



RESPONSIVE CARE AND EARLY LEARNING VIDEO SERIES

Information Brief

WHY THESE VIDEOS?

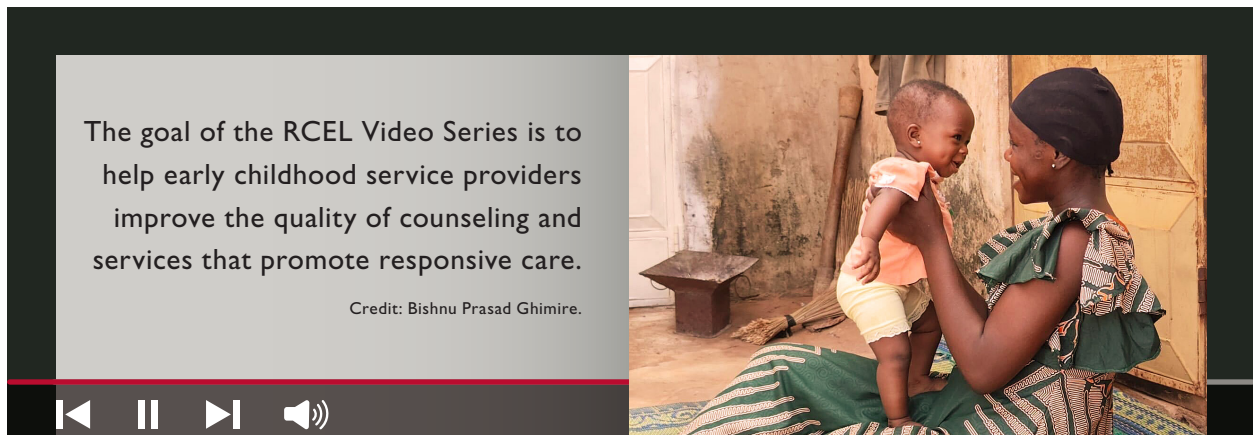
The Nurturing Care Framework promotes the holistic care that all children need to improve early childhood development (ECD) outcomes—including good health, adequate nutrition, safety and security, responsive caregiving, and opportunities for early learning—and reach their full developmental potential. Responsive caregiving refers to the ability of caregivers to notice, understand, and respond to their child’s signals, also known as cues, in a timely and appropriate manner. Cues are universal forms of early communication, and include movements of the body and facial expressions that babies and young children use before language to communicate hunger, tiredness, satiety, and discomfort.

Among all the components of nurturing care, responsive care is one of the least understood and in many ways it is the most foundational component which is important for all other areas of nurturing care. In particular, making the connection between the cues of a child and how a caregiver observes, interprets and responds to those cues—which can be rather subtle, particularly for newborns—has been difficult to explain to

caregivers and those who counsel them. Health workers who were trained on responsive care and early learning and subsequently counseled caregivers on these topics [noted that videos](#) would be helpful to further illustrate the concepts covered in the training. Strengthening the capacity of health workers and other early childhood service providers in their understanding of responsive care and improving their ability to effectively counsel caregivers is critical to improving ECD outcomes of young children. To address these needs, USAID Advancing Nutrition, the Agency’s flagship multi-sectoral nutrition project, developed the Responsive Care and Early Learning Video Series to enhance the understanding of the concept of responsive care by leveraging the power of video.

WHO ARE THESE VIDEOS FOR?

These instructional videos are for health workers and other early childhood service providers who work with mothers, fathers, and other caregivers of young children. The goal of the videos is to improve the quality of counseling and other services that promote responsive care.



WHAT ARE THESE VIDEOS ABOUT?

These videos, captured in community settings in Ghana and the Kyrgyz Republic, show real interactions between caregivers and their newborns and young children and counseling sessions with caregivers during a health facility consultation and a home visit. The videos model responsive care behaviors as they unfold in everyday settings with a variety of caregivers (mother, fathers, and grandparents). The video format allows for the interactions to be closely viewed and the videos can be rewatched to better understand the depicted behaviors and interactions. Some of the videos contain narration and follow-along questions and explanations, allowing viewers to see the responsive care interactions between caregivers and children and hear explanations of what they are watching. The videos complement the *Responsive Care and Early Learning (RCEL) Addendum* package, and the counseling videos demonstrate the counseling approach taught in that package.

These videos are available in Arabic, English, French, Kyrgyz, Portuguese, Russian, and Spanish from the [USAID Advancing Nutrition](#) or [Global Health Media](#) websites.

