



USAID
FROM THE AMERICAN PEOPLE



Ages and Stages Reference Package

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

USAID ADVANCING NUTRITION

OCTOBER 2023

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

This report is made possible by the generous support of the American people through the U.S. Agency for International Development. It was prepared under the terms of contract 7200AA18C00070 awarded to JSI Research & Training Institute, Inc. (JSI). The contents are the responsibility of JSI, and do not necessarily reflect the views of USAID or the U.S. Government.

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

Recommended Citation

USAID Advancing Nutrition. 2023. *Supporting Integrated Infant and Young Child Nutrition and Early Childhood Development Programming: Ages and Stages Reference Package*. Arlington, VA: USAID Advancing Nutrition.

Acknowledgments

Many people contributed to the creation of this package—developing the concept, writing and structure, and providing technical feedback on its content, flow, and usability. The *Supporting Integrated Infant and Young Child Nutrition and Early Childhood Development Programming: Ages and Stages Reference Package* was developed by Lesley Oot and Kelsey Torres (USAID Advancing Nutrition). The authors of this reference package wish to thank Malia Uyehara for her support in writing sections of this package. The authors would also like to acknowledge Kavita Sethuraman, Karin Christianson, and Lisa Sherburne (USAID Advancing Nutrition) and Cat Kirk (USAID/Center on Children in Adversity) for their support designing and reviewing sections of the guide, as well as Jimmy Bishara for art direction and Heather Davis for editorial support (USAID Advancing Nutrition). Lastly, we would like to thank Andrea Warren and Judy Canahuati (USAID/Bureau for Humanitarian Assistance) for providing valuable technical review and guidance.

COVER IMAGES: USAID ADVANCING NUTRITION, 2021.

USAID Advancing Nutrition

JSI Research & Training Institute, Inc.
2733 Crystal Drive
4th Floor
Arlington, VA 22202

Phone: 703–528–7474

Email: info@advancingnutrition.org
www.advancingnutrition.org

Contents

Key Terms.....	iv
Acronyms and Abbreviations.....	v
Program Design and Implementation Guide	
Introduction.....	1
Using the <i>Ages and Stages Reference Package: What to Plan For</i>	5
Key Design and Implementation Principles.....	9
Annex A: Program Design and Implementation Guide.....	A-15
Module 1: Birth Up to 6 Months of Age..... M1-I	
Annex B: Module 1.....	M1-5
Module 2: 6 Up to 9 Months of Age..... M2-I	
Annex C: Module 2.....	M2-5
Module 3: 9 Up to 12 Months of Age..... M3-I	
Annex D: Module 3.....	M3-5
Module 4: 12 Up to 24 Months of Age..... M4-I	
Annex E: Module 4.....	M4-5
Annex F: Additional Resources for Modules 1–4: RCEL and IYCF Counseling Cards and Handouts.....	AR-1

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

Program Design and Implementation Guide

Ages and Stages Reference Package



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 I. 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 I.

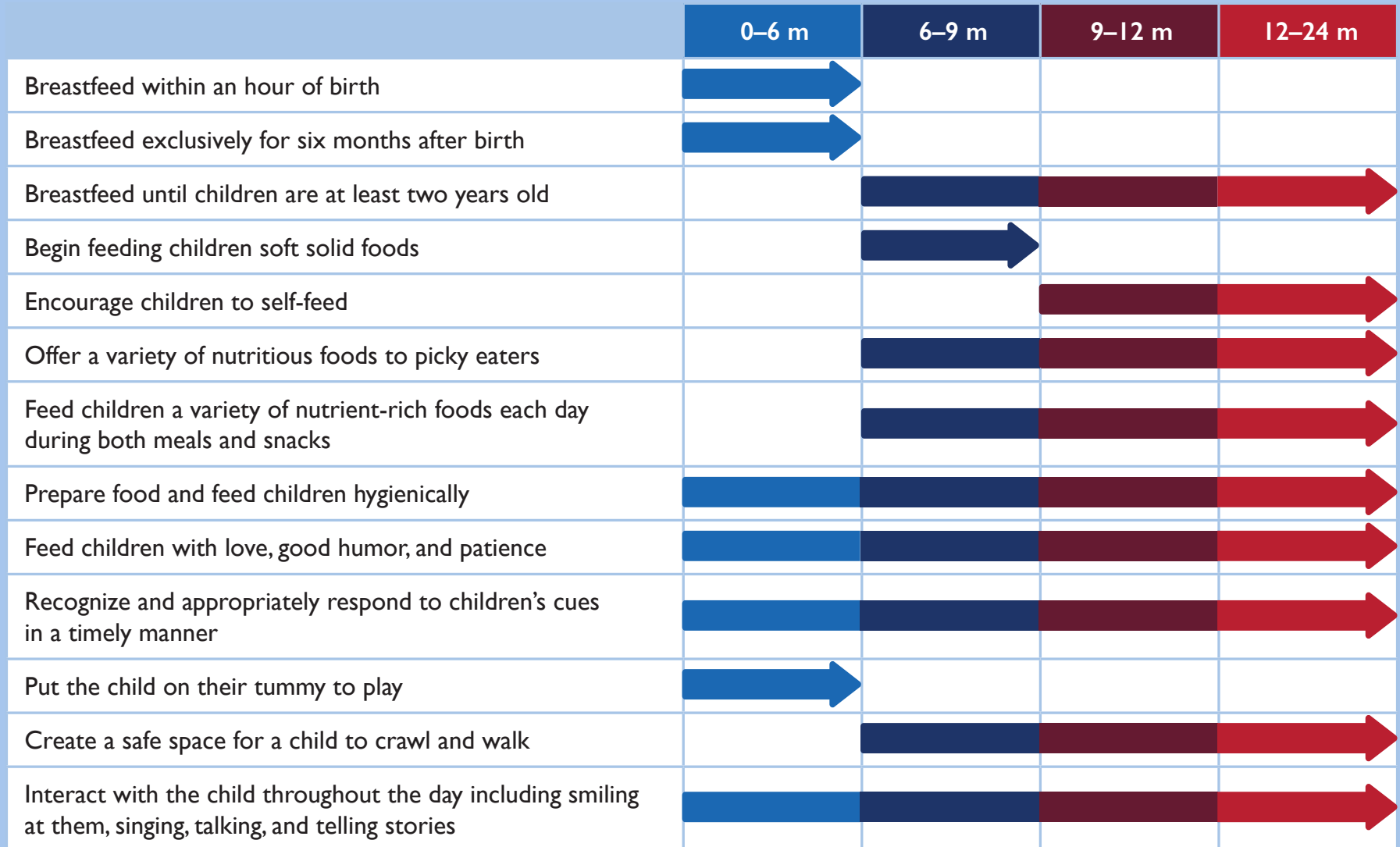
Why Use the Supporting Integrated Infant and Young Child Nutrition and Early Childhood Development Programming: Ages and Stages Reference Package?

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 RFSAs 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 separately². 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 RFSAAs 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.

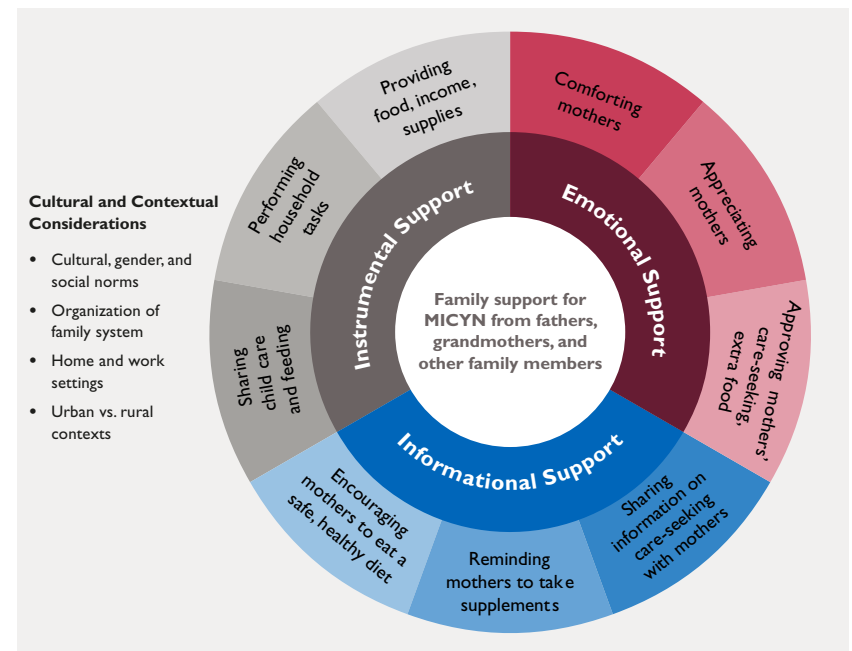
Support Caregiver Well-Being

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 Advancing Nutrition 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, Bebo, 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” (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)

I. 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:

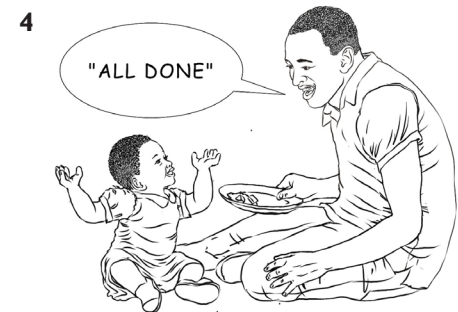
- Continue breastfeeding.
- If you suspect any symptoms of COVID-19, wear a mask and wash your hands (for no less than 20 seconds) before breastfeeding.

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."



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, clasp 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.

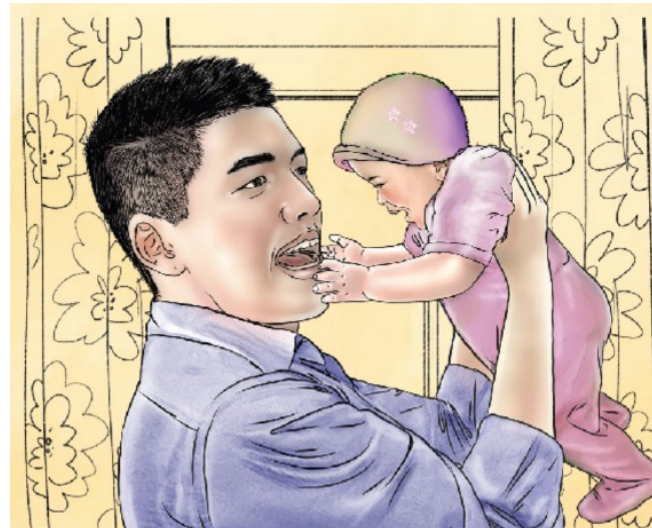
Responsive feeding helps make feeding time a time of love and learning. It helps you and your

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.



– Сиз балаңыз менен күн сайын сүйлөшүп, ойнотуп, тамак берип, кам көрүп, көңүл бурсаңыз, анда балаңызга жаңы нерселерди үйрөнүүгө, өсүүсүнө жардам бересиз. Бул күнүмдүк аткарылган, жөнөкөй эле иш аракеттер балаңыздын мээсинин өөрчүшүнө шарт түзөт жана бала акылдуу болуп чоңойот.

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>

БАЛАГА ТАМАК ЖЕГЕНДИ ҮЙРӨТҮП ЖАТКАНДА МЭЭРИМ ТӨГҮП, САБЫР КЫЛЫНЫЗ ЖАНА ТАМАШАЛАҢЫЗ

КАМКОРДУК МЕНЕН БАГУУ

- Баланы багуу жана ага кам көрүү – бул бала менен өз ара аракеттенишүү, балага мээрим төгүү, баланын муктаждыктарына жана кызыгууларына дайма жооп берүү.
- Камкордук менен багуу – жеңил жана маанилүү! Ымыркай бала өзүн коопсуз, сүйүктүү жана керектүү деп сезиш үчүн, анын ата-энесинин, чоң ата, чоң энесинин жана бардык башка үй-бүлө мүчөлөрүнүн орду абдан чоң.



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” (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.

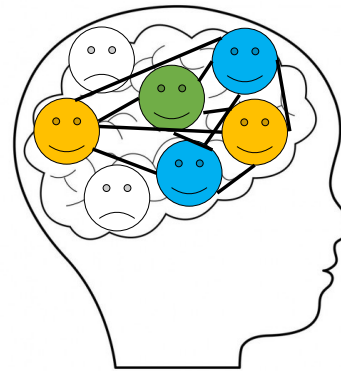
The Community Mobilizer should say, “For example, we can speak a lot to our baby so he/she learns to recognize familiar voices, learn words, and feel secure.” The Community Mobilizer shows the image on the “Positive Experiences Card” that was removed from Child A’s container, tapes a colorful smiley 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, clapping 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 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	<ul style="list-style-type: none"> • Registration • Introduction of participants • Welcome and opening ceremony
10:00–10:30	<ul style="list-style-type: none"> • Session 1: Introduction to infant and young child feeding and to the growth standards
10:30–11:15	<ul style="list-style-type: none"> • 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	<i>Coffee break</i>
11:35–12:05	<ul style="list-style-type: none"> • Session 2: Why breastfeeding is important
12:05–12:35	<ul style="list-style-type: none"> • Session 3: How breastfeeding works
12:35–13:45	<ul style="list-style-type: none"> • Session 4: Assessing a breastfeed
13:45–14:45	<i>Lunch</i>
14:45–15:45	<ul style="list-style-type: none"> • Session 5: Introducing child growth assessment
15:45–16:45	<ul style="list-style-type: none"> • Session 6: Measuring length, height and weight • Measuring, it's not so easy

DAY TWO	
Time	Activity
8:30–9:30	<ul style="list-style-type: none"> • Session 7: Listening and learning • Session 8: Homework: Listening and learning exercises
9:30–10:30	<ul style="list-style-type: none"> • Session 9: Building confidence and giving support • Session 10: Exercises
10:30–11:00	<ul style="list-style-type: none"> • Session 11: Plotting points for growth indicators
11:00–11:20	<i>Coffee break</i>
11:20–12:00	<ul style="list-style-type: none"> • Session 12 : Plotting points for growth indicators
12:00–13:00	<ul style="list-style-type: none"> • Session 13: Interpreting points for growth indicators
13:00–14:00	<ul style="list-style-type: none"> • Session 15: Interpreting trends on growth charts
14:00–15:00	<i>Lunch</i>
15:00–15:30	<ul style="list-style-type: none"> • Session 16: Taking a feeding history (breastfeeding)
15:30–16:35	<ul style="list-style-type: none"> • 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	<i>Coffee break</i>
11:20–12:00	• Session 20: Importance of complementary feeding
12:00–12:30	• Overview of RCEL Addendum cards
12:30–13:25	<ul style="list-style-type: none"> • 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	<i>Lunch</i>
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	<ul style="list-style-type: none"> Recap of Days 1 and 2 – Homework/Confidence building and support skills/Exercises
9:30–10:50	<ul style="list-style-type: none"> Session 23: Quantity, variety and frequency of feeds
10:50–11:10	<i>Coffee break</i>
11:10–11:40	<ul style="list-style-type: none"> Session 24: Feeding techniques
11:40–12:40	<ul style="list-style-type: none"> Session 25: Growth assessment and results when a child is growing well
12:40–13:20	<ul style="list-style-type: none"> Breastfeeding and CODE/Conflict of interest
13:20–14:20	<i>Lunch</i>
14:20–15:10	<ul style="list-style-type: none"> Session 6 From RCEL Addendum (Early Learning Through Communication and Play, 50 minutes) <ol style="list-style-type: none"> Identify play and communication activities that are appropriate for different ages 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Recap and homework
9:00–10:30	<ul style="list-style-type: none"> Session 26: Investigating causes of malnutrition
10:30–11:00	<ul style="list-style-type: none"> Session 27: Counseling on undernutrition
11:00–11:20	<i>Coffee Break</i>
11:20–12:25	<ul style="list-style-type: none"> Session 9 From RCEL Addendum (Monitoring Your Child’s Development, 65 minutes) <ol style="list-style-type: none"> Describe how to monitor a child’s development, identify warning signs, and refer the child to a health facility or other program 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	<ul style="list-style-type: none"> Session 10 From RCEL Addendum (Caring for the Caregiver, 85 minutes) <ol style="list-style-type: none"> Understand the importance of taking care of the caregiver Identify and practice strategies for supporting caregiver well-being Brainstorm relevant resources that exist within and outside of the community for women, children, and families (resource mapping activity)
13:50–14:50	<i>Lunch</i>
14:50–16:20	<ul style="list-style-type: none"> Flow chart: (90 minutes, pull content from recent flow chart workshop)
16:20–17:00	<ul style="list-style-type: none"> Role plays on counseling

DAY SIX	
Time	Activity
8:00–9:00	<ul style="list-style-type: none"> Recap and homework
9:00–10:00	<ul style="list-style-type: none"> Role plays on counseling
8:00–9:00	<ul style="list-style-type: none"> Session 27: Counseling on undernutrition
10:00–13:40	Practical session and discussion <ul style="list-style-type: none"> 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	<i>Coffee break</i>
14:00–14:30	<ul style="list-style-type: none"> Checking understanding, arranging follow-up
14:30–15:30	<ul style="list-style-type: none"> Discussion on follow-up after training
15:30–16:30	<i>Lunch</i>
16:30	<ul style="list-style-type: none"> 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, Evidence of 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. “Does Frequency 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-edb33986ae6>.
- 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 on early 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 Learning Activities*. 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 Perinatal Women: 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. “Adapting an 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, Silvia Alayon, 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.enonline.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-iyfc-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 Advancing Nutrition. 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 Advancing Nutrition. <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 early 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 Childhood Development*. 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.enonline.net/adolescent-nutrition-research-roadmap>.

Module 1: Birth Up to 6 Months of Age

How to Support Integrated Responsive Care, Early Learning, and Exclusive Breastfeeding Practices

Ages and Stages Reference Package





Reminder: Please review the [Ages and Stages Program Design and Implementation Guide](#) before using this module for the first time.

Overview of a Child’s Development and Feeding Needs at This Stage



During this stage, a child is welcomed into the world and will ideally experience rapid physical, cognitive, and developmental growth. The child is getting to know the outside world—

including their family. At birth, children can see short distances and can hear their families’ voices, so engaging with the infant through touch, sight, and sound is an important way to connect with the child and to help them develop. Everyday actions like smiling at the child, cooing, singing, talking, and telling them stories are all important ways to help the child learn and grow. Key early essential newborn care practices at birth, including skin-to-skin contact, zero separation of the mother and child, and **early initiation of breastfeeding** (within one hour of birth), are important ways to provide [nurturing care right from the start](#) (WHO & UNICEF 2021).

