

# Giving Children the Best Start in Life:

Resources, Experiences, and  
Lessons Learned from USAID  
Advancing Nutrition's Work  
Integrating Nutrition,  
Responsive Care, and Early  
Learning

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Co-hosted by the Nutrition subgroup of the CHTF



Photo credit: Bishnu Prasad Ghimire/Global Health Media

# Introductions



**Lutuf Abdul-Rahman**  
Development Assistance  
Specialist on Nutrition & Food  
Security  
*USAID Ghana*



**Cholpon Abdimalipova**  
ECD & SBC Specialist  
*USAID Advancing Nutrition*  
*Kyrgyz Republic*



**Lesley Oot**  
Nutrition & Health  
Systems Advisor  
*USAID Advancing Nutrition*



Photo credit: Romilla Karnati, Save the Children

# Why is Integrated, Holistic Care Needed?

*Lutuf Abdul-Rahman*

*Development Assistance Specialist on Nutrition and Food Security*

*USAID Ghana*

## Background: Early Childhood Development

- Globally, more than 250 million children are at risk of suboptimal development due to poverty and undernutrition (Black et al. 2017).
- The first 1,000 days of a child's life set the foundation for lifelong learning and development (Georgieff et al. 2018).
- Children grow best in an environment with nurturing care, which includes safe and secure surroundings, responsive parenting/caregiving, adequate maternal and child health care and nutrition, and opportunities for stimulation and early learning (Britto et al. 2017).
- Nurturing care not only promotes physical, emotional, social, and cognitive development, it also protects young children from the worst effects of adversity (WHO 2018).



# Integrated Approaches Improve Early Childhood Outcomes

The **Global Thrive Act** commits the United States to **invest in early childhood development and support parents and families as they nurture, love, and protect** their children by establishing a coordinated and multifaceted response at the highest levels of government.

**Global Thrive Act  
(2021)**



**Nurturing Care Framework (2018)**

**RECOMMENDATIONS**

In order to improve early childhood development, WHO recommends:

- 1 RESPONSIVE CAREGIVING**  
All infants and children should receive responsive care during the first 3 years of life; parents and other caregivers should be supported to provide responsive care.  
*Strength of recommendation: Strong  
Quality of evidence: Moderate (for responsive care)*
- 2 PROMOTE EARLY LEARNING**  
All infants and children should have early learning activities with their parents and other caregivers during the first 3 years of life; parents and other caregivers should be supported to engage in early learning with their infants and children.  
*Strength of recommendation: Strong  
Quality of evidence: Moderate (for early learning)*
- 3 INTEGRATE CAREGIVING AND NUTRITION INTERVENTIONS**  
Support for responsive care and early learning should be included as part of interventions for optimal nutrition of infants and young children.  
*Strength of recommendation: Strong  
Quality of evidence: Moderate*
- 4 SUPPORT MATERNAL MENTAL HEALTH**  
Psychosocial interventions to support maternal mental health should be integrated into early childhood health and development services.  
*Strength of recommendation: Strong  
Quality of evidence: Moderate*

**WHO Guidelines for Improving ECD (2020)**

# What Do We Mean by Responsive Caregiving and Early Learning

## Responsive Caregiving

The ability of the caregiver to notice, understand, and respond to the child's signals in a timely and appropriate manner.

**Example activities** to support responsive caregiving include—

- activities that encourage play and communication between caregiver and child
- activities that promote caregiver sensitivity and responsiveness to the child's cues
- activities that involve fathers, extended family, and other actors in the care of the child.

## Early Learning

Refers to the child's interaction with their environment. Every interaction (positive or negative), or lack of interaction, contributes to brain development.

**Example activities** to support early learning include—

- activities that encourage young children to move their bodies, activate their five senses, hear and use language, and explore
- activities that encourage caregivers to engage with the child, including singing, talking, and telling stories to the child
- activities that promote age-appropriate play with household objects and people.



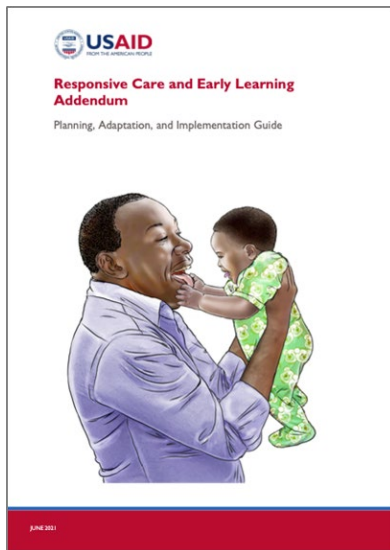
Photo credit: Lesley Oot, USAID Advancing Nutrition

