



**QUICK
GUIDE**

**for Maximizing Early Childhood
Development within Nutrition in
Emergencies Programmes**

On the cover:

Jenty is looking at her new 'watch' made from palm leaves, together with her mother at a toy workshop. © UNICEF/UN0372514/Ryeng

She took Jenty to the UNICEF supported nutrition centre where she was diagnosed with severe acute malnutrition.

At the nutrition centre, there is also a play area for children with a mix of bought and locally made toys. Regularly, workshops are also held to teach mothers and children how to make toys from locally available materials. When children are malnourished, their brain developments slow down. By playing, the brain is stimulated which is important for the continuation of the brain development and for quicker recovery and better treatment outcomes. UNICEF has piloted the introduction of early childhood development in the nutrition programme in South Sudan and scaled up all over the country.

Evidence shows that nutrition in emergencies programmes with interventions to support responsive caregiving and early stimulation have a cumulative positive impact on young children’s nutritional status and other development outcomes, with benefits for both child and caregiver. Good nutrition in the early years of life is vital fuel for the developing brain and an essential component of nurturing care.¹



Nutrition *is* early childhood development

A child’s first 1,000 days – from conception to 3 years of age – are widely recognized as the most critical time for ensuring adequate nutrition to support the accelerated pace of body growth and brain development.² This vital and unique 1,000-day window of opportunity can be maximized through the management of nutritionally at-risk infants and their mothers, ([MAMI](#)) and through infant and young child feeding in emergencies (IYCF-E), with the aim of promoting child development beyond positive nutrition outcomes.

The quality of children’s diets is particularly important during the first 1,000 days of life, as 50 to 75 per cent of the nutrients children absorb go towards brain development during this time.³ Safe and responsive infant feeding allows children to develop the muscles they need for swallowing and speech, and provides key moments for the child and parent to bond, creating a safe, nurturing environment that promotes emotional and cognitive development.¹ While the first 1,000 days are a critical time, support for child development continues up to 8 years.

What do we mean by early stimulation?

Infants need positive affection, attention, and back-and-forth interactions with their caregivers to grow and develop. Examples of early stimulation include smiling, talking, singing, cuddling, massaging, looking, and exploring. Play is an essential component of early stimulation that builds the child’s social-emotional skills. Everyday routines such as feeding are opportunities for caregivers to engage with their children.

To learn more, see “[A Guide to Serve and Return](#)”.⁴

What do we mean by responsive caregiving?

Responsive caregiving involves a process whereby the child and caregiver learn to interpret each other’s verbal and nonverbal signals. Responsive caregivers notice and understand a child’s cues and they respond in a way that is appropriate to the child’s immediate behaviour, needs and developmental stage.

To learn more, see “[Responsive feeding is embedded in a theoretical framework of responsive parenting](#)”.⁵

¹ For more information see Moving Minds Alliance’s advocacy brief: [Nourish the body, nourish the bond: integrating early care and nutrition in emergencies](#)

Why supporting young children's development matters in nutrition in emergencies programming

Exposure to adversities and deprivation is especially detrimental in the early years and can cause infants and young children to experience toxic stress, which can impair development and have lifelong negative consequences.⁶ Children experience multiple stressors and forms of deprivation during emergencies, and as such, addressing early childhood development (ECD) within nutrition in emergencies programming is of critical importance.

With a growing global food and nutrition crisis, exacerbated by conflict, climate change and economic shocks,⁷ investing in ECD as part of nutrition programming results in improved developmental outcomes: increased empathy and resilience, enhanced cognitive capacities for learning, better short- and long-term health, and improved household economic returns over time.^{8,9} Moreover, early stimulation as part of treatment for child malnutrition can accelerate recovery and prevent relapse and death.¹⁰ Beyond outcomes for the individual child and family, ECD interventions have other positive societal outcomes, including poverty reduction, improved gender equity, better resilience to climate shocks, and increased empathy to support social cohesion.



