

Nourish the Body, Nourish the Bond: Integrating early care and nutrition in emergencies



IMAGE: Courtesy of UNICEF



Support for responsive care and early learning should be included as part of interventions for optimal nutrition of infants and young children.

– NURTURING CARE FRAMEWORK

The foundational relationships caregivers develop with their young children early in life form the bedrock for all later growth, development and learning. Infant and young child feeding is a prime opportunity not only to nourish the body, but also to nourish the vital bond between the caregiver and the child from birth. Moreover, evidence shows that integrating interventions to support responsive caregiving and early learning into Nutrition in Emergencies programmes can have a cumulative impact on nutrition and other early childhood development outcomes, with benefits for both the child and the caregiver.

Good nutrition is vital fuel for the developing the brain and an essential component of nurturing care (WHO, UNICEF, and World Bank 2018). But we know that young children need more than just food to survive and grow. In the earliest years of life, children depend on the adults around them not only to keep them healthy, fed, safe and active, but to also show them how to interact with others and the world around them. From birth, the infant learns quickly by observing and interacting with the primary caregiver: “...every interaction (positive or negative), or absence of an interaction is contributing to the child’s brain development” (Solon et al. 2020).

Recent evidence from brain science affirms that the foundation for a healthy and productive life forms in early childhood. A child’s first 1,000 days – from conception to 2 years old – are widely recognized as the most critical time to ensure adequate nutrition to support the accelerated pace of brain growth and development (WFP 2020). The most effective way to prevent malnutrition and mortality among infants and young children is to provide appropriate feeding and care within the context of stable, responsive relationships and safe, nurturing environments.

IMAGE: [Nurturing Care Framework for Early Childhood Development](#)



In addition to supplying essential nutrients, responsive feeding practices help the mother and other caregivers establish a positive, trusting relationship with the infant. “The formation of this bond at the beginning of life is an essential step that sets the stage for cognitive, emotional and social development later in life. Feeding and other care practices (washing, dressing, potty training, etc.) provide opportunities for psychosocial stimulation and help to establish a positive attachment between caregiver and child” (WHO 2006).

In humanitarian settings, the significant stress associated with conflict, disaster and displacement can have a negative impact on caregiver-child interactions (UNHCR and Save the Children 2018). For young children, exposure to violence and traumatic experiences during this period of heightened sensitivity can hinder brain development and alter gene expression, jeopardizing long-term outcomes. But a strong caregiving relationship can be a protective buffer against external threats, providing the stability and support children need to develop, even in adverse environments. For this reason, supporting and protecting the bond between young children and their caregivers must be an essential part of humanitarian response.

As the world faces an [unprecedented global food crisis](#), prioritizing nurturing care for early childhood development (ECD) is an investment in resilience that can provide tremendous returns – [up to 13% per year](#) – through improved education, health and economic outcomes. But, without a clear sectoral home inside the siloed humanitarian architecture, critical services to support parenting and ECD are often [left out of humanitarian response plans](#) and thus [go unfunded](#), leaving millions of young children without access to nurturing care.

While all humanitarian sectors can help to fill this gap, nutrition programmes are particularly well positioned with the reach and expertise to support the specific needs of pregnant and breastfeeding women, infants and young children and other primary caregivers. This requires integration across multiple sectors to support caregivers’ capacity to provide nurturing care in emergencies and strengthen the continuum of care.

What do we mean by early stimulation and early learning?

Infants need affection, attention and back-and-forth interactions with their caregivers in order to learn and grow. Examples of early stimulation include smiling, talking, singing, cuddling, massaging, looking and exploring. Play is an essential component of early stimulation and learning that also builds the child’s social-emotional skills. Everyday activities and routines are ideal opportunities for caregivers to engage in playful interactions and learning through play with their children.

To find out more, see [“A Guide to Serve and Return”](#) (Center on the Developing Child 2019).

What do we mean by responsive caregiving?

Responsive caregiving involves a reciprocal process between the child and the caregiver, in which they learn to recognize and interpret each other’s verbal and nonverbal signals. Caregivers are responsive when they notice and understand a child’s cues – such as movements, sounds, gestures and requests – and respond promptly in a way that’s appropriate to the child’s immediate behavior, need and developmental stage.

To learn more, see [“Responsive feeding is embedded in a theoretical framework of responsive parenting”](#) (Black and Aboud 2011).

