Responsive Care and Early Learning Addendum Training Package

Participant Handouts

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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Handout 4.1: Benefits of Individual Counseling Case Studies

Background

Adele is a community health worker who recently attended the *RCEL Addendum* training. She paid attention to the sessions and is aware that it is not useful to provide a caregiver with too many pieces of advice at one time. Today, she facilitated a group session during monthly growth monitoring and promotion, with plans to discuss 2 topics: responsive feeding (“Counseling Card 2”) and communicating with your child (“Counseling Card 3”). The caregivers in each of the cases below attended the growth monitoring and promotion session today. For each of the cases, discuss: (1) How might the caregiver have benefited from more tailored, individual counseling; that is, counseling specifically focused on the child’s age and development and on the needs and interest of the child and family? (2) What could the counselor have done differently if this were an individual counseling session?

Case Study 1

Today, a new mother heard Adele telling caregivers that your child can see and hear from the day she is born and that you can communicate with your child even when they are very young. She heard Adele say the same thing 2 weeks ago when she was at the clinic, so she has been thinking about talking and singing to her one-month-old baby while she is breastfeeding. However, she isn’t sure what others, such as her mother-in-law or husband, will think of her if they hear her doing this. They have told her that it is pointless to talk to children before they can talk, so she has not yet done it.

Case Study 2

A mother and father bring their 8-month-old child for growth monitoring and promotion. The child doesn’t seem to respond to his name or other sounds, even very loud ones. Otherwise, the child is very healthy and growing well. Neighbors have started to say the child is cursed, including members of their own family. This has made the caregivers concerned that something might be wrong, especially because they heard Adele say during the group that babies at this age can start to recognize common words and respond when their name is called. The mother shares that she has been having trouble sleeping because she worries that her baby is not well and that she has done something wrong.

Case Study 3

A mother and father bring their 11-month-old daughter for growth monitoring and promotion. While there, they hear Adele say that caregivers should pay attention to their child’s cues of hunger and fullness to make sure they are getting enough food but not being overfed. Adele also says that you should never force a child to eat. The caregivers are surprised to hear this because ever since their daughter starting complementary foods, they always had to force her to eat because she cries and arches her back when they feed her. Her weight has been decreasing so they thought forcing her to eat was the right thing to do. She’s also had infections in her chest several times over the last few months.

Handout 5.1: Responsive Care Individual Counseling Role-Play

Role-Play Using “Counseling Cards 1 and 2”

Information for 2 Volunteers Playing the Roles of the “Mother” and “Father”

You are both being visited at your home by the counselor. You have a 10-month-old son (use a doll, or other prop, to pretend this is your child).

* **Information for the volunteer playing the role of “mother” to share with the counselor** 
  + The counselor is going to ask you questions about how you interact with your child. Here are some things you should try to include in your responses, but you may also come up with other information to add:
    - When your child is fussy or crying, the first thing you usually do is put the child on your breast to breastfeed because you know this calms him down, even if you just fed him.
    - You started to give your child solid food at 6 months.
  + Pretend to breastfeed your child during the counseling session but don’t make eye contact with the child.
* **Information for the volunteer playing the role of “father” to share with the counselor** 
  + The counselor is going to ask you questions about how you interact with your child. Here are some things you should try to include in your responses, but you may also come up with other information to add:
    - When the child wants your attention, he tugs on your pants, smiles at you, and makes different sounds. Sometimes you pick him up, but if you are busy or are having a conversation with another adult, you usually ignore him until he leaves and does something else.
    - During mealtimes, you put a plate in front of your child and allow him to eat as much as he wants.
    - He has not tried to drink from a cup yet.

Information for the Volunteer(s) Playing the Role of “Observer”

Observe the discussion between the counselor and the caregivers. At the end of the individual counseling role-play, you will be asked to provide feedback on the following questions:

* How well did the counselor follow the 5 counseling steps?
* How welcoming was the counselor?
* How well did the counselor ask questions that allowed the caregivers to give detailed information?
* How well did the counselor listen to the caregivers’ concerns?
* How well did the counselor prioritize recommendations for the caregivers?
* Did the counselor praise the caregivers for what they are doing for their child?
* How well did the counselor close the session by confirming with the caregivers what they will do at home?
* How well did the counselor use the resources in the *Counseling Cards* (“Counseling Card 1,” “Counseling Card 2,” “Steps for Counseling Individuals and Families” card, and “Identify Topics for Counseling Individuals and Families” card)?

