



Care for child development

Dr Vijay Kumar

**Support from Dr Neena Raina, Dr Rajesh
Mehta, Dr Nidhi Chowdhary (WHO
SEARO and WHO India)**

Early childhood development

- In India, 27 million births occur each year and an estimated 1 million deaths. Besides 1 million deaths a lot more are undernourished and stunted
- 20% loss of adult productivity because of lack of care for child development in early years of life (0-3 years age)
- CCD include child care, child nutrition, child health, loving care, stimulation and encouragement

Do you know

- **Baby is formed in the uterus the size of a pin point weight so small you cannot imagine and grows up to weight of more than 2.5 kg and length of about 45 cms This is unprecedented growth that never occurs in life**
- **The development of brain occurs maximally during pregnancy and in the first 3 years of life. Wiring of the brain is completed during this time. It is very difficult to fix the wiring once it is defective or incomplete.**

Are you aware that

- At birth there are 1 billion brain cells
- Brain of a six month old is half and that at 8 years is 90% that of an adult in weight
- Most of the wiring takes place during the early years of life. Rewiring cannot take place later in life
- Maturity of brain is characterized by pruning . Excess of neurons and synapses are eliminated. This pruning is guided by the environment during the early years of life

Rethinking of the brain

Old thinking

- Brain development depends on the genes
- Experiences before 3 years age have a limited impact on later development and personality
- Secure relationship with a caregiver helps early development and learning
- Brain development is linear
- Early brain development is slow as compared to an adult

New thinking

- Brain development depends on the interaction between genes and the experiences
- Early experiences influence architecture of the brain and extent of adult capacity
- Secure relationship with a caregiver affects early development and wiring of brain
- Brain development is maximal in early years (including pregnancy)
- Brain is twice as active at three as compared to college student

Why a focus on early childhood development?

- Brain development is most rapid during pregnancy and early years (maximal below 3 years age)
- Seven hundred new neural synapses are formed every second during this time
- First simple circuits are formed in the brain and then more complex circuits form and pruning takes place
- Young child reaches for interactions through simple actions like smiling babbling body movements facial actions and at this time if caregivers interact through play, stimulation and communication it helps feeding and child development remarkably

Risk factors for early childhood development

- **Poverty**
- **Food insecurity,**
- **Poor sanitation and hygiene**
- **Babies born low birth weight, stunting**
- **Deficiency of iodine, iron,**
- **Maternal stress and depression**
- **Family discord, violence**
- **Exposure to lead or other toxic substances**