Fragility and humanitarian crises increase the risk factors to a child's nutritional status, growth and development and make them more vulnerable to wasting – the most life-threatening form of malnutrition. In 2021, the United Nations Secretary-General commissioned the **Global**

Action Plan (GAP) on Wasting to provide a framework for the acceleration of early prevention, detection and treatment of child wasting in 20 countries. The GAP recognizes that early childhood nutrition and ECD cannot be separated. It lays out a standard for nutrition programmes to systematically include the nurturing care framework, *“to ensure that children are developmentally on track in health, nutrition, learning and psychosocial well-being.”*

Supporting caregiver well-being is key because it is the most impactful approach to nurturing children's development. The risk for postnatal depression among mothers and fathers is high due to hormonal fluctuations and the stressors associated with parenting. These stressors are exacerbated during emergencies, making it more difficult for parents to provide conducive environments for the development of their children.

Responsive feeding

The promotion of responsive infant feeding integrates multiple domains of nurturing care and strengthens the caregiver-child attachment by:

- Encouraging the caregiver to be attentive to the child's signals of hunger and fullness (responsive caregiving).
- Helping the caregiver to ensure that dietary intake meets the needs of the growing child (nutrition).
- Improving communication between child and caregiver, while developing the child's verbal/non-verbal communication skills (early learning).¹⁸

Parental depression during the perinatal period can hinder a parent's ability to provide adequate nutritional care for themselves and their young children; maternal postpartum depression is associated with an 80 to 90 per cent increased risk of childhood stunting and underweight in low- and middle-income countries.¹¹ On the other hand, paternal postpartum depression is a hidden reality affecting families and young children.¹² In adverse environments, depressed parents are more likely to have undernourished children due to non-responsive feeding practices, suboptimal dietary intake, and poor health and care practices.¹³ It is therefore important to assess the well-being of mothers, fathers and other caregivers and promote interactions conducive to early development.

Responsive feeding, caregiving and early stimulation should be essential components of nutrition in emergencies programming. These interventions should be integrated within programmes to protect, promote and support optimal IYCF-E and the early prevention, detection and treatment of child wasting.^{14,15,16,17,18} Evidence from low-resource contexts shows that when combined with nutrition programmes, interventions that enhance responsive feeding, early stimulation and responsive parenting skills have additive effects on child development, caregiver-child interaction, caregiver well-being, and even labour market outcomes years after the intervention.^{19,20}

How to maximize early childhood development in nutrition in emergencies programmes

Child nutrition is an integral part of ECD, and child stimulation is necessary for children's growth and development; however, sometimes these links are not well reflected in nutrition in emergencies programmes. At times, opportunities that could enhance nutrition and developmental outcomes are missed, such as services from different sectors combined for young children and working with parents and service providers in early stimulation and nurturing care practices.



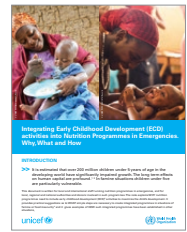
While ECD activities with young children, caregivers, and frontline workers are high-impact and low-cost, inaction is very expensive.²¹ Yet frontline staff need adequate time, skills and appropriate job planning to support caregivers and encourage young children's development.

Guidance for improving these skills among nutrition personnel are described in the [Nutrition Core Competency document](#) within domain 12.

Programming guidance

Information on how to implement early development activities in nutrition programmes is outlined in key UNICEF and WHO documents, such as [Integrating Early Childhood Development activities into Nutrition Programmes in Emergencies. Why, What and How \(2016\)](#). Several other nutrition guidance documents contain recommendations for centring children's right to development and ensuring their needs are met, including:

- Infant Feeding in Emergencies Core Group. 2017. [Operational Guidance on Infant and Young Child Feeding in Emergencies](#)
→ Section 5.32
- World Health Organization. 2013. [Pocket book of hospital care for children: guidelines for the management of common childhood illnesses](#), 2nd ed.
→ Chapter 7 – Severe Acute Malnutrition – 7.4.9 Sensory Stimulation
- Save the Children. 2017. [IYCF-E Toolkit: Helping a Child to Develop](#)
→ Section D. Programme Planning and Reporting – 5. Psychosocial and Developing the Child – 5.4 Helping a Child to Develop & 5.5 Homemade Toys and Activities



A father is reading a book to his son (one year old) in Guatemala. © UNICEF/UNI235468/Willoccq

Programme commitments and tools

The UNICEF [Core Commitments for Children in Humanitarian Action](#) provide a framework for ECD in emergencies, which is captured via [three specific commitments](#):