Information for the Volunteer Playing the Role of “Counselor”

* You are a counselor conducting a home visit.
* Use the “Steps for Counseling Individuals and Families” card to structure the session and “Counseling Cards 1 and 2” to counsel the caregivers.
  + Remember to follow the 5 steps for individual counseling sessions: (1) welcome the caregiver(s); (2) assess—listen and observe; (3) analyze and identify 1–2 recommendations; (4) act—introduce today’s topic, praise the caregiver(s), and counsel using demonstration and practice; and (5) summarize and close.
* You will counsel the caregivers on how to identify and respond to their child’s cues. Observe the interaction between the child and the mother and father. Choose questions from the “Identify Topics for Counseling Individuals and Families” card to ask the caregivers about this topic, such as the following:
  + On a typical day, how do you interact with your child? How do you mix your work/house chores with what your child needs?
  + How do you understand when your child is trying to tell you what he/she needs?
  + How do you know when your child is hungry or full?
* During step 3 (analyze), share your observations with your group. Explain to participants that you are saying out loud what you noticed in the context of the role-play but that such an analysis would normally occur as an internal dialogue, not be said out loud during a real counseling session.
* Use “Listening and Learning Skills” and “Building Confidence and Giving Support Skills” throughout the counseling session.
* You will need your *Counseling Cards*, specifically “Counseling Card 1,” “Counseling Card 2,” “Steps for Counseling Individuals and Families” card, and “Identify Topics for Counseling Individuals and Families” card.

Handout 6.1: Communication and Play Group Session Role-Play

Role-Play Using “Counseling Card 3”

Information for the Volunteer Playing the Role of “Observer” (Counseling Card 3)

Observe the group session. At the end of the role-play, you will be asked to provide feedback on the following questions:

* How well did the counselor follow the 5 counseling steps?
* How welcoming was the counselor? Was there an opening activity?
* Did the counselor show the counseling cards to the caregivers in a way that each caregiver was able to see the cards?
* How well did the counselor encourage the involvement of all participants (male and female) in activities and discussions?
* Did the counselor praise the caregivers?
* If there were any disruptions, how well did the counselor handle them?
* How well did the counselor close the session by confirming with the caregivers what they will do at home?
* How well did the counselor use the resources in the *Counseling Cards* (“Counseling Card 3,” “Steps for Facilitating Group Sessions” card, and “Group Session Facilitation Guide” card)?

Information for the Volunteers Playing the Role of “Caregivers” (Counseling Card 3)

* You are all caregivers attending a monthly parenting program.
* Most of you attend these sessions every month, but a couple of you are attending for the first time. Decide who will be new participants and who has previously attended.
* Last month the counselor discussed responsive care and responsive feeding.
* If possible, identify 3 participants who will be fathers and one participant who will be a grandmother. The remainder are mothers. Make name tags identifying your roles.
* The children you have brought with you to the session today range in age from 2–3 months old up to 2 years old. Write the age of your child on your name tag.
* Pick 2 participants who will introduce some challenges that the counselor will need to handle.
  + One participant should pose a question to the counselor that is not relevant to the topics of today’s session. For example, today’s topic is about communication. Therefore, you might ask a question related to breastfeeding.
  + One participant should present incorrect information. For example, the counselor may discuss how you can have a conversation with your child using sounds, words, and gestures before he/she can even speak. You think it’s silly for an adult to have a conversation with a child who doesn’t talk. You might say things like, “That’s impossible!” or, “Adults should wait until their child can talk before talking to them."

