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Ages and Stages Reference Package

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

Module 3: 9 Up to 12 Months of Age



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.

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

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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

BOX 1. 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.](#)



instructions. Naming the different foods the child 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 A for 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 Activity ¹	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)

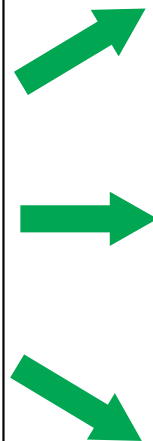
	Foundational Activity ¹	Activity 1	Activity 2	Activity 3
Group-level activities—integrate into mothers’ groups, care groups, village savings and loan association (VSLA) groups, men’s groups, etc.				
How to implement:	<ol style="list-style-type: none"> 1. Use card #1 to explain why responsive care is 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.

ADDITIONAL RESOURCES for Module 3

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

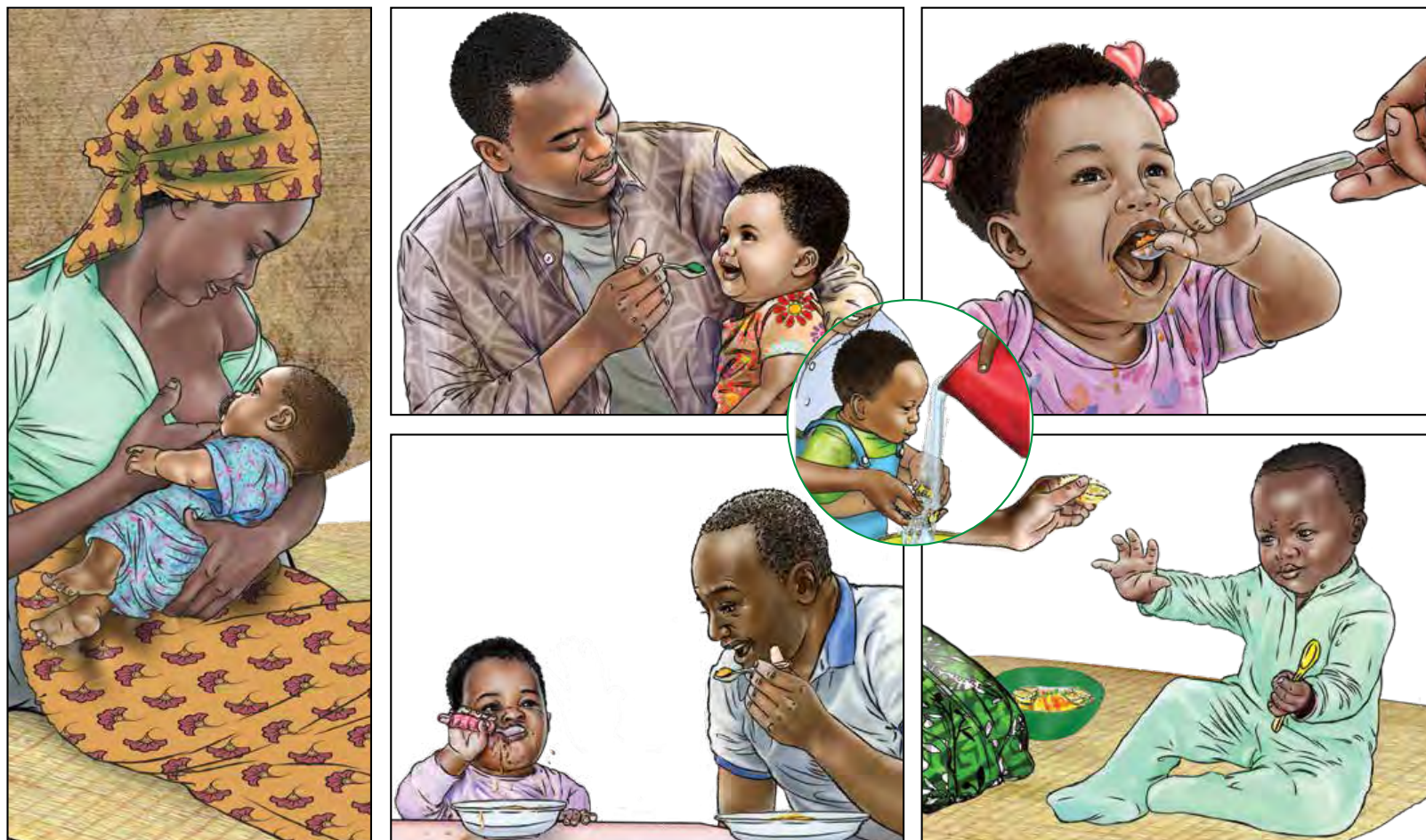
- * Your child can see from the day she is born. Look into your child's eyes often. It will help her to connect with you, and she will learn to identify emotions in people.
- * Signs your baby wants your attention are wide-open eyes, looking toward your face or toward someone who is talking, being alert,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

<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>

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.

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:

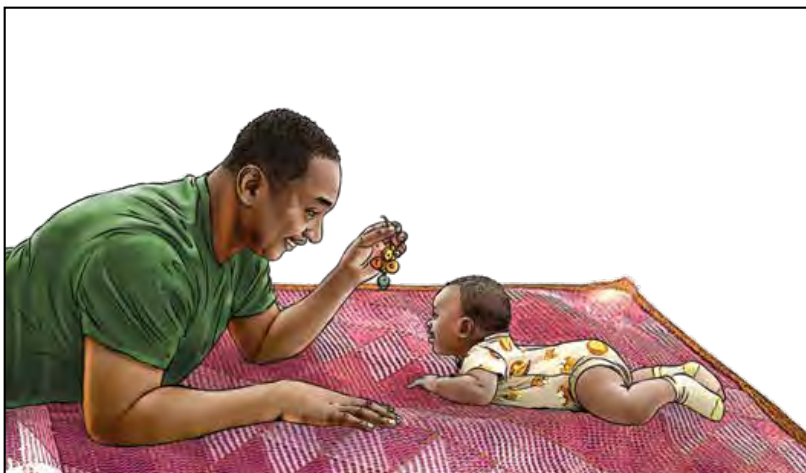
- * As you feed your child, describe the colors and textures of her food. Encourage her to speak by asking her the name or the color of the food she is eating. Point and tell her the names of the foods after she has had a chance to try and answer you!
- * Sing with your child. Start a song and let him 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.