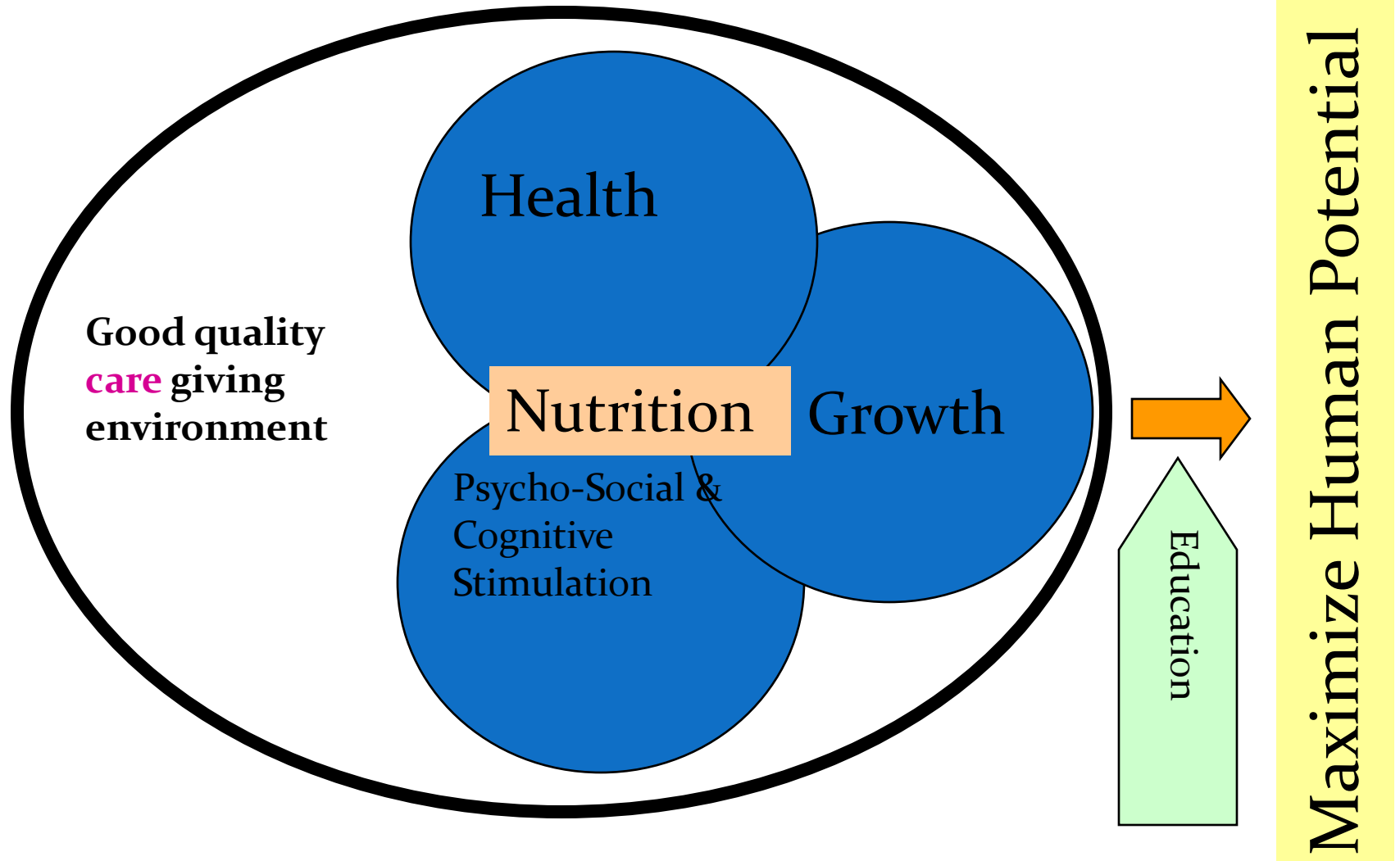
Care for Child development

- Child care
- Child feeding
- Child Health
- Child development

Through continuum of care starting in pregnancy through to 3 years of age and beyond

Across all available delivery channels with a focus on the family as the centerpiece, involving all available formal and non formal networks

CARE brings it all together



Why invest in early childhood development ?

- At the most basic level it improves child survival
- ECD helps development, goes beyond survival, builds social capital with return of seven times
- Helps to break the intergeneration cycle of poverty and malnutrition
- Contributes to reduction of gender inequities
- ECD builds social capital
- Helps build community networks to improve self care
- First line of defense in dealing with developmental delays and disability