Information for the Volunteer Playing the Role of “Counselor” (Counseling Card 3)

* You are facilitating a group session on communication during a monthly parenting program.
  + Most of the caregivers attend these sessions every month, and last month you covered responsive care and responsive feeding.
  + Almost all of the caregivers are the child’s mothers; however, there are 3 fathers and a grandmother also in attendance.
  + The children who are with the caregivers vary in age from 2–3 months old up to 2 years old.
* Use the “Steps for Facilitating Group Sessions” card to structure the session, and “Counseling Card 3” to talk about today’s topic.
  + Remember to follow the 5 steps for facilitating a group session: (1) welcome caregivers to the group; (2) assess—look, listen, and observe; (3) analyze; (4) act—introduce today’s topic, conduct an activity, provide feedback and praise, and discuss the activity; and (5) summarize and close.
* Conduct a group activity that encourages caregivers to interact with each other and their children using the Practical Tips on “Counseling Card 3.” The “Group Session Facilitation Guide” card also has some examples to choose from.
* During step 3 (analyze), share your observations with your group. Explain to participants that you are saying out loud what you noticed in the context of the role-play but that such an analysis would normally occur as an internal dialogue, not be said out loud during a real group session.
* You will need your *Counseling Cards*, specifically “Counseling Card 3,” “Steps for Facilitating Group Sessions” card, and “Group Session Facilitation Guide” card.

Role-Play Using “Counseling Card 4”

Information for the Volunteer Playing the role of “Observer” (Counseling Card 4)

Observe the group session. At the end of the role-play, you will be asked to provide feedback on the following questions:

* How well did the counselor follow the 5 counseling steps?
* How welcoming was the counselor? Was there an opening activity?
* Did the counselor show the counseling cards to the caregivers in a way that each caregiver was able to see the cards?
* How well did the counselor encourage involvement of all participants (male and female) in activities and discussions?
* Did the counselor praise the caregivers?
* If there were any disruptions, how well did the counselor handle them?
* How well did the counselor close the session by confirming with the caregivers what they will do at home?
* How well did the counselor use the resources in the *Counseling Cards* (“Counseling Card 4,” “Steps for Facilitating Group Sessions” card, and “Group Session Facilitation Guide” card)?

Information for the Volunteers Playing the Role of “Caregivers” (Counseling Card 4)

* You are all caregivers attending a monthly parenting program.
* Most of you attend these sessions every month, but a couple of you are attending for the first time. Decide who will be new participants and who has previously attended.
* Last month the counselor discussed responsive care and responsive feeding.
* If possible, identify 3 participants who will be fathers and one participant who will be a grandmother. The remainder are mothers. Make name tags identifying your roles so the counselor is aware, such as, “Grandmother,” or “Father.”
* The children you have brought with you to the session today range in age from 2–3 months old up to 2 years old. Write the age of your child on your name tag.
* Pick 2 participants who will introduce some challenges that the counselor will need to handle.
  + One participant should pose a question to the counselor that is not relevant to the topics of today’s session. For example, today’s topic is about playing with your child. Therefore, you might ask a question related to hygiene.
  + One participant should present incorrect information. For example, the counselor may discuss how your child learns through playing with you. You think it’s silly to let children make a mess by playing with things in the house and that children only start learning when they go to school. You might say something like, “That’s impossible for a child to learn by playing!” or, “Children just make a mess for me to clean up because young children do not know how to play!”

Information for the Volunteer Playing the Role of “Counselor” (Counseling Card 4)

* You are facilitating a group session on play during a monthly parenting program.
  + Most of the caregivers attend these sessions every month, and last month you covered responsive care and responsive feeding.
  + Almost all of the caregivers are the child’s mothers; however, there are 3 fathers and a grandmother also in attendance.
  + The children who are with the caregivers vary in age from 2–3 months old up to 2 years old.
* Use the “Steps for Facilitating Group Sessions” card to structure the session and “Counseling Card 4” to talk about today’s topic.
  + Remember to follow the 5 steps for facilitating a group session: (1) welcome caregivers to the group; (2) assess—look, listen, and observe; (3) analyze; (4) act—introduce today’s topic, conduct an activity, provide feedback and praise, and discuss the activity; and (5) summarize and close.
* Conduct a group activity that encourages caregivers to interact with each other and their children using the Practical Tips on “Counseling Card 4.” The “Group Session Facilitation Guide” card also has some examples to choose from.
* During step 3 (analyze), share your observations with your group. Explain to participants that you are saying out loud what you noticed in the context of the role-play but that such an analysis would normally occur as an internal dialogue, not be said out loud during a real group session.
* You will need your *Counseling Cards*, specifically “Counseling Card 4,” “Steps for Facilitating Group Sessions” card, and “Group Session Facilitation Guide” card.

