

IMCI has well-tested tools to support its implementation: technical guidelines and training systems for improving health worker skills, health system supports for building capacity in planning and supervising health programmes, and ways to work with families and communities to improve child health.

Many attempts to improve child development have failed the test of going to scale, of being able to reach large numbers of children across geographical and cultural lines. The IMCI strategy has succeeded in providing a delivery system to reach many children and their families with effective interventions to improve their

Support for implementing Care for Development within IMCI

■ Guidelines for feeding, play, and communication (IMCI charts)

■ Adapted IMCI training materials

- Modules for health workers
- Facilitator and supervisor guidelines
- Mother's counselling card
- Training video

■ Technical seminar for decision makers

These materials are being revised based on field tests with health workers in Brazil, South Africa, and Syria. They will be ready for wider use by the end of 2001. Several tools are also being adapted to strengthen support for child development in community education and outreach activities.

health. It is now being implemented in over eighty countries. **Care for Development** can build on

this success, while strengthening the efforts of IMCI to reduce childhood illness and deaths. ▲

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Combining interventions on nutrition and psychological development for the greatest impact

The intimate relationship between physical growth and psychological development is particularly evident in the first years of life. This helps explain why prenatal and early childhood nutritional interventions can also have an impact on psychological development. Likewise, early psychosocial stimulation programmes to improve cognition (one aspect of psychological development) may also have effects on physical growth.

The most significant fact, though, is that children who receive combined nutrition and stimulation programmes perform better than those who receive either type of intervention alone.

For information on research leading to these conclusions see:
A Critical Link: Interventions for physical growth and psychological development, WHO/CHS/CAH/99.3, Department of Child and Adolescent Health and Development, World Health Organization, 1999.



IMCI Care for Development

For the healthy growth and development of children

CHILDREN who are poorly nourished and frequently ill are in danger of dying. They are often difficult to feed, and are less effective in communicating their needs. They may be timid and easily upset. Those who survive are less active in exploring the world around them than other children; they have more difficulty learning.

Over time mothers—and other caregivers—feed, play with, and communicate less often with their poorly nourished children. They are less likely to recognize signs of hunger, discomfort, and illness, and to react to potential harm. They may not experience the pleasure that encourages and sustains their attention in activities that help their children develop socially and intellectually. Improving the child's care is important for developing the potential of all children; it is essential for increasing the chance of survival of the most vulnerable young ones.

WHO guidelines on Care for Development

WHO now provides comprehensive guidance on

counselling families on care: to improve feeding practices and interactions with children, respond effectively when a child is sick, stimulate growth and development through play and communication activities, and solve problems in care. The guidelines, produced by the WHO Department of Child and Adolescent Health and Development, are designed to train health workers on **Care for Development** and to strengthen community efforts through the WHO/UNICEF strategy, Integrated Management of Childhood Illness (IMCI).

Interventions to promote psychosocial development within health programmes

Supporting the growth and development of children is becoming a greater priority in health programmes. Three main approaches are used: monitoring the child's progress on developmental milestones, screening for developmental delays, and counselling families on how to support the development of their children. A look at the three approaches clarifies the choice to implement a counselling approach within IMCI.

Families give their children special care for development by giving them love, responding to their nutritional and other needs, and providing opportunities to learn. Children learn to communicate their needs, solve problems, and help others by playing and interacting with persons who care for them. Even at a very young age, children learn important skills that will prepare them for life.



Elements of effective programmes

WHO commissioned a review of effective programmes in improving the health, nutrition, and psychological development of children in disadvantaged circumstances. *A Critical Link* (1999) concluded that the most effective programmes:

- Focus on the children who are in the “critical window” of life—improvements before birth and during the first 2 to 3 years of life have the greatest impact on the child’s future growth and development.
- Focus on children who are most at risk—the greatest improvements were seen in children who were impoverished and undernourished.
- Combine several interventions, for example: to promote good nutrition, improve mother-child interactions, stimulate psychosocial development, and improve the child’s health.
- Involve parents and other caregivers in improving the child’s care.

The results of this review influenced the design of the IMCI Care for Development intervention.

For more information, see *A Critical Link: Interventions for physical growth and psychological development*, WHO/CHS/CAH/99.3, Department of Child and Adolescent Health and Development, World Health Organization, 1999.



Monitoring progress on developmental milestones

Programmes that promote the use of milestones focus on what the healthy child should be able to do at various ages or stages of life. The child’s progress through developmental tasks (milestones) for each age may be plotted on child health cards, similar to plotting the child’s growth.

Monitoring developmental milestones, as with growth monitoring, requires an appropriate response when the child’s progress falters. Efforts to promote the use of

milestones may leave few resources available to help families, resulting in little change in the child’s care and little effect on the child’s development.

Screening for developmental delays

To identify children who are developmentally delayed, some health programmes administer special tests to children at different ages. Failure to complete age-specific tasks on the test indicates potential delayed development and a need to refer the child and family for special help.

Unfortunately, accurate developmental tests are difficult to design, especially for young children. The standards—even for mastering basic motor tasks, such as when the child should roll over or begin to crawl—are affected by cultural and family practices. Most first level health clinics are unable to provide suitable testing conditions, as well as the high level of training required to make accurate assessments. The resources used to implement an effective screening programme can leave little to help even the few children identified to receive intensive services.

The choice for the IMCI strategy: Counselling families on how to support the development of their children

A counselling approach focuses on what caregivers can do to respond to the needs of their children for care. It provides guidance on activities to stimulate physical growth and intellectual and social development. Counselling helps families solve problems in providing care for their children. Where specialized services are available, children who have difficulty learning can be referred for appropriate assessment and expert help.

Based on a review of the three main approaches, the choice to promote a counselling approach in IMCI was a practical one:

Key features of IMCI Care for Development

- Based on the model of IMCI nutrition counselling
- Targets children most at risk: children with anaemia or low weight for age, and all children less than two years old
- Improves the knowledge and skills of mothers and others who care for children
 - Strengthens active and responsive feeding to improve nutrition and growth
 - Introduces activities to improve interaction with children, to stimulate growth and learning, and to promote responsive care for the child’s health
 - Recommends specific play and communication activities to help children move to the next steps in their development
- Helps families solve problems in providing care

Here are two recommendations from the guidelines on how families can help their children learn through play.



Age 12 months to 2 years: Give your child things to stack up, and to put into containers and take out.



Age 2 years and older: Help your child count, name, and compare things. Make simple toys for your child.

Implementing Care for Development through the IMCI strategy

IMCI is a strategy to reduce childhood deaths, illness, and disability, and to promote improved growth and development. The most basic supports for child development in IMCI are those that reduce the assault of repeated illness during the time children need good health to grow, reach out, and explore, and promote good health and nutrition.

IMCI targets children most at risk, especially children living in poverty, often with multiple conditions of illness. Many are poorly nourished. These are also the children most at risk of suffering developmental delays.

IMCI nutrition interventions are intended for children who would also benefit from improved care: children who are underweight for their age, and all children age less than two years (in the ‘critical window’ for having the greatest impact). The potential of achieving a greater impact by combining interventions for nutrition and psychological development have been clearly demonstrated.

IMCI also builds the skills of families to provide nutritious food, feed the child more effectively, seek care for sick children, and care for the sick child at home. These elements of care complement care for development.

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