Following early initiation of breastfeeding, children should continue with **exclusive breastfeeding** throughout the period (meaning no other liquids or foods, only breast milk). All the nutrition a child needs at this age comes from breast milk. Breastfeeding not only provides children with all the nutrition they need but also helps strengthen the mother-child bond by creating opportunities for the child to look at mom and for mom to nurture the child during breastfeeding.

Children do not need solid foods at this age. In fact, at this stage, children have a strong thrust reflex to push solid foods out to prevent choking, indicating they are not yet ready for those foods. Therefore, ensuring the child is breastfeeding well is important. A child should be breastfed on demand, typically 8–12 times per day during this early stage. If the child is breastfeeding correctly, you should be able to hear swallowing and see rhythmic throat movement, indicating they are eating well. The child should be content and happy after a feed, releasing the breast on their own. The breast should feel soft and less full after a successful feed. The child should finish on one breast before switching to the other to ensure they receive both the nutritious foremilk and hindmilk. Signs that the child is eating enough breast milk include gaining weight and passing light-colored urine at least six times a day. Signs of hunger include opening and closing the mouth, moving fists to the mouth, and looking for the breast. Crying is a late sign of hunger. By the end of this stage, infants may start showing an interest in other foods aside from breast milk. At six months of age, the child is physiologically ready to begin complementary foods, and caregivers should begin to think about adding food to a child’s diet.

What Are Signs of Healthy Growth and Development?

Healthy Growth

Adequate increases in weight and length, according to the child’s sex and age, are indicators of healthy growth during this stage. Caregivers should assess their child’s growth during regular visits with health providers to ensure the child is growing optimally every month and not becoming malnourished. Regular growth-monitoring visits are also an opportune time to discuss the child’s developmental milestones with a health provider.

BOX 1. THINGS TO WATCH FOR BY SIX MONTHS OF AGE:

While children develop at different paces, caregivers should speak with health providers if their child displays the following behavior at six months:

- Child doesn’t show affection to parents or caregivers.
- Child won’t respond to nearby sounds.
- Child doesn’t laugh.
- Child has a hard time getting things into their mouth.
- Child doesn’t make vowel sounds.
- Child seems too floppy or too stiff.
- Child can’t roll over in either direction.
- Child doesn’t attempt to grab objects nearby.

Source: UNICEF n.d.



Infant Development

A child tells their caregiver what they need through cues (i.e., using sounds, facial expressions, and body movements). Cues that the child wants the caregiver’s attention include wide-open eyes, being alert, looking toward the caregiver’s face or toward someone who is talking, sucking on fists or objects, clapping hands or feet together, and grasping onto a finger or an object.

During this stage, most children will reach key physical, language, cognitive, and social-emotional developmental milestones. At the beginning of this stage (zero to two months), this includes working to hold their head up for a few seconds and then for a longer time, pushing themselves up to the prone position, moving their hands toward the center of the body, attempting to turn toward sounds, following things with their eyes, and smiling back at a caregiver. By the end of this stage, at six months of age, most children can sit with support, roll over, hold toys or objects, laugh and respond with sound when the caregiver talks, make responses to face-to-face play, and show recognition and preferences for caregivers by reaching, smiling, and inspecting their faces.

BOX 2. MALNUTRITION’S IMPACT ON CHILD DEVELOPMENT

Malnutrition negatively impacts a child’s growth and development by affecting their brain development and influencing their behavior. Malnourished children often have less energy and interest in playing and interacting with their environment, limiting their learning from the world around them. In addition, malnourished children may be more fussy and irritable, resulting in less responsive or negative interactions with their caregivers. In contrast, well-nourished children may be more active and demand greater attention and responsiveness from their caregivers. Lastly, malnourished children may also be harder to feed, resulting in the provision of less food and feeding in a less responsive manner. All of these factors contribute to malnourished children often reaching their developmental milestones at a slower pace than their healthy peers.

Source: Maalouf-Manasseh, Oot, and Sethuraman 2015.

Common Caregiver Challenges at This Stage

Initiating and continuing breastfeeding can be difficult for many mothers, as breastfeeding takes knowledge, practice, time, and energy. Initiating breastfeeding (getting a good latch on the breast) can be difficult, especially for first-time and adolescent mothers, and feeding a child on demand (10–12 times throughout the day and night) is both physically and mentally tiring for mothers. During a growth spurt, children may also want to feed more often than 10–12 times per day. This

is normal and helps to increase the mother’s supply as the child’s need for breast milk increases as they age. However, this can be a particularly stressful time for mothers due to the increased feeding demands, and often mothers perceive they do not have sufficient breast milk. Mothers need guidance, support, and encouragement to breastfeed optimally and take care of their own needs. Furthermore, interacting with a young child may not be natural for some caregivers, and caregivers can feel stressed about finding time each day to interact with their child. Caregivers will need guidance and encouragement to interact with their children. Family engagement (from fathers, grandparents, etc.) is important to support mothers by reallocating household chores and responsibilities so mothers have time to breastfeed and interact with their children. Family engagement with the child, even at this young age, is critical to ensure the child receives the love, stimulation, and support they need to grow optimally. Individual home visits/counseling sessions and group sessions (see below) can be particularly helpful for problem solving and discussing local solutions to these challenges.



BOX 3. PRIMARY CAREGIVERS NEED SUPPORT

Primary caregivers, typically mothers, rarely make infant feeding and care decisions alone, and they need support from other caregivers in the home (including fathers, grandmothers, grandfathers, aunts, etc.) as well as key influencers in their community to provide optimal care. A mother's ability to practice optimal feeding and care behaviors is influenced by household, community, and sociocultural factors. For example, a mother may wish to exclusively breastfeed her four-month-old infant. However, her mother-in-law may disagree, fearing the child will die of thirst without water. These household dynamics impact feeding and care behaviors and can be stressful for caregivers. For more information on **factors that influence feeding and nurturing care behaviors** and how to **support primary caregivers**, see the *Program Design and Implementation Guide* and resources available in the online toolkit.

Suggested Individual/Group Activities

Program activities should be selected and designed based on your prioritized behaviors and behavioral analysis. Common **prioritized behaviors** for this stage include the following:

- Breastfeed soon after birth, frequently, and on demand.
- Exclusively breastfeed. Continue to breastfeed during mother and child 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.
- Find time to rest and take care of their own needs.
- Recognize and appropriately respond to the child's cues in a timely manner.



Think through activities that will best address barriers and enablers from your behavioral analysis and, if indicated, consider using approaches shared in the Program Design and Implementation Guide (i.e., individual- and group-level activities). More information on these behaviors can be found in the Responsive Care and Early Learning (RCEL) Addendum and The Community Infant and Young Child Feeding (C-IYCF) Counselling Package (see “Additional Resources” below) and in Annex A, which provides illustrative examples of individual or group RCEL-specific activities that can be integrated with existing IYCF programming (USAID Advancing Nutrition 2023a; UNICEF 2012a).

BOX 4. IMPLEMENTATION REMINDER

To effectively implement the suggested activities, program implementers need training, in-service support (i.e., mentorship or supportive supervision), relevant materials, and manageable workloads—ensuring that implementers have the capacity, resources, and time to implement quality activities.

Implementers should conduct activities on a consistent basis and with enough frequency to address a child's transient needs during this early stage of life. See the *Program Design and Implementation Guide* section on “Frequency of Activities” for more guidance on how and when to provide activities.

For **individual** activities, implement the five steps of counseling: 1) Welcome caregiver(s); 2) Assess; 3) Analyze; 4) Act; and 5) Recap and Close. This will ensure you have time to connect, listen to, and discuss and help the caregiver solve feeding or care issues.

For **group** activities, make sure to create age-specific groups (e.g., groups for caregivers of children zero–six months and six–nine months of age) or split the larger group into smaller, age-specific groups to discuss relevant topics before reconvening as a whole.

ANNEX B

Module 1: Birth Up to 6 Months of Age



Illustrative RCEL Activities for Children Birth Up to 6 Months of Age

The table below provides illustrative RCEL-specific activities that can be integrated with existing IYCF programming and used during individual or group activities for caregivers of children ages **zero up to six months**. This is not an exhaustive list but rather examples of activities for this age group. These activities rely on the use of the *RCEL Addendum Counseling Cards* and are intended to support one or more of the IYCF/RCEL common prioritized behaviors identified above (USAID Advancing Nutrition 2023d).

For individual activities, select activities based on caregiver needs/interests and observations of caregiver-child interactions. Only select one to two behaviors to discuss during each session to not overwhelm the caregiver. For group activities, choose a topic for the session and review the relevant counseling card(s). Plan for the time you have. If you are meeting with a group several times, choose a new topic each time—allowing participants to weigh in

on what they are most interested in doing/learning about, if possible. Focus on one topic per session. Implementation of each individual activity should take approximately 15–30 minutes. Implementation of group activities should take approximately one hour. All materials and guidance necessary to conduct activities are included in the table and additional resources section below.

See the [Facilitator Guide](#) and [Participant Materials](#) from the *C-IYCF Counselling Package* and the training package and [counseling cards](#) from the *RCEL Addendum* for more information on how to conduct both individual and group counseling sessions (UNICEF 2012b; UNICEF 2012c; USAID Advancing Nutrition 2023c; USAID Advancing Nutrition 2023d). For more ideas on how to support child development at this age, see the [Playful Parenting Activity Booklet](#) for parents and caregivers (World Vision International 2020a). Programs can use ideas from this booklet to start discussions and practice

optimal behaviors during group sessions. In addition, the RCEL Addendum and [World Vision Toy Guide for Early Childhood Development](#) provide instructions on how to make simple toys for children in this age group and show how caregivers can engage and play with children using those toys (USAID Advancing Nutrition 2023a; World Vision International 2020b). For more information and resources, see the [Ages and Stages Resource Collection](#), where you can search for materials by age/stage (e.g., 12 up to 24 months) or cross-cutting themes (e.g., breastfeeding).

For information on how to **adapt these activities for children with disabilities**, see RCEL Addendum Counseling card, “[Tips for Supporting Children with Disabilities to Engage in Play and Learning](#)” in the *Responsive Care and Early Learning Addendum*.

Source: USAID Advancing Nutrition 2023d

EXAMPLE RCEL ACTIVITIES FOR CHILDREN (BIRTH UP TO 6 MONTHS)

Individual-level activities—integrate into home visits, one-on-one counseling sessions, etc.

	Foundational Activity ¹	Activity 1	Activity 2	Activity 3
Who is the activity for:	Primary Caregivers	Primary Caregivers (e.g., mother, father, grandparents)	Mother	Mother (and other family members)
Activity:	Counsel caregivers on responsive care practices	Counsel caregivers to incorporate play with child while doing household chores	Counsel mother to sing to her child while breastfeeding	Counsel mother and other family members on the importance and benefits of caring for the caregiver for both maternal and child welfare
How to plan for activity:	Review counseling card #1 on responsive caregiving.	Review counseling card # 4 on learning through play.	Review counseling card #3 on why and how to listen and talk to your child.	Review counseling card # 6 on the importance of taking care of yourself (the primary caregiver) in order to care for the child.
How to implement:	<ol style="list-style-type: none"> Use card #1 to explain why responsive care is important. Ask the caregiver if s/he has seen any specific cues from their child and how they respond. Fill in any additional cues s/he may be missing, and discuss how it is essential to make eye contact with their child to observe, identify, and respond to them in an appropriate and timely manner. 	<ol style="list-style-type: none"> Use card #4 to explain why play is important for a child to learn. Ask the caregiver how they currently play with their child during the day. Help them brainstorm ways they can interact with their child while doing chores. Examples include: <ul style="list-style-type: none"> Make funny faces, smile, talk, and sing to your child during chores. As you are walking to the market, point out and name things you see (e.g., look, a bird, a tree, another child!). Tell them stories as you clean the house. 	<ol style="list-style-type: none"> Use card #3 to explain why singing and talking to your child is important, and how breastfeeding is an ideal time to do so. Demonstrate to the caregiver. Encourage the mother to demonstrate practice to you. 	<ol style="list-style-type: none"> Use card #6 to explain why taking care of the primary caregiver is important to being able to care for the child, especially during this stage when breastfeeding and infant care demand a lot from the mother. Ask the mother about how she takes care of her own needs. How can she do more of this? What are the benefits to the child? Help her brainstorm ways to manage her emotions and find time to care for herself, such as asking friends and family for help so she can breastfeed or rest. Ask family members to brainstorm and suggest ideas for how they will help and support the mother.

EXAMPLE RCEL ACTIVITIES FOR CHILDREN (BIRTH UP TO 6 MONTHS)

	Foundational Activity	Activity 1	Activity 2	Activity 3
Why (behavior supported):	Recognize and appropriately respond to the child’s cues in a timely manner	Play with the child in age-appropriate ways	Interact with the child throughout the day, including smiling at them; singing, talking, and reading to them; or telling them stories	Find time to rest and take care of their own needs
Group-level activities—integrate into mothers’ groups, care groups, village savings and loan association (VSLA) groups, men’s groups, etc.				
Who is the activity for:	Any Caregiver	Mothers’ Groups, Care Groups, Men’s Groups, VSLA Groups	Mothers’ Groups, Care Groups, VSLA Groups	Mothers’ Groups, Care Groups, Men’s Groups, VSLA Groups
Activity:	Facilitate group discussion on responsive care practices	Make age-appropriate play things together for the child	Facilitate group sing-a-long with children	Facilitate group discussion on strategies to incorporate play and communication during daily chores
How to plan for activity:	Review counseling card #1 on responsive caregiving.	Review the instructions for this activity. Optional: Use card #4 to start the session, explaining why play is important.	Review counseling card #3.	Review counseling card #4 and the instructions for this activity.
How to implement:	<ol style="list-style-type: none"> 1. Use card #1 to explain why responsive care is important. 2. Ask the caregivers if they have seen any specific cues from their children and how they respond. 3. Fill in any additional cues they may be missing, and discuss how they can identify and respond to those cues in the future. 	<ol style="list-style-type: none"> 1. Explain the activity, and pass out the materials and instructions to build the toys. Make sure all toys are clean, safe, and not small enough to be a choking hazard. 2. Help caregivers as they build toys. 3. Demonstrate how to use the toys for age-appropriate play with their child. <ul style="list-style-type: none"> • Show caregivers how to safely place children on their tummies to play with toys and watch other children. This is one way children like to play. 4. Ask caregivers to demonstrate how they will play with their children using the new toy. 5. Close by reminding everyone that play helps a child learn. Even young babies can play. 	<ol style="list-style-type: none"> 1. Open session by discussing why singing and talking to young children is important for them to learn. Use card #3. 2. Lead a brainstorm of songs that could be sung with actions. These can be popular songs or lullabies. 3. Discuss times throughout the day that songs can be sung (e.g., while breastfeeding, while cooking, while walking to the market). 4. Demonstrate singing songs with participants. Invite others to demonstrate and join in until everyone has practiced singing. 5. Close by reminding everyone that singing and talking to their child helps them learn. 	<ol style="list-style-type: none"> 1. Explain the activity, and use card #4 to discuss why play is important for children to learn. 2. Lead a brainstorm on how you can play with a child this age. You don’t always need toys to play, and you can play using your fingers and hands. You can also play “peekaboo” with a child using a scarf, cloth, or your hands. 3. Lead a brainstorm on how you play with your child throughout the day. 4. Close by asking participants to try one to two games at home.

EXAMPLE RCEL ACTIVITIES FOR CHILDREN (BIRTH UP TO 6 MONTHS)

Group-level activities—integrate into mothers’ groups, care groups, village savings and loan association (VSLA) groups, men’s groups, etc.

Why (behavior supported):	Recognize and appropriately respond to the child’s cues in a timely manner	Play with the child in age-appropriate ways	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 Interact with the child throughout the day, including smiling at them; singing, talking, and reading to them; or telling them stories
----------------------------------	--	---	---	--

¹Conduct this session first to ensure caregivers have a solid understanding of what responsive care is before beginning other activities.

References

- 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.
- United Nations Children's Fund (UNICEF). n.d. Your toddler's developmental milestones at 6 months. Everything you need to know about your growing 6-month-old. Accessed July 7, 2023. <https://www.unicef.org/parenting/child-development/your-babys-developmental-milestones-6-months>.
- UNICEF. 2012a. *The Community Infant and Young Child Feeding Counselling Package*. New York: UNICEF. <https://www.unicef.org/documents/community-iycf-package>.
- UNICEF. 2012b. *The Community Infant and Young Child Feeding Counselling Package: Facilitator Guide*. New York: UNICEF. <https://www.unicef.org/media/108391/file/Facilitator%20Guide.pdf>.
- UNICEF. 2012c. *The Community Infant and Young Child Feeding Counselling Package: Participant Materials*. New York: UNICEF. <https://www.unicef.org/media/108401/file/Participant%20Materials.pdf>.
- USAID Advancing Nutrition. 2023a. *Responsive Care and Early Learning Addendum*. Arlington, VA: USAID Advancing Nutrition. <https://www.advancingnutrition.org/what-we-do/early-childhood-development/RCELaddendum>.
- USAID Advancing Nutrition. 2023b. *Responsive Care and Early Learning Addendum: Planning, Adaptation, and Implementation Guide*. Arlington, VA: USAID Advancing Nutrition.
- USAID Advancing Nutrition. 2023c. *Responsive Care and Early Learning Addendum Training Package: Facilitator's Guide*. 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. *Responsive Care and Early Learning Addendum: How to Make Homemade Toys*. Arlington, VA: USAID Advancing Nutrition.
- World Health Organization (WHO) and UNICEF. 2021. *Nurturing Care for Every Newborn: Thematic Brief*. Geneva: WHO and UNICEF. <https://www.who.int/publications/i/item/9789240035201>.
- World Vision International. 2020a. *Playful Parenting Activity Booklet*. Uxbridge: World Vision International. <https://www.wvi.org/publications/manualtoolkit/playful-parenting-activity-booklet>.
- World Vision International. 2020b. *World Vision Toy Guide for Early Childhood Development*. Uxbridge: World Vision International. <https://www.wvi.org/publications/manualtoolkit/world-vision-toy-guide-early-childhood-development-0>.

Module 2: 6 Up to 9 Months of Age

How to Support Integrated Responsive Care, Early Learning, and Child Feeding Practices

Ages and Stages Reference Package





Reminder: Please review the [Program Design and Implementation Guide](#) before using this module for the first time.

Overview of a Child's Development and Feeding Needs at This Stage



During this stage, the child is growing and changing rapidly, learning to explore and connect with the people and world around them. Children at this stage are learning to use cues such as sounds and pointing to express their needs and emotions and are beginning to move and explore the world by rolling, sitting, crawling, and even pulling themselves up to stand. Continuing to talk, read, play, and sing with the child are important ways to help them learn and grow.