Strengthening caregiver capacity to provide nurturing care

The nutritional status and well-being of the newborn is intertwined with that of the primary caregiver. Given the fundamental role parents and other caregivers play in their children's development, it's critical to use a dual-generation approach that supports the physical and mental health of the caregiver – especially the most vulnerable women and adolescent girls – in addition to the child. Supporting the capacity, knowledge and skills of the caregiver to provide nurturing care is essential to ensure positive caregiver-child attachment, as well as the survival and healthy development of the child, particularly in humanitarian settings.¹



The nutritional status and well-being of the newborn is intertwined with that of the primary caregiver.

In the first year following childbirth, the risk for postpartum depression is highest among mothers due to hormonal fluctuations and the stressors associated with parenting. Studies have shown that the presence of depression during the perinatal period can hinder a mother's ability to provide adequate nutritional care for herself and her young children. A recent systematic review and meta-analysis found that maternal postpartum depression is associated with an 80-90% increased risk of childhood stunting and underweight in low- and middle-income countries (LMICs) ([Asare et al. 2022](#)).

Humanitarian crises often exacerbate existing gender inequalities, increasing the risk of sexual and gender-based violence. Similarly, the prevalence of depression and other mental health issues is elevated in humanitarian settings, with pregnant women, mothers and infants all at increased risk of social or psychological problems ([IASC 2007](#)). In adverse environments, depressed mothers are more likely to have undernourished children with poor health and evidence demonstrates that maternal depression is associated with nonresponsive feeding practices and inadequate dietary intake ([Ruel et al. 2013](#)).

In the longer term, nutritional deficiencies and a lack of stimulation can create a vicious cycle, in which deprivation in one can result in further deprivation in the other. Malnourished children may lack the energy or interest to explore their environments or demand attention from their caregiver; they may also be ill or irritated more frequently ([Maalouf-Manasseh et al. 2016](#)). In turn, this behavior can elicit negative or less stimulating responses from the caregiver and can contribute to depression, as caregivers experience increased feelings of helplessness, frustration, guilt or incompetence ([Jones 2012](#)).

IMAGE: Courtesy of World Vision



¹ To learn more about nurturing care for early childhood development in emergency contexts, see [Young Children in Crisis Settings #1: How the youngest children are left behind in humanitarian response in the Moving Minds Alliance Resource Kit](#)

The benefits of integration across sectors



when combined with nutrition programmes, interventions designed to enhance early stimulation and responsive parenting skills have additive effects on child development, caregiver-child interaction and the well-being of the caregiver.

Nutrition in Emergencies programmes are opportune entry points to maximize reach and time spent with families, to incorporate elements of responsive care and early learning. Indeed, evidence from low-resource contexts shows that when combined with nutrition programmes, interventions designed to enhance early stimulation and responsive parenting skills have additive effects on child development, caregiver-child interaction and the well-being of the caregiver (Maalouf-Manasseh et al. 2016).

The nutrition and ECD communities can work together to build on and scale up integrated services that are already being implemented in humanitarian contexts. For instance, the promotion of responsive feeding practices integrates interventions across multiple domains of the Nurturing Care Framework (see box below). Similarly, childcare centers and early learning sites often integrate nutrition programmes. Established safe and supportive spaces – such as mother-baby areas, Baby Friendly Spaces (see page 6), and Infant and Young Child Feeding corners – are ideal multi-sector delivery platforms for offering a ‘one-stop-shop’ that combines complementary interventions to address the holistic needs of caregivers and children (GTAM 2020; IAWG 2022). Activities could include providing caregivers with messages, coaching and modeling on the importance of early childhood stimulation and responsive caregiving behaviors, as well as space and time to practice. Setting up a dedicated play space with age-appropriate materials expands opportunities for early learning, encouraging children and caregivers to play together. Caregivers can also be engaged in making toys using recycled materials or household items, to promote play in the supportive space or in the home.

Responsive feeding: A model for integration across nurturing care domains

The promotion of responsive infant feeding – common in humanitarian response – is an example of an activity that integrates multiple domains of nurturing care and strengthens the caregiver-child bond by:

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

(Maalouf-Manasseh et al. 2016)

Evidence from diverse contexts

While there are promising efforts to build on, more focused and intentional efforts and investment in integration are needed to bridge the gap in access to nurturing care for young children in humanitarian settings. The following studies from around the world provide evidence on the cumulative effects of combining nutrition and early care interventions.