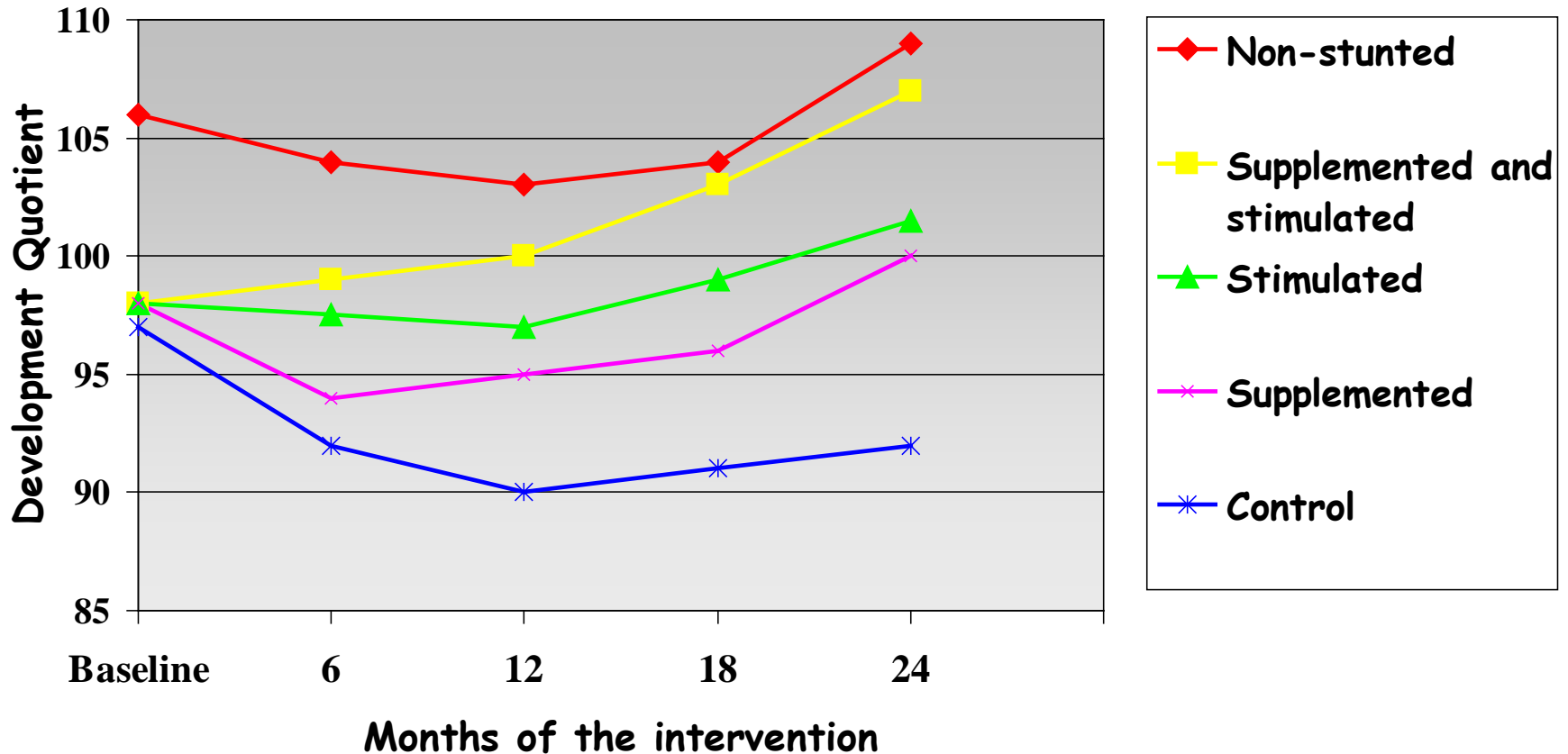
What can be achieved through CCD

- **Reduction in deaths**
- **Children will be healthier**
- **Improved nutritional status**
- **School readiness, improved performance in school**
- **Greater adult productivity and income**
- **The gains are maximal if CCD can be focused on underprivileged groups in the society**

Early childhood development whose responsibility?

- Care givers in the home environment .
- Home is the real school of the child where it gets food, learning, care , prevention of injury and disease
- This school is open 24 hours in a day, and 365 days per year
- Mother, father, grandparents, elders and sometimes adolescents are the teachers
- There may be seniors in some families
- In this school there are more teachers and less students, one principal is important (mother)
- Learning is through experience, practice, play, guidance and support

Effects of supplementation and stimulation on the mean development quotient of stunted groups compared with non-stunted groups



Development quotient includes practical reasoning, eye and hand coordination, hearing and speech, and performance. [Jamaica Project](#), Grantham-McGregor, SM, et al. (1991)

Impact of undernutrition – a new strategy needed to counter it

- **When under nutrition occurs the body response is**
 - **To save life**
 - **To protect physical growth**
 - **To save cognitive and brain development**
 - **It is too late if efforts are initiated when the child is already malnourished**
 - **Efforts are needed to prevent undernutrition and to intervene as soon as growth faltering occurs**

Programming for early childhood development

- **Care givers and families are the focus**
- **Informal and formal networks in the community to support the families and caregivers SMS, VHSC, SHG**
- **Service delivery AWCs, creches, health care for pregnant women and children**
- **Enabling environment – decentralization of services and policy support for continuum of care**