This is a period when children will begin to consume solid foods in addition to breast milk, learning how to chew mashed and pureed foods. Signs that a child is ready to begin consuming solid foods include being able to sit with support, no longer having the tongue thrust reflex (that causes them to push anything out that touches their tongues), and looking intently at food (and/or reaching for food). The six- to nine-month period is

a critical time to ensure the child is getting **diverse, nutrient-rich foods** with **adequate frequency, amount, and consistency**, prepared safely for each meal, and **to feed with love, patience, and good humor**.

Caregivers should breastfeed first and then provide soft/mashed/pureed foods to the child that are soft and easy to swallow. Caregivers should begin feeding soft foods that can easily be mashed and mixed with breast milk, helping to make new foods more palatable to the infant. Also, at this age, a child's stomach is very small, so they need to consume small quantities frequently (equivalent to two to three tablespoons, two to three times per day) of a variety of highly nutritious foods (e.g., eggs, beans, small deboned and mashed fish, vegetables, fruit) and avoid consuming highly processed foods such as sugar-sweetened beverages and sugary or salty prepackaged snacks like cookies or chips. In addition, because children at this stage are rolling and crawling on the floor, making sure their hands are clean before eating is an important way to keep them from becoming sick. If the child does get sick, caregivers should ensure the child continues to breastfeed and eat during illness and gets extra food for two weeks after illness. Overall, providing complementary feeding requires thinking about the frequency, amount, thickness, and variety of foods to provide as well as good hygiene and how to feed the child responsively (with love, patience, and good humor). These optimal feeding practices help the child grow and develop optimally.

BOX I. THINGS TO WATCH FOR BY NINE MONTHS OF AGE:

While children develop at different paces, caregivers should speak with health providers if their child displays the following behavior at nine months:

- Child can't sit without assistance.
- Child doesn't put weight on their legs.
- Child doesn't babble.
- Child doesn't respond to their own name.
- Child doesn't play any games involving back-and-forth play.
- Child doesn't recognize adults they know.
- Child doesn't look where an adult points.
- Child can't transfer toys between their hands.

Source: [UNICEF n.d.](#)

What Are Signs of Healthy Growth and Development?

Healthy Growth

Adequate increases in weight and length, according to the child's sex and age, are indicators of healthy growth during this stage. Caregivers should assess their child's growth during regular visits with health providers to ensure the child is growing optimally every month and not becoming malnourished. Regular growth-monitoring visits are also an opportune time to discuss the child's developmental milestones with a health provider.

BOX 2. MALNUTRITION'S IMPACT ON CHILD DEVELOPMENT

Malnutrition negatively impacts a child's growth and development by affecting their brain development and influencing their behavior. Malnourished children often have less energy and interest in playing and interacting with their environment, limiting their learning from the world around them. In addition, malnourished children may be more fussy and irritable, resulting in less responsive or negative interactions with their caregivers. In contrast, well-nourished children may be more active and demand greater attention and responsiveness from their caregivers. Lastly, malnourished children may also be harder to feed, resulting in the provision of less food and feeding in a less responsive manner. All of these factors contribute to malnourished children often reaching their developmental milestones at a slower pace than their healthy peers.

Source: Maalouf-Manasseh, Oot, and Sethuraman 2015.

Infant Development

During this stage, most children will reach key physical, language, cognitive, and social-emotional developmental milestones. At the beginning of this stage, most children can sit with support, roll over, hold toys or objects, laugh and respond with sound when the caregiver talks, make responses to face-to-face play, and show recognition and preferences for caregivers by reaching, smiling, and inspecting

their faces. By the end of this stage, at nine months, children will be able to share and express different emotions (e.g., being sad, happy, angry, or surprised), understand their names and the word “no” and use other sounds to express their needs, pick up small objects (including food), sit up with assistance, start to crawl, and pull themselves up to standing. They will be eating a variety of foods and have the patience to wait for food preparation several times during the day. Children may now be shy or fearful around strangers.

Common Caregiver Challenges at This Stage

At this stage, continuing breastfeeding can be difficult for many mothers due to demands on their time from work both inside and outside the home. In addition, beginning to feed the child solid foods can be confusing and frustrating to caregivers, as knowing when, how, and what to feed children requires knowledge, resources, time, and often patience, love, creativity, and good humor. At the same time, while children breastfeed much more efficiently and for less time, the changes in their lives mean that breastfeeding takes on a different meaning for them, and little by little, it becomes more nurturing and less important nutritionally (although this is a long process). Some children will need time to adjust to the new taste and feel of solid foods and may initially reject some foods. While encouraging children to eat is an important part of responsive feeding, caregivers should not force children to eat. Caregivers should sit with the child while they eat, making eye contact and engaging in conversation with them about the colors and textures

BOX 3. PRIMARY CAREGIVERS NEED SUPPORT

Primary caregivers, typically mothers, rarely make infant feeding and care decisions alone, and they need support from other caregivers in the home (including fathers, grandmothers, grandfathers, aunts, etc.) as well as key influencers in their community, to provide optimal care. A mother's ability to practice optimal feeding and care behaviors is influenced by household, community, and sociocultural factors. For example, a mother may receive advice from a care group leader to add local, available, nutritious foods to her eight-month-old's porridge and may be interested in doing so. However, her husband may feel the recommended foods are too expensive and resist buying them at the market. These household dynamics impact feeding and care behaviors and can be stressful for caregivers. For more information on **factors that influence feeding and nurturing care behaviors** and how to **support primary caregivers**, see the *Program Design and Implementation Guide* and resources available in the online tool kit.

of their food. As shown in Box 3, primary caregivers need family and community support to prepare and feed young children diverse, nutritious foods multiple times a day.

Meal- and snack times, for example, are opportune times for other caregivers (e.g., fathers and/or grandparents) to engage with the child and support the primary caregiver.

Observing and understanding a child’s cues of when they are hungry and full can help make feeding time easier and more productive. Cues when a child is hungry include putting their hands in their mouth, reaching for or pointing at the food, or opening their mouth to show they want the food. Cues that a child is full include turning their head away from the food, pushing food away, and/or closing their mouth/lips.

In addition to feeding challenges, keeping up with a more active child, and engaging and interacting with them can be emotionally demanding, time-consuming, and stressful for some caregivers. Caregivers will need guidance and encouragement to engage and interact with their children in a responsive manner. Individual home visits/ counseling sessions and group sessions (see below) can be particularly helpful for problem-solving and discussing local solutions to these challenges.

Suggested Individual/ Group Activities

Program activities should be selected and designed based on your prioritized behaviors and behavioral analysis. Common **prioritized behaviors** for this stage include the following:

- Continue to breastfeed on demand day and night.
- Feed the child breast milk first and then give them soft foods two to three times per day.

- Feed the child a variety of highly nutritious foods daily.
- Continue to feed the child breast milk and solid foods during illness.
- Wash the child’s hands before feeding.
- Sit with the child during feeding.
- Feed the child with love, patience, and good humor.
- Recognize and appropriately respond to the child’s cues in a timely manner.
- 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.

Think through activities that will best address barriers and enablers from your behavioral analysis and, if indicated, consider using approaches shared in the Program Design and Implementation Guide (i.e., individual- and group-level activities). More information on these behaviors can be found in the Responsive Care and Early Learning (RCEL) Addendum and The Community Infant and Young Child Feeding (C-IYCF) Counselling Package (see “Additional Resources” below) and in Annex A, which provides illustrative examples of individual or group RCEL-specific activities that can be integrated with existing IYCF programming (USAID Advancing Nutrition 2023a; UNICEF 2012a).

BOX 4. IMPLEMENTATION REMINDER

To effectively implement the suggested activities, program implementers need training, in-service support (i.e., mentorship or supportive supervision), relevant materials, and manageable workloads—ensuring that implementers have the capacity, resources, and time to implement quality activities.

Implementers should conduct activities on a consistent basis and with enough frequency to address a child’s transient needs during this early stage of life. See the *Program Design and Implementation Guide* section on “Frequency of Activities” for more guidance on how and when to provide activities.

For **individual** activities, implement the [five steps of counseling](#): 1) Welcome caregiver(s); 2) Assess; 3) Analyze; 4) Act; and 5) Recap and Close. This will ensure you have time to connect, listen to, and discuss and help the caregiver solve feeding or care issues.

For **group** activities, make sure to create age-specific groups (e.g., groups for caregivers of children zero–six months and six–nine months of age) or split the larger group into smaller, age-specific groups to discuss relevant topics before reconvening as a whole.



ANNEX C

Module 2: 6 Up to 9 Months of Age

Illustrative RCEL Activities for Children Six Up to Nine Months

The table below provides illustrative RCEL-specific activities that can be integrated with existing IYCF programming and used during individual or group activities for caregivers of children ages six up to nine months. This is not an exhaustive list but rather examples of activities for this age group. These activities rely on the use of the *RCEL Addendum Counseling Cards* and are intended to support one or more of the IYCF/RCEL common prioritized behaviors identified above (USAID Advancing Nutrition 2023d).

For individual activities, select activities based on caregiver needs/interests and observations of caregiver-child interactions. Only select one to two behaviors to discuss during each session to not overwhelm the caregiver. For group activities, choose a topic for the session and review the relevant counseling card(s). Plan for the time you have. If you are meeting with a group several times, choose a new topic each time—allowing participants to weigh in on what

they are most interested in doing/learning about, if possible. Focus on one topic per session. Implementation of each individual activity should take approximately 15–30 minutes. Implementation of group activities should take approximately one hour. All materials and guidance necessary to conduct activities are included in the table and additional resources section below.

See the [Facilitator Guide](#) and [Participant Materials](#) from the *C-IYCF Counselling Package* and the training package and [counseling cards](#) from the *RCEL Addendum* for more information on how to conduct both individual and group counseling sessions (UNICEF 2012b; UNICEF 2012c; USAID Advancing Nutrition 2023c; USAID Advancing Nutrition 2023d). For more ideas on how to support child development at this age, see the [Playful Parenting Activity Booklet](#) for parents and caregivers (World Vision International 2020a). Programs can use ideas from this booklet to start discussions and practice optimal behaviors

during group sessions. In addition, the [RCEL Addendum](#) and [World Vision Toy Guide for Early Childhood Development](#) provide instructions on how to make simple toys for children in this age group and show how caregivers can engage and play with children using those toys (USAID Advancing Nutrition 2023a; World Vision International 2020b). For more information and resources, see the [Ages and Stages Resource Collection](#), where you can search for materials by age/stage (e.g., 12 up to 24 months) or cross-cutting themes (e.g., breastfeeding).

For information on how to **adapt these activities for children with disabilities**, see RCEL Addendum Counseling card, "[Tips for Supporting Children with Disabilities to Engage in Play and Learning](#)" in the *Responsive Care and Early Learning Addendum*.

Source: USAID Advancing Nutrition 2023d

EXAMPLE RCEL ACTIVITIES FOR CHILDREN (6 UP TO 9 MONTHS)

Individual-level activities—integrate into home visits, one-on-one counseling sessions, etc.

	Foundational Activity ¹	Activity 1	Activity 2	Activity 3
Who is the activity for:	Primary Caregivers	Caregivers	Caregivers	Caregivers
Activity:	Counsel caregivers on responsive care practices	Counsel caregivers on how to begin complementary feeding and how to interact with the child during mealtime	Counsel caregivers to incorporate play with child while doing household chores	Counsel caregivers on strategies to use when they are experiencing big emotions
How to plan for activity:	Review counseling card #1 on responsive caregiving.	Review RCEL cards #2 and #3 and C-IYCF card #14.	Review instructions and counseling card #4 on learning through play.	Review counseling card #6 on the importance of self-care in order to care for your child.
How to implement:	<ol style="list-style-type: none"> 1. Use card #1 to explain why responsive care is important. 2. Ask the caregiver if s/he has seen any specific cues from their child and how they respond. 3. Fill in any additional cues s/he may be missing, and discuss how it is essential to make eye contact with their child to observe, identify, and respond to them in an appropriate and timely manner. 	<ol style="list-style-type: none"> 1. Ask the caregiver how providing new soft, solid foods to the child is going. 2. Use counseling cards to discuss. Respond to challenges and make suggestions, potentially touching on the following (if needed): <ul style="list-style-type: none"> • How is the child's appetite? • How thick is the porridge? 3. Discuss the frequency, amount, and variety of foods to provide, as well as good hygiene and how to feed the child responsively. 4. Agree on next steps for the caregiver to try at home, such as adding small fish to the porridge. If needed, provide the following suggestion: Slowly move the food in front of the child's eyes. When they begin to follow and reach for the food, respond by offering the food to eat. 5. Close by asking if the caregiver has other questions or concerns. Mutually agree on 1–2 actions the caregiver will try at home before the next meeting. 	<ol style="list-style-type: none"> 1. Use card #4 to explain why play is important for a child to learn. 2. Ask the caregiver how s/he currently plays with her child during the day. Help them brainstorm ways they can interact with their child while doing chores. <p>Examples include:</p> <ul style="list-style-type: none"> • Make funny faces, smile, talk, and sing to your child during chores. • As you are walking to the market, point out and name things you see (e.g., look, a bird, a tree, another child!). • Tell them stories as you clean the house. • While you feed your child, name the food and describe the color and texture of the food. 	<ol style="list-style-type: none"> 1. Use card #6 to explain why taking care of themselves is important to being able to care for their child and how having big emotions is normal and understandable. 2. Ask the caregiver about how he or she manages their big emotions. 3. Help them brainstorm ways to manage their emotions and find times to care for themselves. 4. Demonstrate and practice one approach to managing big emotions, such as taking deep breaths in and out to calm down.

EXAMPLE RCEL ACTIVITIES FOR CHILDREN (6 UP TO 9 MONTHS)

	Foundational Activity ¹	Activity 1	Activity 2	Activity 3
Why (behavior supported):	Recognize and appropriately respond to the child’s cues in a timely manner	<p>Feed the child breast milk first and then give them soft foods 2–3 times per day</p> <p>Feed the child a variety of highly nutritious foods daily</p> <p>Feed the child with love, patience, and good humor</p>	Play with the child in age-appropriate ways	Interact with the child throughout the day, including smiling at them; singing, talking, and reading to them; or telling them stories
Group-level activities—integrate into mothers’ groups, care groups, village savings and loan association (VSLA) groups, men’s groups, etc.				
Who is the activity for:	Any Caregiver	Mothers’ Groups, Care Groups, Men’s Groups, VSLA Groups	Mothers’ Groups, Care Groups, Men’s Groups, VSLA Groups	Mothers’ Groups, Care Groups, Men’s Groups, VSLA Groups
Activity:	Facilitate group discussion on responsive care practices	Make age-appropriate playthings together for the child	Facilitate group discussion on strategies to incorporate play and communication during daily chores	Conduct a drama to demonstrate the concept of responsive feeding. Include other family members in the drama, like a father or mother-in-law character
How to plan for activity:	Review counseling card #1 on responsive caregiving.	Review instructions for activity. Optional: Use card #4 to start the session, explaining why play is important.	Review counseling card #4 and the instructions for this activity.	Review counseling card #2 on teaching children to eat with love, patience, and good humor.

EXAMPLE RCEL ACTIVITIES FOR CHILDREN (6 UP TO 9 MONTHS)

Group-level activities—integrate into mothers’ groups, care groups, village savings and loan association (VSLA) groups, men’s groups, etc.

	Foundational Activity ¹	Activity 1	Activity 2	Activity 3
How to implement:	<ol style="list-style-type: none"> 1. Use card #1 to explain why responsive care is important. 2. Ask the caregivers if they have seen any specific cues from their children and how they respond. 3. Fill in any additional cues they may be missing, and discuss how they can identify and respond to those cues in the future. 	<ol style="list-style-type: none"> 1. Explain the activity, and pass out the materials and instructions to build the toys. 2. Help caregivers as they build toys. 3. Demonstrate how to use the toys for age-appropriate play with their children. 4. Ask caregivers to demonstrate how they will play with their children using the new toy. 5. Close by reminding everyone that play helps a child learn. Even young babies can play. 	<ol style="list-style-type: none"> 1. Explain the activity, and use card #4 to discuss why play is important for children to learn. 2. Lead a brainstorm on how you can play with a child this age. 3. Lead a brainstorm on how you play with your child throughout the day. 4. Close by asking participants to try one to two games at home if they have a child of this age or to share this skill with other family members who have a child of this age. 	<ol style="list-style-type: none"> 1. Explain the activity using card #2. 2. Ask about how the caregivers feed their children. Have caregivers talk about their children’s feeding cues. What does their child do to tell them they are hungry? Or full? If possible, point out cues. 3. Explain to caregivers that the group will demonstrate how to feed responsively. Ask for volunteers to participate in the drama. 4. Enact the drama, and summarize how the caregivers responded to the child’s cues of hunger and being full. 5. Close by asking participants to agree to try feeding responsively, with love, patience, and good humor (if they have a child of this age at home), or to share this skill with other family members who have a child of this age, reminding everyone to feed with love, patience, and good humor.
Why (behavior supported):	Recognize and appropriately respond to the child’s cues in a timely manner	Play with the child in age-appropriate ways	Interact with the child throughout the day including smiling at them; singing, talking, and reading to them; or telling them stories	Sit with the child during feeding Feed the child with love, patience, and good humor

¹Conduct this session first to ensure caregivers have a solid understanding of what responsive care is before beginning other activities.

References

- 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.
- United Nations Children's Fund (UNICEF). n.d. Your toddler's developmental milestones at 9 months. Everything you need to know about your growing 9-month-old. Accessed July 7, 2023. <https://www.unicef.org/parenting/child-development/your-babys-developmental-milestones-9-months>.
- UNICEF. 2012a. *The Community Infant and Young Child Feeding Counselling Package*. New York: UNICEF. <https://www.unicef.org/documents/community-iycf-package>.
- UNICEF. 2012b. *The Community Infant and Young Child Feeding Counselling Package: Facilitator Guide*. New York: UNICEF. <https://www.unicef.org/media/108391/file/Facilitator%20Guide.pdf>.
- UNICEF. 2012c. *The Community Infant and Young Child Feeding Counselling Package: Participant Materials*. New York: UNICEF. <https://www.unicef.org/media/108401/file/Participant%20Materials.pdf>.
- USAID Advancing Nutrition. 2023a. *Responsive Care and Early Learning Addendum*. Arlington, VA: USAID Advancing Nutrition. <https://www.advancingnutrition.org/what-we-do/early-childhood-development/RCELaddendum>.
- USAID Advancing Nutrition. 2023b. *Responsive Care and Early Learning Addendum: Planning, Adaptation, and Implementation Guide*. Arlington, VA: USAID Advancing Nutrition.
- USAID Advancing Nutrition. 2023c. *Responsive Care and Early Learning Addendum Training Package: Facilitator's Guide*. 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. *Responsive Care and Early Learning Addendum: How to Make Homemade Toys*. Arlington, VA: USAID Advancing Nutrition.
- World Vision International. 2020a. *Playful Parenting Activity Booklet*. Uxbridge: World Vision International. <https://www.wvi.org/publications/manualtoolkit/playful-parenting-activity-booklet>.
- World Vision International. 2020b. *World Vision Toy Guide for Early Childhood Development*. Uxbridge: World Vision International. <https://www.wvi.org/publications/manualtoolkit/world-vision-toy-guide-early-childhood-development-0>.