HOW CAN THESE VIDEOS BE USED?

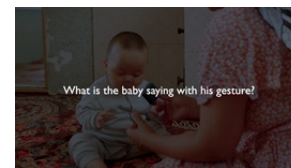
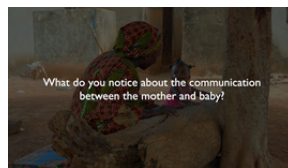
These videos can be integrated into existing training to teach counselors about providing responsive care, identifying cues, and counseling caregivers. The videos are an optional session in the [RCEL Addendum training materials](#) for programs that have access to a laptop and projector during a training.

The videos can also be used as standalone resources to teach counselors about responsive care and to demonstrate good counseling through pre-service trainings, community of practice groups, refresher training or continuing education programs, online learning, workshops, and seminars.

VIDEOS IN THE SERIES

Caregiver-Child Interactions: Show natural interactions between children and caregivers and do not contain narration. Intended for observing several different types of interactions between young children of various ages and their caregivers.

How to Observe Caregiver-Child Interactions: Show selected scenarios from the “Caregiver-Child Interactions” videos with a pause-and-reflect or question-and-explanation format to enable viewers to observe and reflect on the interactions.



1. Caregiver-Child Interactions Ghana

Languages available:
Arabic, English, French,
Portuguese, Russian, and
Spanish.

2. Caregiver-Child Interactions Kyrgyz Republic

Languages available:
Arabic, English, French,
Kyrgyz, Portuguese,
Russian, and Spanish.

3. How to Observe Caregiver-Child Interactions Ghana

Languages available:
Arabic, English, French,
Portuguese, Russian, and
Spanish.

4. How to Observe Caregiver-Child Interactions Kyrgyz Republic

Languages available:
Arabic, English, French,
Kyrgyz, Portuguese,
Russian, and Spanish.

Caregiver-Child Interactions with Narration:

Present the scenarios from the “Caregiver-Child Interactions” videos but with audio narration included that highlights the child’s cues and caregiver responses in each interaction.

Universal Baby Cues: Focuses on common cues that infants and young children at different ages use to communicate how they feel and what they need. Displays how these cues are universal across different peoples and cultures. Scenarios depicting caregivers and children from both Ghana and the Kyrgyz Republic are included.



5. Caregiver-Child Interactions with Narration Ghana

Languages available: Arabic, English, French, Portuguese, Russian, and Spanish.

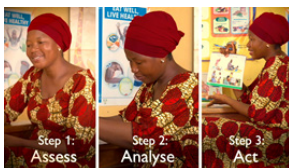
6. Caregiver-Child Interactions with Narration Kyrgyz Republic

Languages available: Arabic, English, French, Kyrgyz, Portuguese, Russian, and Spanish.

7. Universal Baby Cues

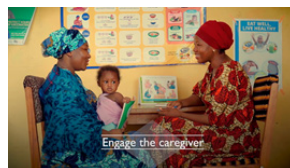
Languages available: Arabic, English, French, Kyrgyz, Portuguese, Russian, and Spanish.

Counseling Caregivers: Demonstrate an individual counseling visit—both in a clinic and in a home setting—in which the counselor is discussing responsive care and early learning topics with a caregiver. Use narration to explain what is taking place during the counseling visit. Two of the videos follow a five-step counseling approach (used in the RCEL Addendum training package), while a three-step approach promoted by Ghana Health Service is used in the Ghana video.



8. Counseling Caregivers at a Clinic Visit: A 3-Step Approach Ghana

Languages available: English.



9. Counseling Caregivers at a Clinic Visit: A 5-Step Approach

Languages available: Arabic, English, French, Portuguese, Russian, and Spanish.



10. Counseling Caregivers at a Home Visit: A 5-Step Approach Kyrgyz Republic

Languages available: Arabic, English, French, Kyrgyz, Portuguese, Russian, and Spanish.

HOW TO USE THESE VIDEOS?

