, an mHealth Technology to Support Exclusive Breastfeeding in India: Pilot Study." *JMIR Formative Research* 6(9) (September): e32795. https://doi.org/10.2196/32795.

Maalouf-Manasseh, Zeina, Lesley Oot, and Kavita Sethuraman. 2015. *Giving Children the Best Start in Life: Integrating Nutrition and Early Childhood Development Programming within the First 1,000 Days*. Washington, DC: Food and Nutrition Technical Assistance III Project (FANTA) and FHI 360.

Manzi, Anatole, Lisa R. Hirschhorn, Kenneth Sherr, Cindy Chirwa, Colin Baynes, John Koku Awoonor-Williams, and the AHI PHIT Partnership Collaborative.2017. "Mentorship and Coaching to Support Strengthening Healthcare Systems: Lessons Learned Across the Five Population Health Implementation and Training Partnership Projects in Sub-Saharan Africa." *BMC Health Services Research* 17 (suppl. 3): 831. https://doi.org/10.1186/s12913-017-2656-7.

Maheshwari, Marvi V., Nabeeha Khalid, Pragnesh D. Patel, Rahmah Alghareeb, and Afshan Hussain. 2022. "Maternal and Neonatal Outcomes of Adolescent Pregnancy: A Narrative Review." *Cureus* 14(6) (June): e25921. https://doi.org/10.7759/cureus.25921.

Mehrin, Syeda Fardina, Jena Derakshani Hamadani, Nur-E Salveen, Mohammed Imrul Hasan, Sheikh Jamal Hossain, and Helen Baker-Henningham. 2021. "Adaptingan Evidence-Based, Early Childhood Parenting Programme for Integration into Government Primary Health Care Services in Rural Bangladesh." *Frontiers in Public Health* 8: 608173. https://doi.org/10.3389/fpubh.2020.608173.

Menon, Purnima, Phuong Hong Nguyen, Kuntal Kumar Saha, Adiba Khaled, Andrew Kennedy, Lan Mai Tran, Tina Sanghvi, Nemat Hajeebhoy, Jean Baker, SilviaAlayon, Kaosar Afsana, Raisul Haque, Edward A. Frongillo, Marie T. Ruel, and Rahul Rawat. 2016. "Impacts on Breastfeeding Practices of At-Scale Strategies That Combine Intensive Interpersonal Counseling, Mass Media, and Community Mobilization: Results of Cluster-Randomized Program Evaluations in Bangladesh and Viet Nam." *PLOS Medicine* 13(10) (October): e1002159. https://doi.org/10.1371/journal.pmed.1002159.

Nguyen, Linh. 2022. "How AI Is Transforming Maternal Health Care in Vietnam." Think Global Health. Accessed May 23, 2023. https://www.thinkglobalhealth.org/article/how-ai-transforming-maternal-health-care-vietnam.

Packard, Mary. 2018a. *Report on a Review of Social and Behavior Change Methods and Approaches within Food for Peace Development Food Security Activities*. Washington, DC: Food and Nutrition Technical Assistance III Project (FANTA) and FHI 360.

Packard, Mary. 2018b. *The "C" in NACS: FANTA's Experience Improving Counseling in the Nutrition Assessment, Counseling, and Support (NACS) Approach*. Washington, DC: Food and Nutrition Technical Assistance III Project (FANTA), and FHI 360. https://www.fantaproject.org/sites/default/files/resources/C-in-NACS-Brief-Aug2018.pdf.

Perera, Shiromi Michelle. 2016. *Adolescent Inclusion in the Care Group Approach: The Nigeria experience*. Field Exchange (FEX) 52 (August): 110 https://www.ennonline.net/fex/52/adolescecaregroup.

Rochat, T.J. Redinger S. Rozentals-Thresher R. Yousafzia A. Stein A. 2019. *Caring for the Caregiver.* New York: UNICEF. https://www.unicef.org/documents/caring-caregiver.

Save the Children. 2014. *My First Baby: Guide for Adolescent Girls*. Save the Children. https://resourcecentre.savethechildren.net/pdf/my_first_baby_guide_0.pdf/.