Core Commitment for Children	Nutrition programme contribution	Tools and training packages	Outcome indicators
<p>1. Access to services</p> <p>Young children have equitable and safe access to essential services to fulfil their developmental needs</p>	<p>Protect, promote and support essential nutrition services for young children and their caregivers.</p>	<ul style="list-style-type: none"> • ECD kits for emergencies: materials that younger children can use to play among themselves, with the support of a facilitator. • Project Play: provision of stimulating materials for children treated for malnutrition, created by recycling boxes of ready-to-use therapeutic foods. • Complementary feeding bowl: designed to be used by counsellors during infant and young child feeding counselling and behaviour change sessions for a clearer and more interactive demonstration of optimal feeding practices. Caregivers can then take the bowl home as an ongoing reminder. The complementary feeding bowl supports the child-caregiver interaction; it also becomes a toy and an ECD tool. 	<p>% of children receiving early stimulation and responsive care from their parents or caregivers</p>
<p>2. Support to parents and caregivers</p> <p>Parents and caregivers are supported to practice nurturing care</p>	<p>Support the well-being of caregivers and families in all programme contexts and leverage parenting programmes to enhance child survival, growth and development outcomes.</p>	<ul style="list-style-type: none"> • Caring for the Caregiver is a training package to engage parents and caregivers and focus on their mental health and well-being. See online AGORA course introduction to Caring for the Caregiver • MAMI Care Pathway provides tools to help assess mothers' well-being and provides advice on child interaction and support. See MAMI Counselling Cards and Support Actions Booklet (cards 8-10) 	<p># of mothers, fathers and caregivers reached through parenting programmes</p>
<p>3. Capacity-building</p> <p>Capacity of frontline workers and partners in inclusive ECD and nurturing care is strengthened</p>	<p>Build the capacity of nutrition frontline workers to foster child development, improve the care of young children and support caregivers; these actions boost the quality of programmes and outcomes.</p>	<ul style="list-style-type: none"> • Care for Child Development is a training package for frontline responders created by UNICEF and WHO that helps understand early childhood development and how to better engage with families and children. See online AGORA course Introductory course in Care for Child Development 	<p>% of front line workers trained on ECD</p> <p>% of frontline workers in contact with young children who have been trained on how to mitigate GBV risks in ECD programming and appropriately support a GBV survivor who chooses to disclose an experience of GBV</p>

Monitoring and evaluation

Core developmental indicators for children include gross and fine motor skills, communication skills, socioemotional status and cognitive capacities.

Proxy indicators for poor development comprise stunting, poverty, poor mental health and well-being of parents, air pollution and other environmental factors.

Proxy indicators for positive child development include positive engagement and responsive caregiving from fathers and mothers, play and learning opportunities and stimulating environments.

In addition to infant outcomes in emergency settings, these additional core and proxy indicators can make a positive difference in monitoring the quality of nutrition programmes.

Monitoring and evaluation in emergencies should be in line with international human rights and humanitarian principles, especially the principle of 'do no harm'.²²

Some tools that can be used to measure child development in a comprehensive, holistic manner are:

- [UNICEF Multiple Indicator Cluster Surveys](#) (see Questionnaires and indicator list à Questionnaire for Children Under 5 Years of Age)
- [ECD Index 2030](#) (See [Guidance Note: integration of the early childhood development index 2030 in demographic and health surveys](#))
- [HOME Scale](#) to measure child-parent interactions

Conclusion

Early childhood development is not an add-on, but rather a core part of quality nutrition programmes.

Nutritious, safe and diverse diets, combined with nurturing and stimulating environments, lead to improved health, nutrition, growth, as well as cognitive, social and emotional development.

Quality nutrition programmes result in positive developmental outcomes for children. Investing in

nurturing care delivers great returns with long-lasting impacts for children, communities and society.

Global and national nutrition cluster/sector coordination mechanisms can play a key role in advocating for and supporting the integration of child nutrition and development to maximize children's development outcomes.

A mother with her daughter, 12 months, in Mali. Maya is suffering from severe acute malnutrition with medical complications (malaria and anemia). "I was scared of losing her," her mother says. "She was sleeping all the time and she wasn't playing. She didn't even have the energy to cry. I'm very happy with the treatment here." © UNICEF/UNI1313309/Coulibaly



Annex 1: Case studies

The following studies from around the world provide evidence on the cumulative effects of multisectoral ECD interventions that include nutrition.

