





## WHO's Early Childhood Initiative:

# Implementing integrated interventions

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Road to Melbourne: Young Children Born into HIV-affected Families



## Introduction to Every child's potential . . .



As WHO, we intend to. . . work with member states and partners to ensure that every child has the best possible opportunity to realize its full development potential.

#### MARGARET CHAN

Director-General of the World Health Organization

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ANNALS OF THE NEW YORK ACADEMY OF SCIENCES.

Investing in early child development: an imperative for sustainable development

Good physical and mental health, achievements in school and work, and the ability to empathine with and help other people have their roots in early childhood. Experiences in the first years of life shape what we become—physically, emotionally, and socially. Didence based strategies to promote childhood strategies to promote childhood strategies to promote childhood and appropriate mention. A stable and engaged family emfourant in which prevent show increat and excourage their childhood child

Today, the global community is charting the agenda for austainable development beyond 2015. It is fasing the challenge of responding to a repidly changing environment in which the proportion of young people making up the world's propolation is growing quickly, in particular in Africa, Ania, and the Melle East, in which basic literacy and numeracy skills are no foraget sufficient to compete in an ever faster explying worliplace, and in which a good advanction is guaranteed for sall readparts on and the satisfaction. It is against this background that, now more than ever, every individual should have the right to storaid read fall development potential. Good basish and admarks on a critical ingedients for individuals to progress and for occipies to ondate inequiries. In this regard, the WHO Genzinson on Social Determinants of Health singled out investment in early cellid development as a posserial equilibre.

In the just decades, considerable progress has been made toward Millermium Development Goal 4 on rothcing shift mortality. The market of deaths among children younger than 5 years has declined from 12 million in 1990 to 6.6 million in 2012, a reduction of almost 50%. Nevertheless, about a quarter of all children under few, or 1cl million children, are structed, 50% of them living in Asia and 50% in Africa. Depression, anxiety, psychological distress, sexual violence, destructive belonce, and assubstitute particularly anxiety of substance use are a reality for too many families. Evidence suggests that close to a third of all children inside flow, or 200 million shiftens, do not attain thair full development apacity.

The holds sector has a unique responsibility, because it has the gentest reach to children and their families during critical time periods that affect child development. The first window of opportunity is during programs; birth, and in ourly childhood, the first 1000 days, when essential interventions for health, materion, and psychosocial development have a given impact. The second window of opportunity is during adolescence, as ideal time to help young people prepare for future parenthood and facilitate their secess to effective preconception care.

WHO is contributed to early child development through an approach that binds together many mous of the organization; organization, material, newborn, child, and addiscent besidts multilous mentals health and substance abuse management; to desire and unjury properties; environmental beaths and

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## Introduction to Every child's potential . . .

 Evidence-based strategies to promote early development exist, such as Care for Development

These can be integrated into health/HIV, nutrition, education,

social, and child protection programmes

 The health sector has a particular responsibility with opportunities

- During the child's first 1000 days pregnancy, birth, and early childhood
- During adolescence to prepare young people for parenthood

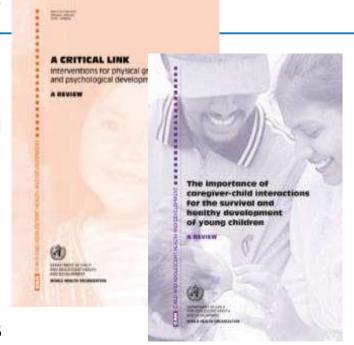
Margaret Chan





### **Background:** Systematic reviews

- Sensitive and responsive caregiving is a requirement for the healthy neurophysiological, physical, and psychological development of the child
- Caregivers may need support to develop sensitivity and responsiveness and have a nurturing relationship with the child

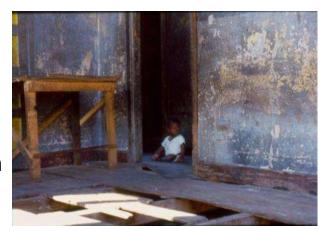


 Impact is greatest when interventions start early, reach the most vulnerable children, and are combined (especially with health and nutrition)

### Background: Play and communication with an adult

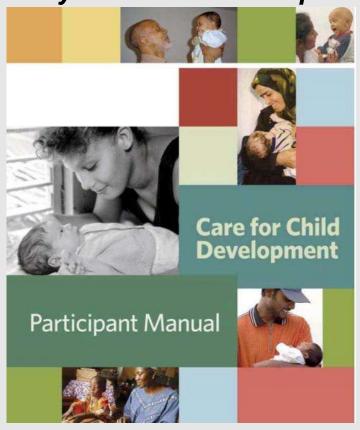
Play and communication are important to stimulate the child's learning and to strengthen the caregiver's skills

- •Children can learn from play with many things especially if they have someone guiding them
- Surveys in developing countries show that:
  - Only 10-41% of parents respond that they have materials in the home to stimulate their children's learning
  - Only 11-33% of parents involve their children in learning activities



### WHO/UNICEF Care for Child Development

To enhance skills to support care for early childhood development



- For counselling families on play and communication activities
  - to stimulate the child's learning
  - to strengthen caregiving skills and the interaction between caregivers and their children
  - to prevent and solve problems in care

Supported with job aids, training materials, technical background, advocacy, monitoring and evaluation tools





#### RECOMMENDATIONS FOR CARING FOR YOUR CHILD'S DEVELOPMENT

Newborn, birth up to 1 week



Your baby learns from birth.