Module 3: 9 Up to 12 Months of Age

How to Support Integrated Responsive Care, Early Learning, and Child Feeding Practices

Ages and Stages Reference Package





Reminder: Please review the [Program Design and Implementation Guide](#) before using this module for the first time.

Overview of a Child's Development and Feeding Needs at This Stage



By nine months, the child is on the move! The child is curious and exploring the world through crawling and eventually standing and walking while holding onto furniture. The child

tells you what he or she wants by pointing and using sounds and body movements. During this stage, the child is babbling and even starting to repeat words. The child will recognize family members and familiar objects and will have fun with games like peekaboo. Caregivers can continue to talk to, sing, and play with their child to encourage learning. Though breastfeeding continues, this is a critical time for also ensuring the child is getting **diverse, nutrient-rich foods** with **adequate frequency, amount, and consistency**. The child is transitioning to more independent self-feeding, but sitting with them while they eat is still important! The child can use their hands to eat and continues to learn to chew small, chopped-up bites. The child may even try to hold the spoon for thicker purees. They should be encouraged to do this even if they make a mess. They will get better with practice and loving encouragement. Using a separate bowl will help the caregiver ensure the child is getting

enough food. Nutrient-rich, diverse foods such as animal foods (e.g., eggs, fish powder), fruits, vegetables, and legumes complement breast milk. With continued growth and development, feeding frequency increases to a half cup (120 grams) of food per meal, three to four times per day, with some healthy snacks in between. Chopped-up fruits and vegetables make great snacks and allow children to use their newly developed fine motor skills.

What Are Signs of Healthy Growth and Development?

Healthy Growth

Adequate increases in weight and length, according to the child's sex and age, are indicators of healthy growth during this stage. Caregivers should assess their child's growth during regular visits with health providers to ensure the child is growing optimally every month and not becoming malnourished. Regular growth-monitoring visits are also an opportune time to discuss a child's developmental milestones with a health provider.

Infant Development

By nine months, a child continues to develop their communication—pointing to what they want, babbling, using their voice to express emotion, and attempting to repeat and use simple words such as “mama” or “dada.” They will start to understand new words and can eventually follow simple instructions. Naming the different foods the child

BOX I. THINGS TO WATCH FOR BY TWELVE MONTHS OF AGE:

While children develop at different paces, caregivers should speak with health providers if their child displays the following behavior at twelve months:

- Child isn't crawling.
- Child won't search for hidden objects.
- Child is unable to stand without support.
- Child doesn't point.
- Child doesn't say simple words.
- Child loses skills the child once had.

Source: [UNICEF n.d.](#)

is eating and using words to describe their fingers, mouth, and tongue will help them learn while they eat. The child should be able to sit up unsupported and will likely be crawling and attempting to stand while holding on to something. By this stage, children have developed their pincer grasp, so they will enjoy feeding themselves and playing in new ways, like taking objects in and out of a bowl. Children at this stage will enjoy playing alone and clapping their hands, and they will reach for their favorite toys. Caregivers can have fun following the child's lead during playtime.

BOX 2. MALNUTRITION'S IMPACT ON CHILD DEVELOPMENT

Malnutrition negatively impacts a child's growth and development by affecting their brain development and influencing their behavior. Malnourished children often have less energy and interest in playing and interacting with their environment, limiting their learning from the world around them. In addition, malnourished children may be more fussy and irritable, resulting in less responsive or negative interactions with their caregivers. In contrast, well-nourished children may be more active and demand greater attention and responsiveness from their caregivers. Lastly, malnourished children may also be harder to feed, resulting in the provision of less food and feeding in a less responsive manner. All of these factors contribute to malnourished children often reaching their developmental milestones at a slower pace than their healthy peers.

Source: Maalouf-Manasseh, Oot, and Sethuraman 2015.

Common Caregiver Challenges at This Stage

Increased mobility poses new challenges for the caregiver. It can be tiring to keep up with a crawling child and make sure they are not getting into anything unsanitary or unsafe. During this stage, the child may be afraid of people they do not know and want to be with the primary caregiver all the time. These behaviors can be both physically and emotionally demanding for the caregiver, and they might need extra support. The child

is also getting more opinionated about food, so if they refuse a new food or spit it out, the caregiver should not force them to eat, but try feeding them that food a few days later. The new food could also be mixed with another food the child likes or breast milk to encourage them to try it. As the child is trying to feed themselves, chew, and use a cup, things might get messy! It may take extra patience from caregivers while the child is learning and exploring different types of foods. At this age, even though the child is starting to feed themselves, the caregiver may be tempted to step away or rush through feeding (rather than letting the child feed themselves) to complete other household chores, but the child still requires attention and care at mealtime. Meal- and snack times, for example, are opportune times for other caregivers (e.g., fathers and/or grandparents) to engage with the child and support the primary caregiver. Caregivers should sit with the child while they eat, making eye contact and engaging in conversation with them about the colors and textures of their food. Also, hygiene becomes a bigger concern when the child begins crawling and self-feeding. Caregivers should be sure to wash their hands and the child's hands before mealtime and use clean feeding utensils and drinking water. If the child does get sick, caregivers should ensure the child continues to breastfeed and eat during illness and gets recuperative feeding for two weeks after illness. As shown in Box 3, caregivers need family and community support to prepare and feed young children diverse, nutritious foods multiple times a day. Individual home visits/counseling sessions and group sessions (see below) can be particularly helpful for problem-solving and discussing local solutions to these challenges.

BOX 3. PRIMARY CAREGIVERS NEED SUPPORT

Primary caregivers, typically mothers, rarely make infant feeding and care decisions alone, and they need support from other caregivers in the home (including fathers, grandmothers, grandfathers, aunts, etc.) as well as key influencers in their community to provide optimal care. A mother's ability to practice optimal feeding and care behaviors is influenced by household, community, and sociocultural factors. For example, a mother may wish to feed her 10-month-old child animal-source foods. However, social norms around which food is reserved for men versus women and children might prevent her from doing so. These household dynamics impact feeding and care behaviors and can be stressful for caregivers. For more information on **factors that influence feeding and nurturing care behaviors** and how to **support primary caregivers**, see the *Program Design and Implementation Guide* and resources available in the online toolkit.

Suggested Individual/Group Activities

Program activities should be selected and designed based on your prioritized behaviors and behavioral analysis. Common **prioritized behaviors** for this stage include the following:

- Give the child pieces of fruits and vegetables as snacks to feed themselves each day.
- Feed the child an animal-source food each day.
- Continue to feed the child during illness.
- Add two healthy snacks between meals each day for two weeks following illness.
- Wash the child's hands before feeding.
- Feed the child with love, patience, and good humor.
- Sit with the child during feeding.
- Recognize and appropriately respond to the child's cues in a timely manner.

- Play with the child in age-appropriate ways.
- Interact with the child throughout the day, including smiling at them; singing, talking, and reading to them; or telling them stories.

Think through activities that will best address barriers and enablers from your behavioral analysis and, if indicated, consider using approaches shared in the *Program Design and Implementation Guide* (i.e., individual- and group-level activities). More information on these behaviors can be found in the *Responsive Care and Early Learning (RCEL) Addendum and The Community Infant and Young Child Feeding (C-IYCF) Counselling Package* (see “Additional Resources” below) and in Annex A, which provides illustrative examples of individual or group RCEL-specific activities that can be integrated with existing IYCF programming (USAID Advancing Nutrition 2023a; UNICEF 2012a).

BOX 4. IMPLEMENTATION REMINDER

To effectively implement the suggested activities, program implementers need training, in-service support (i.e., mentorship or supportive supervision), relevant materials, and manageable workloads—ensuring that implementers have the capacity, resources, and time to implement quality activities.

Implementers should conduct activities on a consistent basis and with enough frequency to address a child's transient needs during this early stage of life. See the *Program Design and Implementation Guide* section on “Frequency of Activities” for more guidance on how and when to provide activities.

For **individual** activities, implement the [five steps of counseling](#): 1) Welcome caregiver(s); 2) Assess; 3) Analyze; 4) Act; and 5) Recap and Close. This will ensure you have time to connect, listen to, and discuss, and help the caregiver solve feeding or care issues.

For **group** activities, make sure to create age-specific groups (e.g., groups for caregivers of children zero–six months and six–nine months of age) or split the larger group into smaller, age-specific groups to discuss relevant topics before reconvening as a whole.



ANNEX D

Module 3: 9 Up to 12 Months of Age

Illustrative RCEL Activities for Children 9 Up to 12 Months

The table below provides illustrative RCEL-specific activities that can be integrated with existing IYCF programming and used during individual or group activities for caregivers of children 9 up to 12 months. This is not an exhaustive list but rather examples of activities for this age group. These activities rely on the use of the *RCEL Addendum Counseling Cards* and are intended to support one or more of the IYCF/RCEL common prioritized behaviors identified above (USAID Advancing Nutrition 2023d).

For individual activities, select activities based on caregiver needs/interests and observations of caregiver-child interactions. Only select one to two behaviors to discuss during each session to not overwhelm the caregiver. For group activities, choose a topic for the session and review the relevant counseling card(s). Plan for the time you have. If you are meeting with a group several times, choose a new topic each time—allowing participants to weigh in on what

they are most interested in doing/learning about, if possible. Focus on one topic per session. Implementation of each individual activity should take approximately 15–30 minutes. Implementation of group activities should take approximately one hour. All materials and guidance necessary to conduct activities are included in the table and additional resources section below.

See the [Facilitator Guide](#) and [Participant Materials](#) from the *C-IYCF Counselling Package* and the training package and [counseling cards](#) from the *RCEL Addendum* for more information on how to conduct both individual and group counseling sessions (UNICEF 2012b; UNICEF 2012c; USAID Advancing Nutrition 2023c; USAID Advancing Nutrition 2023d). For more ideas on how to support child development at this age, see the [Playful Parenting Activity Booklet](#) for parents and caregivers (World Vision International 2020a). Programs can use ideas from this booklet to start discussions and practice optimal behaviors

during group sessions. In addition, the [RCEL Addendum](#) and [World Vision Toy Guide for Early Childhood Development](#) provide instructions on how to make simple toys for children in this age group and show how caregivers can engage and play with children using those toys (USAID Advancing Nutrition 2023a; World Vision International 2020b). For more information and resources, see the [Ages and Stages Resource Collection](#), where you can search for materials by age/stage (e.g., 12 up to 24 months) or cross-cutting themes (e.g., breastfeeding).

For information on how to **adapt these activities for children with disabilities**, see *RCEL Addendum Counseling card*, “[Tips for Supporting Children with Disabilities to Engage in Play and Learning](#)” in the *Responsive Care and Early Learning Addendum*.

Source: USAID Advancing Nutrition 2023d

EXAMPLE RCEL ACTIVITIES FOR CHILDREN (9 UP TO 12 MONTHS)

Individual-level activities—integrate into home visits, one-on-one counseling sessions, etc.

	Foundational Activity ¹	Activity 1	Activity 2	Activity 3
Who is the activity for:	Primary Caregivers	Caregivers	Caregivers	Caregivers
Activity:	Counsel caregivers on responsive care practices	Counsel the caregiver on how to prepare meals and snacks for young children to feed themselves and how to interact with the child during mealtime	Counsel the caregiver on safe, age-appropriate play for the child	Counsel the caregiver on play and/or communication
How to plan for activity:	Review counseling card #1 on responsive caregiving.	Review RCEL cards #2 and #3 and C-IYCF card #15.	Review counseling card #4 on learning through play.	Review counseling card #3 on communication and card #4 on play.
How to implement:	<ol style="list-style-type: none"> 1. Use card #1 to explain why responsive care is important. 2. Ask the caregiver if s/he has seen any specific cues from their child and how they respond. 3. Fill in any additional cues s/he may be missing, and discuss how it is essential to make eye contact with their child to observe, identify, and respond to them in an appropriate and timely manner. 	<ol style="list-style-type: none"> 1. Ask the caregiver how their child is feeding. 2. Use counseling cards to discuss. Respond to challenges and make suggestions, potentially touching on (if needed)— <ul style="list-style-type: none"> • preparing food and helping the child so they can feed themselves • naming food and talking to the child while preparing food 3. Agree on the next steps for the caregiver to try at home. 	<ol style="list-style-type: none"> 1. Ask the caregiver: On a typical day, how do you interact with your child? How do you mix your work/house chores with what your child needs? 2. Have the caregiver describe what is happening as they interact with the child or go on walks. Counsel the caregiver to ask the child questions and to wait for them to respond using gestures or sounds before providing the answers. 3. Use counseling cards to discuss, responding to challenges/making suggestions. 	<ol style="list-style-type: none"> 1. Ask the caregiver about a favorite memory they have with the child or the child's favorite song or story. 2. Share your own experiences with children and find ways to connect. 3. Praise the caregiver for what they are doing well in talking to or playing with the child, and offer ideas for other play and communication activities.

EXAMPLE RCEL ACTIVITIES FOR CHILDREN (9 UP TO 12 MONTHS)				
	Foundational Activity¹	Activity 1	Activity 2	Activity 3
Why (behavior supported):	Recognize and appropriately respond to the child's cues in a timely manner	Feed the child with love, patience, and good humor 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	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
Group-level activities—integrate into mothers' groups, care groups, village savings and loan association (VSLA) groups, men's groups, etc.				
Who is the activity for:	Any Caregiver	Mothers' Groups, Care Groups, Men's Groups, VSLA Groups	Mothers' Groups, Care Groups, Men's Groups, VSLA Groups	Mothers' Groups, Care Groups, Men's Groups, VSLA Groups
Activity:	Facilitate group discussion on responsive care practices	Facilitate group activity on age-appropriate play	Facilitate group discussion on communication	Make age-appropriate playthings together for the child
How to plan for activity:	Review counseling card #1 on responsive caregiving.	Review counseling card #4 on play. Collect several household items (e.g., bowls) that can be stacked.	Review counseling card #3 on communication.	Review instructions for activity. Optional: Use counseling card #4 to start the session, explaining why play is important.

EXAMPLE RCEL ACTIVITIES FOR CHILDREN (9 UP TO 12 MONTHS)

Group-level activities—integrate into mothers’ groups, care groups, village savings and loan association (VSLA) groups, men’s groups, etc.

	Foundational Activity ¹	Activity 1	Activity 2	Activity 3
How to implement:	<ol style="list-style-type: none"> 1. Use card #1 to explain why responsive care is important. 2. Ask the caregivers if they have seen any specific cues from their children and how they respond. 3. Fill in any additional cues they may be missing, and discuss how they can identify and respond to those cues in the future. 	<ol style="list-style-type: none"> 1. Use card #4 to briefly discuss why play is important for child development. 2. Demonstrate for caregivers: Build a tower using household items. Show the child how to knock it down. Build it back up again, and let the child try. 3. Have caregivers practice this with their children in small groups, if needed. 4. Have caregivers discuss what the child learns from playing this game with the caregivers. (Answer: exploring building and taking turns.) 5. Ask caregivers if their children would have fun with this or how else they play with their children. 	<ol style="list-style-type: none"> 1. Use card #3 to briefly discuss early communication and why it matters. 2. Have caregivers share stories they tell to their children. 3. Choose stories that are appropriate to the age of the children. 	<ol style="list-style-type: none"> 1. Explain the activity, and pass out the materials and instructions to build the toys. 2. Help caregivers as they build the toys. 3. Demonstrate how to use the toys for age-appropriate play with their children. 4. Ask caregivers to demonstrate how they will play with their children using the new toys. 5. Close by reminding everyone that play helps a child learn. Even young babies can play.
Why (behavior supported):	Recognize and appropriately respond to the child’s cues in a timely manner	Play with the child in age-appropriate ways	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

¹Conduct this session first to ensure caregivers have a solid understanding of what responsive care is before beginning other activities.

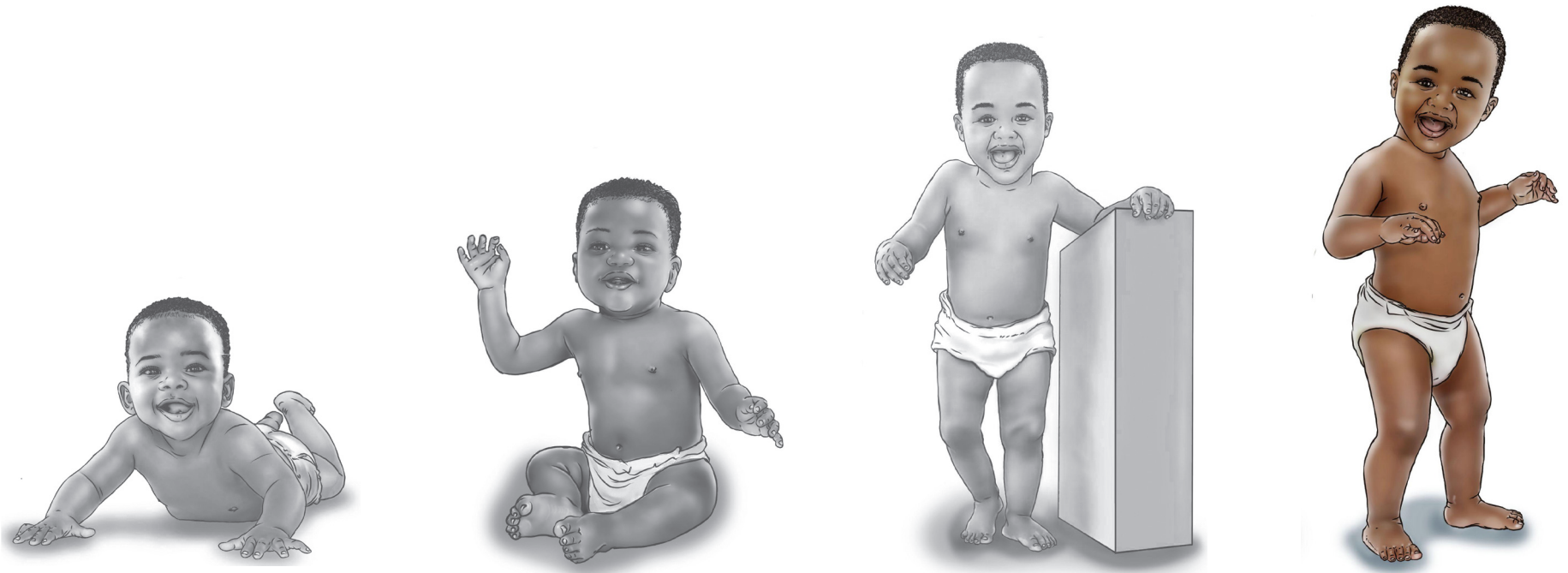
References

- 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.
- United Nations Children’s Fund (UNICEF). n.d. Your toddler’s developmental milestones at 1 year. Everything you need to know about your growing 1-year-old. Accessed July 7, 2023. <https://www.unicef.org/parenting/child-development/your-toddlers-developmental-milestones-1-year>.
- UNICEF. 2012a. *The Community Infant and Young Child Feeding Counselling Package*. New York: UNICEF. <https://www.unicef.org/documents/community-iycf-package>.
- UNICEF. 2012b. *The Community Infant and Young Child Feeding Counselling Package: Facilitator Guide*. New York: UNICEF. <https://www.unicef.org/media/108391/file/Facilitator%20Guide.pdf>.
- UNICEF. 2012c. *The Community Infant and Young Child Feeding Counselling Package: Participant Materials*. New York: UNICEF. <https://www.unicef.org/media/108401/file/Participant%20Materials.pdf>.
- USAID Advancing Nutrition. 2023a. *Responsive Care and Early Learning Addendum*. Arlington, VA: USAID Advancing Nutrition. <https://www.advancingnutrition.org/what-we-do/early-childhood-development/RCELaddendum>.
- USAID Advancing Nutrition. 2023b. *Responsive Care and Early Learning Addendum: Planning, Adaptation, and Implementation Guide*. Arlington, VA: USAID Advancing Nutrition.
- USAID Advancing Nutrition. 2023c. *Responsive Care and Early Learning Addendum Training Package: Facilitator’s Guide*. 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. *Responsive Care and Early Learning Addendum: How to Make Homemade Toys*. Arlington, VA: USAID Advancing Nutrition.
- World Vision International. 2020a. *Playful Parenting Activity Booklet*. Uxbridge: World Vision International. <https://www.wvi.org/publications/manualtoolkit/playful-parenting-activity-booklet>.
- World Vision International. 2020b. *World Vision Toy Guide for Early Childhood Development*. Uxbridge: World Vision International. <https://www.wvi.org/publications/manualtoolkit/world-vision-toy-guide-early-childhood-development-0>.