Handout 9.1: 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 monthsa | * 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 | * Laughs * Vocalizes vowels “aa” “uu” * Responds with sounds when caregiver talks | | * Makes sounds in response to face-to-face play * Brings toys/objects to mouth | * Has prolonged, meaningful eye contact * Shows preference, recognition, and desire to engage with caregivers by reaching, smiling, inspecting their faces |
| 12 monthsa | * 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 | * 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) | | * 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) | * Spontaneously seeks to share enjoyment and interest with others (cuddles caregiver, kisses, inspects toy together) * Shows recognition of stranger (turns away, stares) |
| 18 monthsa | * Walks alone * Kicks ball or other object * Holds pencil or stick (in any way) and scribbles on paper or on ground/floor | * 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”) | | * 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 | * Initiates specific interactions with people * Imitates others’ behaviors (waving back, scribbling, washing hands, stacking clothes in imitation) |
| 24 monthsb | * Can run * Can throw a ball overhead * Climbs up and down from furniture without assistance * Makes or copies straight lines and circles | * 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 | | * 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 | * Likes to copy adults and other children * Gets excited when with other children * Is more independent, even more defiant |
| Source: a. 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.”](https://www.unicef.org/parenting/child-development/your-babys-developmental-milestones) *UNICEF*. Accessed: March 2, 2021. <https://www.unicef.org/parenting/child-development/your-babys-developmental-milestones> | | | | | |

Handout 9.2: Monitoring Child Development Individual Counseling Role-Play

Monitoring Child Development Scenario 1

Information for the Volunteer Playing the Role of “Caregiver” (Scenario 1)

* You are a mother aged 32 years, married, with 3 children aged 7 years, 3 years, and 9 months.
* You are visiting the community health clinic today because the 9-month-old girl is due for a well-child visit for growth monitoring and her measles vaccine.
* The 7-year-old is in school, but you have both the 3-year-old and 9-month-old with you during today’s visit.
* When the counselor asks you how your child is developing and if you have any concerns about your child’s development, you respond by sharing that you have concerns because, by 9 months, your other children were already starting to crawl and could sit up well by themselves, while this child cannot. Your mother-in-law has been giving you a hard time, saying that your child is “slow.” She has told you that it is your fault.
* When the counselor asks you about the child’s feeding, you tell the counselor that she is still breastfeeding and enjoys trying different complementary foods.

Information for the Volunteer(s) Playing the Role of “Observer” (Scenario 1)

Observe the discussion between the counselor and caregiver. At the end of the individual counseling role-play, you will be asked to provide feedback on the following questions:

* How well did the counselor follow the 5 counseling steps?
* How welcoming was the counselor?
* How well did the counselor ask questions that allowed the caregiver to give detailed information?
* How well did the counselor listen to the caregiver’s concerns?
* How well did the counselor prioritize recommendations for the caregiver?
* Did the counselor praise the caregiver for what she is doing for her child?
* How well did the counselor close the session by confirming with the caregiver what she will do at home?
* How well did the counselor use the resources in the *Counseling Cards* (“Counseling Card 5,” “Steps for Counseling Individuals and Families” card, and “Identify Topics for Counseling Individuals and Families” card)?

Information for the Volunteer Playing the Role of “Counselor” (Scenario 1)

* You are conducting an individual counseling session at a community health clinic.
* Use the “Steps for Individual Counseling” card to structure the session and “Counseling Card 5” to counsel the caregiver.
  + Remember to follow the 5 counseling steps for individual counseling sessions: (1) welcome the caregiver(s); (2) assess—listen and observe; (3) analyze and identify 1–2 recommendations; (4) act—introduce today’s topic, praise the caregiver, and counsel using demonstration and practice; and (5) summarize and close.
* You will counsel the caregiver on monitoring their child’s development. Choose questions to ask the caregiver about this topic from the “Identify Topics for Counseling Individuals and Families” card, such as the following:
  + Monitoring your child’s development is useful to see if there are any areas that need extra support. By development, I mean: how your child learns, communicates, understands, relates to people, moves her body, uses her hands and fingers, and also hearing and vision. How is your child developing in all of these areas?
  + Do you have any concerns about your child’s development?
  + Do you have any concerns about your child’s feeding?
* During step 3 (analyze), share your observations with your group. Explain to participants that you are saying out loud what you noticed in the context of the role-play but that such an analysis would normally occur as an internal dialogue, not be said out loud during a real counseling session.
* During step 4 (act), you could consider introducing a second topic using another counseling card, or an Infant and Young Child (IYCF) topic if one seems appropriate to the needs and interests of the caregiver and child using the information you learned in step 3 (analyze). If you do not have enough time for a second topic, focus on “Counseling Card 5” for this role-play.
* Use “Listening and Learning Skills” and “Building Confidence and Giving Support Skills” throughout the counseling session.
* You will need your *Counseling Cards*, specifically “Counseling Card 5,” “Steps for Counseling Individuals and Families” card, and “Identify Topics for Counseling Individuals and Families” card.