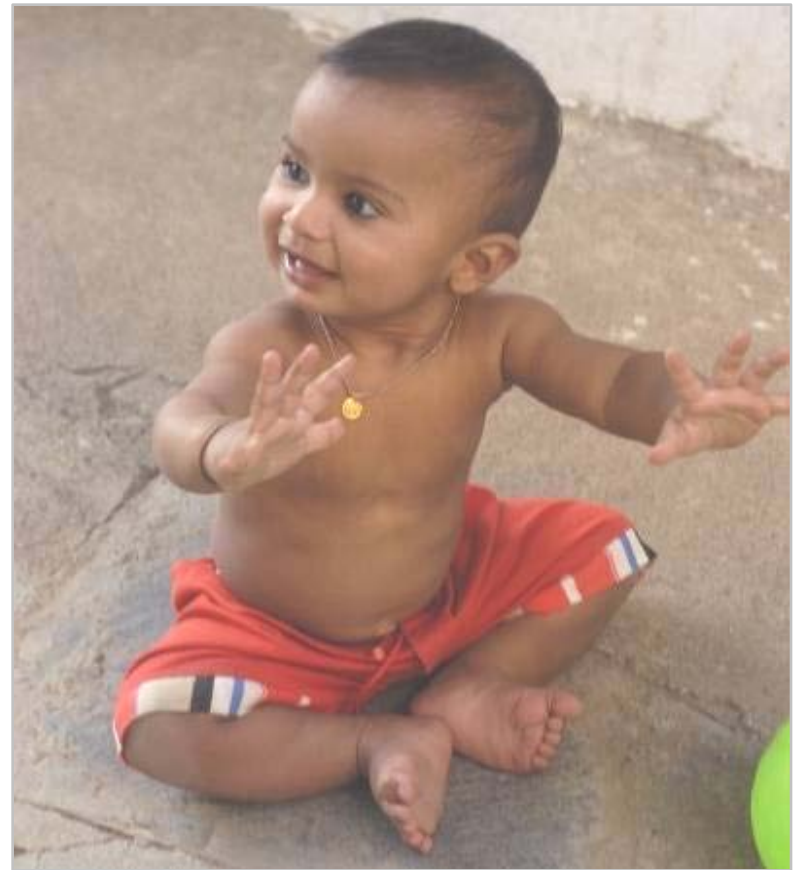
What is Early Child Development

Early Childhood Development (ECD) emphasizes a holistic approach dealing with the child's physical, emotional, social as well as cognitive/language development - from birth to entry into primary school in formal and non-formal settings.

- ECD programmes encompass very diverse arrangements:
 - parenting programmes
 - community-based child care
 - centre-based provision
 - formal pre-primary education
- Programmes typically aim at two age groups:
 - children under 3
 - children from age 3 to primary school entry (usually by age 6, always by age 8).

We already have

- **Strong policy environment for child health and development (not necessarily ECD) and upholding child rights**
- **ECD Strategic Framework (WHO-UNICEF)**
- **Tools: Care for Child development package (WHO-UNICEF)**
- **Mother and Child Protection Card**
- **Interest and initial experience**
- **Goodwill and commitment**



Care for Development Package

- **Simple recommendations health workers can make to families to improve the growth, health and development of children.**
- **Training programmes and materials for advocates, health workers and community providers.**
- **Support for families to solve common problems in providing good care for young children.**
- **Guidance for the integration of Care for Child Development into ongoing programmes and activities at health and nutrition facilities and in the community**
- **Advocacy materials**
- **Monitoring and Evaluation framework**



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, puzzle.
- **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.



Mother and Child Protection Card

Photograph of Mother & Child

Family Identification

Mother's Name _____ Age

Father's Name _____

Address _____

Mother's Education: Illiterate/primary/middle/high school/graduate

Birth Record

Child's Name _____

Date of Birth / / Birth Weight gms

Girl Boy Birth Registration No:

Pregnancy Record

Date of the last menstrual period / /

Expected date of delivery / /

No of pregnancies/ previous live births /

Last delivery conducted at: Institution Home

Current delivery: Institution Home

JSY Registration No.

Institutional Identification

AWW _____ AWC/Block _____

ASHA _____ ANM _____

SHC / Clinic _____

PHC / Town _____ Hospital Address _____

Transport Arrangement _____

Anganwad Reg. No Sub-centre Reg. No Date / /

Referral

Food & Nutrition Board
Ministry of Women & Child Development, Government of India

Regular checkup is essential during pregnancy



Registration
Register with the health centre in the first trimester.

ANC
Have at least 3 antenatal checkups.

BP, Blood & Urine
Have blood pressure (BP) checked and blood and urine examined at each visit.

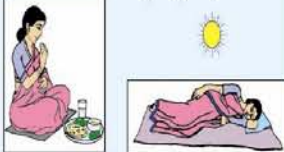
Weight
Have weight checkup at each visit. Gain at least 10-12 kg. during pregnancy. Gain at least 1kg every mth. during the last 6 mths. of pregnancy.