Save the Children. 2019. *Our First Baby: Health education for adolescents who are pregnant or first-time parents*. Save the Children. https://resourcecentre.savethechildren.net/document/our-first-baby-health-education-adolescents-who-are-pregnant-or-first-time-parents/.

SPRING (Strengthening Partnerships, Results, and Innovations in Nutrition Globally). 2017. *Raising the Status and Quality of Nutrition Services Within Government Systems*. Arlington, VA: SPRING.nurtur UNICEF (United Nations Children's Fund). 2012a. Community Infant and Young Child Feeding Counselling Package: Facilitator Guide. New York: UNICEF.

UNICEF (United Nations Children's Fund). 2012a. *Community Infant and Young Child Feeding Counselling Package: Planning Guide*. New York: UNICEF. https://www.unicef.org/documents/community-iycf-package.

UNICEF (United Nations Children's Fund). 2012b. *Community Infant and Young Child Feeding Counselling Package: Adaptation Guide*. New York: UNICEF. https://www.unicef.org/media/108386/file/Adaptation%20Guide.pdf.

UNICEF (United Nations Children's Fund). 2012c. *Community Infant and Young Child Feeding Counselling Package: Supportive Supervision/Mentoring and Monitoring for Community IYCF*. New York: UNICEF. https://www.unicef.org/media/108436/file/Supervision%20Mentoring%20Monitoring%20Module.pdf.

UNICEF (United Nations Children's Fund). 2021. *Counselling to Improve Maternal Nutrition. Considerations for programming with quality, equity and scale: A Technical Brief*. New York: UNICEF. https://www.unicef.org/media/114566/file/Maternal%20Nutrition%20Counselling%20Brief.pdf.

USAID Advancing Nutrition. n.d.-a. *Measuring What it Takes to Provide Care: A toolkit for nutrition programs and research*. Arlington, VA: USAID Advancing Nutrition. Accessed May 22, 2023. https://www.advancingnutrition.org/resources/caregiver-toolkit.

USAID Advancing Nutrition. n.d.-b. *Feeding and Disability Resource Bank*. Arlington, VA: USAID Advancing Nutrition. Accessed May 22, 2023. https://www.advancingnutrition.org/resources/disability-resource-bank.

USAID Advancing Nutrition. 2020a. *Program Guidance: Engaging Family Members in Improving Maternal and Child Nutrition*. Arlington, VA: USAID AdvancingNutrition. https://www.advancingnutrition.org/sites/default/files/2020-11/ program_guidance_on_engaging_family_members.pdf.

USAID Advancing Nutrition. 2020b. *New Tools for High-Quality Nutrition Social and Behavior Change Programming*. Accessed May 22, 2023. https://www.advancingnutrition.org/what-we-do/activities/new-tools-high-quality-nutrition-social-and-behavior-change-programming.

USAID Advancing Nutrition. 2020c. *Factors That Influence Multi-Sectoral Nutrition Behaviors*. Arlington, VA: USAID Advancing Nutrition. https://www.advancingnutrition.org/resources/factors-influence-multi-sectoral-nutrition-behaviors.

USAID Advancing Nutrition. 2021a. *Prioritizing Multi-Sectoral Nutrition Behaviors*. Arlington, VA: USAID Advancing Nutrition. https://www.advancingnutrition.org/resources/prioritizing-multi-sectoral-nutrition-behaviors.

USAID Advancing Nutrition. 2021b. *Conducting Formative Research on Adolescent Nutrition*. Arlington, VA: USAID Advancing Nutrition. https://www.advancingnutrition.org/sites/default/files/2021-09/ Adolescent_Nutrition_FR_Guidance.pdf.

USAID Advancing Nutrition. 2022a. *Enabling Better Complementary Feeding: Guidance and Workbook*. Arlington, VA: USAID Advancing Nutrition. https://www.advancingnutrition.org/resources/enabling-better-complementary-feeding-guidance-and-workbook.