# Experiences Integrating Responsive Care and Early Learning Counseling Content with Nutrition Services

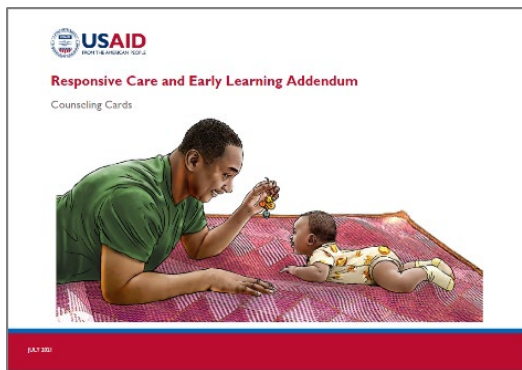
Findings from a mixed-method study

*Cholpon Abdimalipova  
ECD & SBC Specialist  
USAID Advancing Nutrition Kyrgyz Republic*

# Global Responsive Care and Early Learning (RCEL) Addendum Package



Planning, Adaptation, and Implementation Guide



Counseling Cards



Training Package



# Primary Practices Included in the Counseling Cards

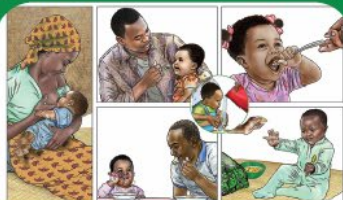
## Responsive Caregiving

## Opportunities for Early Learning



Card 1

Your loving care helps your child grow and develop



Card 2

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



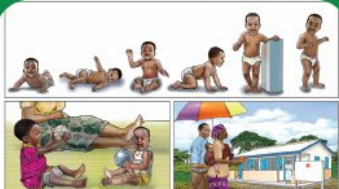
Card 3

Listen and talk to your child all the time



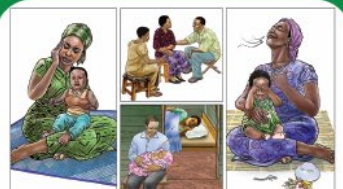
Card 4

Give your child daily opportunities to learn through play



Card 5

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



Card 6

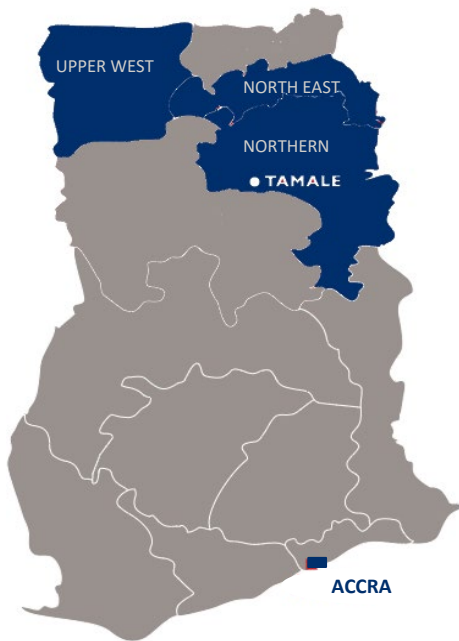
Take care of yourself in order to care for your child