Module 4: 12 Up to 24 Months of Age

How to Support Integrated Responsive Care,
Early Learning, and Child Feeding Practices

Ages and Stages Reference Package





Reminder: Please review the [Program Design and Implementation Guide](#) before using this module for the first time.

Overview of a Child's Development and Feeding Needs at This Stage

During this stage, children will become more independent as they begin to walk and run, learn words, and self-feed. Caregivers will notice great strides in their child's motor skills as they become more comfortable walking, learn to run, and play in more challenging ways. Children will also engage more with those around them by recognizing and talking to people using longer sentences and following more complex commands.

With increased activity, adequate nutrition is key for a child's continued growth and development. Breast milk remains an important part of a child's nutrition and their protection against disease. Mothers should continue breastfeeding their children on demand during both the day and night through at least 24 months of age. However, from 12 up to 24 months of age, breast milk should fulfill only about one-third of the caloric needs of the child. The rest of their energy and nutritional needs should be met by diverse and nutritious solid foods. Mothers should breastfeed their children after they have a meal of solid foods so as not to reduce their appetite. At this age, children should eat three to four meals a day of three-quarters to one cup (180-

240 grams) of nutrient-dense food, with one to two healthy snacks between meals. Food should be cut into small, bite-size pieces for safe consumption. Children who are not breastfeeding should eat more frequently and should drink one to two cups of milk per day. Children will achieve optimal growth and development by consuming a variety of foods each day, such as animal-source foods, legumes or nuts, orange or green vegetables and fruits, and healthy fats for added energy. Caregivers should try to avoid giving their child ultra-processed food, such as sweet cookies and sugary drinks.

Caregivers should be patient, loving, and encouraging while their child learns to take part in mealtimes. Children can join in on mealtimes by eating the same meal as the rest of the family, on their own plate or bowl to ensure caregivers know how much the child is eating. They can explore self-feeding by using their hands or utensils, ideally with a thick handle, even if it is a slow or messy process.

Good hygiene is key before, during, and after mealtimes to avoid illness. Caregivers should wash their hands before preparing foods, feeding their children, or eating their own meals. Similarly, children should also wash their hands with soap and water before eating, and they should eat from clean plates and bowls and with clean utensils. Caregivers should be sure to give their child potable water and to use it when preparing food. All food should be stored in a safe and hygienic place.

BOX I. THINGS TO WATCH FOR BY TWO YEARS OF AGE:

While children develop at different paces, caregivers should speak with health providers if their child displays the following behavior at two years:

- Child doesn't know how to use common objects.
- Child doesn't use two-word phrases.
- Child doesn't copy actions or repeat words.
- Child doesn't follow basic directions.
- Child can't walk steadily.
- Child loses skills they once had.

Source: [UNICEF n.d.](#)

What Are Signs of Healthy Growth and Development?

Healthy Growth

Adequate increases in weight and length, according to the child's sex and age, are indicators of healthy growth during this stage. Caregivers should assess their child's growth during regular visits every two to three months with health providers to ensure the child is growing optimally and not becoming malnourished. These growth-monitoring visits are also an opportune time to discuss a child's developmental milestones with a health provider.

BOX 2. MALNUTRITION'S IMPACT ON CHILD DEVELOPMENT

Malnutrition negatively impacts a child's growth and development by affecting their brain development and influencing their behavior. Malnourished children often have less energy and interest in playing and interacting with their environment, limiting their learning from the world around them. In addition, malnourished children may be more fussy and irritable, resulting in less responsive or negative interactions with their caregivers. In contrast, well-nourished children may be more active and demand greater attention and responsiveness from their caregivers. Lastly, malnourished children may also be harder to feed, resulting in the provision of less food and feeding in a less responsive manner. All of these factors contribute to malnourished children often reaching their developmental milestones at a slower pace than their healthy peers.

Source: Maalouf-Manasseh, Oot, and Sethuraman 2015.

Infant Development

All children develop at different rates; however, during the 12–24-month stage, caregivers can expect their child to continue exploring and interacting with their environment and those around them, making social, emotional, linguistic, cognitive, and physical strides. By 18 months of age, children may be able to use multiple words correctly, partake in imaginary play, imitate others' behavior, understand simple commands, recognize

everyday objects, and more. Although they may be shy around strangers or reluctant to explore new places without their caregiver close by, they will demonstrate increased independence by walking on their own and self-feeding, including using utensils. By the end of this stage, children will interact with others by copying adults and other children, getting excited when they are around other children, and recognizing familiar people. Children will continue to become even more independent, learning how to run, climb up and down furniture without assistance, and follow two-step instructions. Play continues to be important as children learn to throw and kick balls, sort shapes and colors, play make-believe games, build towers of four or more blocks, draw or copy lines and circles, and find things hidden under other items (e.g., a shirt or blanket). They may also form sentences of two to four words, start to develop a dominant hand, repeat words they have heard, and know familiar body parts.

Common Caregiver Challenges at This Stage

During this stage, as children expand their palate, learn to self-feed, and have an increased interest in exploring their environment, caregivers may find that their child demonstrates picky eating or may not want to sit, focus, and eat their food. If this is the case, caregivers should remain calm and supportive and can try offering food in engaging or creative ways (e.g., singing about eating, pretending the food is a fun object like a car or animal) and trying different food combinations and textures or some of the child's favorite foods. If that doesn't work,

BOX 3. PRIMARY CAREGIVERS NEED SUPPORT

Primary caregivers, typically mothers, rarely make infant feeding and care decisions alone, and they need support from other caregivers in the home (including fathers, grandmothers, grandfathers, aunts, etc.) as well as key influencers in their community to provide optimal care. A mother's ability to practice optimal feeding and care behaviors is influenced by household, community, and sociocultural factors. For example, a mother may wish to feed her 10-month-old child animal-source foods. However, social norms around which food is reserved for men versus women and children might prevent her from doing so. These household dynamics impact feeding and care behaviors and can be stressful for caregivers. For more information on **factors that influence feeding and nurturing care behaviors** and how to **support primary caregivers**, see the *Program Design and Implementation Guide* and resources available in the online tool kit.

they can safely store the food and offer it to them again later, reheating if necessary (e.g., for porridge). Caregivers should prioritize healthy, nutritious foods during every meal even when faced with picky eating tendencies or financial challenges and should try to avoid giving their child junk food. In general, caregivers should be sure to remain patient and engaging with their child during mealtimes despite various stressors. Individual home visits/counseling sessions and group sessions (see below) can be particularly helpful for problem-solving and discussing local solutions to these

challenges. Meal- and snack times are opportune times for other caregivers (e.g., fathers and/or grandparents) to engage with the child as the child eats (e.g., making eye contact and engaging in conversation with them about the colors and textures of their foods) and support the primary caregiver so that she can take time for herself or do other household tasks. As shown in Box 3, primary caregivers need family and community support to prepare and feed young children diverse, nutritious foods multiple times a day.

Developments in children’s independence may also lead to stressful situations for caregivers. As children navigate through this stage, they will learn to walk, run, and complete tasks on their own. Caregivers should provide their child with enough space and proper supervision to safely explore their surroundings. Some children may insist on doing many everyday tasks on their own and may become frustrated and upset if they cannot do that task. Children at this stage often feel and express big emotions. Caregiver patience, support, and encouragement are important to help the child learn, but caregivers may need to take time to calm themselves, too, before providing care. Caregivers need family and community support to practice nurturing care behaviors.

Suggested Individual/ Group Activities

Program activities should be selected and designed based on your prioritized behaviors and behavioral analysis. Common **prioritized behaviors** for this stage include the following:

- Feed the child using a separate bowl.
- Feed the child an animal-source food each day.
- Continue to feed the child during illness.
- Add two healthy snacks between meals each day for two weeks following illness.
- Wash the child’s hands before feeding.
- Sit with the child during feeding.
- Recognize and appropriately respond to the child’s cues in a timely manner.
- Play with the child in age-appropriate ways.

Think through activities that will best address barriers and enablers from your behavioral analysis and, if indicated, consider using approaches shared in the *Program Design and Implementation Guide* (i.e., individual- and group-level activities). More information on these behaviors can be found in the *Responsive Care and Early Learning (RCEL) Addendum and The Community Infant and Young Child Feeding (C-IYCF) Counselling Package* (see “Additional Resources” below) and in Annex A, which provides illustrative examples of individual or group RCEL-specific activities that can be integrated with existing IYCF programming (USAID Advancing Nutrition 2023a; UNICEF 2012a).

BOX 4. IMPLEMENTATION REMINDER

To effectively implement the suggested activities, program implementers need training, in-service support (i.e., mentorship or supportive supervision), relevant materials, and manageable workloads—ensuring that implementers have the capacity, resources, and time to implement quality activities.

Implementers should conduct activities on a consistent basis and with enough frequency to address a child’s transient needs during this early stage of life. See the *Program Design and Implementation Guide* section on “Frequency of Activities” for more guidance on how and when to provide activities.

For **individual** activities, implement the [five steps of counseling](#): 1) Welcome caregiver(s); 2) Assess; 3) Analyze; 4) Act; and 5) Recap and Close. This will ensure you have time to connect, listen to, and discuss and help the caregiver solve feeding or care issues.

For **group** activities, make sure to create age-specific groups (e.g., groups for caregivers of children zero–six months and six–nine months of age) or split the larger group into smaller, age-specific groups to discuss relevant topics before reconvening as a whole.



ANNEX E

Module 4: 12 Up to 24 Months of Age

Illustrative RCEL Activities for Children 12 Up to 24 Months

The table below provides illustrative RCEL-specific activities that can be integrated with existing IYCF programming and used during individual or group activities for caregivers of children 12 to 24 months. This is not an exhaustive list but rather examples of activities for this age group. These activities rely on the use of the *RCEL Addendum Counseling Cards* and are intended to support one or more of the IYCF/RCEL common prioritized behaviors identified above (USAID Advancing Nutrition 2023d).

For individual activities, select activities based on caregiver needs/interests and observations of caregiver-child interactions. Only select one to two behaviors to discuss during each session to not overwhelm the caregiver. For group activities, choose a topic for the session and review the relevant counseling card(s). Plan for the time you have. If you are meeting with a group several times, choose a new topic each time—allowing participants to weigh in on what

they are most interested in doing/learning about, if possible. Focus on one topic per session. Implementation of each individual activity should take approximately 15–30 minutes. Implementation of group activities should take approximately one hour. All materials and guidance necessary to conduct activities are included in the table and additional resources section below.

See the [Facilitator Guide](#) and [Participant Materials](#) from the *C-IYCF Counselling Package* and the training package and [counseling cards](#) from the *RCEL Addendum* for more information on how to conduct both individual and group counseling sessions (UNICEF 2012b; UNICEF 2012c; USAID Advancing Nutrition 2023c; USAID Advancing Nutrition 2023d). For more ideas on how to support child development at this age, see the [Playful Parenting Activity Booklet](#) for parents and caregivers (World Vision International 2020a). Programs can use ideas from this booklet to start discussions and practice optimal behaviors

during group sessions. In addition, the [RCEL Addendum](#) and [World Vision Toy Guide for Early Childhood Development](#) provide instructions on how to make simple toys for children in this age group and show how caregivers can engage and play with children using those toys (USAID Advancing Nutrition 2023a; World Vision International 2020b). For more information and resources, see the [Ages and Stages Resource Collection](#), where you can search for materials by age/stage (e.g., 12 up to 24 months) or cross-cutting themes (e.g., breastfeeding).

For information on how to **adapt these activities for children with disabilities**, see RCEL Addendum Counseling card, "[Tips for Supporting Children with Disabilities to Engage in Play and Learning](#)" in the *Responsive Care and Early Learning Addendum*.

Source: USAID Advancing Nutrition 2023d

EXAMPLE RCEL ACTIVITIES FOR CHILDREN (12 UP TO 24 MONTHS)

Individual-level activities—integrate into home visits, one-on-one counseling sessions, etc.

	Foundational Activity ¹	Activity 1	Activity 2	Activity 3
Who is the activity for:	Primary Caregivers	Caregivers	Caregivers	Caregivers
Activity:	Counsel caregivers on responsive care practices	Counsel caregivers on safe, age-appropriate play for their child	Counsel caregivers on supporting their child in learning to self-feed	Counsel caregivers on developing their child's language skills
How to plan for activity:	Review counseling card #1 on responsive caregiving.	Review counseling card #4 on learning through play.	Review counseling card #2 on responsive feeding and C-IYCF card #16 on feeding for this age group.	Review counseling card #3 on communication. Brainstorm other times where the caregiver can talk to the child about what they see. Examples include during mealtimes, at the market, and during storytime.
How to implement:	<ol style="list-style-type: none"> 1. Use card #1 to explain why responsive care is important. 2. Ask the caregiver if s/he has seen any specific cues from their child and how they respond. 3. Fill in any additional cues s/he may be missing, and discuss how it is essential to make eye contact with their child to observe, identify, and respond to them in an appropriate and timely manner. 	<ol style="list-style-type: none"> 1. Use counseling card #4 to explain that play helps their child learn and explore their world. 2. Ask the caregiver to share what games their child plays. Brainstorm ways they could increase the difficulty of the game as the child continues to grow and learn. 3. Brainstorm other games that the caregiver can play with their child. Ensure that the child's environment is safe for them to play in. 	<ol style="list-style-type: none"> 1. Use counseling card #2 to explain that caregivers can use mealtimes to strengthen their bond with their child and to help their child establish good eating habits. 2. Ask the caregiver to share what mealtimes look like for their family. Does their child feed themselves? How do they interact with their child while they eat? 3. Fill in gaps to encourage the caregiver to let their child be an active participant in mealtimes, feeding themselves and talking to their family members. Emphasize the importance of being patient and encouraging. 	<ol style="list-style-type: none"> 1. Use counseling card #3 to explain that talking with and singing to their child helps them learn to communicate with words. 2. Ask the caregiver to share some of the words their child knows and when their child is most vocal. How does the caregiver respond when their child talks to them? 3. Explain that the caregiver can help their child learn new words by responding to them, expanding their sentences, and naming items that the child points to.

EXAMPLE RCEL ACTIVITIES FOR CHILDREN (12 UP TO 24 MONTHS)

	Foundational Activity ¹	Activity 1	Activity 2	Activity 3
How to implement:				<p>4. Brainstorm ways that the caregiver could further incorporate communication into their daily routine.</p> <p>Examples include—</p> <ul style="list-style-type: none"> • naming items at the market • telling them a bedtime story • talking to them about what is on their plate during mealtimes • reading books to the child. <p>5. Brainstorm ways that the caregiver could further incorporate communication into their daily routine.</p>
Why (behavior supported):	Recognize and appropriately respond to the child’s cues in a timely manner	Play with the child in age-appropriate ways	Feed the child with age-appropriate frequency, amount, and consistency while continuing to breastfeed	Interact with the child throughout the day, including smiling at them; singing, talking, and reading to them; or telling them stories
Group-level activities—integrate into mothers’ groups, care groups, village savings and loan association (VSLA) groups, men’s groups, etc.				
Who is the activity for:	Any Caregivers	Mothers’ Groups, Care Groups, Men’s Groups, VSLA Groups	Mothers’ Groups, Care Groups, Men’s Groups, VSLA Groups	Mothers’ Groups, Care Groups, Men’s Groups, VSLA Groups
Activity:	Facilitate group discussion on responsive care practices	Facilitate a discussion on local solutions to common feeding challenges	Facilitate a discussion on strategies caregivers use when they are experiencing big emotions	Facilitate a discussion on ways caregivers observe their child developing
How to plan for activity:	Review counseling card #1 on responsive caregiving.	Review counseling card #1 on responsive caregiving and C-IYCF card #16 on feeding for this age group.	Review counseling card #6 on caring for the caregiver.	Review counseling card #5 on monitoring child development. Additional resource: Developmental milestones chart

EXAMPLE RCEL ACTIVITIES FOR CHILDREN (12 UP TO 24 MONTHS)

Group-level activities—integrate into mothers’ groups, care groups, village savings and loan association (VSLA) groups, men’s groups, etc.

