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Ages and Stages Reference Package

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

Module 4: 12 Up to 24 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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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

**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.



some of the child's favorite foods. If that doesn't work, 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 A for 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)				
	Foundational Activity¹	Activity 1	Activity 2	Activity 3
Individual-level activities—integrate into home visits, one-on-one counseling sessions, etc.				
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)

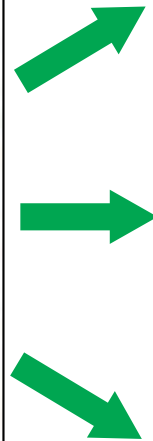
	Foundational Activity ¹	Activity 1	Activity 2	Activity 3
Group-level activities—integrate into mothers’ groups, care groups, village savings and loan association (VSLA) groups, men’s groups, etc.				
How to implement:	<ol style="list-style-type: none"> 1. Use card #1 to explain why responsive care is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

ADDITIONAL RESOURCES for Module 4

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

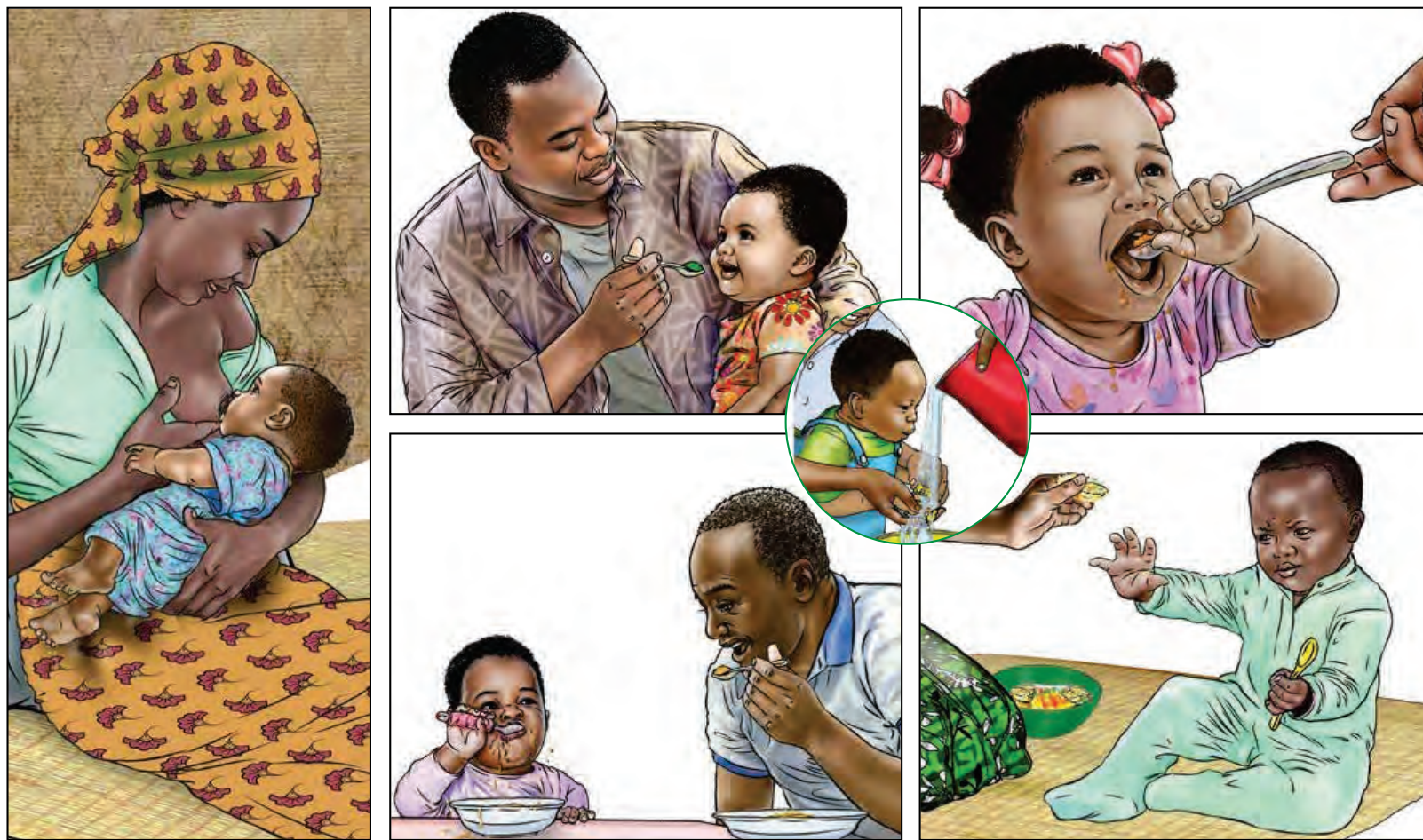
- * Your child can see from the day she is born. Look into your child's eyes often. It will help her to connect with you, and she will learn to identify emotions in people.
- * Signs your baby wants your attention are wide-open eyes, looking toward your face or toward someone who is talking, being alert,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