Card 7: Special Circumstances

Care and feeding for children with feeding difficulties

# Implementation Research to Assess the Feasibility, Acceptability, and Effectiveness of the RCEL Addendum

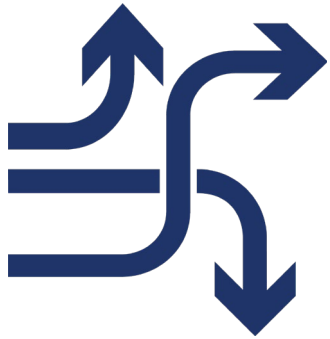


GHANA



KYRGYZ REPUBLIC

# Implementation Approach



ADAPTATION



CASCADE  
TRAINING



SUPPORTIVE  
SUPERVISION



COUNSELING &  
GROUP FACILITATION



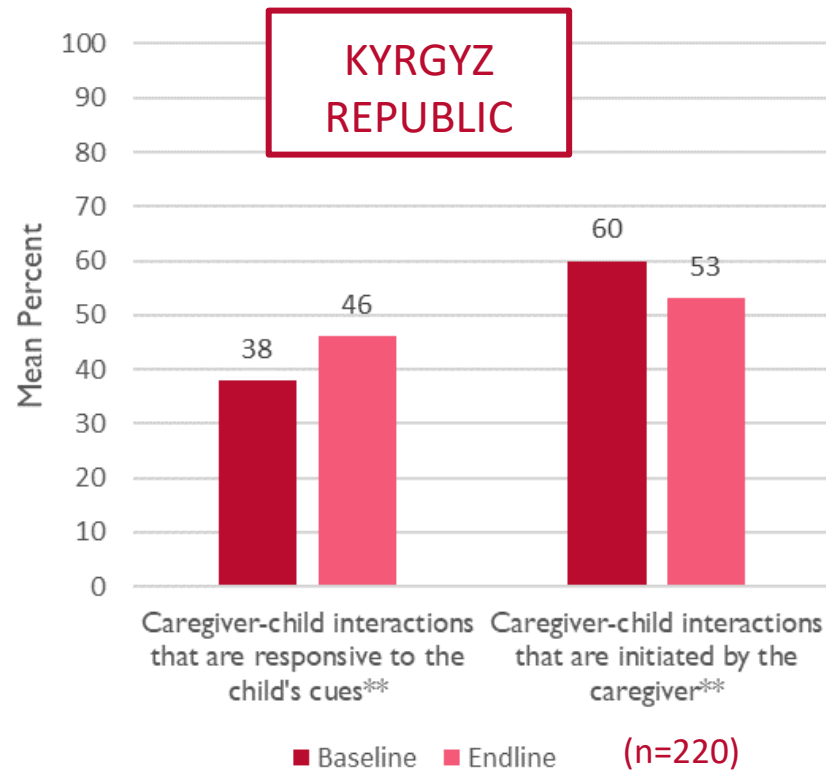
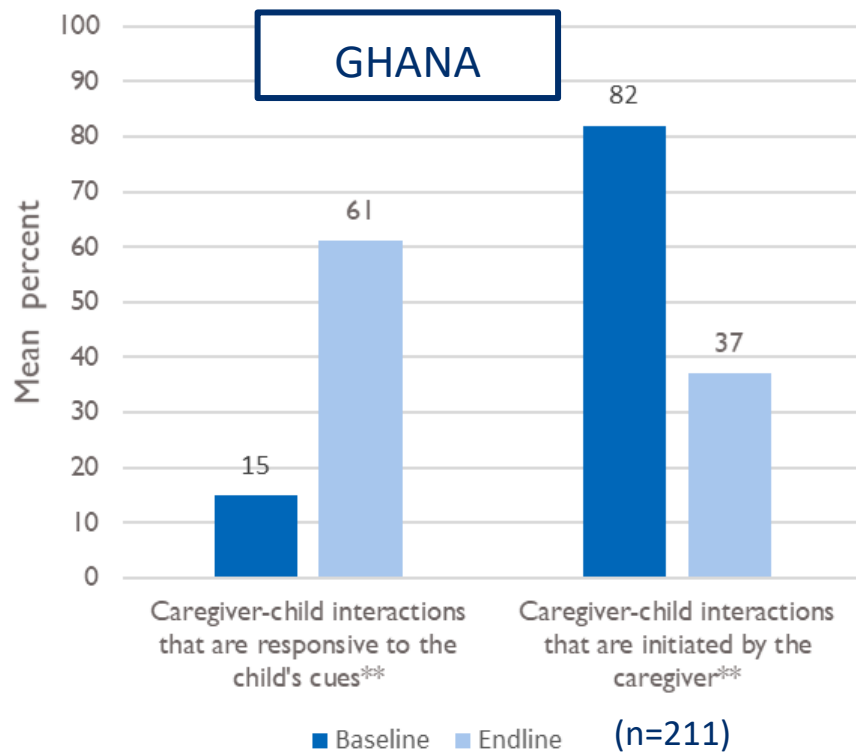
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# Effectiveness Data: Pre-Post Intervention Results

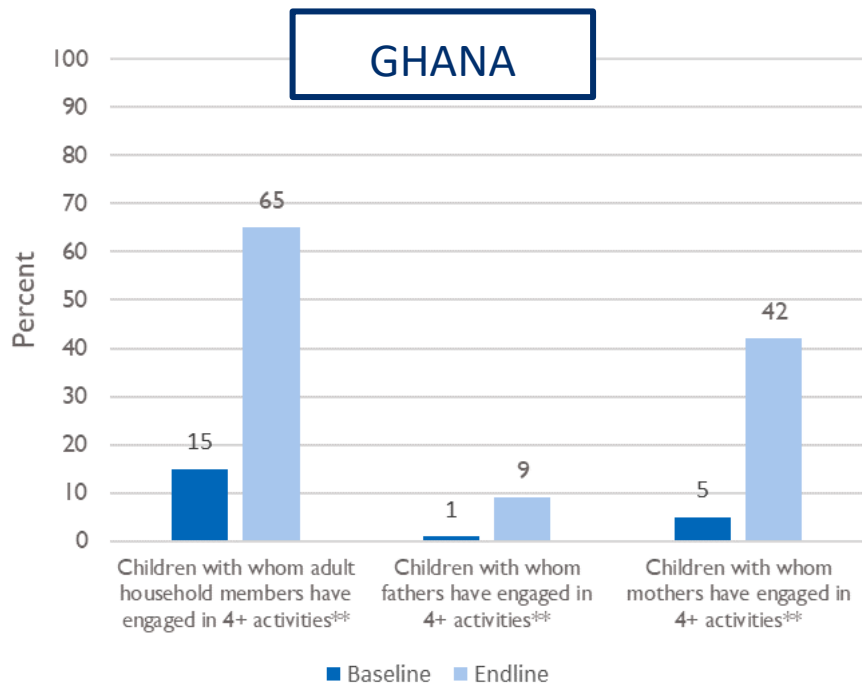
*Research Question 5: How do responsive care and early learning practices change among caregivers of children 0-23 months of age who received the RCEL Addendum counseling?*