	Foundational Activity ¹	Activity 1	Activity 2	Activity 3
How to implement:	<ol style="list-style-type: none"> 1. Use card #1 to explain why responsive care is important. 2. Ask the caregivers if they have seen any specific cues from their children and how they respond. 3. Fill in any additional cues they may be missing, and discuss how they can identify and respond to those cues in the future. 	<ol style="list-style-type: none"> 1. Use card #1 and C-IYCF card #16 to review ideal feeding practices. 2. Prompt caregivers to share common challenges to these practices (e.g., access to a variety of foods; time, fuel, and water to prepare food; support from household members to feed). 3. Ask caregivers to share how they might overcome these challenges. 4. Close by recapping the discussion. 	<ol style="list-style-type: none"> 1. Use card #6 to explain that while caregiving is rewarding and fun, it can be difficult, too. Caregiver emotions are important. 2. Ask caregivers to share a time when they felt stressed or overwhelmed. What strategies helped reduce those emotions? 3. Share other ideas for strategies that caregivers can use, if not already mentioned (e.g., taking deep breaths, asking a family member or friend for help, or setting aside time for a hobby). 4. Close by reminding everyone that taking care of yourself helps you care for your child. 	<ol style="list-style-type: none"> 1. Use card #5 to explain that all children learn and grow at different paces, but all children can learn. 2. Ask caregivers to share how they observe their children’s development. Did the child learn a new word? Can they take more steps? Are they recognizing more people? Emphasize that it is normal for children to develop and learn at different rates. 3. Brainstorm ways in which the caregivers can support their children in learning new skills (e.g., through play). 4. Discuss what caregivers gain from seeing their children grow and develop well and how they are feeling about their children growing, playing, and interacting. 5. Close by reminding everyone that children develop differently and recapping the available resources if they are concerned.
Why (behavior supported):	Recognize and appropriately respond to the child’s cues in a timely manner	<p>Feed the child a variety of nutrient-rich foods each day during both meals and snacks</p> <p>Recognize and appropriately respond to the child’s cues in a timely manner</p>	Find time to rest and take care of their own needs	Identify developmental delays

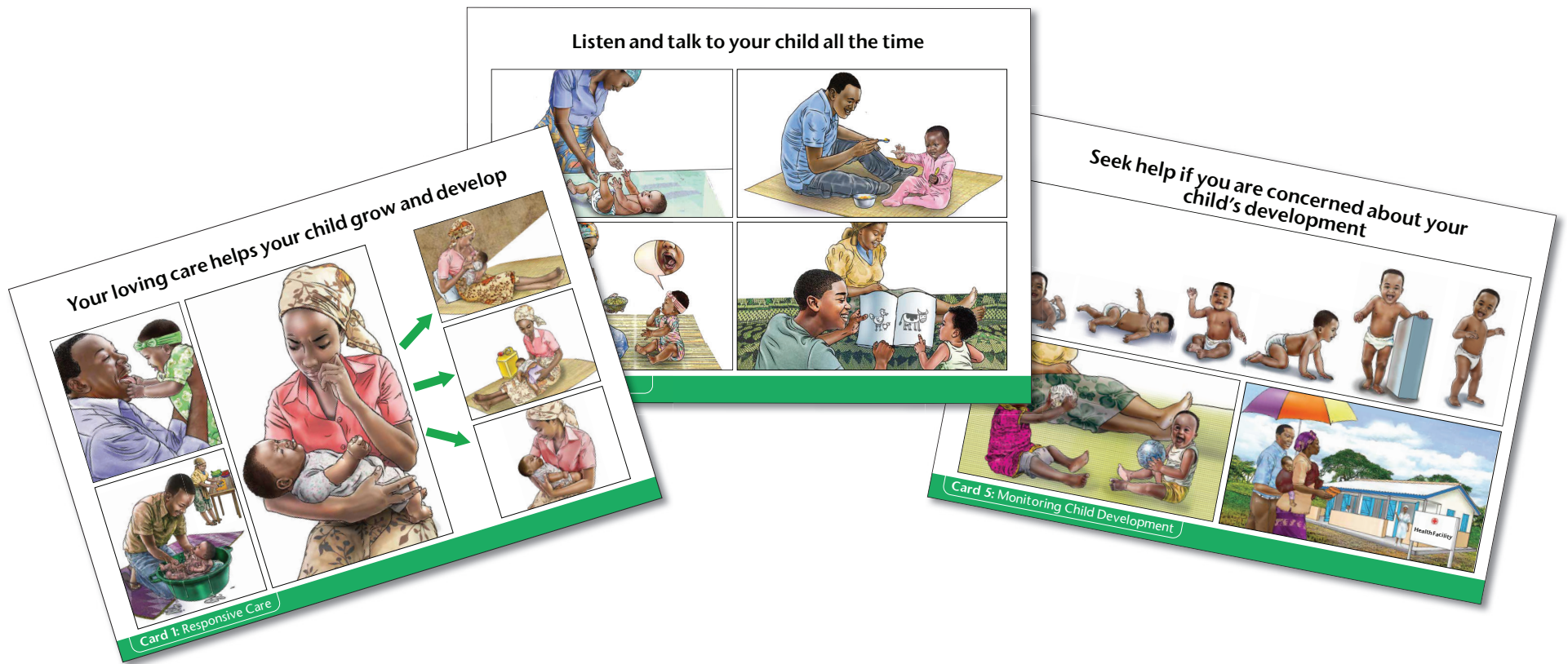
¹Conduct this session first to ensure caregivers have a solid understanding of what responsive care is before beginning other activities.

References

- 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.
- United Nations Children's Fund (UNICEF). n.d. Your toddler's developmental milestones at 2 years. Everything you need to know about your growing 2-year-old. Accessed July 7, 2023. <https://www.unicef.org/parenting/child-development/your-toddlers-developmental-milestones-2-years>.
- UNICEF. 2012a. *The Community Infant and Young Child Feeding Counselling Package*. New York: UNICEF. <https://www.unicef.org/documents/community-iycf-package>.
- UNICEF. 2012b. *The Community Infant and Young Child Feeding Counselling Package: Facilitator Guide*. New York: UNICEF. <https://www.unicef.org/media/108391/file/Facilitator%20Guide.pdf>.
- UNICEF. 2012c. *The Community Infant and Young Child Feeding Counselling Package: Participant Materials*. New York: UNICEF. <https://www.unicef.org/media/108401/file/Participant%20Materials.pdf>.
- USAID Advancing Nutrition. 2023a. *Responsive Care and Early Learning Addendum*. Arlington, VA: USAID Advancing Nutrition. <https://www.advancingnutrition.org/what-we-do/early-childhood-development/RCELaddendum>.
- USAID Advancing Nutrition. 2023b. *Responsive Care and Early Learning Addendum: Planning, Adaptation, and Implementation Guide*. Arlington, VA: USAID Advancing Nutrition.
- USAID Advancing Nutrition. 2023c. *Responsive Care and Early Learning Addendum Training Package: Facilitator's Guide*. 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. *Responsive Care and Early Learning Addendum: How to Make Homemade Toys*. Arlington, VA: USAID Advancing Nutrition.
- World Vision International. 2020a. *Playful Parenting Activity Booklet*. Uxbridge: World Vision International. <https://www.wvi.org/publications/manualtoolkit/playful-parenting-activity-booklet>.
- World Vision International. 2020b. *World Vision Toy Guide for Early Childhood Development*. Uxbridge: World Vision International. <https://www.wvi.org/publications/manualtoolkit/world-vision-toy-guide-early-childhood-development-0>.

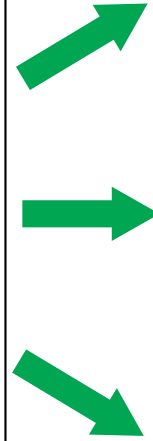
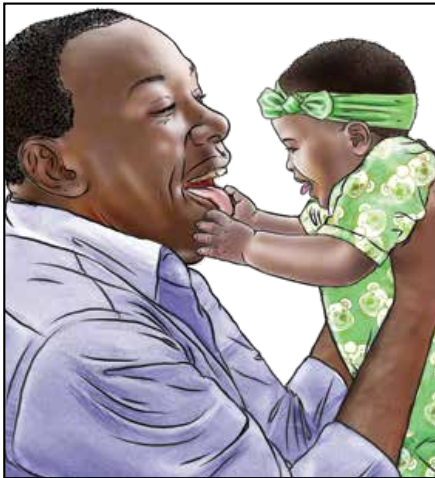
ANNEX F

Additional Resources for Modules 1–4: RCEL and IYCF Counseling Cards and Handouts



RESOURCE: RCEL Addendum Counseling Card #1

Your loving care helps your child grow and develop



Card 1: Responsive Care

RESOURCE: RCEL Addendum Counseling Card #1

Card 1: Responsive Care

Steps 1-3: After you have welcomed caregiver(s), assessed, and analyzed, you are ready to act!

Step 4: Act

Introduce today's topic using the Key Messages

- * You are already helping your child learn and develop every day when you talk, play, feed, and care for your child. These simple activities help your child's brain to develop and make your child smart and clever.
- * 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.

Praise, demonstrate, and practice with the Practical Tips

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 times for meals (starting at 6 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

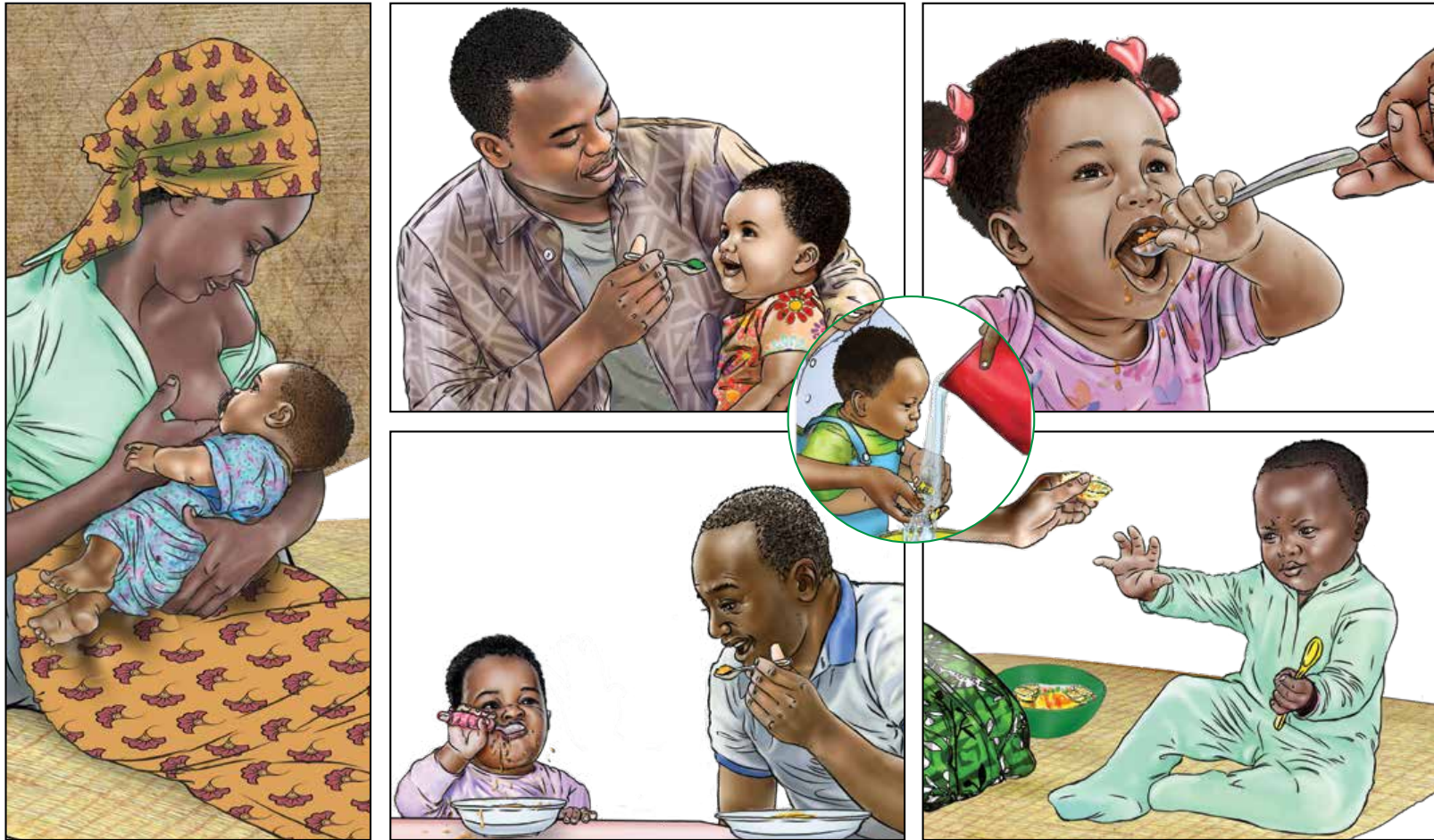
- * Your child can see from the day she is born. Look into your child's eyes often. It will help her to connect with you, and she will learn to identify emotions in people.
- * Signs your baby wants your attention are wide-open eyes, looking toward your face or toward someone who is talking, being alert, sucking on his fists or objects, clasp his hands or feet together, and grasping on to 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, gestures, and talking to her.

Step 5: Summarize and close

- * Summarize the session by asking the caregiver(s) to demonstrate or explain what they will go home and do with their child. Ask if the caregiver(s) see any barriers and problem-solve together how to overcome those barriers.
- * If appropriate, agree on the next meeting date.

RESOURCE: RCEL Addendum Counseling Card #2

Teach your child to eat with love, patience, and good humor



Card 2: Responsive Feeding

RESOURCE: RCEL Addendum Counseling Card #2

Card 2: Responsive Feeding

Steps 1-3: After you have welcomed caregiver(s), assessed, and analyzed, you are ready to act!

Step 4: Act

Introduce today's topic using the Key Messages

- * 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 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.

Praise, demonstrate, and practice with the Practical Tips

All children:

- * Minimize distractions during mealtimes. Face 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 but 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 6 months of age. Breastfeeding also stimulates loving feelings between mother and baby. It helps your baby to 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 it. 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.

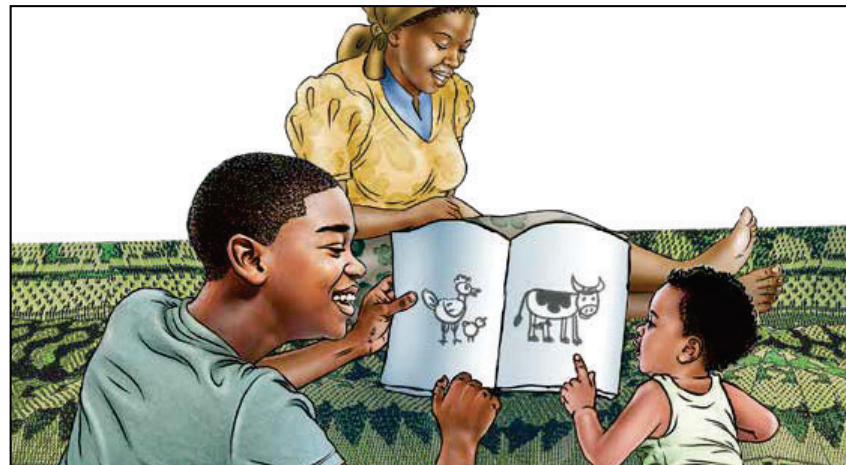
<p>Cues your baby is hungry Wakes and tosses; sucks on fist (before 3 months); cries or fusses</p>	<p>Cues your baby is full Closes mouth or lips shut; turns head away; decreases or stops sucking; spits out the nipple or falls asleep when full</p>
<p>Cues your child is hungry Opens mouth while feeding to show wanting more; smiles, gazes at caregiver, or coos during feeding to show wanting more; moves head toward food or tries to swipe food toward mouth; reaches or points for spoon or food</p>	<p>Cues your child is full Slows down or stops eating; pushes food away; shakes head to say "no more"</p>

Step 5: Summarize and close

- * Summarize the session by asking the caregiver(s) to demonstrate or explain what they will go home and do with their child. Ask if the caregiver(s) see any barriers and problem-solve together how to overcome those barriers.
- * If appropriate, agree on the next meeting date.

RESOURCE: RCEL Addendum Counseling Card #3

Listen and talk to your child all the time



Card 3: Communication

RESOURCE: RCEL Addendum Counseling Card #3

Card 3: Communication

Steps 1-3: After you have welcomed caregiver(s), assessed, and analyzed, you are ready to act!

Step 4: Act

Introduce today's topic using the Key Messages

- * 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!”

Praise, demonstrate, and practice with the Practical Tips

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.

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, like 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:

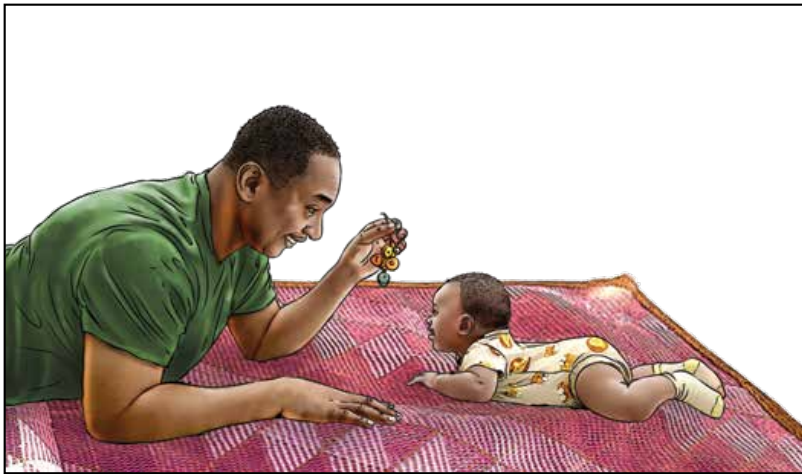
- * As you feed your child, describe the colors and textures of her food. Encourage her to speak by asking her the name or the color of the food she is eating. Point and tell her the names of the foods after she has had a chance to try and answer you!
- * Sing with your child. Start a song and let him 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 her to point to different people and animals in a book, magazine, or poster. Praise her for finding the animals and objects!

Step 5: Summarize and close

- * Summarize the session by asking the caregiver(s) to demonstrate or explain what they will go home and do with their child. Ask if the caregiver(s) see any barriers and problem-solve together how to overcome those barriers.
- * If appropriate, agree on the next meeting date.

RESOURCE: RCEL Addendum Counseling Card #4

Give your child daily opportunities to learn through play



Card 4: Play

RESOURCE: RCEL Addendum Counseling Card #4

Card 4: Play

Steps 1-3: After you have welcomed caregiver(s), assessed, and analyzed, you are ready to act!

Step 4: Act

Introduce today's topic using the Key Messages

- * 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.

Praise, demonstrate, and practice with the Practical Tips

Birth up to 6 months:

- * Slowly move colorful objects for your baby to see and reach for. Watch his eyes move side to side as he follows the object.
- * Place your baby on her tummy with a colorful object out in front of her. Watch her reach for it and praise her when she picks it up! She learns by putting objects in her mouth so make sure the object is clean, not sharp, and not too small that she could swallow it.