Monitoring Child Development Scenario 2

Information for the Volunteer Playing the Role of “Caregiver” (Scenario 2)

* The community health worker has come to visit you at home to see how you and your new baby, now 3 months old, are doing.
* You are an adolescent mother, age 17, and this is your first child. You live at home with your mother.
* The father, also 17, comes to visit most days after school.
* You don’t try to play or talk much with your baby because he is always sleeping or feeding, and you think you will start to play when he is able to talk and move more on his own.
* When the counselor asks you how your child is developing and if you have any concerns about your child’s development, you tell the counselor that you don’t have any concerns. You explain to the counselor that your child can hold his head up and loves to smile.
* When the counselor asks about the child’s feeding, you tell the counselor that your son is doing well. He is breastfeeding regularly, day and night, and growing well. He takes no other foods or liquids.

Information for the Volunteer(s) Playing the Role of “Observer” (Scenario 2)

Observe the discussion between the counselor and the caregiver. At the end of the individual counseling role-play, you will be asked to provide feedback on the following questions:

* How well did the counselor follow the 5 counseling steps?
* How welcoming was the counselor?
* How well did the counselor ask questions that allowed the caregiver to give detailed information?
* How well did the counselor listen to the caregiver’s concerns?
* How well did the counselor prioritize recommendations for the caregiver?
* Did the counselor praise the caregiver for what she is doing for her child?
* How well did the counselor close the session by confirming with the caregiver what she will do at home?
* How well did the counselor use the resources in the *Counseling Cards* (“Counseling Card 5,” “Steps for Counseling Individuals and Families” card, and “Identify Topics for Counseling Individuals and Families” card)?

Information for the Volunteer Playing the Role of “Counselor” (Scenario 2)

* You are conducting an individual counseling session at a home visit.
* Use the“Steps for Individual Counseling” card to structure the session and “Counseling Card 5” to counsel the caregiver.
  + Remember to follow the 5 counseling steps for individual counseling sessions: (1) welcome the caregiver(s); (2) assess—listen and observe; (3) analyze and identify 1–2 recommendations; (4) act—introduce today’s topic, praise the caregiver, and counsel using demonstration and practice; and (5) summarize and close.
* You will counsel the caregiver on monitoring her child’s development. Choose questions to ask the caregiver about this topic from the “Identify Topics for Counseling Individuals and Families” card, such as the following:
  + Monitoring your child’s development is useful to see if there are any areas that need extra support. By development, I mean: how your child learns, communicates, understands, relates to people, moves her body, uses her hands and fingers, and also hearing and vision. How is your child developing in all of these areas?
  + Do you have any concerns about your child’s development?
  + Do you have any concerns about your child’s feeding?
* During step 3 (analyze), share your observations with your group. Explain to participants that you are saying out loud what you noticed in the context of the role-play but that such an analysis would normally occur as an internal dialogue, not be said out loud during a real counseling session.
* During step 4 (act), you could consider introducing a second topic using another counseling card, or an IYCF topic if one seems appropriate to the needs and interests of the caregiver and child using the information you learned in step 3 (analyze). If you do not have enough time for a second topic, focus on “Counseling Card 5” for this role-play.
* Use “Listening and Learning Skills” and “Building Confidence and Giving Support Skills” throughout the counseling session.
* You will need your *Counseling Cards*, specifically “Counseling Card 5,” “Steps for Counseling Individuals and Families” card, and “Identify Topics for Counseling Individuals and Families” card.