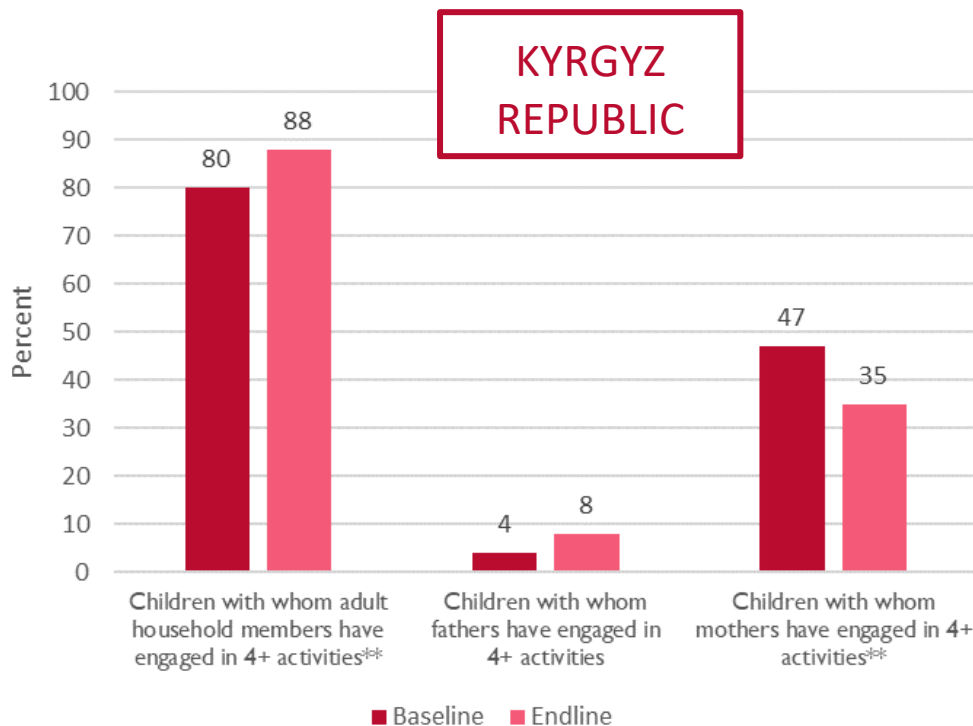
## Findings: Responsive Caregiving



# Findings: Support for Early Learning

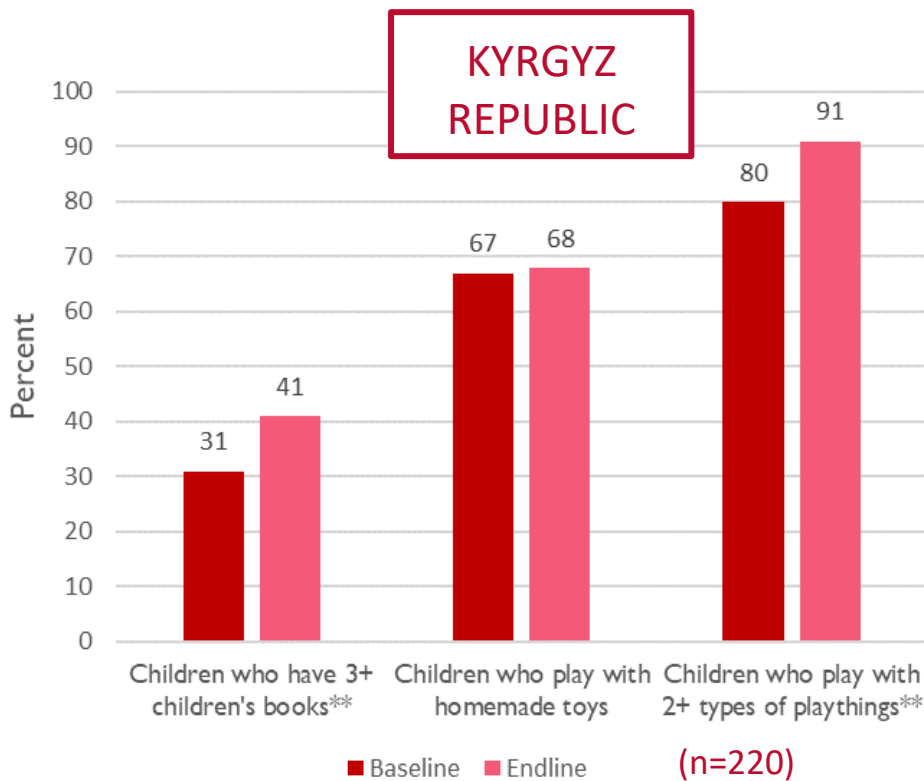