Jamaica: A seminal ECD [study conducted in Jamaica](#) explored the impact of providing food supplements and psychosocial stimulation to children aged 9–24 months. Children with stunting who received both interventions weekly over a two-year period scored higher developmentally than those who received neither intervention and those who received only food. For the children with stunting who received stimulation alone or stimulation with food, the cognitive benefits endured up to age 17, and by age 31, had resulted in greater educational attainment and increased earnings.^{23,24,25}

Uganda: A 2012 study examined the impact of combining a group-based psychosocial intervention with an existing community-based therapeutic feeding programme for internally displaced mothers with severely malnourished children in northern Uganda. The intervention took place over 4–6 weeks and consisted of mother and baby playgroup sessions within three feeding centres, combined with home visits attended by a psychosocial facilitator and nutrition support worker. During the group sessions, mothers learned about nutrition and other aspects of child development and shared their own experiences and challenges with child-rearing. The home visits reinforced learning from the group sessions, while providing an opportunity for mothers to learn and practice simple, age-appropriate play activities with their babies. A rigorous evaluation found that mothers in the intervention group showed greater involvement with and responsiveness towards their infants, as well as reduced worry and sadness,

compared with the control group of mothers who received nutritional support alone.²⁶

United Republic of Tanzania:

A five-arm randomized cluster trial entitled “[Engaging Fathers for Effective Child Nutrition and Development in Tanzania \(EFFECTS\)](#)” was designed to measure the effects of engaging fathers (compared to mothers only) and bundling child nutrition and parenting interventions (compared to nutrition-only interventions) on a range of child- and caregiver-level outcomes in rural Mara. Over 12 months, gender-transformative behaviour change interventions were delivered by community health workers to groups of mothers or fathers, with some sessions delivered jointly to couples. The study found that the bundled interventions yielded greater benefits in child development, child diets, nutrition, parenting practices and household gender equality, compared with nutrition-only interventions. Notably, engaging couples in nutrition and parenting interventions had greater benefits to child diets, maternal and paternal care practices, household gender equality and women’s empowerment, compared with interventions that engaged only mothers.²⁷

Indonesia: A 2019 study aimed to assess the effectiveness of a comprehensive nutrition rehabilitation intervention integrated with holistic ECD on the growth and development of children under 5 whose families had been affected by the 2018 earthquake in Lombok. Mothers in the intervention group attended parenting classes twice

weekly, received locally prepared nutrient-dense food, and optimized complementary feeding/food-based recommendations. The control group received existing health services with no additional supplements or counselling from this intervention. After 6 months of delivery through early childhood education centres, maternal stress and morbidity were lower in the intervention group, and dietary diversity was higher among children under 24 months old in the intervention group.²⁸

Colombia: A [recent evaluation](#)

of an intervention that integrated child stimulation and nutrition into an existing government-run parenting programme in Colombia provides rare evidence on the effectiveness of a model with the potential to be scaled. The enhanced intervention was implemented in 46 municipalities for up to 10 months and introduced a structured early childhood curriculum through weekly group sessions and monthly home visits with mother-child dyads; training and coaching for local facilitators employed by the government; and an enhanced nutritional supplement for children, alongside nutrition education. A cluster randomized controlled trial showed that the additional interventions significantly improved children’s cognitive development and nutritional status and that the impact increased with additional sessions. By collaborating with the government and using the existing infrastructure of a nationwide programme, the intervention is designed to be scalable and sustainable.²⁹

Pakistan: A community-based cluster randomized effectiveness trial was conducted through the [Lady](#)

Health Worker programme in the province of Sindh, with the aim of measuring the effects of responsive stimulation and enhanced nutrition interventions. Through parenting groups and monthly home visits, the health workers delivered either routine nutrition services (control group), enhanced nutrition messaging and supplements, responsive stimulation, or a combination of both interventions, to children under 2 years and their caregivers. The study showed that responsive stimulation significantly improved children's cognitive, language and motor development. It also improved caregiver-child interactions, caregiving environment, adult engagement, and feeding practices, compared with enhanced nutrition alone. The combined interventions proved to be effective in the greatest range of outcomes for both children and caregivers; these benefits were sustained up to the age of 4 years, which positively affected pro-social behaviours and school-readiness.^{30, 31}