T.T. Injection
Take two T.T. injections. T.T.1 when pregnancy is confirmed and T.T.2 after 1 month.

Iron Tablets
Take one tablet of iron and folic acid a day for at least 3 months. Take at least 100 tablets.

Do you have problems seeing in the dark: yes / no
Any other problems during pregnancy or high risk indication?

Care During Pregnancy



- Consume a variety of foods
- Consume more food more often
- Use only adequately iodised salt
- Take at least two hours of rest during the day. In addition to 8 hours of rest at night.

If you or anyone in your family sees any of these danger signs, take the pregnant woman to the hospital immediately



Bleeding during pregnancy, excessive bleeding during delivery or after delivery

Severe Anaemia with or without breathlessness



High fever during pregnancy or within one month of delivery

Convulsions or fits, blurring of vision, headaches, vomiting, sudden swelling of feet



Labour pain for more than 12 hours

Bursting of water bag without labour pains

Ensure Institutional Delivery



Preparation in case of Home Delivery

- Clean hands
- Clean surface & surroundings
- Clean blade
- Clean umbilical cord
- Clean thread to tie the cord
- Clean set of clothes for newborn

Emergency



Arrange Transport to Hospital

Early Initiation of Breastfeeding within 1 Hour
Yes ___ No ___

Birth Spacing

Participate in monthly fixed village Mother Child Health & Nutrition Day

NEWBORN CARE

- Keep the child warm
- Start breastfeeding immediately after birth - within 1 hour - give nothing else not even water
- Do not bathe the child for first 7 days
- Keep the cord dry
- Keep the child away from people who are sick
- Weigh your child at birth
- Give special care if child is less than 2.5 kg.

DANGER SIGNS SEE HEALTH WORKER

- Week suck or refuses to breastfeed
- Baby unable to cry/difficult breathing
- Yellow palms and soles
- Fever or cold to touch
- Blood in stools
- Convulsions
- Lethargic or unconscious

Details of Immunisation

Birth to 3 Years			
Birth	Birth	Birth	
B.C.G.	OPV-0*	Hepatitis B-0*	*For Institutional Delivery
1½ months	2½ months	3½ months	
OPV-1	OPV-2	OPV-3	
1½ months	2½ months	3½ months	9 months
DPT-1	DPT-2	DPT-3	Measles
1½ months	2½ months	3½ months	9 months
Hepatitis B-1	Hepatitis B-2	Hepatitis B-3	Vitamin A

15 to 24 months			
16-24 months	16 months	24 months	
DPT Booster	Polio Booster	Vitamin A	Vitamin A
30 months	36 months	Remember	
Vitamin A	Vitamin A	Give Iron & Folic Acid syrup to children over 6 months as prescribed Do not give any other food or drink and not even water Breastfeed as many times as the child wants (as hungry) through the day Breastfeed day and night	

Feeding, playing and communicating with children helps them grow and develop well

0 to 6 months

What you can do
Smile at your child, look into child's eyes and talk to your child



What children can do
Around 3 months, most children can smile in response



What you can do
Talk to & respond to your child. Get a conversation going with sounds or gestures



What children can do
Around 6 months, most children can hold head steady when held upright

Feeding



- Start breastfeeding immediately after birth - within 1 hour
- Exclusively breastfeed for 6 months - this means do not give any other food or drink and not even water
- Breastfeed as many times as the child wants (as hungry) through the day and night
- Breastfeed day and night

Continue breastfeeding during illness

Always use adequately iodized salt for the family

What you can do
Give your child clean safe items to handle and things to make sounds with

What children can do
Around 9 months most children can sit up from lying position

What children can do
Around 1 year most children can stand well without support

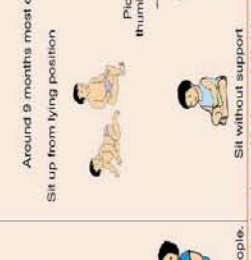
Child needs extra food after illness

6 to 12 months

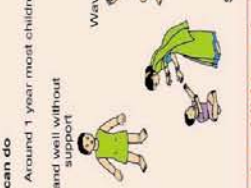


Feeding

On completion of 6 months, start with small amounts of soft mashed cereal, dal, vegetables and fruits
Increase the quantity, frequency and diversity of food gradually
Understand child's signals for hunger and respond accordingly
Feed the child 4-5 times a day and continue breastfeeding