- **A seminal ECD study conducted in Jamaica explored the impact of providing food supplements and psychosocial stimulation to stunted and non-stunted children aged 9-24 months.** The stunted children who received both interventions weekly over a 2-year period scored higher developmentally than those who received neither intervention or only food. For the children who received only stimulation or stimulation with food, the cognitive benefits endured up to the age of 17 (Walker et al. 2005).



Bundled interventions yielded greater benefits in child development, diets, nutrition, parenting practices and household gender equality, compared with nutrition-only interventions.

- 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. Taking place over 4-6 weeks, the intervention consisted of mother-and-baby playgroup sessions within 3 feeding centers, 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 to the control group of mothers who only received nutritional support (Morris et al. 2012).
- A 5-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 behavior 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 (see Figures 1 and 2 below). 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 to interventions that engaged only mothers (Global Communities et al. 2022).

FIGURES 1 AND 2:
Global Communities et al. 2022

FIGURE 1: Children’s 7-day dietary diversity

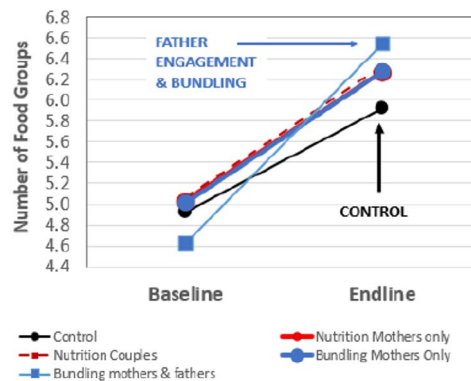
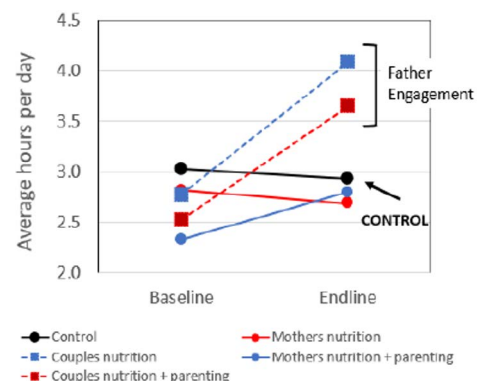


FIGURE 2: Fathers daily time spent on domestic work



- 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, Indonesia. Mothers in the intervention group attended parenting classes twice a week, received locally prepared nutrient-dense food and optimized complementary feeding/food-based recommendations. After 6 months of delivery through early childhood education centers, maternal stress and morbidity were generally lower in the intervention group and dietary diversity was higher among children under 24 months old (Fahmida et al. 2022).
- 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 that has the potential to scale. 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-RCT 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 ([Attanassio et al. 2022](#)).

Program Examples

Baby Friendly Spaces (BFS) – An integrated model from Action Contre la Faim (ACF)

Baby Friendly Spaces are a holistic psychosocial programme model that aims to provide comprehensive support in a safe space for pregnant and breastfeeding women and infants in emergency situations. The model integrates services for maternal mental health, parenting skills, breastfeeding support and infant and young child feeding, mother-and-child play sessions and child stimulation. A recent case study of the BFS programme in refugee camps in East Cameroon reported a significant and positive impact on maternal well-being, breastfeeding practices and the mother-child relationship ([Dozio et al. 2020](#)).

Go Baby Go! and Community-Based Management of Acute Malnutrition (CMAM) – An integrated model from World Vision International

Go Baby Go! is a parenting programme focused on psychosocial stimulation and care for children aged 0-3. Delivered through a combination of group sessions and home visits, the model can be implemented either as a standalone programme or as part of other delivery platforms, such as health and nutrition. 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% and reduced length-of-stay for MAM treatment of 13%, compared to the control group receiving nutrition alone ([McGrath et al. 2022](#)).

Existing entry points for integration



Responsive caregiving and early stimulation are increasingly recognized as critical companion services to nutrition interventions.

