Helping a Child to Develop

IYCF-E is not just about feeding – it also needs to ensure the appropriate care and development of the child. UNICEF has outlined five essential elements for a child’s proper development:

1. The **care and attention** that a child receives for the first 8 years of his life, **particularly the first 3, are crucial and determining for his future**.
2. In order to grow and develop, babies need **affection, attention and stimulation as well as good nutrition and appropriate health care**.
3. Children must be **encouraged to play and explore**. It is in this way that they become enriched and develop socially, emotional, physically and intellectually.
4. Children **learn behavior by imitating** the behavior of those around them.
5. Parents and those who take care of children must be **capable of noticing the signs signifying a slowdown of growth and development**.

The following table outlines these different phases and categorizes them according to the functions that they deal with.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Motor Skills** | **Language** | **Cognitive** | **Social and play** |
| **During Pregnancy** | * *He can touch his mother's abdominal walls*
* *He sucks his thumb*
* *He moves and matches his movements to those of his mother.*
 | * *He can hear music and voices, especially his mother's.*
 | * *No real intentions but instead, reflexes.*
 | * *He feels his mother's emotional state.*
 |
| **0-3 months** | * *Quasi-null global motility, always lying down.*
* *Can suckle.*
* *Sleeps the majority of the time.*
* *Holds his head around 3 months.*
 | * *Cries or makes noise according to the state of discomfort, tension or well-being.*
* *Smiling quickly signifies pleasure or relationship.*
 | * *Shies from discomfort and searches out pleasure.*
* *Learns through experience and repetition*
 | * *At first, eye contact moves away quickly but then the baby begins to stare at the human face.*
* *Sees 20 cm clearly.*
* *The infant is dependent on his surroundings for his well-being.*
 |
| **3-9 months** | * *Can sit up.*
* *Can move about by crawling.*
* *Scooting.*
* *Hand-finger coordination (brings objects to his mouth, manipulates blocks from one hand to the other)*
 | * *Uses his body to express needs*
* *Laughs*
* *Gurgles*
 | * *Smiling is selective and social.*
* *Pays attention to faces, mimics and voices.*
* *Exchange with mother, develops means of communication such as gurgling and imitating sounds.*
* *Desires contact and mother’s presence..*
 |
| **9-18 months** | * *Remains upright, at first with support (10 months)*
* *Walks independently between 10 and 16 months*
* *Pinching with thumb and finger*
* *Slowly manipulates objects within grasp: grabs, brings toward self, looks at them, brings them to the mouth, sucks and bites them.*
* *Can drink by himself*
 | * *Bi-syllabic*
* *Beginning of the first words.*
 | * *Begins to understand the constancy of objects around 10 months.*
* *Begins to take interest in details*
* *Is capable of imitation.*
 | *Relationship to mother:** *Is Anxious when separated from her.*
* *Conscious of the pleasure he has when near her, he looks constantly for her presence. He recognizes her and distinguishes her from others. He wants to continue all two-person games.*
 |
| * *Just after 8 or 9 months, a baby can express worry regarding an unknown person.*
* *Can begin to play alone*
* *Often has a favorite or transitional item (blanket).*
 |
| **18-36 months** | * *Can go up and down stairs*
* *Begins to run*
* *Arm gestures are precise and oriented*
* *Can stand on one foot to reach an object.*
* *Begins to draw*
* *Likes to push, pull, fit things together, fill up, put together, and separate.*
* *Can catch a ball and throw it.*
 | * *Moves from words to first phrases.*
* *Can say no between 18 months and 2 years.*
* *Has a vocabulary between 100 and 300 words.*
* *Varies the means of communication: drawing, language, and imitation. \* Capable of expressing emotion (mistrust, regret, shame, anger, curiosity, joy.)*
 | * *Begins to have a mental representation of his surroundings (symbolism).*
* *Capable of abstraction (to refer to an absent object/person).*
* *Begins to take opposition and assert autonomy.*
* *Opposition and imitation serve as means of identification.*
* *Begins to test limits.*
* *Is interested in images.*
 | * *Exercises a need for autonomy.*
* *Takes pleasure in doing things by himself.*
* *While asserting his independence, he exercises his need for emotional dependence (won't go to bed at bedtime, needs bedtime rituals in place), begins to show confusion and frustration.*
* *After a period of observation, he can enter into relationships with others not part of the family. Begins to play with other children, especially one child.*
* *Begins symbolic play.*
* *Can make believe.*
* *His mother remains his consoler in times of emotional and physical pain.*
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Table 1: Child Development 0 to 3 years;Manual for the Integration of Child Care Practices and Mental Health in Nutrition Programmes, ACF, 2011

The following table provides information on the ways in which a child develops, the actions and attitudes to take according to each developmental phase, as well as the elements that could show a developmental problem. It is important to remember that this table offers reference points that can vary from child to child. Each child has its own developmental rhythm. According to culture and context, children develop differently in relation to stimulation and interaction with their entourage and environment.

Slow progress can be ‘normal’ or symptomatic of malnutrition, bad health care, lack of stimulation or a much more serious problem. On site it is important to create an institutional network or partner services capable of diagnosing and taking charge of these children.