What children can do
Around 9 months most children can sit up from lying position



What children can do
Around 1 year most children can stand well without support

If the child seems slow, increase feeding, talking and playing. If the child is still slow, take the child to a doctor

Feeding, playing and communicating with children helps them grow and develop well

1 to 2 years

Feeding

- Continue to offer a wide variety of foods including family foods such as rice, chappati, dark green leafy vegetables, orange & yellow fruits, pulses and milk products
- Feed the child about 5 times a day
- Encourage the child to eat and monitor how much the child eats
- Sit with the child and help her finish the serving
- Continue breastfeeding upto 2 years or beyond



What you can do

Give your child things to eat from different containers and take out.



Ask your child simple questions. Respond to your child's attempts to talk.

What children can do

Around 1½ years most children can Express wants



Put 3 pebbles in a cup



Walk well



What children can do

Around 2 years most children can Stand on one foot with help



Say one other word



Imitate household work



Continue breastfeeding during illness

2 to 3 years

Feeding

- Continue to feed family foods 5 times a day
- Encourage the child to eat and monitor how much the child eats
- Supervise feeding / himself
- Ensure hand washing with soap before feeding



What you can do

Help your child count and compare things; make simple toys for your child.



Encourage your child to talk & respond to your child's questions. Teach your child stories, songs, and games.