Monitoring Child Development Scenario 3

Information for the Volunteer Playing the Role of “Caregiver” (Scenario 3)

* You are aged 58 and taking care of your granddaughter, who is now 20 months old.
* You have just attended a group session, and you go to talk to the facilitator one-on-one after it ends.
* The mother and father have both gone to the city for work and return only occasionally, but they send money to help you care for her.
* You are so proud of your granddaughter!
* When the counselor asks you how the child is developing and if you have any concerns about the child’s development, you respond by sharing that she loves to look through books, pointing and describing what she sees. She wants to do everything with you, including pretending to help with washing and cooking. She can hear well, and she is very talkative. You want to do everything you can to help her grow up to be smart! You do have a concern about her left eye—sometimes it appears to wander off to one side.
* When the counselor asks about the child’s feeding, you tell the counselor that you don’t have any concerns. She enjoys different foods, and you try to make sure to give her lots of colorful foods to help her grow. The only challenge is that sometimes there is not enough money to buy all the foods that you would like.

Information for the Volunteer(s) Playing the Role of “Observer” (Scenario 3)

Observe the discussion between the counselor and the caregiver(s). At the end of the individual counseling role-play, you will be asked to provide feedback on the following questions:

* How well did the counselor follow the 5 counseling steps?
* How welcoming was the counselor?
* How well did the counselor ask questions that allowed the caregiver to give detailed information?
* How well did the counselor listen to the caregiver’s concerns?
* How well did the counselor prioritize recommendations for the caregiver?
* Did the counselor praise the caregiver for what she is doing for the child?
* How well did the counselor close the session by confirming with the caregiver what she will do at home?
* How well did the counselor use the resources in the *Counseling Cards* (“Counseling Card 5,” “Steps for Counseling Individuals and Families” card, and “Identify Topics for Counseling Individuals and Families” card)?

Information for the Volunteer Playing the Role of “Counselor” (Scenario 3)

* After a group session, a grandmother comes to talk with you one-on-one, so you use it as an opportunity to provide individual counseling.
* Use the “Steps for Individual Counseling” card to structure the session and “Counseling Card 5” to counsel the caregiver.
  + Remember to follow the 5 counseling steps for individual counseling sessions: (1) welcome the caregiver(s); (2) assess—listen and observe; (3) analyze and identify 1–2 recommendations; (4) act—introduce today’s topic, praise the caregiver, and counsel using demonstration and practice; and (5) summarize and close.
* You will counsel the caregiver on monitoring the child’s development. Choose questions from the “Identify Topics for Counseling Individuals and Families” card to ask the caregivers about this topic, such as the following:
  + Monitoring your child’s development is useful to see if there are any areas that need extra support. By development, I mean: how your child learns, communicates, understands, relates to people, moves her body, uses her hands and fingers, and also hearing and vision. How is your child developing in all of these areas?
  + Do you have any concerns about your child’s development?
  + Do you have any concerns about your child’s feeding?
* During step 3 (analyze), share your observations with your group. Explain to participants that you are saying out loud what you noticed in the context of the role-play but that such an analysis would normally occur as an internal dialogue, not be said out loud during a real counseling session.
* During step 4 (act), you could consider introducing a second topic using another counseling card, or an IYCF topic if one seems appropriate to the needs and interests of the caregiver and child using the information you learned in step 3 (analyze). If you do not have enough time for a second topic, focus on “Counseling Card 5” for this role-play.
* Use “Listening and Learning Skills” and “Building Confidence and Giving Support Skills” throughout the counseling session.
* You will need your *Counseling Cards*, specifically “Counseling Card 5,” “Steps for Counseling Individuals and Families” card, and “Identify Topics for Counseling Individuals and Families” card.

Monitoring Child Development Scenario 4

Information for the Volunteer Playing the Role of “Caregiver” (Scenario 4)

* You (a father) and your wife, both aged 26, have been participating in a community group for new parents. Today, the group leader has come to visit you at home to see how you and your son, now 6 months old, are doing.
* You let the volunteer know that you are learning a lot in the group about responsive care and how to play with your child.
* You now take time each day to play with him, which is something you learned in the group. Before you thought only the mother had to care for the child since she was always breastfeeding your son.
* When the counselor asks you how your child is developing and if you have any concerns about your child’s development, you respond by telling the counselor that your son has started rolling over and can sit up well with support. He really loves playing with his daddy.When you play with him, you notice that he doesn’t respond much to sound and that even loud noises don’t startle him.
* When the counselor asks about the child’s feeding, you tell the counselor that he has just started eating complementary foods. You have given him some porridge.

