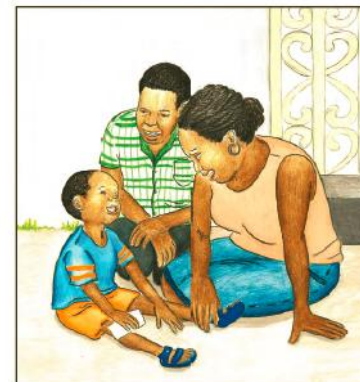


Our Approach to Early Childhood Development (ECD)

Childhood Development in Low Resource Settings

Young children in low-resource settings are particularly vulnerable to fall behind on important milestones in their physical, cognitive, social, and emotional development, with potential long term impacts. Factors such as under-nutrition, exposure to multiple traumatic experiences; the stressors of camp life and maternal depression make children increasingly vulnerable to deficiencies in physical and cognitive development.

Mothers who are displaced often have to face loss, separation from extended families and the burden of childcare combined with poverty and harsh living situations. A recent review suggests high prevalence rates of depression of 11.3% during pregnancy and 18.3% after birth among various African countries¹. Mothers with mental health problems are at higher risk of poor health during pregnancy and may not seek pre-natal care. They are also less likely to care adequately for their children and develop healthy attachments. Research has found that lack of infant stimulation, poor mother-child interaction and maternal depression can inhibit feeding and growth even when food supplements are provided.² Micro-nutritional deficiencies of iron, iodine and essential fatty acids are known to stunt physical, as well as cognitive development. Indeed, studies have shown that maternal depression is associated with poor child development and growth, including malnutrition and under-nutrition, stunted growth, poor social development, developmental delays and lower educational achievements³. Disadvantaged children are likely to do poorly in school and subsequently have low incomes, high fertility, and provide poor care for their children, thus contributing to the intergenerational transmission of poverty. Publications by the Lancet “The Child Development Series” identified inadequate cognitive stimulation and two potential risk factors of poor child development which are maternal depression, violence exposure.



Early Childhood Development
Love, play, and communication
IMC Haiti 2010

Why Early Childhood Development?

To achieve the Millennium Development Goals of reducing poverty and ensuring primary school completion for both girls and boys, governments, donors, and civil society should consider expanding high quality, cost-effective early child development programmes. Studies suggest that ECD combined with nutritional interventions has more of a positive effect on child cognitive and physical development than either intervention alone. Research has also shown that ECD can reduce maternal depression⁴.

CARD 2: PLAY A: WHY IS PLAY IMPORTANT?

KEY MESSAGE: PLAY IS NOT A WASTE OF TIME. IT IS ESSENTIAL FOR THE CHILD'S BRAIN AND BODY. PLAY IS A MEANS TO DEVELOP GOOD MOTHER-CHILD INTERACTIONS.

QUESTION: How can play help a baby develop?

Each picture shows how play helps a baby develop in a number of different ways:

Picture 1

Love: During the very first games the mother provides attention, smiling, and warm touch for the child. It is a chance to show love.

Picture 2

Communication: Play is an opportunity for the mother and child to communicate.

Picture 3

Concentration and attention: Children have to concentrate to complete even simple games. This is good practice for paying attention in school.

Learning new physical and sensory skills:

Children learn skills such as eye-hand coordination in ball games, and fine motor skills when drawing or writing. This will later also help with school.

¹ Sawyer, A., Ayers, S., & Smith H. (2009). Pre- and postnatal psychological wellbeing in Africa: a systematic review. *J Affect Disord.* 2010 Jun;123(1-3):17-29.

² Effect of maternal mental health on infant growth in low income countries: new evidence from South Asia Vikram Patel, Atif Rahman, K S Jacob, Marcus Hughes, *BMJ* 2004;328:820-823 (3 April),

Maternal depression and low maternal intelligence as risk factors for malnutrition in children: a community based case-control study from South India, S Anoop, B Saravanan, A Joseph, A Cherian, K S Jacob, *Archives of Disease in Childhood* 2004; 89:325-329.

³ Wachs, T.D., Black, M. & Engle, P. (2009). Maternal Depression: A Global Threat to Children's Health, Development and Behavior and to Human Rights. *Child Development Perspective*, 3, 51-59.