Sudan: Go Baby Go! is a parenting programme from World Vision International focused on psychosocial stimulation and care for children aged 0–3 years. Delivered through a combination of group sessions and home visits, the model can be implemented either as a standalone programme or integrated within other delivery platforms, such as health and nutrition services. A recent study in South Darfur found that integrating Go Baby Go! with an existing community nutrition platform for children with moderate acute malnutrition led to significant differences in treatment outcomes: children receiving the combined nutrition and Go Baby Go! intervention saw an increased recovery rate of 30 per cent and 13 per cent reduced length-of-stay for treatment of moderate acute malnutrition compared the control group receiving nutrition interventions alone.³²

Mali: To strengthen community-based nutrition programmes as a delivery platform for an integrated package of interventions, support groups were formed, consisting of health workers and volunteers from women's organizations at the village level. Using the UNICEF **Care for Child Development** capacity building package, the group leaders were trained to engage in discussion and sensitize their peers on preventing malnutrition, complementary feeding, appropriate feeding practices, stimulation and responsive caregiving. The support groups also conducted home visits to ensure the most vulnerable families had access to nutrition and ECD services. As a result of the intervention, there was a significant increase in parents' knowledge of nurturing care practices and in the number of pregnant and breastfeeding women attending health centres. Overall, the percentage of mothers who exclusively breastfed an infant for the first six months grew by 40 per cent and the percentage of children who were still breastfed at 12 to 15 months of age also doubled. For children, the intervention improved psychomotor and cognitive development and contributed to increased preschool attendance. And among health care providers, the percentage of those who could list the main food groups needed to feed a child older than six months increased from 45 per cent in 2018 to 98 per cent in 2021.

Guyana: In response to the COVID-19 pandemic and a growing population of migrants from the Bolivarian Republic of Venezuela, a **community based ECD programme** in Guyana's hinterland serves as the pillar for nutrition and health interventions. The programme began in 2018 in response to the migrant crisis, emphasizing nurturing care and age-appropriate nutrition and health practices in local and migrant communities. The initiative

bore positive behaviour changes, including improved breastfeeding practices. The programme has since expanded, with the aim of reaching all children aged 0–4 years and their families, especially the most vulnerable, in the hinterland. The primary strategy of this programme is capacity building for health workers, birth attendants, nutritionists and other ECD paraprofessionals; community leaders, youth and other community members; and parents/caregivers. Community health workers deliver culturally-appropriate counselling through home visits, community-based centres and health facilities to increase awareness on child development and nurturing care. Initial monitoring exercises and feedback from participating caregivers and facilitators indicate positive results for programme effectiveness and local ownership.³³

India: A 2019 pilot study conducted by UNICEF India on psychosocial stimulation in severe acute malnutrition in 10 nutrition rehabilitation centres found that a high proportion of children admitted to nutrition rehabilitation centres have delays in motor and socio-emotional development. The study indicated that sensory stimulation and structured play therapy are an integral part of caring for children with severe acute malnutrition and the implementation of these activities is possible by training staff in nutrition rehabilitation centres on development assessment and providing guidance about sensory stimulation and structured play therapy. Additionally, the involvement of mothers and caregivers in the child's stimulation process is important; mothers feel confident when they are involved in play activities. The study revealed that community awareness of the child's right to adequate nutrition, supportive nurturing environment and early learning opportunities should be increased.

Annex 2: Further reading

Organizational guidance on ECD in nutrition interventions:

- Action Against Hunger, International. 2014. Manual: [Baby friendly spaces: Holistic Approach for Pregnant, Lactating Women and their very young children in Emergency](#).
- Inter-Agency Standing Committee (IASC). 2007. [IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings](#).
- Inter-agency Working Group on Reproductive Health in Crises, Maternal and Newborn Health Sub-working Group. 2022. [Success Depends on Collaboration: Cross Sector Technical Brief on Maternal and Newborn Health and Nutrition in Humanitarian Settings](#).
- United Nations Refugee Agency and Save the Children. 2018. [Infant and Young Child Feeding in Refugee Situations: A multi-sectoral framework for action](#).
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- WHO. 2006. [Mental Health and Psychosocial Well-Being among Children in Severe Food Shortage Situations](#).

Scientific publications on ECD in nutrition interventions:

- The Annals of the New York Academy of Science. 2014. Volume 1308, Issue 1. [Every Child's Potential: Integrating Nutrition and Early Childhood Development Interventions](#). Pages: v-viii, 1-255.
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