Information for the Volunteer(s) Playing the Role of “Observer” (Scenario 4)

Observe the discussion between the counselor and the caregivers. At the end of the individual counseling role-play, you will be asked to provide feedback on the following questions:

* How well did the counselor follow the 5 counseling steps?
* How welcoming was the counselor?
* How well did the counselor ask questions that allowed the caregiver to give detailed information?
* How well did the counselor listen to the caregiver’s concerns?
* How well did the counselor prioritize recommendations for the caregiver?
* Did the counselor praise the caregiver for what he is doing for his child?
* How well did the counselor close the session by confirming with the caregiver what he will do at home?
* How well did the counselor use the resources in the *Counseling Cards* (“Counseling Card 5,” “Steps for Counseling Individuals and Families” card, “Identify Topics for Counseling Individuals and Families” card, and “Tips for Supporting Children with Disabilities to Engage in Play and Learning” card)?

Information for the Volunteer Playing the Role of “Counselor” (Scenario 4)

* You are conducting an individual counseling session at a home visit.
* Use the “Steps for Individual Counseling” card to structure the session and “Counseling Card 5” to counsel the caregiver.
  + Remember to follow the 5 counseling steps for individual counseling sessions: (1) welcome the caregiver(s), (2) assess—listen and observe; (3) analyze and identify 1–2 recommendations; (4) act—introduce today’s topic, praise the caregiver, and counsel using demonstration and practice; and (5) summarize and close.
* You will counsel the caregiver on monitoring their child’s development. Choose questions from the “Identify Topics for Counseling Individuals and Families” card to ask the caregiver about this topic, such as the following:
  + Monitoring your child’s development is useful to see if there are any areas that need extra support. By development, I mean: how your child learns, communicates, understands, relates to people, moves his body, uses his hands and fingers, and also hearing and vision. How is your child developing in all of these areas?
  + Do you have any concerns about your child’s development?
  + Do you have any concerns about your child’s feeding?
* During step 3 (analyze), share your observations with your group. Explain to participants that you are saying out loud what you noticed in the context of the role-play but that such an analysis would normally occur as an internal dialogue, not be said out loud during a real counseling session.
* During step 4 (act), you could consider introducing a second topic using another counseling card, or an IYCF topic if one seems appropriate to the needs and interests of the caregiver and child using the information you learned in step 3 (analyze). If you do not have enough time for a second topic, focus on “Counseling Card 5” for this role-play.
* Use “Listening and Learning Skills” and “Building Confidence and Giving Support Skills” throughout the counseling session.
* You will need your *Counseling Cards*, specifically “Counseling Card 5,” “Steps for Counseling Individuals and Families” card, and “Identify Topics for Counseling Individuals and Families” card. You may need “Tips for Supporting Children with Disabilities to Engage in Play and Learning” card.

Handout for Optional Session 1: Practice Individual Counseling and Group Session Facilitation

Individual Counseling Observation Questions

Step 1: Welcome the caregiver(s)

1. How welcoming was the counselor?

Step 2: Assess—listen and observe

1. How well did the counselor ask questions that allowed the caregiver(s) to give detailed information?
2. How well did the counselor listen to the caregiver’s concerns?
3. How well did the counselor reflect back what the caregiver(s) said?

Step 3: Analyze and identify 1-2 recommendations

1. How well did the counselor prioritize recommendations for the caregiver(s)? How well did the recommendations respond to the concerns or interests of the caregiver(s)?

Step 4: Act—introduce today’s topic, praise the caregiver(s), and counsel using demonstration and practice

1. Did the counselor praise the caregiver(s) for what they are doing for their child?
2. Did the counselor demonstrate to the caregiver(s) what they can go home and do with their child and allow the caregiver(s) time to practice and ask questions?