As the body of evidence grows, responsive caregiving and early stimulation are increasingly recognized as critical companion services to nutrition interventions, that should become essential components of Nutrition in Emergencies programming ([Jones 2012](#); [ACF-International 2013](#); [Black et al. 2020](#); [GTAM 2020](#); [Maalouf-Manasseh et al. 2016](#); [Richter et al. 2017](#); [Solon et al. 2020](#); [UNICEF 2020](#)).

Opportunities for collaboration and integration across sectors range from lower-intensity interventions, such as those that can be easily integrated into established programmes, to higher-intensity approaches, which would require additional training, capacity and resources. High-intensity interventions are more likely to change caregiver behavior and positively influence child development outcomes. To progress towards full integration, specific actions should be taken that contribute to nurturing care for children, relevant to the setting and phase of the emergency ([Solon et al. 2020](#)).

Below are examples of potential entry points, listed from low to high intensity, for integrating additional ECD activities into emergency nutrition programmes ([Jones 2012](#); [Richter et al. 2017](#); [Solon et al. 2020](#); [UNHCR and Save the Children 2018](#); [USAID Advancing Nutrition 2022](#)).

Potential entry points

Low intensity

Messaging

Incorporate key facts and clear messages on how to support child development, responsive care and early learning into all nutritional materials (as is the case with health and WASH messages).

Space and materials for play

Provide a supervised, dedicated play space within in-patient and outpatient programmes with toys and art supplies to promote playful interactions between caregivers, their children and other children. Engage caregivers in making developmentally and culturally appropriate play materials using low or no-cost resources.

Modeling

Offer inclusive [pictorial cards](#), demonstrations and role-play opportunities for caregivers to practice simple parenting activities at sites where caregivers and families with young children congregate and often wait for long periods of time.



Individual coaching

Community workers in direct contact with caregivers can provide psychosocial support and coaching on responsive care, play-based learning and monitoring cognitive development. Holistic messaging can be provided while checking the nutritional status of pregnant and breastfeeding mothers, assessing a child, or providing counseling on infant and young child feeding. Particular attention should be paid to adolescent mothers.

Group sessions

Incorporate learning and coaching on child development, responsive caregiving and early stimulation in regular caregiver group sessions (e.g. mother/father-baby groups or play sessions), based on an integrated curriculum.

Home visits

Use home visits as an opportunity to provide more tailored, one-on-one coaching on child development, stimulation and responsive caregiving behaviors. This is also a chance to practice playful interactions and model how everyday routines and household items can be used to engage in age-appropriate play. Monitoring during home visits may also facilitate early detection for children with developmental delays, children with disabilities, or those needing individual attention.

Staffing and capacity building

Include an ECD specialist on the emergency nutrition team who is responsible for working with the nutrition coordinator to ensure an integrated approach. Train nutrition and psychosocial staff and volunteers in basic child development concepts and activities, enabling them to coach and model responsive behaviors. Pair up early childhood teachers or facilitators with nutrition staff for home visits.

High intensity

Conclusion



For too long, the primacy of early foundational relationships for human development have been underappreciated in humanitarian response.

A strong, steady bond between caregiver and child is fundamental to optimal human development. Prolonged exposure to adverse experiences without protective parental and caregiving relationships can lead to toxic stress, with long-term consequences for child learning, behavior and physical/mental health. But for too long, the primacy of early foundational relationships for human development have been underappreciated in humanitarian response.

The good news for young children and families caught up in crisis is that awareness is building. A growing body of evidence from diverse contexts shows that efforts to strengthen the caregiver-child relationship and caregiver capacity to provide nurturing care support the whole family and lead to better outcomes than nutrition interventions alone. As the world faces an [unprecedented global food crisis](#), investing in nurturing care for early childhood development is an investment in resilience that delivers great returns through long-lasting impacts for individuals, communities and society. Integration of early care services into Nutrition in Emergencies programmes can help ensure children and caregivers get adequate care, strengthen programme efficacy and promote the overall health, development and well-being of both generations.

Further reading

ACF-International 2013. [Manual for the integration of child care practices and mental health into nutrition programs](#)

FHI 360 Food and Nutrition Technical Assistance III Project 2015. [Giving Children the Best Start in Life: Integrating Nutrition and Early Childhood Development within the First 1,000 Days](#)

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About Moving Minds Alliance

The Moving Minds Alliance is a growing collaborative network of 26 member organizations globally, focusing on early childhood in crisis contexts.



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