USAID Advancing Nutrition. 2022b. *Focusing on Social Norms: A Practical Guide for Nutrition Programmers to Improve Women's and Children's Diets*. Arlington, VA: USAID Advancing Nutrition. https://www.advancingnutrition.org/resources/focusing-social-norms-practical-guide-nutrition-programmers-improve-womens-and-childrens.

USAID Advancing Nutrition. 2022c. *SBC Formative Research Decision Tree*. Arlington, VA: USAID Advancing Nutrition. https://www.advancingnutrition.org/resources/sbc-formative-research-decision-tree.

USAID Advancing Nutrition. 2023a. *Responsive Care and Early Learning Addendum Training Package: Facilitator's Guide*. Arlington, VA: USAID Advancing Nutrition.

USAID Advancing Nutrition. 2023b. *Responsive Care and Early Learning Addendum: Planning, Adaptation, and Implementation Guide*. Arlington, VA: USAID AdvancingNutrition. https://www.advancingnutrition.org/what-we-do/early-childhood-development/RCELaddendum.

USAID Advancing Nutrition. 2023c. *Responsive Care and Early Learning Addendum Training Package: Participant Handouts*. Arlington, VA: USAID Advancing Nutrition.

USAID Advancing Nutrition. 2023d. *Responsive Care and Early Learning Addendum: Counseling Cards*. Arlington, VA: USAID Advancing Nutrition.

USAID Advancing Nutrition. 2023e. *Strengthening Counseling Capacity through Supportive Supervision and Mentorship: Insights from USAID Advancing Nutrition Program Experiences*. Arlington, VA: USAID Advancing Nutrition.

USAID Advancing Nutrition. 2023f. *Supporting Children to Thrive: Using the Responsive Care and earlying Learning Addendum to Improve Child Nutrition and Development*. Arlington, VA: USAID Advancing Nutrition. Forthcoming.

USAID Advancing Nutrition. 2023g. *Responsive Care and Early Learning (RCEL) Addendum Implementation Research: Learnings on the feasibility and acceptability of the RCEL Addendum*. Arlington, VA: USAID Advancing Nutrition. Forthcoming.

USAID Bureau for Humanitarian Assistance (BHA). 2022. Refine and Implement Overview & FAQ. https://www.fsnnetwork.org/sites/default/files/2022-12/USAID_BHA_RFSA_Refine_and_Implement_Overview_FAQ_Feb_2022.pdf.

USAID Interagency Gender Working Group. 2020. *DO's & DON'Ts for Engaging Men & Boys: Now Available in French, Portuguese, and Spanish*. Washington, DC:USAID. https://www.igwg.org/resources/dos-donts-for-engaging-men-boys/.

USAID and MOMENTUM Country and Global Leadership. 2022. *How to Engage Men in Nurturing Care Across the Life Stages*. https://usaidmomentum.org/resource/how-to-engage-men-in-nurturing-care-across-the-life-stages/.

Walker S. P., H. Baker-Henningham, S. M. Chang, C. A. Powell, F. Lopez-Boo, and S. Grantham-McGregor. 2017. *Implementation of parenting interventions through health services in Jamaica*. Vulnerable Child Youth Studies, October.

WHO (World Health Organization). 2020. *Improving Early Childhood Development: WHO Guideline*. Geneva: WHO. https://www.who.int/publications/i/item/97892400020986.

WHO (World Health Organization). 2021. *Nurturing Care Handbook: Strategic Action 4 - Monitor Progress: How to monitor populations, implementation, and individual children's development*. Geneva: WHO. https://nurturing-care.org/wp-content/uploads/2021/01/Nurturing_Care_Handbook_05.pdf.

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

WHO (World Health Organization), UNICEF (United Nations Children's Fund), and World Bank Group. 2022. "Bebbo app." Nurturing Care for Early ChildhoodDevelopment. Accessed May 23, 2023. https://nurturing-care.org/bebbo_app/.

Wrottesley, Stephanie V. and Natasha Leijveld. 2023. *Improving nutrition during middle childhood and adolescence by 2032: A research roadmap*. https://www.ennonline.net/adolescent-nutrition-research-roadmap.

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