- Play: Provide ways for your baby to see, hear, move arms and legs freely, and touch you. Gently soothe, stroke, and hold your child.
   Skin to skin is good.
- Communicate: Look into baby's eyes, and talk to your baby.
   When you are breastfeeding is a good time. Even a newborn baby sees your face and hears your voice.



1 week up to 6 months



 Play: Provide ways for your child to see, hear, feel, move freely, and touch you. Slowly move colourful things for your child to see and reach for. Sample toys: shaker rattle, ring on a string.



 Communicate: Smile and laugh with your child. Talk to your child. Get a conversation going by copying your child's sounds or gestures. 6 months up to 9 months



- Play: Give your child clean, safe household things to handle, bang, and drop. Sample toys: containers with lids, metal pot and spoon.
- Communicate: Respond to your child's sounds and interests. Call the child's name, and see your child respond.



9 months up to 12 months



 Play: Hide a child's favourite toy under a cloth or box. See if the child can find it. Play peek-a-boo.



 Communicate: Tell your child the names of things and people.
 Show your child how to say things with hands, like "bye bye".
 Sample toy: doll with face. 12 months up to 2 years



- Play: Give your child things to stack up, and to put into containers and take out. Sample toys: Nesting and stacking objects, container and clothes clips.
- Communicate: Ask your child simple questions. Respond to your child's attempts to talk. Show and talk about nature, pictures, and things.



2 years and older



 Play: Help your child count, name, and compare things. Make simple toys for your child. Sample toys: Objects of different colours and shapes to sort, stick or chalk board, puzzie.



Communicate:
 Encourage your child to talk and answer your child's questions. Teach your child stories, songs, and games. Talk about pictures or books.

 Sample toy: book with pictures.

Give your child affection and show your love.

Be aware of your child's interests and respond to them.

Praise your child for trying to learn new skills.





Age 1 week up to 6 months:

Talk to your child and get a conversation going with sounds or gestures (copy your child)





Age 12 months up to 2 years:

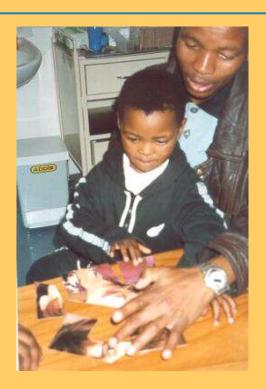
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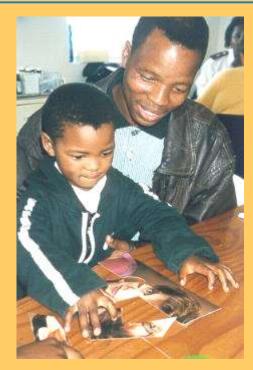


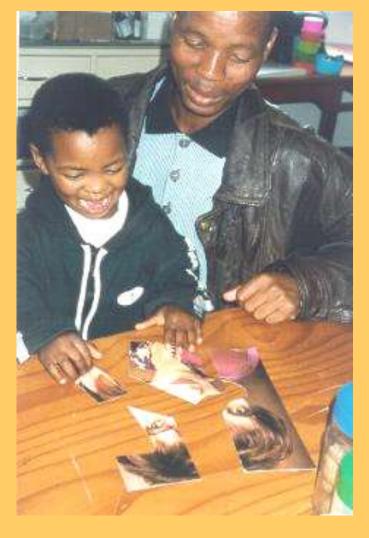












Age 2 years and older:

Help your child count, name, and compare things. Make simple toys for your child.

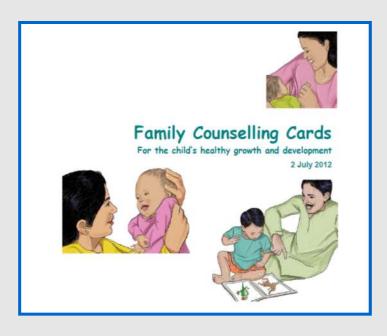


## Integrating Care for Child Development with nutrition and health: A WHO/UNICEF community health worker intervention





 WHO/UNICEF training materials for community health workers to enhance skills for caring for the child's healthy growth and development (birth to 5 years old)



#### INTEGRATED CARE

## Counselling the family on:

- Feeding
- Play and communication
- Preventing illness and injury
- Responding to illness





#### RECOMMENDATIONS FOR FEEDING YOUR CHILD

Newborn, birth up to 1 week



- Immediately after birth, put your baby in skin to skin contact with you.
- Allow your baby to take the breast within the first hour. Give your baby colostrum, the first yellowish, thick milk. It protects the baby from many illnesses.
- Breastfeed day and night, as often as your baby wants, at least 8 times in 24 hours.
   Frequent feeding produces more milk.
- If your baby is small (low birth weight), feed at least every 2 to 3 hours.
   Wake the baby for feeding after 3 hours, if baby does not wake self.
- Do not give other foods or fluids. Breast milk is all your baby needs.