6 up to 9 months:

- * As you introduce new foods for your baby, he is learning new textures and tastes. Encourage him when he tries new foods! Having diverse and colorful foods is important.
- * Give your baby clean, safe household objects to pick up, touch, feel, bang, and explore. Examples of simple toys to play with include small containers or a pot with a spoon.
- * Draw or make simple picture books to develop your baby's curiosity and help her learn new things.

9 up to 12 months:

- * During mealtimes, give your baby small finger foods and encourage him to try new, healthy foods. He is starting to learn how to pick up things with his fingers and chew. He will often make a mess and that is okay! He is learning to feed himself and exploring different types of foods!
- * Play games like "peekaboo" with your baby. While she is looking at you, cover your face with hands or fabric. Say, "Where is Mommy?" Open hands and say, "Boo! Here I am!" Laugh with her as she sees you! She is starting to learn that you do not disappear when she does not see you.

12 up to 24 months:

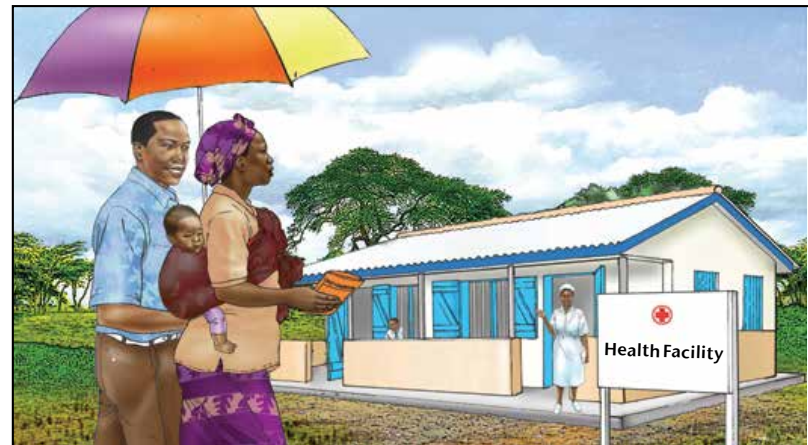
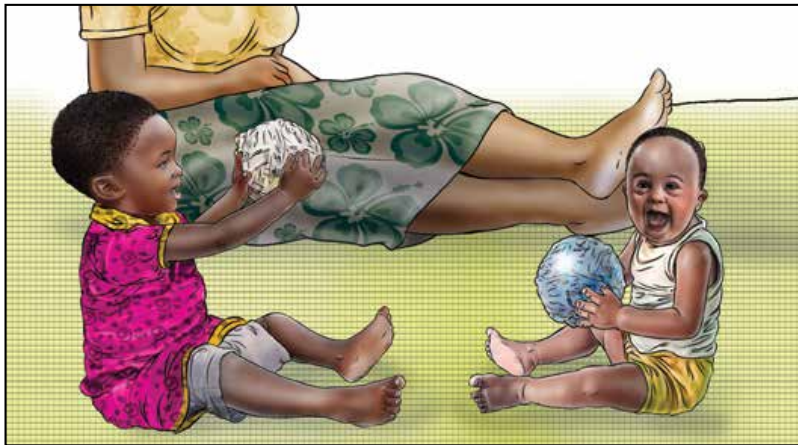
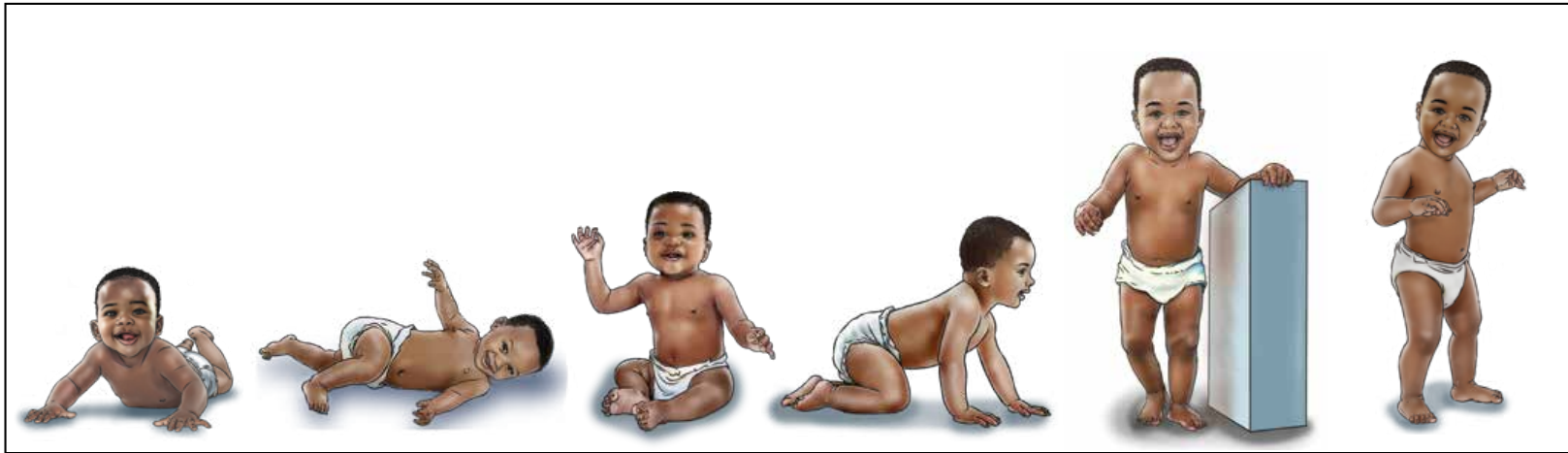
- * Play with your child and encourage him to try harder tasks. Encourage him to stack objects, knock them over, and start again. Give him more objects to stack. Help him if he gets stuck!
- * Encourage your child's imagination using sock puppets. Make up a story using the puppets.

Step 5: Summarize and close

- * Summarize the session by asking the caregiver(s) to demonstrate or explain what they will go home and do with their child. Ask if the caregiver(s) see any barriers and problem-solve together how to overcome those barriers.
- * If appropriate, agree on the next meeting date.

RESOURCE: RCEL Addendum Counseling Card #5

Seek help if you are concerned about your child's development



Card 5: Monitoring Child Development

RESOURCE: RCEL Addendum Counseling Card #5

Card 5: Monitoring Child Development

Steps 1-3: After you have welcomed caregiver(s), assessed, and analyzed, you are ready to act!

Step 4: Act

Introduce today's topic using the Key Messages

- * 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.

Praise, demonstrate, and practice with the Practical Tips

Concerns about development

- * **IF CONCERNS, SAY:** All children develop at different paces. If there are any difficulties, children benefit from early identification and support. You should visit a health facility to discuss your concerns further with a skilled provider.
- * **WARNING SIGNS FOR REFERRALS:** If your child ever regresses, meaning he stops being able to perform skills that he used to do such as talking or walking, this can be a sign of a serious problem. You must seek care immediately.

Concerns about hearing or vision

- * **IF CONCERNS, SAY:** You should visit a health facility to discuss your concerns further with a skilled provider and have them check your child's hearing and vision.
- * **WARNING SIGNS FOR REFERRALS:** If your child does not respond to noise or does not use her eyes to follow your face or objects by age 3 months, seek care at your health facility.

Step 5: Summarize and close

- * Summarize the session by asking the caregiver(s) to demonstrate or explain what they will go home and do with their child. Ask if the caregiver(s) see any barriers and problem-solve together how to overcome those barriers.
- * If appropriate, agree on the next meeting date.

Concerns about feeding

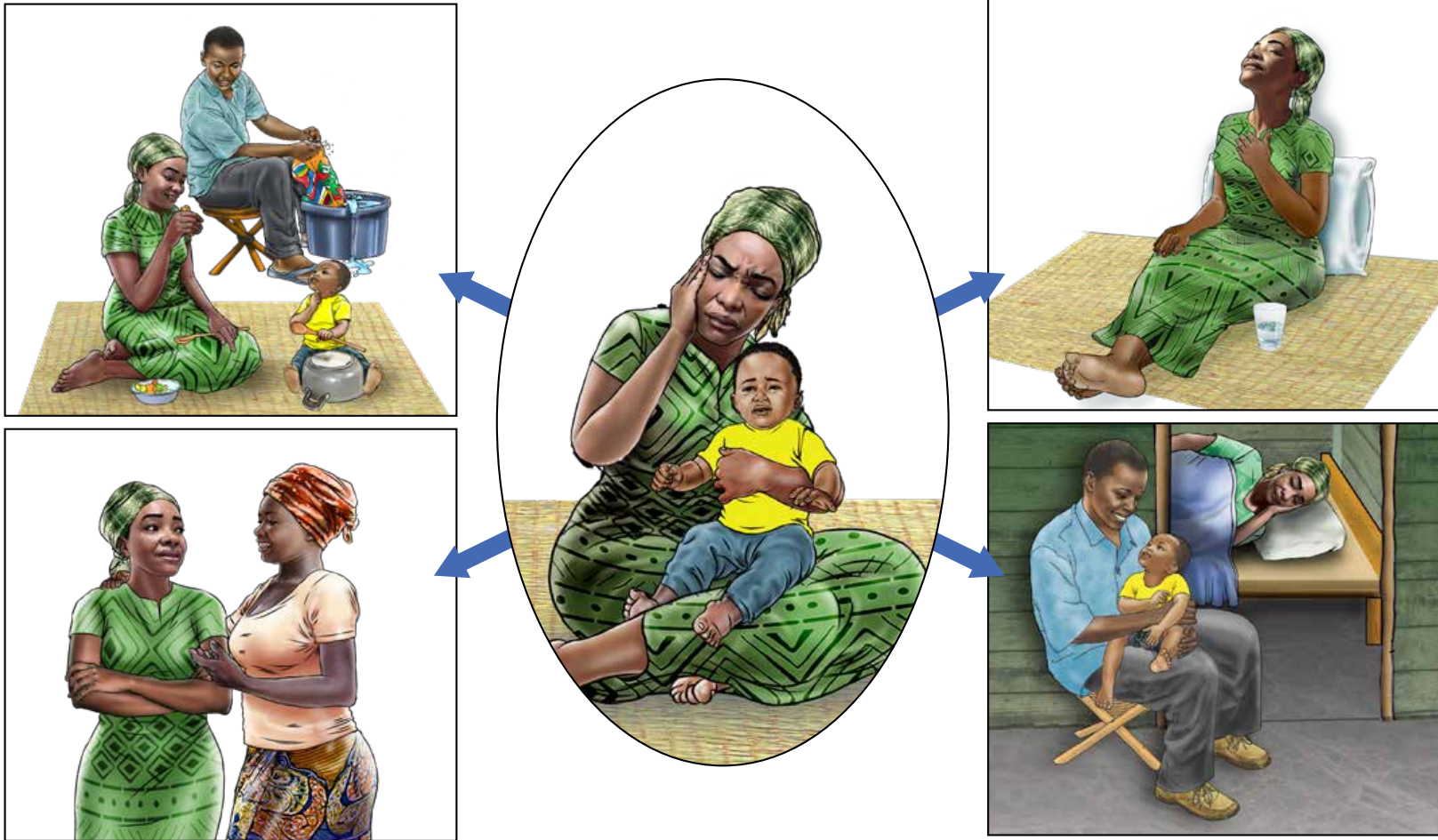
- * **IF CONCERNS, SAY:** I would be happy to talk with you about some strategies to help your child to feed. If the problems persist, you should visit a health facility. (See: "Special Circumstances Counseling Card 7.")
- * **WARNING SIGNS FOR REFERRALS:** Seek care immediately if your child is losing weight, frequently coughs or tears while feeding, has rigid muscles or jaw clenching that prevent feeding, vomits frequently, or sweats excessively or tires quickly when feeding.

No concerns

- * Praise the caregiver for all of their efforts to help their child grow and develop! Encourage the caregiver to keep practicing responsive care and age-appropriate feeding practices. See IYCF cards on breastfeeding and complementary feeding topics and the Communication and Play cards from this RCEL Addendum for more specific ideas.

RESOURCE: RCEL Addendum Counseling Card #6

Take care of yourself in order to care for your child



Card 6: Caring for the Caregiver

RESOURCE: RCEL Addendum Counseling Card #6

Card 6: Caring for the Caregiver

Steps 1-3: After you have welcomed caregiver(s), assessed, and analyzed, you are ready to act!

Step 4: Act

Introduce today's topic using the Key Messages

- * Your child loves spending time with you. He is learning by observing, imitating, listening, and interacting with you. Parenting is rewarding and fun, but it is not always easy.
- * Feeling big emotions during caregiving is normal because it can be very stressful. Feeling these emotions is not something to feel guilty or ashamed about. All caregivers need emotional support and help from their partners, families, friends, and community.
- * Creating routines is helpful for you and your child. Think of ways to include activities you enjoy in your routine. Consider singing, sewing, exercise, dancing, drawing, or any activity that calms you and helps you to take care of yourself.
- * Talk with your spouse, friends, or family members. Share your experiences parenting with a confidant. Share both what is going well and any challenges you are having.
- * Whenever you feel exhausted and overwhelmed, it is good to reach out for help from your partner, family, or friends. If these feelings do not go away, seek care from your health facility. Depression and anxiety are common challenges, especially in the postpartum period, and require treatment.

Praise, demonstrate, and practice with the Practical Tips

Birth up to 6 months:

- * Your baby is feeding on demand all day and all night and depending on mom and dad for everything.
- * Ask your partner, other family members, and friends for help. It will benefit your baby and you and give you time to take care of yourself, such as time to visit with a friend, get some sleep or do any healthy activity that helps you relax. This can help prevent you from feeling exhausted and overwhelmed.

6 up to 12 months:

- * Your baby is starting to feed on solid foods, sleeps less, and is moving around! He might develop some fears of people he does not know and want to be with you all the time.
- * It is okay to feel frustrated because you cannot get your baby to calm down or she is not behaving how you would like. Take a moment and take several

slow, deep breaths in and out. Focus on your breathing to calm yourself before going back to try to calm your baby. Do not hesitate to ask a family member or friend to help if you need a little rest.

12 up to 24 months:

- * Your child is developing her emotions, and she will soon start to do more things for herself like getting dressed and toileting. She will get frustrated when she tries but cannot do things herself. She may appear stubborn or get upset.
- * Recognize that this is normal and do not get angry. Step away if you need to, and do not be hard on yourself. Ask your partner or a confidant to look after your child while you step away. Even 10 minutes away from a stressful situation can help you feel more calm and able to respond appropriately.

Step 5: Summarize and close

- * Summarize the session by asking the caregiver(s) to demonstrate or explain what they will go home and do. Ask if the caregiver(s) see any barriers and problem-solve together how to overcome those barriers.
- * If appropriate, agree on the next meeting date.

RESOURCE: RCEL Addendum Counseling Card—Supporting Children with Disabilities

Tips for Supporting Children with Disabilities to Engage in Play and Learning

Modify the skill level

Consider sharing Practical Tips that the child can do, or are slightly challenging for the child, rather than providing tips that match the child’s age.

- * Make an activity simpler by breaking it into multiple steps, such as providing only two objects to stack rather than many and adding more as the child progresses.
- * Provide materials that are easier for a child to use: a container with a handle the child can grip rather than a jar with no handles.
- * Consider adaptive devices to help a child: add a thicker handle to a spoon or utensil to make self-feeding easier or provide a supportive chair to help the child to sit.



Add a sensory component (touch, sound, sight, smell)

Adding more touch, sound, smell, or a visual component will stimulate the child’s senses, particularly if the child has an impairment that affects their senses, such as difficulty seeing or hearing.

- * Add a touch component to a story: if the story is about bath time, splash a little water on the child’s hand.
- * Add a smell to a shaker toy: add strips of lemongrass or spices in a container with bottle caps.
- * Provide different textures of playthings: things that are smooth (like plastic), soft (like different fabrics), or rough (like stiff leaves glued to cardboard). Ensure that the objects are safe: clean, not sharp, and larger than your child’s palm to prevent choking.



Support the child in exploring

Play should be led by the child, with the caregiver providing support only as needed by the child. Be patient and let the child take time to engage with an object or an activity. Remove objects that get in the way of playing.

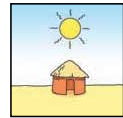
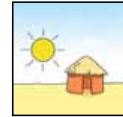
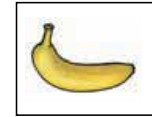
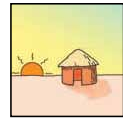
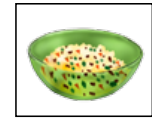
- * Provide some extra support during tummy time (like rolled-up fabric) under the child’s chest to prop the child’s torso up or place the child on your chest and recline back.
- * Guide the child’s hand alongside yours to explore an object or position the child in a way that helps her be able to look around and engage in play. Make sure the child’s arms and legs are not restricted.
- * Look for the subtle cues the child may use to communicate, such as using eye movements to look at something they want.



Job Aid: Disability Inclusion

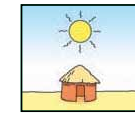
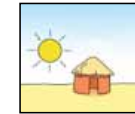
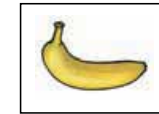
RESOURCE: C-IYCF Counseling Card #14

From 6 up to 9 months



RESOURCE: C-IYCF Counseling Card #15

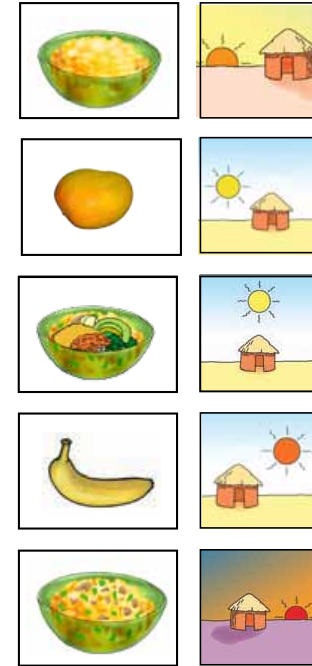
From 9 up to 12 months



Card 15

RESOURCE: C-IYCF Counseling Card #16

From 12 up to 24 months



Card 16

RESOURCE: Let's Play With the Child in Our Daily Work

Stage: Birth Up to 6 Months

Brainstorm: Who in your home spends time playing with their babies?

Ask: Do you usually play with them?

Ask: Can someone demonstrate how you play with your child?

[Use RCEL Addendum Card # 4](#)

When a child plays, they learn many things. Playing is like the child's job. When playing, the child learns—

- thinking, paying attention, and problem solving
- speaking
- living with others
- using the muscles of the body (for example, training their little fingers to pick up a spoon).

Ask: Is there an age when a child starts to play?

Answer: A child plays when they are still in the belly and immediately at birth. For example, they can kick their legs or imitate the faces their mother or father makes.