Always use adequately iodized salt for the family

Child needs extra food after illness

Around 2½ years most children can Point to 4 body parts



Around 3 years most children can Copy & draw straight line



Feed self spilling little



Wash hands by herself



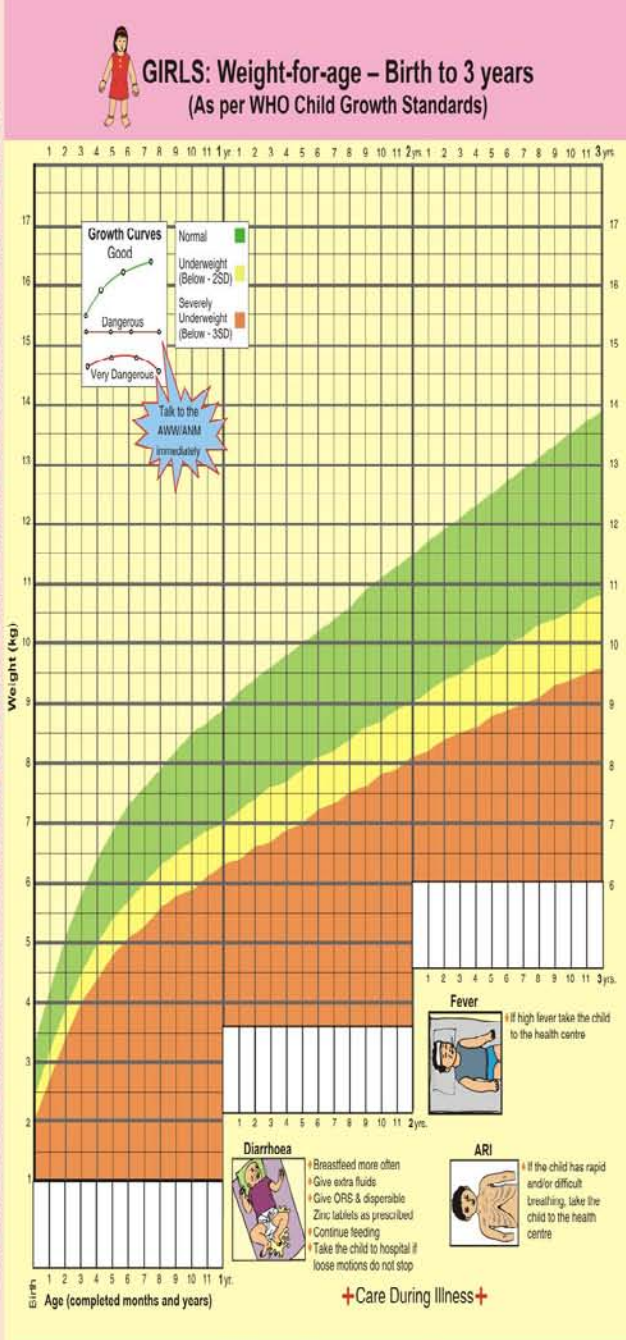
Name one colour correctly



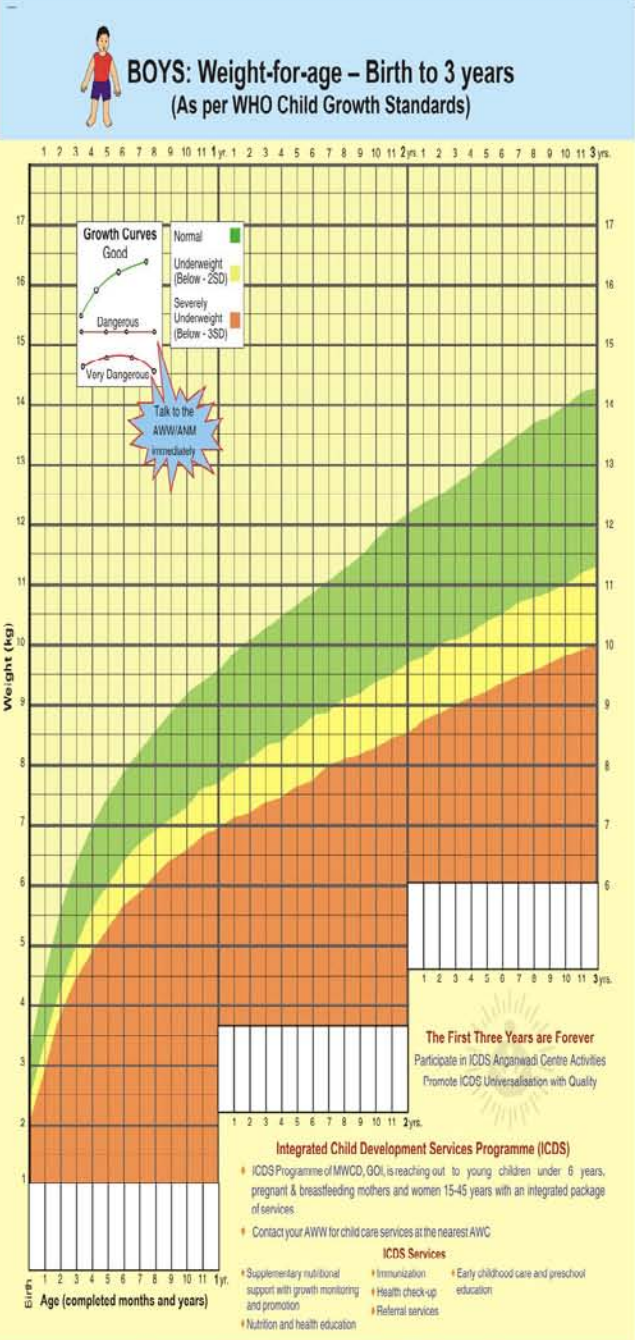
Name 3 out of 4 objects



If the child seems slow, increase feeding, talking and playing. If the child is still slow, take the child to a doctor



Ensure equal care for the girl child



Have your child weighed at the AWC every month

ECD and Health Care System

- **Opportunities for ECD**
 - ICDS – reach limited
 - Health care delivery system
- **The health care system - the only existing infrastructure to reach children below 3 years of age and their families**
- **Offers unique opportunity to provide care, guidance and support to caregivers and families**
- **Offers several entry points for promoting ECD**

Entry points in Health Care System

- Sick child visit (e.g. IMNCI)
- Well-baby clinics
- Prenatal and newborn services (e.g. breastfeeding support)
- Nutrition clinics or feeding programmes
- Child care centers
- Mothers, groups
- Home visits: Community health workers
- Special services for children at risk