We recommend that the videos in the series be viewed as such: First, watch the “Caregiver-Child Interactions Ghana” and/ or “Caregiver-Child Interactions Kyrgyz Republic” videos. These videos provide a good starting point for observing several types of caregiver-child interactions with children of different ages and a variety of caregivers. Next, we recommend watching the “How to Observe Caregiver-Child Interactions Ghana” and/ or “How to Observe Caregiver-Child Interactions Kyrgyz Republic” videos, which depicts a subset of scenarios from the “Caregiver-Child Interactions” videos. This set of videos is accompanied with an audio explanation that points out key moments, gestures, cues, facial expressions and interactions between the caregiver and child. This set uses a pause-and-reflect approach to highlight the key observations and learnings from each of the interactions. Finally, the “Caregiver-Child Interactions with Narrations Ghana” and “Caregiver-Child Interactions with Narrations Kyrgyz Republic” videos could be viewed last as these videos use the same scenarios from the “Caregiver-Child Interactions” videos, but include narration that describes the interactions.

The “Universal Baby Cues” video shows and narrates scenes of newborns and young children demonstrating common gestures babies use to communicate. This video can be viewed along with the other three, or on its own.

The counseling videos are most helpful after first building capacity to understand what is meant by responsive care.

HOW TO ADAPT OR DEVELOP YOUR OWN VIDEOS?


The Responsive Care and Early Learning Video Series uses footage captured in Ghana and the Kyrgyz Republic. The videos have been translated into several languages, enabling them to be widely used. The scripts for all of the videos are available on the [USAID Advancing Nutrition website](#) for those who may be interested in translating the videos into additional languages.


A program or organization may also be interested


in creating similar videos that are more suitable for a given context by using footage from that setting.

Below we share some lessons learned about our experience developing these videos that may be helpful while trying to capture your own.

Lessons Learned

 **Patience:** Many of the interactions filmed for these videos include **child-led interactions**, which are unscripted. Infants and young children will interact with their caregivers at their own schedule and pace, and it’s important for the team involved in obtaining footage to understand that having patience is critical and that interactions should not be forced.

 **Flexibility:** The video and technical teams need to be flexible about the content. It is not reasonable to approach a household with a specific type of interaction in mind. We developed a list of desired types of interactions (feeding, sleeping, play, mimicking, etc.) that we hoped to observe with a variety of children (different ethnic groups, genders, and abilities) at different age ranges (under 3 months, 3–6 months, 6–9 months, 9–12 months, 12–24 months) interacting with a variety of caregivers (mother, father, grandmother, grandfather). While the filming teams worked with a local team who knew the context well to identify subjects and content to film, the types and quality of those interactions were ultimately left to chance. To mitigate this, the team filmed many more children and caregivers than we intended to use in the final videos (about 7–10 times more). Even then, the resulting final videos may not have equal focus on all age ranges or types of caregivers. Plan ahead to decide what types (or features) of interactions your team is aiming to depict, and schedule multiple subjects to film.

 **Consent:** It is necessary to receive consent in advance from caregivers who will be filmed in their households. It is also recommended to carry consent forms during shooting, as additional families may be identified in the community or volunteer to be filmed.

► **Planning:** In advance of the video shoot, secure any needed permissions from the local authorities. In addition, obtain a list of households in the community with demographic information including location (address), contact information, child’s age, and child’s sex, as well as the availability of and consent from the caregivers living in the household. Inform households and remind residents about the scheduled day and time of the video shoot. Members of the household should also be told to dress in their everyday clothes.

► **Community member:** When filming in a community, it is advised to have a community member or other respected professional (i.e., nutrition officer or social worker) familiar with the families accompany the video team. Such a member is vital to gaining access to enter homes, building a rapport with caregivers, and serving as a liaison between the video team and the household. Once the shoot is in progress, only the personnel shooting the footage should be around or close by, while the rest of the team and onlookers should stay out of sight. This will allow for more spontaneous and natural interactions between the caregiver and child, and will help avoid any background talking

or noise that could get picked up in the taping.

► **Counselor audition:** If choosing to film a counseling session, it is suggested to audition four to five good counselors known for their counseling skills and subject expertise. Make sure you find a skilled counselor who is comfortable in front of a camera.

► **ECD expertise:** Finally, the last tactic that ensured our team’s success was making our ECD technical experts available and present during filming. While the video firm had a good understanding of the vision and goal of each video, sending our ECD experts to the filming set to support the video firm was essential for two reasons. First, the ECD expert was able to spot rich child cues and child-caregiver interactions with ease and relay that information to the video team. By being present during filming, our ECD expert could provide immediate feedback and earmark quality interactions to be used for specific videos. Secondly, the ECD expert’s guidance during filming further deepened the video team’s understanding of responsive care and specifically of child-led interactions. This period of “coaching” allowed the video firm to work quickly and capture high-quality interactions.

For more information and to access our videos, visit: <https://www.advancingnutrition.org/RCELaddendum>



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