Step 5: Summarize and close

1. How well did the counselor close the session by confirming with the caregiver(s) what they will do at home?
2. If barriers were raised, how well did the counselor problem-solve with the caregiver?

General counseling skills

1. How well did the counselor follow the 5 counseling steps?
2. How well did the counselor use helpful nonverbal communication, such as keeping their head level with the caregiver(s), making eye contact, removing any barriers, taking time, and providing appropriate touch?
3. Did the counselor avoid using judging words?
4. How well did the counselor use the resources in the *Counseling Cards*?

Group Session Facilitation Observation Questions

Step 1: Welcome caregivers to the group

1. How welcoming was the counselor? Was there an opening activity?

Step 2: Assess—look, listen, and observe

1. Did the counselor recap the previous session, if applicable?

Step 3: Analyze

1. Did the counselor consider who was in attendance and make adaptations to their session plan, as needed? *(Note: You will not be able to observe this, but you can discuss this with the counselor after the session.)*

Step 4: Act—introduce today’s topic, conduct an activity, provide feedback and praise, and discuss the activity

1. Did the counselor show the *Counseling Cards* to the caregivers in a way that each caregiver was able to see the cards?
2. Did the counselor conduct a group activity that allowed time for demonstration, practice, and discussion, and was relevant to the topic of the session?
3. Did the counselor praise the caregivers?

Step 5: Summarize and close

1. How well did the counselor close the session by confirming with the caregivers what they will do at home?

General counseling skills

1. How well did the counselor follow the 5 counseling steps?
2. Did the counselor avoid using judging words?
3. How well did the counselor encourage involvement of all participants (male and female; young or old) in activities and discussions?
4. If there were any disruptions, how well did the counselor handle them?
5. How well did the counselor use the resources in the *Counseling Cards*?

Handout for Optional Session 2: Examples of Homemade Toys

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| Logo of a family with a child, with text reading, security and safety. | **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). |

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| **Shaker or rattle**  Close-up of two plastic containers with metal bottle caps and foil pieces. | **Ages**: Birth up to 12 months  **Adapting for older ages and higher complexity:**   * 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. |
| **Objects on a string**  **Close-up of plastic bottle caps stringed together with a plastic string.** | **Ages**: Birth up to 12 months  **Adapting for older ages and higher complexity:**   * 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. |

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| **Mobiles hanging above baby  (out of reach)**  **Close-up of light and colorful objects stringed or pasted together.** | **Ages:** Birth up to 6 months  **Adapting for older ages and higher complexity:**   * Hang handmade light objects or picture cards, such as things made of felt paper/foam or colored cards, and have the baby name the objects or colors. |

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|  | **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). |

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| **Plastic jar or basket for putting stones or objects in and out**  Close-up of two plastic containers with stones of varied sizes.A tiny book with drawing of an apple on the front page. | **Ages:** 9 months up to 24 months  **Adapting for older ages and higher complexity:**   * 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. |

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| **Books with drawings or pictures**  **A child holding a string tied to an empty plastic bottle that has a pair of wheels fixed to it on either ends, and placed on the muddy ground.** | **Ages:** 9 months up to 24 months  **Adapting for older ages and higher complexity:**   * 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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| **Push and pull toys**  An empty carton box with a string tied to it in two corners.  *Image source: USAID/Kate Holt* | **Ages:** 12 months up to 24 months  **Adapting for older ages and higher complexity:**   * Encourage pretend play and imagination (creating stories). |

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|  | **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). |

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| **Cups or cans for stacking**  A stack of empty metal salsa cans. | **Ages:** 12 months up to 24 months  **Adapting for older ages and higher complexity:**   * Over time, build the tower higher and higher. * Stack according to colors. * Build different buildings or scenes for imaginative play. |

| **Sorting shapes or colors** | **Ages:** 18 months and up  **Adapting for older ages and higher complexity:**   * Count the objects. * Add more shapes and colors. |
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| **Pictures drawn on cardboard  to create a puzzle**  **Illustration of randomly cut drawings of tree and bear on cardboard, which works as a puzzle.** | **Ages:** 18 months and up  **Adapting for older ages and higher complexity**:   * Increase the number of pieces to make the puzzles more complicated. About 4–5 pieces are most appropriate for 12–24 months. |

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

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