Care and nutrition intervention, both are needed and can be delivered together

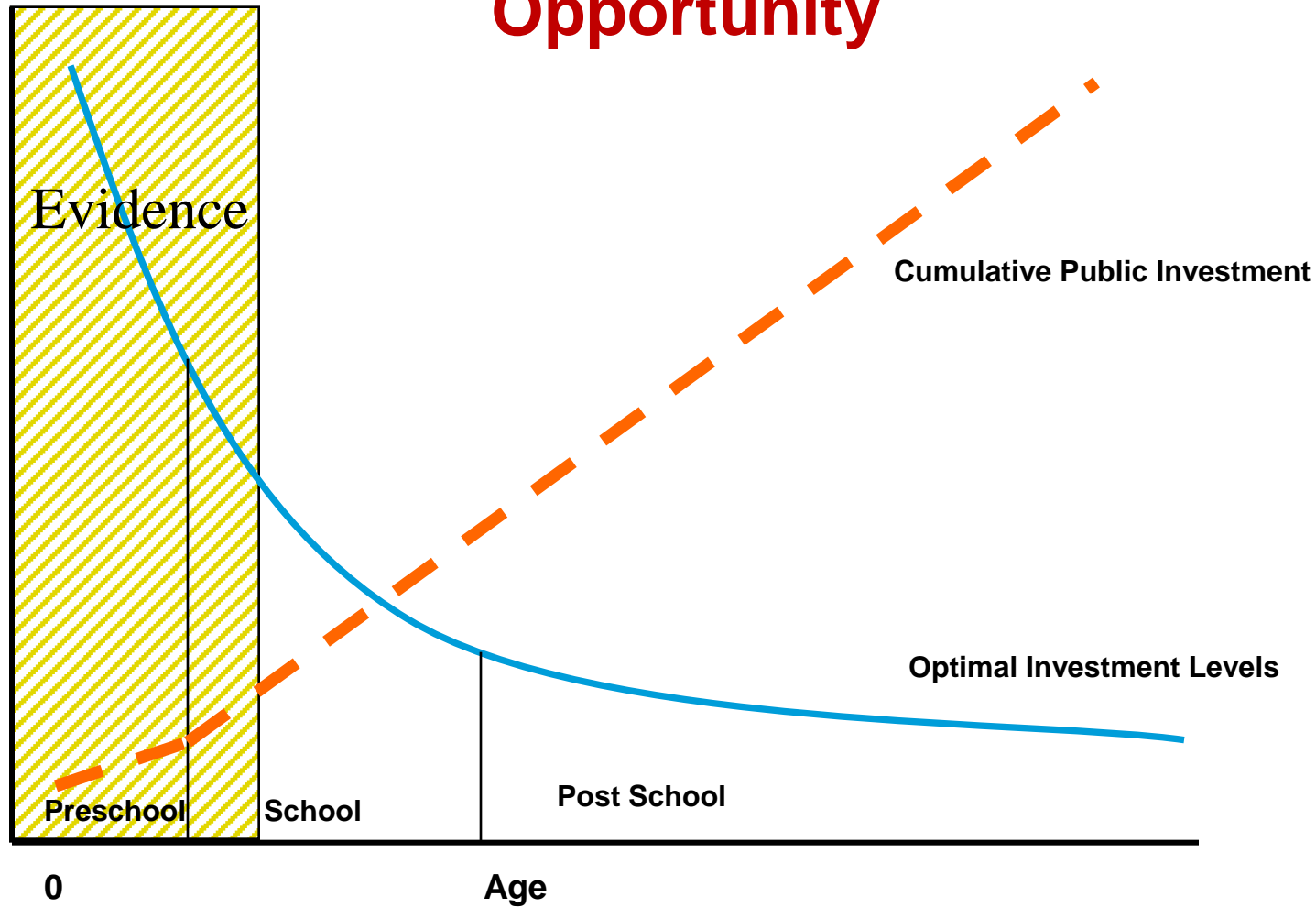
ECD and long term effects

- **In an unstimulating, emotionally and physically unsupportive environment their brain development is affected in adverse ways. Many problems in adult life have their origins in pathways that begin in childhood.**
- **In the short term, ECD influences ‘readiness for school’. Over the first and the second decade of life it influences school success, social success or rejection, stunting, early criminality and the prospects for a successful transition to citizenship.**

ECD and long term effects

- **By the third and fourth decade of life it influences mental health (depression and anxiety disorders), physical health (obesity, blood pressure, heart disease, non-insulin dependent diabetes), and socioeconomic mobility.**
- **From the fifth decade onward, it influences a wide range of chronic diseases as well as the prospect of healthy aging**

Mismatch between Investment and Opportunity



Source: Carneiro & Heckman, Human Social Policy (2003)

I must have.....

*At least one consistent person
who cares for me*

*Adequate attention and
stimulation*

Facilities to play

*Exposure to an early
learning center
when I am 4*

Proper schooling

*Good nutrition
Safe water
Hygiene
Immunisation
Protection from
HIV /AIDS
Health care*

22 1:14 PM

**Thanks for recognizing my RIGHTS and giving me a good
start in life!**