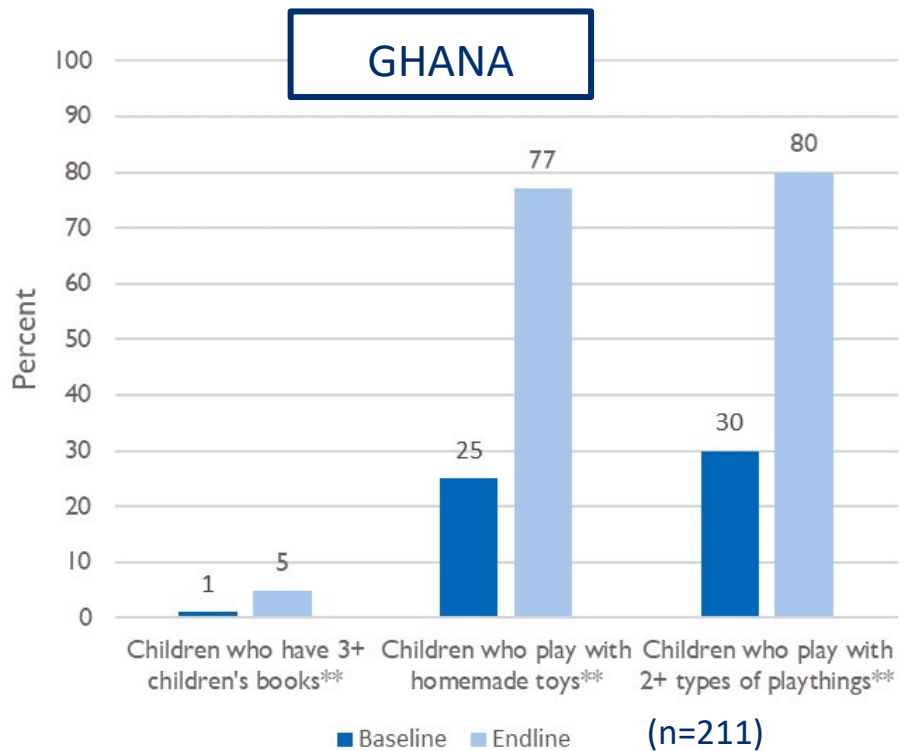


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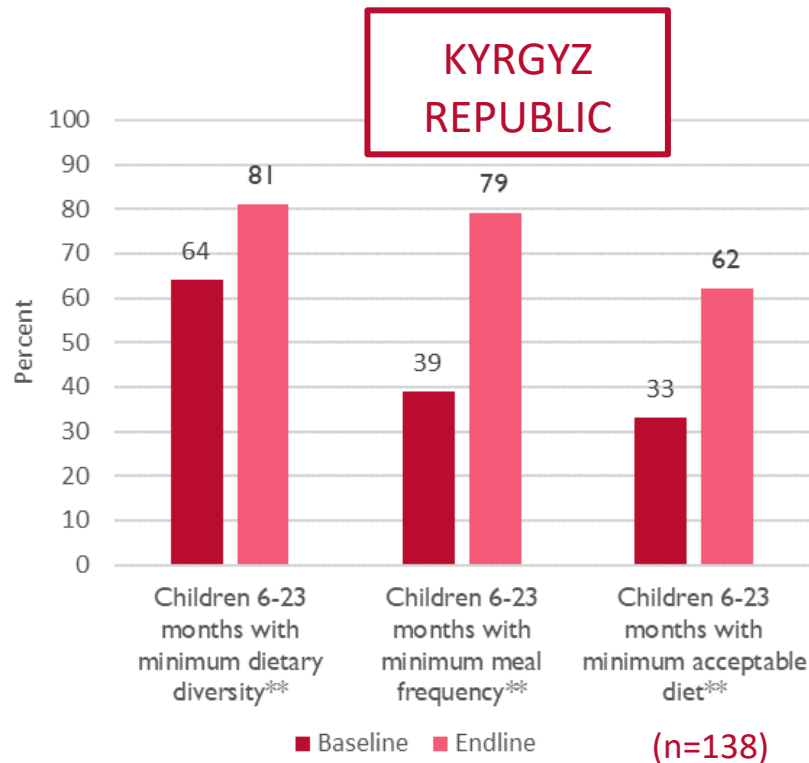
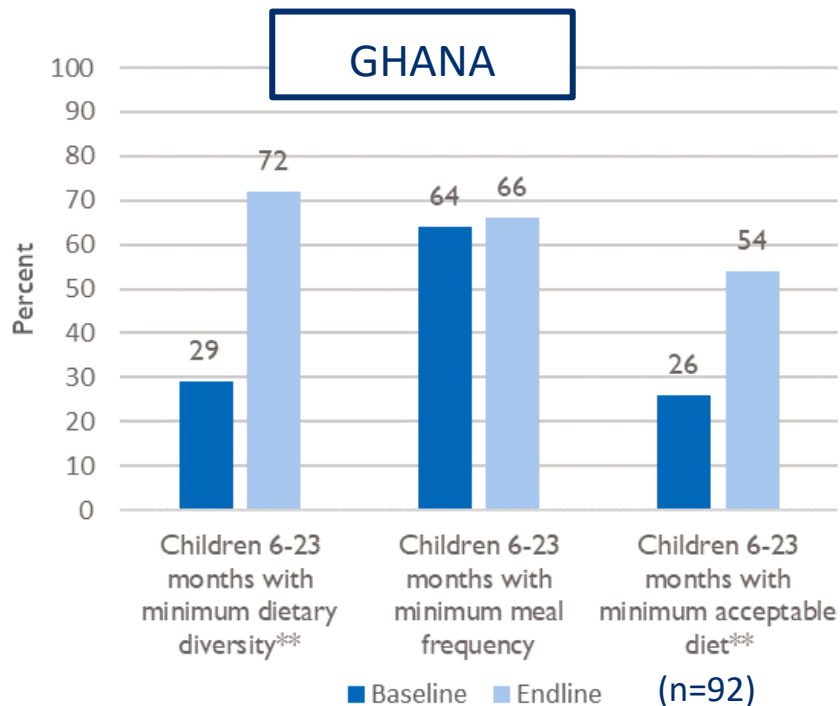