1 week up to 6 months



- Breastfeed as often as your child wants. Look for signs of hunger, such as beginning to fuss, sucking fingers, or moving lips.
- Breastfeed day and night, whenever your baby wants, at least 8 times in 24 hours.
   Frequent feeding produces more milk.
- Do not give other foods or fluids.
   Breast milk is all your baby needs.

6 months up to 9 months



- Breastfeed as often as your child wants.
- Also give thick porridge or well-mashed foods, including animal-source foods and vitamin A-rich fruits and vegetables.
- Start by giving 2 to 3 tablespoons of food. Gradually increase to 1/2 cup at each meal.
- Give 2 to 3 meals each day.
- Offer 1 or 2 snacks each day between meals when the child seems hungry.



9 months up to 12 months



- Breastfeed as often as your child wants.
- Also give a variety of mashed or finely chopped family foods, including animalsource foods and vitamin A-rich fruits and vegetables.
- Give 1/2 cup at each meal.
- Give 3 to 4 meals each day.
- Offer 1 or 2 snacks between meals. The child will eat if hungry.
- For snacks, give small chewable items that the child can hold. Let your child try to eat the snack, but provide help if needed.



12 months up to 2 years



- Breastfeed as often as your child wants.
- Also give a variety of mashed or chopped family foods, including animal-source foods and vitamin A-rich fruits and vegetables.
- Give 3/4 cup at each meal.
- Give 3 to 4 meals each day.
- Offer 1 to 2 snacks between meals.
- Continue to feed your child slowly, patiently. Encourage—but do not force—your child to eat.



2 years and older

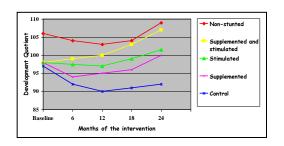


- Give a variety of family foods to your child, including animalsource foods and vitamin A-rich fruits and vegetables.
- Give at least 1 full cup at each meal.
- Give 3 to 4 meals each day.
- Offer 1 or 2 snacks between meals.
- If your child refuses a new food, offer "tastes" several times. Show that you like the food. Be patient.
- Talk with your child during a meal, and keep eye contact.



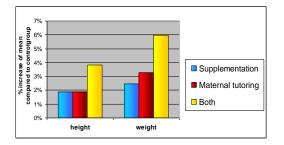


## Our experience: Integrating play and communication into health and nutrition interventions



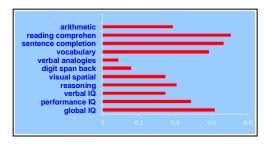
 Stimulation and better nutrition improve child development

The Jamaica Project, Grantham-McGregor, et al. (1991)



 Stimulation and better nutrition improve child growth and development

The Bogota Project



Benefits of early stimulation on cognitive measures are sustained

The Jamaica Project, Walker, et al. (2005)





## **New experiences:** Integrating play and communication into health and nutrition interventions in the community





#### The PEDS Trial (Pakistan)

Yousafzai, et al. (2014)

- Lady Health Workers
- Home visits, mother-child groups
- •Care for Child Development with nutrition education and supplementation



## The WHO/Intervida Project (Haryana and Maharashtra, India)

Kumar, Gupta, et al.(current)

- Anganwadi workers (Integrated Child Development Services, ICDS)
- •Accredited Social Health Assistants (ASHAs in the Rural Health Mission)
- •Home visits, mother-child groups, parent groups, SMS and helpline
- •Care for Child Development with nutrition education and supplements, and health



## **New experiences:** Integrating play and communication into health and nutrition interventions

#### **Desired outcomes:**

Improved child growth and development



#### Additional benefits:

- More positive mother-child interactions
- Increased frequency of play and communication activities at home
- Increased use of books and other learning materials at home
- Reduced maternal depression
- Strengthened community health care services
- •Improved access to, and use of, health and early child care services (e.g. immunization, referral of sick child to health centre, and Anganwadi child care)







### More examples of integration

- Community health care (Pakistan and India)
- Primary care health workers (Kazakhstan, Kyrgyzstan, South Africa, China, and others)
- Child protection (Australia)
- Literacy (day care centre trainers and supervisors in Brazil)
- Community development (agriculture, health, and education workers in Mozambique)



### Implications for families affected by HIV

- Young Children especially vulnerable
- Caregivers may not be parents
- Caregivers may need to be taught to interact with young children
- Positive stimulation will give the children a better start in life