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| [Liste des fiches](../../../../../../../Documents%20and%20Settings/Cecilie/Bureau/manuel%20d%27int%C3%A9gration%20de%20la%20sant%C3%A9%20mentale.doc#_LISTE_DES_FICHES) | **What the infant should be able to do** | **Some suggested important attitudes and gestures** | **Signs which should be looked out for** |
| 1 month | * Turn its head towards a hand caressing it’s cheek
* Bring its two hands to its mouth
* Turn its head if it hears voices or sounds which are familiar
* Suckle from the breast and touch it with its hands
 | * Establish a physical contact and breast feed the baby within an hour of birth
* Support the head of the baby when holding it upright
* Regularly massage and caress the baby
* Always handle the baby gently
* Breastfeed it regularly.
* Talk read and sing to the baby as often as possible
 | * The baby refuses or has trouble feeding from the breast
* The baby does not move its limbs much
* The baby reacts little or not at all to noises and bright lights
* The baby cries for long periods for no apparent reason
* The baby vomits and has diarrhea
 |
| 6 months | * Lift the head and body when it is lying on its front
* Grab for and hold hanging objects
* Hold and shake objects
* Roll onto both its sides
* Sit up with a support
* Explore objects with its hands and mouth
* Start to imitate sounds and facial expressions
* React to its name and to familiar faces
 | * Lie the baby down on a flat clean and safe surface so that it can move freely and grab objects
* Prop the baby with a support or hold it up so it can see what is happening around it
* Continue to breast feed the baby as it demands day and night and begin to introduce other foods (two meals a day between 6 and 8 months, 3 to 4 meals a day between 8 and 12 months)
* Talk, read and sing to the baby as often as possible.
 | * Stiffness or difficulty in moving the limbs
* Constant moving of the head (this could be caused by an ear infection which could lead to deafness if not treated)
* Little or no reactions to sounds, familiar faces or the breast
* Refusal of the breast or other foods
 |
| 12 months**IYCF-E TOOLKIT:** Rapid start-up for emergency nutrition personnel | * Sit up without support
* Crawl on all fours and stand by holding on to something
* Make its first steps holding up on its own
* Try to imitate sounds and words and respond to simple questions
* Enjoy playing and clapping its hands
* Repeat sounds and gestures to attract attention
* Pick up objects using thumb and forefinger
* Begin to hold objects like a spoon and a cup and try to eat on its own.
 | * Show the child objects and name them, talk to and play with the child often
* Use mealtimes to encourage interaction with all members of the family
* If the child develops slowly or has a physical handicap, concentrate on its abilities. Give it more stimulation and interact with it more often.
* Do not leave the child in the same position for a number of hours
* Make sure that the environment is as safe as possible to avoid accidents
* Continue to breast feed the child, ensure that the child has enough food and that it eats varied family meals
* Help the child to try to use a spoon and a cup
* Ensure that the child has had all its vaccinations and receives the recommended supplements of trace elements and minerals
 | * The child does not make any sound when spoken to
* The child does not look at objects that are moved
* The child is apathetic and does not react when given attention
* The child has no appetite or refuses to eat
 |
| 2 years | * Walk climb and run
* Point to objects or images when they are named (e.g. the nose, the eyes)
* Pronounce several words in a row (from around 15 months)
* Follow simple instructions
* Draw scribbles when given a crayon or a chalk
* Enjoy simple songs and stories
* Imitate the behavior of others
* Start to be able to eat unaided
 | * Read, sing to and play with the child
* Teach the child to avoid dangerous objects
* Talk to the child normally and not use baby talk
* Continue to breast feed the child and ensure that the child has enough to eat and that it eats varied family meals
* Encourage the child to eat without forcing it
* Fix simple rules and make reasonable demands
* Praise the child when it succeeds at a task.
 | * The child does not react when it is given attention
* The child has difficulty balancing when it walks
* Unexplained wounds or change in behavior, (especially if others have looked after the child)
* The child has no appetite.
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Table 2 “Adjusting Actions and Attitude to the Development of the Child”; *Manual for the Integration of Child Care Practices and Mental Health in Nutrition Programmes*, ACF, 2011

In this toolkit the following guidelines are included to support the stimulation of children at different ages[[1]](#footnote-1):

* WHO and UNICEF. Integrating Early Childhood Development (ECD) activities into Nutrition Programmes in Emergencies. Why, What and How. 2012**[[2]](#footnote-2)** - This includes a useful handout on how to encourage the development of the child at different ages.
* UNICEF. **Early Child Development Kit: A Treasure Box of Activities**[[3]](#footnote-3) These guidelines are to support the Early Childhood Development Kit which was created to strengthen the response for young children caught in conflict or emergencies through offering young children access to play, stimulation and early learning. The Kit contains materials to help caregivers create a safe learning environment for up to 50 young children ages 0-8 and can be purchased from UNICEF, however, home made toys can also be used (see below).

**Home made toys and activities** – this provides suggestions for toys and activities that can be undertaken and can be a useful guide along with the information from the tables above, however, don’t be restricted by these lists. More play and interaction the better.

*[Acknowledgements: Sections taken from: ACF. Holistic Approach for Pregnant, Lactating Women and their children in Emergency (Baby Friendly Spaces). 2013. (DRAFT). Save the Children would also like to acknowledge the support of the TOPS Micro Grant Program which was made possible by the generous support and contribution of the American people through the United States Agency for International Development (USAID). The original version of this document, and the other IYCF-E Toolkit documents, can be found at* [*https://resourcecentre.savethechildren.net/iycf-e*](https://resourcecentre.savethechildren.net/iycf-e)*]*

1. Also see: WHO. Mental Health and Psychosocial Well–Being among Children in Severe Food Shortage Situations (<http://www.who.int/mental_health/mental_health_food_shortage_children2.pdf>) and the MAMI review Chapter 8 (References, 2. Programme Planning, d. Technical Areas, c. Management of Acute Malnutrition in Infants) [↑](#footnote-ref-1)
2. http://toolkit.ineesite.org/toolkit/INEEcms/uploads/1058/Early%20Childhood%20Development%20Nutrition%20Note.pdf [↑](#footnote-ref-2)
3. <http://www.unicef.org/videoaudio/PDFs/Activity_Guide_EnglishFINAL.pdf> [↑](#footnote-ref-3)