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# Findings: Early Learning Materials in the Home



## Findings: Infant and Young Child Feeding





# Key Takeaways

- Significant **increases in responsive care, early learning practices and opportunities for engagement** (i.e. improved access to books and toys around the home) from pre- to post-intervention, suggests intervention effectiveness.
- Significant **improvements in IYCF practices** suggest that caregivers were able to **improve RCEL practices without sacrificing IYCF practices** and that **integration did not negatively affect nutrition interventions** through these same delivery points.



Photo credit: Bishnu Prasad Ghimire

## Next Steps in Ghana and the Kyrgyz Republic

- Revising packages in each country based on key learnings
- Kyrgyz Republic
  - Incorporating the RCEL Addendum into both pre-service and continuing education programs within the government health system
- Ghana
  - Scaled up to additional districts using an integrated combined growth assessment, IYCF, and RCEL agenda
  - Including a counseling flow chart to 1) streamline counseling to focus on children most at risk, 2) help with practical integration of IYCF and RCEL in tailored counseling



## Recommendations for Uptake and Scaling Up of the RCEL Addendum

- Engage with the government early and often
- Work through existing systems and adapt to the context
- Support implementation through mentorship or supportive supervision
- Consider using an agenda/counseling card set integrating IYCF and RCEL when feasible/appropriate
  - Integrated agenda may require compromise on content
- Consider inclusion of RCEL content into pre-service training
- Integrate RCEL into health system monitoring and reporting systems



Photo credit: Lesley Oot, USAID Advancing Nutrition

## Recommendations for Uptake and Scaling Up of the RCEL Addendum

- Continue to monitor uptake of RCEL behaviors among caregivers to know what additional support is needed and for which specific audiences (e.g., young mothers, fathers, grandparents)
- Consider using the RCEL materials with fathers' groups or other community channels
- Plan additional activities integrating RCEL with nutrition programming to create an enabling environment for sustained uptake of practices (e.g., community dialogues, media campaigns, policy advocacy)



Photo credit: Romilla Karnati, Save the Children





## AGES AND STAGES REFERENCE PACKAGE



USAID ADVANCING NUTRITION

JUNE 2023

## Ages and Stages Reference Package and Toolkit

A resource for nutrition programs seeking to implement integrated infant and young child feeding and nurturing care programs

*Lesley Oot*  
*Nutrition & Health Systems Advisor*  
*USAID Advancing Nutrition*

# What is the Ages and Stages Reference?

A package to help implementers provide more targeted nutrition, responsive care and early learning programming to support caregivers based on the age and developmental stage of a child.

## **The Reference Includes:**

### **Four age-specific modules**

- Module 1: Birth up to 6 months
- Module 2: 6 up to 9 months
- Module 3: 9 up to 12 months
- Module 4: 12 up to 24 months

Which provide age-specific guidance and example activities.