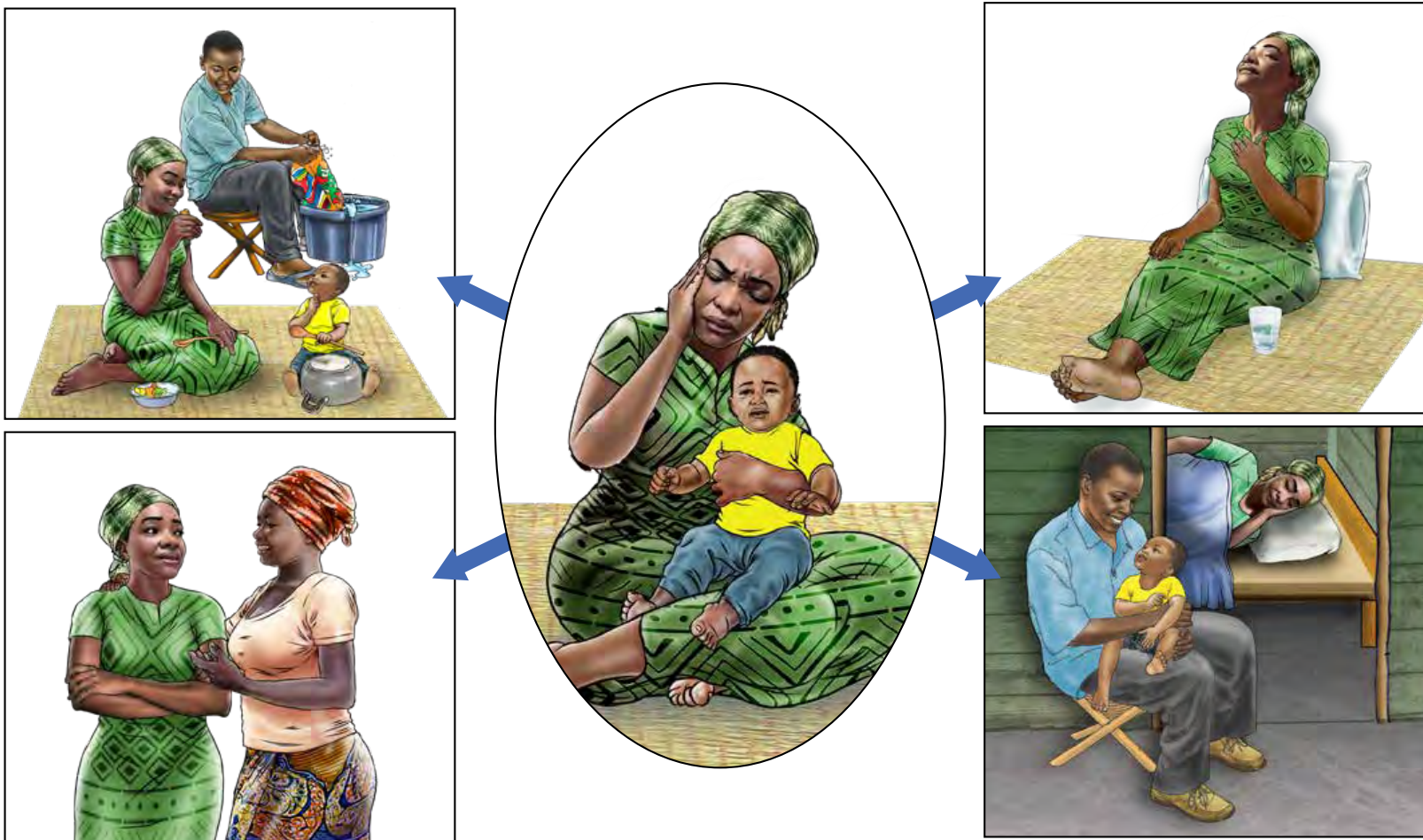
Step 5: Summarize and close

- * 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 #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:

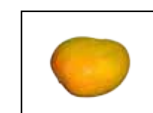
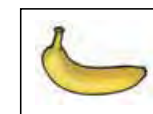
- * Your child is developing her emotions, and she will soon start to do more things for herself like getting dressed and toileting. She will get frustrated when she tries but cannot do things herself. She may appear stubborn or get upset.
- * Recognize that this is normal and do not get angry. Step 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: C-IYCF Counseling Card #15

From 9 up to 12 months



Card 15

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

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](#)
- [Toy Guide](#)
- [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 I, 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 I:** Use locally available and recycled materials to make toys and describe what children can learn from different toys (30 minutes)
- **Activity I:** Making Homemade Toys (30 minutes)

Learning Objective I: 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 I: 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 9 to 12 Months of Age		
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>	Birth and up	<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> 	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.

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).

Toys for Infants 9 to 12 Months of Age		
Toy	Ages	Adapting for Older Ages and Higher Complexity:
<p>Metal or plastic bowl and spoon</p> 	6 months and up	<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 objets</p> 	8 months and up	<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> 	9 months up to 24 months	<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> 	9 months up to 24 months	<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.

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FROM THE AMERICAN PEOPLE

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