So let's discuss how to play with a young child at this age (zero to six months). First, make sure your child has a safe, clean space to play and move around in. Then try any of the following options for play:

- Slowly wave colorful clothes or cloth in front of the baby's face.
- Hang colorful toys or pictures above the area where the baby lies down.
- Find items around the house of different textures for the baby to feel and touch, such as soft clothes, crumpled paper, a smooth cup or bowl, etc.
- Make funny faces, smile, and make eye contact with the baby.
- Have a "conversation" with the baby by copying the child's sounds and gestures.
- Put the baby on their tummy and encourage them to lift themselves up and reach for a colorful toy (e.g., a cup, piece of cloth, rattle).

Ask: So let's think of when and how we can play with the child while doing our chores. Each person should close their eyes and think about a job they do at home every day together with the baby (for example, feeding the baby, washing dishes, working

in the field, walking to the market, cooking food). Now, think of what fun you can have with your babies during this work.

Examples include the following:

- Make funny faces and smile at the baby as you are doing chores, and talk and sing to them, too.
- As you are walking to the market, point out and name things you see (e.g., a bird, a tree, another child).

Ask two or three people to share what task they chose, and then show how they will play with their child while doing that task.

Next, talk to the person next to you. Ask him/her about a job he/she usually does at home and share ideas about how to incorporate play during this job.

Next steps: At home, try to play one or two games with your child.

Additional Resources:

- [How to Make Homemade Toys](#)
- [World Vision Toy Guide for Early Childhood Development](#)
- [Playful Parenting Activity Booklet](#)

Stage: 6 Up to 9 Months

Brainstorm: Who in your home spends time playing with their babies?

Ask: Do you usually play with them?

Ask: Can someone demonstrate how you play with your child?

[Use RCEL Addendum Card # 4](#)

When a child plays, they learn many things. Playing is like the child’s job. When playing, the child learns—

- thinking, paying attention, and problem-solving
- speaking
- living with others
- using the muscles of the body (for example, training their little fingers to pick up a spoon).

So let’s discuss how to play with a young child at this age (six to nine months). First, make sure your child has a safe, clean space to play and move around in. Then try any of the following options for play:

- Put the baby on their back or tummy and encourage them to roll or crawl to reach for colorful toys that are just out of reach (e.g., a ball, piece of cloth, rattle).

- Find safe and clean items around the home that the baby can use to make noise (e.g., banging on a metal bowl with a spoon or shaking a rattle).
- Make funny faces, smile, and make eye contact with the baby.
- Hide a toy under a box or cloth to see if they can find it.
- Use a doll for imaginary play, such as pretending the doll is helping to cook and do chores around the home.
- Play games like clapping.

Ask: So let’s think of when and how we can play with the child while doing our chores. Each person should close their eyes and think about a job they do at home every day together with the baby (for example, feeding the baby, washing dishes, working in the field, walking to the market, cooking food). Now, think of what fun you can have with your babies during this work.

Examples include the following:

- Make funny faces and smile at the baby as you are doing chores, and talk and sing to them, too.

- As you are walking to the market, point out and name things you see (e.g., a bird, a tree, another child).
- As you are cleaning or cooking around the home, sing a song with them so they can clap along. Children at this age love songs with hand gestures.
- Count out loud the items you see around your home or community as you do chores or walk to work or the market.

Ask two or three people to share what task they chose, and then show how they will play with their child while doing that task.

Next, talk to the person next to you. Ask him/her about a job he/she usually does at home and share ideas about how to incorporate play during this job.

Next steps: At home, try to play one or two games with your child.

Additional Resources:

- [How to Make and Use Homemade Toys](#)
- [World Vision Toy Guide for Early Childhood Development](#)
- [Playful Parenting Activity Booklet](#)

Stage: 9 Up to 12 Months

Brainstorm: Who in your home spends time playing with the children?

Ask: Do you usually play with them?

Ask: Can someone demonstrate how you play with your child?

[Use RCEL Addendum Card # 4](#)

When a child learns, he learns many things. Playing is like the child's job. When playing, the child learns:

- thinking, paying attention, and problem-solving
- speaking
- living with others
- using the muscles of the body (for example, training their little fingers to pick up a spoon).

So let's discuss how to play with a young child at this age (nine to twelve months). First, make sure your child has a safe, clean space to play and move around in. Then try any of the following options for play:

- Give the child a clean, safe space and encourage them to crawl and/or walk around.

- Find safe and clean items around the home they can use to make noise (e.g. banging on a metal bowl with a spoon, or shaking a rattle).
- Read to the child.
- Hide a toy under a box or cloth to see if they can find it.
- Use a doll for imaginary play, such as pretending the doll is helping cook and do chores around the home.
- Play games, like clapping and peekaboo.

Ask: So let's think of when and how we can play with the child while doing our chores? Each person should close their eyes and think about a job they do at home every day, together with the child (for example, feeding the child, washing dishes, working in the field, walking to the market, cooking food). Now, think of what fun you can do with your babies during this work.

Examples include the following:

- Make funny faces and smile at the child as you are doing chores; talk and sing to them, too.
- As you are walking to the market, point out and name things you see (e.g., look a bird, a tree, another child).

- As you are cleaning or cooking around the home, sing a song with them so they can clap along. Children at this age love songs with hand gestures.
- Count out loud items you see around your home or community as you do chores or walk to work or the market.

Ask two or three people to share what task they chose and then show how they will play with their child while doing that task.

Next, talk to the person next to you. Ask him/her about a job he/she usually does at home and share ideas about how to incorporate play during this job.

Next steps: At home, try to play one or two games with your child.

Additional Resources:

- [How to Make Homemade Toys](#)
- [World Vision Toy Guide for Early Childhood Development](#)
- [Playful Parenting Activity Booklet](#)

Stage: 12 Up to 24 Months

Brainstorm: Who in your home spends time playing with the children?

Ask: Do you usually play with them?

Ask: Can someone demonstrate how you play with your child?

[Use RCEL Addendum Card # 4](#)

When a child learns, he learns many things. Playing is like the child's job. When playing, the child learns:

- thinking, paying attention, and problem-solving
- speaking
- living with others
- using the muscles of the body (for example, training their little fingers to pick up a spoon).

So let's discuss how to play with a young child at this age (twelve to twenty-four months). First, make sure your child has a safe, clean space to play and move around.

- Give the child a clean, safe space and encourage them to crawl, pull themselves up, and/or walk around.
- Dance and sing with your child.

- Find safe and clean items around the home they can use to make noise (e.g., banging on a metal bowl with a spoon, or shaking a rattle).
- Read to the child.
- Give your child toys or other safe items around the house to stack up and/or put into other containers.
- Use a doll for imaginary play, such as pretending the doll is helping cook and do chores around the home.
- Play games, like clapping and peekaboo.
- Ask your child to name body parts and/or things they see around the house.

Ask: So let's think of when and how we can play with the child while doing our chores? Each person should close their eyes and think about a job they do at home every day, together with the child (for example, feeding the child, washing dishes, working in the field, walking to the market, cooking food). Now, think of what fun you can do with your babies during this work.

Examples:

- Make funny faces and smile at the child as you are doing chores; talk and sing to them, too.

- As you are walking to the market, ask them to name things you see (e.g., look a bird, a tree, another child). Help them when needed.
- As you are cleaning or cooking around the home, sing a song with them so they can sing and clap along. Children at this age love songs with hand gestures.
- Count out loud and name items you see around your home or community as you do chores or walk to work or the market.

Ask two or three people to share what task they chose and then show how they will play with their child while doing that task.

Next, talk to the person next to you. Ask him/her about a job he/she usually does at home and share ideas about how to incorporate play during this job.

Next steps: At home, try to play one or two games with your child.

Additional Resources:

- [How to Make Homemade Toys](#)
- [World Vision Toy Guide for Early Childhood Development](#)
- [Playful Parenting Activity Booklet](#)



RESOURCE: How to Make Homemade Toys

Learning Objectives

By the end of this session participants will be able to:

1. Use locally available and recycled materials to make toys and describe what children can learn from different toys.

Materials

- For Learning Objective 1, Activity 1:
 - Recycled materials, scissors, tape, and glue for toy making
 - [Examples of Homemade Toys](#)

Advance Preparation

- Review the instructions for each “Learning Objective” in this session.
- Prepare and gather all of your materials from the list above.
- Prepare 2–3 homemade toys in advance of the session that can be used for teaching different skills to children of different ages; for example, a shaker/rattle, a push/pull toy car, a homemade puzzle, etc.
- Gather materials for making toys. Some suggested materials to gather include water bottles with caps, soda bottle caps, yogurt or other plastic cups, dried beans or small rocks/pebbles, cardboard boxes, empty milk boxes, string, dried fruit shells (such as from coconuts), etc.

Total Duration of Session: 30 Minutes

- **Learning Objective 1:** Use locally available and recycled materials to make toys and describe what children can learn from different toys (30 minutes)
- **Activity 1:** Making Homemade Toys (30 minutes)

Learning Objective 1: Use locally available and recycled materials to make toys and describe what children can learn from different toys

Methodology: Small-group work

Time: 30 minutes

Instructions

Activity 1: Making Homemade Toys (30 minutes)




1. Divide participants into pairs. Each pair will make one homemade toy from the materials gathered by the facilitator before the training. Give them about 15 minutes to make a toy.
2. Bring the group back together and ask for 3–4 volunteers to share the toy they have made with the group. For each toy, have participants respond to the following questions. Ask—
 - “How attractive is it (color, size, and sound) for a young child?”
 - “How easily could the young child hold it?”
 - “How does the size, and whether it is sharp or dull, or edible, affect its safety? How safe is it for children in different age groups? Remember, if an object is smaller in size than your child’s palm, it is a choking hazard for your child.”
 - “What age child would most like it? Note that the same toys may be attractive to children of different ages. A young child might enjoy dropping stones in a plastic bottle. An older child might use the same stones to count as she drops the stones in the plastic bottle.”
 - “What might the child learn by using it? Consider different skills the child might learn.”
 - “How could playing with the toy affect the interaction between the caregiver and child?”
3. Ask participants to open their Participant Handouts to “Handout for Optional Session 2: Examples of Homemade Toys.” Tell participants they can use this when discussing different toys caregivers can make during home visits or group sessions.
4. Close by reminding counselors that children do not need fancy toys, and that homemade toys, household objects, and even play without toys (such as games and songs using their bodies) all help children to learn!

RESOURCE: Examples of Homemade Toys



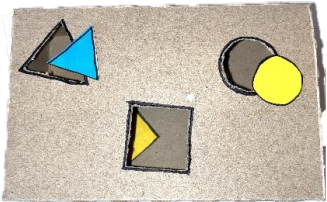

Toys for Infants Birth Up to 24 Months of Age		
Toy	Ages	Adapting for Older Ages and Higher Complexity:
<p>Shaker or rattle</p> 	Birth up to 12 months	<ul style="list-style-type: none"> • Fill the bottles with larger objects, such as clothespins or small stones, and let the child put the items in and out of the container.
<p>Objects on a string</p> 	Birth up to 12 months	<ul style="list-style-type: none"> • Let the child put the objects on and off of the string (as long as objects are big enough that the child will not choke). • Put together patterns on the string.
<p>Mobiles hanging above baby (out of reach)</p> 	Birth until about 6 months	<ul style="list-style-type: none"> • Hang handmade light objects or picture cards, such as things made of felt paper/foam or colored cards, and have the baby name the objects or colors.

SAFETY TIP

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

Toy	Ages	Adapting for Older Ages and Higher Complexity:
<p>Stuffed doll with a sewn or painted face</p>  <p><small>Image source:WHO/UNICEF. 2012. Care for Child Development. Geneva:WHO</small></p>	<p>Birth and up</p>	<ul style="list-style-type: none"> • Ask about the body parts on the doll, such as the eyes or arms. • Use the doll with other objects, such as pretending to cook a meal with the doll using bowls or pots. • Ask the child to tell you pretend stories about the doll. What is the doll's name? What is the doll doing? How do they play together?
<p>Shaker or rattle</p> 	<p>Birth up to 12 months</p>	<ul style="list-style-type: none"> • Fill the bottles with larger objects, such as clothespins or small stones, and let the child put the items in and out of the container.
<p>Objects on a string</p> 	<p>Birth up to 12 months</p>	<ul style="list-style-type: none"> • Let the child put the objects on and off of the string (as long as objects are big enough that the child will not choke). • Put together patterns on the string.

Toy	Ages	Adapting for Older Ages and Higher Complexity:
<p>Metal or plastic bowl and spoon</p> 	<p>6 months and up</p>	<ul style="list-style-type: none"> • Provide different kinds and sizes of bowls and have the child explore different sounds using wooden, plastic, and metal bowls.
<p>Bowl or basket of objects</p> 	<p>8 months and up</p>	<ul style="list-style-type: none"> • Change the different objects in the bowl and let the child search for different colors, sizes, textures. • Add water to the bowl with plastic or metal objects and let the child splash, pour, and explore sink and float.
<p>Plastic jar or basket for putting stones or objects in and out</p> 	<p>9 months up to 24 months</p>	<ul style="list-style-type: none"> • Start to count the different objects. • Learn how to open and close the jar. • Teach directional words like “in” and “out.” • Use different textured objects to explore soft, smooth, rough, etc.
<p>Books with drawings or pictures</p> 	<p>9 months up to 24 months</p>	<ul style="list-style-type: none"> • Add letters and words to the book. • Add more detailed pictures that tell a story. • Ask the child to make a story from the pictures.

Toy	Ages	Adapting for Older Ages and Higher Complexity:
<p>Push and pull toys</p> <p><i>Image source: USAID/Kate Holt</i></p> 	<p>12 months up to 24 months</p>	<ul style="list-style-type: none"> • Encourage pretend play and imagination (creating stories).
<p>Cups or cans for stacking</p> 	<p>12 months up to 24 months</p>	<ul style="list-style-type: none"> • Over time, build the tower higher and higher. • Stack according to colors. • Build different buildings or scenes for imaginative play.
<p>Sorting shapes or colors</p> 	<p>18 months and up</p>	<ul style="list-style-type: none"> • Count the objects • Add more shapes and colors
<p>Pictures drawn on cardboard to create a puzzle</p> 	<p>18 months and up</p>	<ul style="list-style-type: none"> • Increase the number of pieces to make the puzzles more complicated. About 4–5 pieces are most appropriate for 12 up to 24 months.

RESOURCE: Developmental Milestones Chart

Age	Physical How children’s bodies grow and move, including both big (gross motor) and small (fine motor) movements	Language How children communicate, both what a child understands and what they are able to say/express	Cognitive How children think, understand, and make sense of their environments	Social/Emotional How children connect with others, and express and understand emotions
6 months ¹	<ul style="list-style-type: none"> • Lifts head 90 degrees (prone) • Sits with support • When held erect, straightens legs, pushes against object rather than bending legs • Holds, handles toys or objects • Reaches toward objects with hands 	<ul style="list-style-type: none"> • Laughs • Vocalizes vowels “aa” “uu” • Responds with sounds when caregiver talks 	<ul style="list-style-type: none"> • Makes sounds in response to face-to-face play • Brings toys/objects to mouth 	<ul style="list-style-type: none"> • Has prolonged, meaningful eye contact • Shows preference, recognition, and desire to engage with caregivers by reaching, smiling, inspecting their faces
12 months ¹	<ul style="list-style-type: none"> • Sits steadily without support • Pulls to stand holding on to objects • Stands alone momentarily • Walks holding onto objects • Picks up small objects using pincer (thumb and index finger) only 	<ul style="list-style-type: none"> • Babbles by repeating many syllables • Has one meaningful word • Uses arm or hand to point to people or objects • Understands names of familiar people (mummy, daddy) • Understands verbs/action words (come, take) • Understands names of objects (ball, toy) 	<ul style="list-style-type: none"> • Initiates game “peekaboo” • Inspects toys/objects with curiosity • Imitates gestures during play (clapping hands, make face) • Uses fingers to feed herself (knows it is food and eats) 	<ul style="list-style-type: none"> • Spontaneously seeks to share enjoyment and interest with others (cuddles caregiver, kisses, inspects toy together) • Shows recognition of stranger (turns away, stares)

Age	Physical How children’s bodies grow and move, including both big (gross motor) and small (fine motor) movements	Language How children communicate, both what a child understands and what they are able to say/express	Cognitive How children think, understand, and make sense of their environments	Social/Emotional How children connect with others, and express and understand emotions
18 months ¹	<ul style="list-style-type: none"> • Walks alone • Kicks ball or other object • Holds pencil or stick (in any way) and scribbles on paper or on ground/floor 	<ul style="list-style-type: none"> • Uses at least 2 meaningful words • Uses index finger to point • Caregivers understand some of child’s communication • Waves “bye” or uses other common gesture in response to command • Understands one simple command (such as “bring shoes”) 	<ul style="list-style-type: none"> • Inspects how toys/objects work (how doll moves, bells ring) • Has simple imaginary play like feeding doll, driving cars • May use one feeding utensil • Drinks from cup 	<ul style="list-style-type: none"> • Initiates specific interactions with people • Imitates others’ behaviors (waving back, scribbling, washing hands, stacking clothes in imitation)
24 months ¹	<ul style="list-style-type: none"> • Can run • Can throw a ball overhead • Climbs up and down from furniture without assistance • Makes or copies straight lines and circles 	<ul style="list-style-type: none"> • Says short sentences with 2–4 words • Points to things when they are named • Knows familiar body parts • Recognizes familiar people • Repeats words he has overheard and follows simple instructions 	<ul style="list-style-type: none"> • Starts to sort shapes and colors • Can find things hidden under multiple layers • Completes sentences in familiar books • Plays simple make-believe games • Builds towers with 4 or more blocks • Can follow 2-step instructions • May start to develop a dominant hand 	<ul style="list-style-type: none"> • Likes to copy adults and other children • Gets excited when with other children • Is more independent, even more defiant

Source: 1. WHO (World Health Organization). 2020. *Monitoring Children’s Development in Primary Care Services: Moving From a Focus on Child Deficits to Family-Centred Participatory Support. Report of a Virtual Technical Meeting, 9 - 10 June 2020*. pp. 16–17. Geneva:WHO. <https://www.who.int/publications/i/item/9789240012479>; b. UNICEF (United Nations Children’s Fund). n.d. “Your Baby’s Developmental Milestones.” *UNICEF*. Accessed: March 2, 2021. <https://www.unicef.org/parenting/child-development/your-babys-developmental-milestones>



USAID
FROM THE AMERICAN PEOPLE

USAID ADVANCING NUTRITION

Implemented by:
JSI Research & Training Institute, Inc.
2733 Crystal Drive
4th Floor
Arlington, VA 22202

Phone: 703-528-7474
Email: info@advancingnutrition.org
Web: advancingnutrition.org

October 2023

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, addressing the root causes of malnutrition to save lives and enhance long-term health and development.

This guide is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of JSI Research & Training Institute, Inc. (JSI), and do not necessarily reflect the views of USAID or the United States government.