### **Program Design and Implementation Guide**

Provides information on how to use the age-specific modules, including prerequisites for their use and key design principles.



Photo Credit: Vlad Ushakov for USAID Advancing Nutrition

# Ages and Stages Online Toolkit

**Explore Resources by Age Range**



Birth Up to 6 Months      6 Up to 9 Months      9 Up to 12 Months      12 Up to 24 Months

**Explore Resources by Cross-Cutting Themes**

Breastfeeding	Complementary Feeding	Monitoring and Evaluation
Nurturing Care	Social and Behavior Change (SBC)	Support to Caregivers

# Why is an Age-Specific Approach Needed?

- A child's nutrition and caregiving needs change rapidly during the first 1,000 days
- These changes require different care and feeding practices and support at each stage.





# *A Closer Look at the Ages and Stages Reference Modules*



## **MODULE 2: SIX UP TO NINE MONTHS OF AGE**

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





Reminder: Please review the *Ages and Stages Program Design and Implementation Guide* before using this module for the first time.

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



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

This is a period when children will begin to consume solid foods in addition to breastmilk, learning how to chew mashed and pureed foods. Signs that a child is ready to begin consuming solid foods include being able to sit with support, no longer having the tongue thrust reflex (that causes them to push anything out that touches their tongues), and looking intently at food (and/or reaching for food). The six-to-nine-month period is a critical time to ensure the child is getting **diverse, nutrient-rich foods with adequate frequency, amount, and consistency, prepared safely** for each meal, and **to feed with love, patience, creativity, and good humor**.

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

## 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

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

While children develop at different paces, caregivers should speak with health providers if their child has not reached the following milestones by nine months:

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

Source: UNICEF n.d.

their child's growth during regular visits with health providers to ensure the child is growing optimally every month and not becoming malnourished. Regular growth monitoring visits are also an opportune time to discuss the child's developmental milestones with a health provider.

## Infant Development

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



### BOX 2. MALNUTRITION'S IMPACT ON CHILD DEVELOPMENT

Malnutrition negatively affects 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 fussier and more 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.

their faces. By the end of this stage, at nine months, children will be able to share and express different emotions (e.g., being sad, happy, angry, or surprised), understand their names and the word "no" and use other sounds to express their needs, pick up small objects (including food), sit up without assistance, start to crawl, and pull themselves up to stand. They will be eating a variety of foods and have the patience to wait for food preparation several times during the day. Children may now be shy or fearful around strangers.

## Common Caregiver Challenges at This Stage

At this stage, continuing breastfeeding can be difficult for many mothers due to demands on their time from work both inside and outside the home. In addition, beginning to feed the child solid foods can be confusing and frustrating to caregivers, as knowing when, how, and what to feed children requires knowledge, resources, time, and often patience, love, creativity and good humor. At the same time, while children breastfeed much more efficiently and for less time, the changes in their lives mean that breastfeeding takes on a different meaning for them and little by little it becomes more nurturing and less important nutritionally (although this is a long process). Some children will need time to adjust to the new taste and feel of solid foods and may initially reject some foods. While encouraging children to eat is an important part of responsive feeding, caregivers should not force children to eat. Caregivers should sit with the child while they eat, making eye contact and engaging in conversation with them about the colors and textures of their food. As shown in Box 3, caregivers need family and community support to prepare and feed young children diverse, nutritious foods multiple times a day.

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

### BOX 3. PRIMARY CAREGIVERS NEED SUPPORT

Primary caregivers, typically mothers, rarely make infant feeding and care decisions alone. Their ability to practice optimal feeding and care behaviors is influenced by household, community, and sociocultural factors. For example, a mother may receive advice from a care group leader to add local, available nutritious foods to her eight-month old's porridge and may be interested in doing so. However, her husband may feel the recommended foods are too expensive and resist buying them at the market. These household dynamics impact feeding and care behaviors and can be stressful for caregivers. For more information on **factors that influence feeding and nurturing care behaviors** and how to **support caregivers**, see the *Program Design and Implementation Guide* and resources available in the online toolkit.

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





## Suggested Individual/ Group Activities

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

- Continue to breastfeed on demand day and night
- Feed the child breast milk first and then give them soft foods 2-3 times per day (these foods may be mashed or pureed and mixed with breastmilk to soften them)
- Feed the child a variety of highly nutritious foods daily
- Continue to feed the child breast milk and solid foods during illness
- Wash the child's hands before feeding
- Sit with the child during feeding
- Feed the child with love, patience, creativity and good humor
- Recognize and appropriately respond to the child's cues in a timely manner
- Interact with the child throughout the day including smiling at them, singing, talking, and reading to them or telling them stories
- Play with the child in age-appropriate ways
- Identify developmental delays

Think through activities that will best address barriers and enablers from your behavioral analysis,

and if indicated, consider using approaches shared in the Program Design and Implementation Guide (i.e., individual and group level activities). More information on these behaviors can be found in the RCEL Addendum and C-IYCF Counselling packages (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.