⁴ Baker-Henningham, H., Powell, C., Walker, S., & S Grantham-McGregor, S. (2005). The effect of early stimulation on maternal depression: a cluster randomised controlled trial. *Arch Dis Child.* 2005 December; 90(12): 1230-1234.

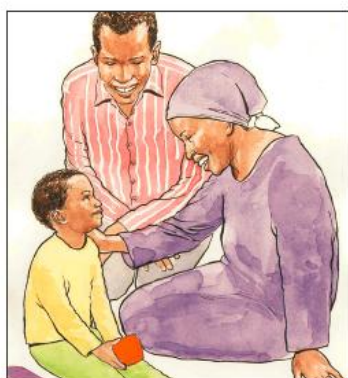
For these reasons, WHO now advocates combined psychosocial and nutritional programming in food shortage situations in order to address the physical, emotional and intellectual developmental needs of the child and to enhance maternal wellbeing.⁵ The IASC Guidelines on mental health and psychosocial support in emergencies also recommend the integration of psychosocial issues into nutritional support.⁶ However, psychosocial support, infant stimulation and early childhood education are rarely integrated into nutritional programmes.

What does ECD training cover?

Training covers infant stimulation and child development including cognitive, linguistic, and social development, as well as the importance of play. Health education materials adapted to the local context are used as a learning aid in training. Trainees also receive ongoing support and monitoring. Groups receive monthly supervisory visits by an IMC Psychosocial Coordinator.

How are groups formed?

IMCs Psychosocial trainer and counterparts establish weekly mother-to-mother groups to give practical training to staff and ECD volunteers to ensure they are able to establish and operate their own mother-to-mother groups. After an initial round of group meetings, mothers from the groups start their own groups with initial support from staff and ECD volunteers.



Is there a positive long-term impact?

Through the mother-to-mother groups, ECD volunteers empower and train mothers on how to start their own groups, replicating the methodology with mothers throughout their local communities or camps. The new mother to mother groups are supervised by the ECD volunteers and by IMC's national psychosocial Coordinator. The replication of mother-to-mother groups is expected to have a multiplier effect throughout the targeted local communities or camps.

Early Childhood Development
Love, play, and communication
IMC Ethiopia 2009

What is unique about IMCs approach to ECD?

IMC integrates ECD into existing services and structures such as nutrition programmes, which makes ECD more accessible and also ensures that the most vulnerable are reached. IMC also ensures that key community members are trained in ECD who can pass on this approach to others. Quality of ECD training is ensured by continued supervision and follow-up over several months.

IMC has past and ongoing successful ECD programmes in Ethiopia, Uganda, Sierra Leone, Somalia, Haiti, Jordan, Lebanon, and Syria. IMC has evaluated the outcome of the Uganda programme and found improved maternal emotional well-being and better mother-child interaction. ECD training in Syria includes children with special needs (e.g. intellectual disabilities, autism) and has shown to improve mothers knowledge and well-being (daily functioning, feelings, family dynamics and social connectedness). An external evaluation of IMC ECD in Jordan similarly found improved knowledge and parenting behaviors. A more controlled study of ECD is currently underway with IMC in Sierra Leone.

Contact

Dr. Inka Weissbecker, PhD, MPH
Global Mental Health and Psychosocial Advisor
International Medical Corps
1313 L St, NW, Ste 220
Washington, DC 20005

Phone (US): 202 828 5155
E Mail: iweissbecker@InternationalMedicalCorps.org
Website: www.InternationalMedicalCorps.org

Acknowledgements: The material in the health education cards used by IMC is drawn directly from the several resources and IMC gratefully acknowledges permission for use. Learning through Play from birth to Three years, Calendar and Manual: the Hincks Dellcrest Centre, (We are indebted to Judith L. Evans and Ellen Ilfeld, authors of *Good Beginnings: Mothering in the Early Years* for the concept of the developmental time periods and the elements used in the Learning Through Play Calendars)

⁵ WHO (1997): Improving mother/child interaction to promote better psychosocial development in children. Geneva: World Health Organization.

⁶ IASC (2007): Mental health and psychosocial support in emergency settings. IASC, Geneva.