<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:

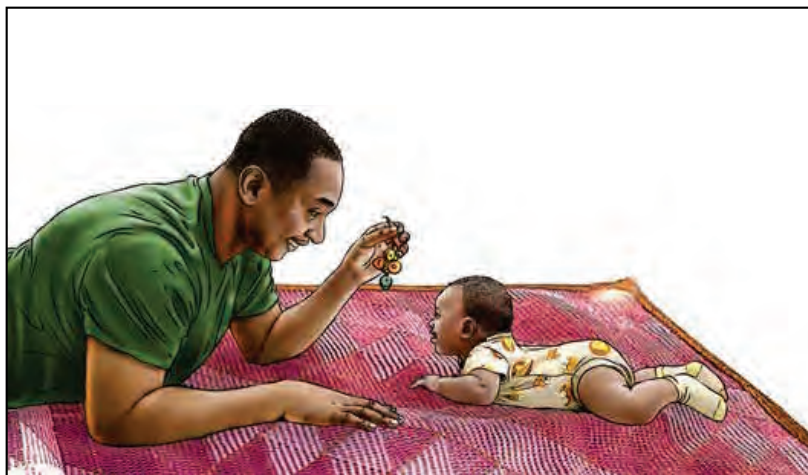
- * As you feed your child, describe the colors and textures of her food. Encourage her to speak by asking her the name or the color of the food she is eating. Point and tell her the names of the foods after she has had a chance to try and answer you!
- * Sing with your child. Start a song and let him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

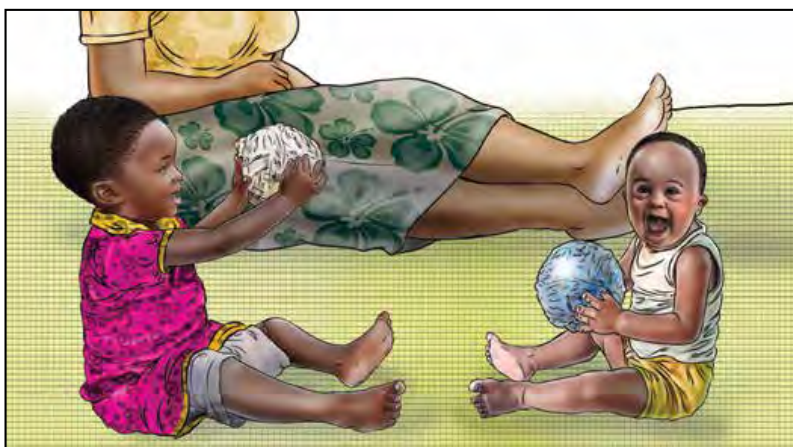
- * Play with your child and encourage him to try harder tasks. Encourage him to stack objects, knock them over, and start again. Give him more objects to stack. Help him if he gets stuck!
- * Encourage your child's imagination using sock puppets. Make up a story using the puppets.

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 #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