### 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; 5) Recap and Close. This will ensure you have time to connect, listen to, and help the caregiver discuss and solve feeding or care issues.

For **group** activities, make sure to create age-specific groups (e.g., groups for caregivers of children 0–6 months and 6–9 months of age), or split the larger group into smaller, age-specific groups to discuss relevant topics, before reconvening as a whole.

## References

Maalouf-Manasseh, Zeina, Lesley Oot, and Kavita Sethuraman. 2015. *Giving Children the Best Start in Life: Integrating Nutrition and Early Childhood Development Programming within the First 1,000 Days*. Washington, DC: Food and Nutrition Technical Assistance III Project (FANTA) and FHI 360.

UNICEF. n.d. Your toddler's developmental milestones at 9 months. Everything you need to know about your growing 9-month-old. Accessed July 7, 2023.

<https://www.unicef.org/parenting/child-development/your-babys-developmental-milestones-9-months>

USAID Advancing Nutrition. 2023a. *Responsive Care and Early Learning Addendum*. Arlington, VA: USAID Advancing Nutrition. <https://www.advancingnutrition.org/what-we-do/early-childhood-development/RCELaddendum>

USAID Advancing Nutrition. 2023b. *Responsive Care and Early Learning Addendum: Planning, Adaptation, and Implementation Guide*. Arlington, VA: USAID Advancing Nutrition.

UNICEF (United Nations Children's Fund). 2012. *Community Infant and Young Child Feeding Counseling Package*. New York: UNICEF. <https://www.unicef.org/documents/community-iyf-package>



## ANNEX A for Module 2: Six Up to Nine Months of Age

### Illustrative RCEL Activities for Children Six Up to Nine Months

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

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 below.

See the [Facilitator's Guide](#) and [Participant materials](#) from the C-IYCF Counseling 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. For more ideas on how to support child development at this age, see the [Playful Parenting Activity Booklet](#) for parents and caregivers. 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's 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. For more information and resources, see the [Ages and Stages Online Toolkit](#), 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 *Tips for Supporting Children with Disabilities to Engage in Play and Learning* in the *Responsive Care and Early Learning Addendum*.

Source: USAID Advancing Nutrition 2023b



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

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

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





# How to Use the Ages and Stages Reference Package?

- **Adapt the materials to your context**
  - Adapt training plans, job aids, activities to your context
- **Prepare program staff and implementers to conduct activities**
  - Requires training and experience with both the ***RCEL Addendum*** and ***UNICEF'S C-IYCF*** package
- **Implement individual- and group-level activities**
  - Each age-specific module provides illustrative individual and group activities
- **Support implementation staff**
  - Establish or build upon existing supportive systems to ensure program implementers have the capacity and resources required to implement activities as intended
- **Establish monitoring processes and plan**
  - Provides guidance to create a monitoring and evaluation plan along with real world programs examples
- **Use quality design and implementation principles**
  - Provides guidance and resources to support quality social and behavior change programming



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Soon to be Released...

## Available this Fall....

- Ages and Stages Reference Package and Online
- Toolkit Updated Global RCEL Addendum Package - available in Arabic, English, French, and Spanish
  - Illustrated counseling cards developed for Central Asia, South Asia, Latin America and the Caribbean, Middle East and North Africa
  - Updated Ghana and Kyrgyz packages
- Publications sharing learning on the feasibility, acceptability, and effectiveness of implementing the RCEL Addendum in Ghana and the Kyrgyz Republic
- Global videos to support responsive care and early learning training and counseling



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Please visit USAID Advancing Nutrition's website **this fall** to learn more....

<https://www.advancingnutrition.org/resources>



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Questions?

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## **USAID ADVANCING NUTRITION**

IMPLEMENTED BY:

JSI Research & Training Institute, Inc.

2733 Crystal Drive

4<sup>th</sup> Floor

Arlington, VA 22202

Phone: 703-528-7474

Email: [info@advancingnutrition.org](mailto:info@advancingnutrition.org)

Internet: [advancingnutrition.org](http://advancingnutrition.org)

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# Connect with us

Engage with the **Nutrition subgroup co-chairs**:

- Akriti: [akriti\\_singh@jsi.com](mailto:akriti_singh@jsi.com)
- Adugna: [ayimam@actionagainsthunger.org](mailto:ayimam@actionagainsthunger.org)

Subgroup information, recordings and presentations from previous meetings and webinars are available on the subgroup page of the Child Health Task Force website:

<https://www.childhealthtaskforce.org/subgroups/nutrition>

*\*The recording and presentations from this webinar will be available on this page in a couple days*

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