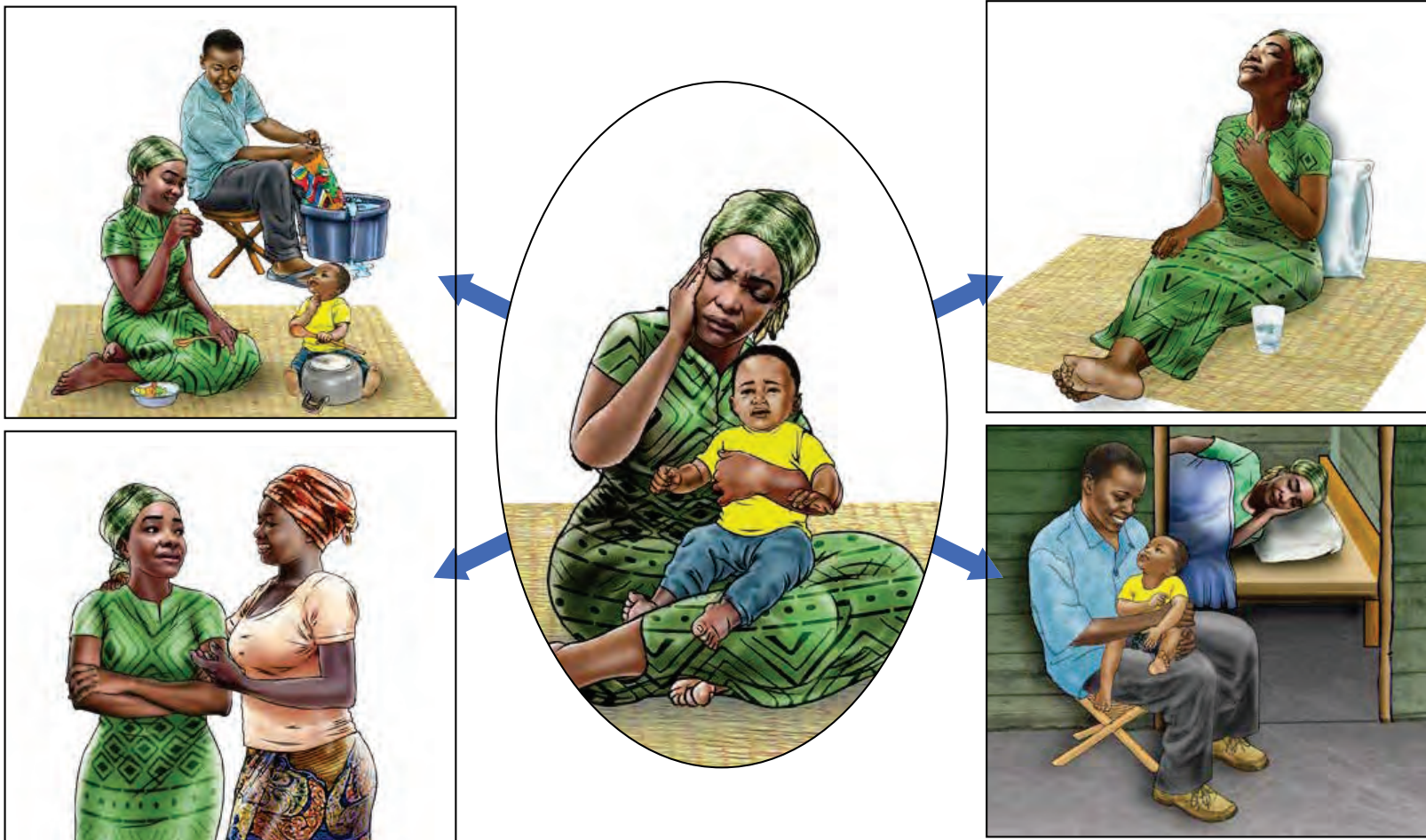
- * **IF CONCERNS, SAY:** I would be happy to talk with you about some strategies to help your child to feed. If the problems persist, you should visit a health facility. (See: "Special Circumstances Counseling Card 7.")
- * **WARNING SIGNS FOR REFERRALS:** Seek care immediately if your child is losing 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:

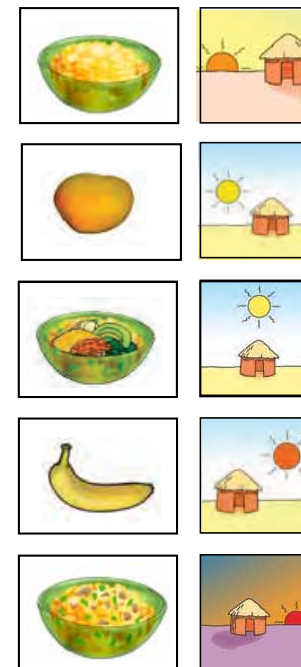
- * Your child is developing her emotions, and she will soon start to do more things for herself like getting dressed and toileting. She will get frustrated when she tries but cannot do things herself. She may appear stubborn or get upset.
- * Recognize that this is normal and do not get angry. Step 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: C-IYCF Counseling Card #16

From 12 up to 24 months



Card 16

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: 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>

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

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](#)
- [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 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!


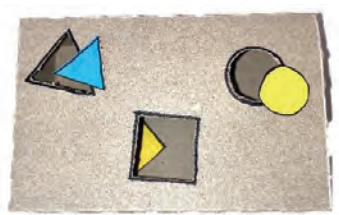

RESOURCE: Examples of Homemade Toys

Toys for Infants 12 to 24 Months of Age		
Toy	Ages	Adapting for Older Ages and Higher Complexity:
<p>Stuffed doll with a sewn or painted face</p> <p><i>Image source: WHO/UNICEF. 2012. Care for Child Development. Geneva: WHO</i></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>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 objects</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.

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 12 to 24 Months of Age		
Toy	Ages	Adapting for Older Ages and Higher Complexity:
<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.
<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).

Toys for Infants 12 to 24 Months of Age		
Toy	Ages	Adapting for Older Ages and Higher Complexity:
<p>Cups or cans for stacking</p> 	12 months up to 24 months	<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> 	18 months and up	<ul style="list-style-type: none"> • Count the objects • Add more shapes and colors
<p>Pictures drawn on cardboard to create a puzzle</p> 	18 months and up	<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.

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