

# Critical Child Development Interventions

for Wasting Programmes in Humanitarian Action



**Promoting healthy child growth and development is a critical component of the prevention and management of wasting in humanitarian settings. The first 1,000 days of life represent the most crucial period for physical and cognitive development. During this time, malnutrition and its underlying causes can threaten a child's survival, growth, learning and future potential. This means that early preventive interventions are essential.**

The 2023 World Health Organization (WHO) guideline on the prevention and management of wasting and nutritional oedema in children under five years<sup>1</sup> emphasizes the important role of psychosocial support, mental health care, responsive caregiving and stimulation in the prevention and management of wasting in infants and young children. The guideline highlights the importance of assessing and addressing the mental health of mothers and caregivers, recognizing their well-being as a key factor in optimizing infant growth and development and their own long-term health. Psychosocial stimulation, including activities such as talking, smiling, responsive feeding and interactive play, is encouraged both during inpatient care for wasting and as part of routine follow-up in outpatient care to enhance child development outcomes. Responsive caregiving involves recognizing and responding appropriately to a child's cues during key interactions, including feeding, and supports nutritional recovery and overall well-being.

The WHO guideline advocates for a comprehensive approach that ensures continuity of care beyond treatment. Along the continuum of care, mothers and caregivers should receive counselling on infant feeding practices, health education and support for responsive care. Psychosocial interventions, such as structured play and engagement with infants, have been shown to positively impact both child development and anthropometric outcomes.<sup>2</sup> WHO underscores that these interventions should be sustained post-recovery to prevent relapse and support long-term child health and development. The holistic approach outlined in the guideline

emphasizes that addressing malnutrition is not just about food and medical treatment but also about fostering a supportive and nurturing environment for both children and their caregivers.

The *Quick guide for maximizing early childhood development within nutrition in emergencies programmes*<sup>3</sup> highlights that infants need positive interactions, stimulation and responsive caregiving for healthy development. Everyday routines, such as feeding, provide key engagement opportunities between the caregiver and child. Caring for the Caregiver<sup>4</sup> – an approach for strengthening the capacities of front-line workers to provide parenting support services that improve caregiver well-being – underscores the critical role of caregiver mental health in child well-being. The approach recognizes that caregivers face multiple adversities (poor health, poverty, and structural and gender inequities) and that these challenges are also prevalent in emergencies.

This document provides examples of critical interventions to promote child development within wasting programmes during emergencies. These interventions are aligned with the early childhood development actions outlined in the UNICEF Core Commitments for Children in Humanitarian Action.<sup>5</sup> The interventions outlined in this document reflect a holistic approach that protects child survival, supports child growth and development, and prioritizes caregivers' well-being. References to key practical resources are included for further operational guidance.

1 World Health Organization, *WHO guideline on the prevention and management of wasting and nutritional oedema (acute malnutrition) in infants and children under 5 years*, World Health Organization, Geneva, 2023, <<https://www.who.int/publications/i/item/9789240082830>>.

2 Abessa, T.G., Worku, B.N., Wondafrash, M. et al., 'Effect of play-based family-centered psychomotor/psychosocial stimulation on the development of severely acutely malnourished children under six in a low-income setting: a randomized controlled trial', *BMC Pediatr*, 2019, vol. 19, no. 336, <<https://doi.org/10.1186/s12887-019-1696-z>>.

3 UNICEF, Global Nutrition Cluster, *Quick Guide for Maximizing Early Childhood Development within Nutrition in Emergencies Programmes*, UNICEF, New York, 2023, <https://www.unicef.org/documents/quick-guide-maximizing-early-childhood-development-nutrition-emergencies>

4 United Nations Children's Fund, *Caring for the Caregiver*, UNICEF, New York, 2024, <[UNICEF-caring-for-caregiver-overview-guide-2024.pdf](https://www.unicef.org/caring-for-caregiver-overview-guide-2024.pdf)>.

5 United Nations Children's Fund, *Core Commitments for Children in Humanitarian Action*, UNICEF, New York, 2020, <[https://www.unicef.org/media/87611/file/Core%20Commitments%20for%20Children%20\(English\).pdf](https://www.unicef.org/media/87611/file/Core%20Commitments%20for%20Children%20(English).pdf)>

# Operational actions for promoting child development within wasting management programmes in emergencies

For a child to receive appropriate care and stimulation, caregivers and health/front-line workers need to be supported and experience a minimum state of well-being. In a humanitarian setting, where mental health problems are more frequent, this requires specific attention. Caring for caregivers and front-line workers should thus be an essential element of nutrition and child development programmes in emergencies.

The operational actions are grouped in three categories:

- **Access to quality services** – including actions directed towards the development of infants and young children as part of the services for the management of child wasting (both prevention and treatment).
- **Caregiver well-being** – including actions to support caregivers’ mental and physical health, as well as their confidence.
- **Capacity building of front-line workers** – including actions to support and strengthen front-line workers’ skills, capacities and well-being.

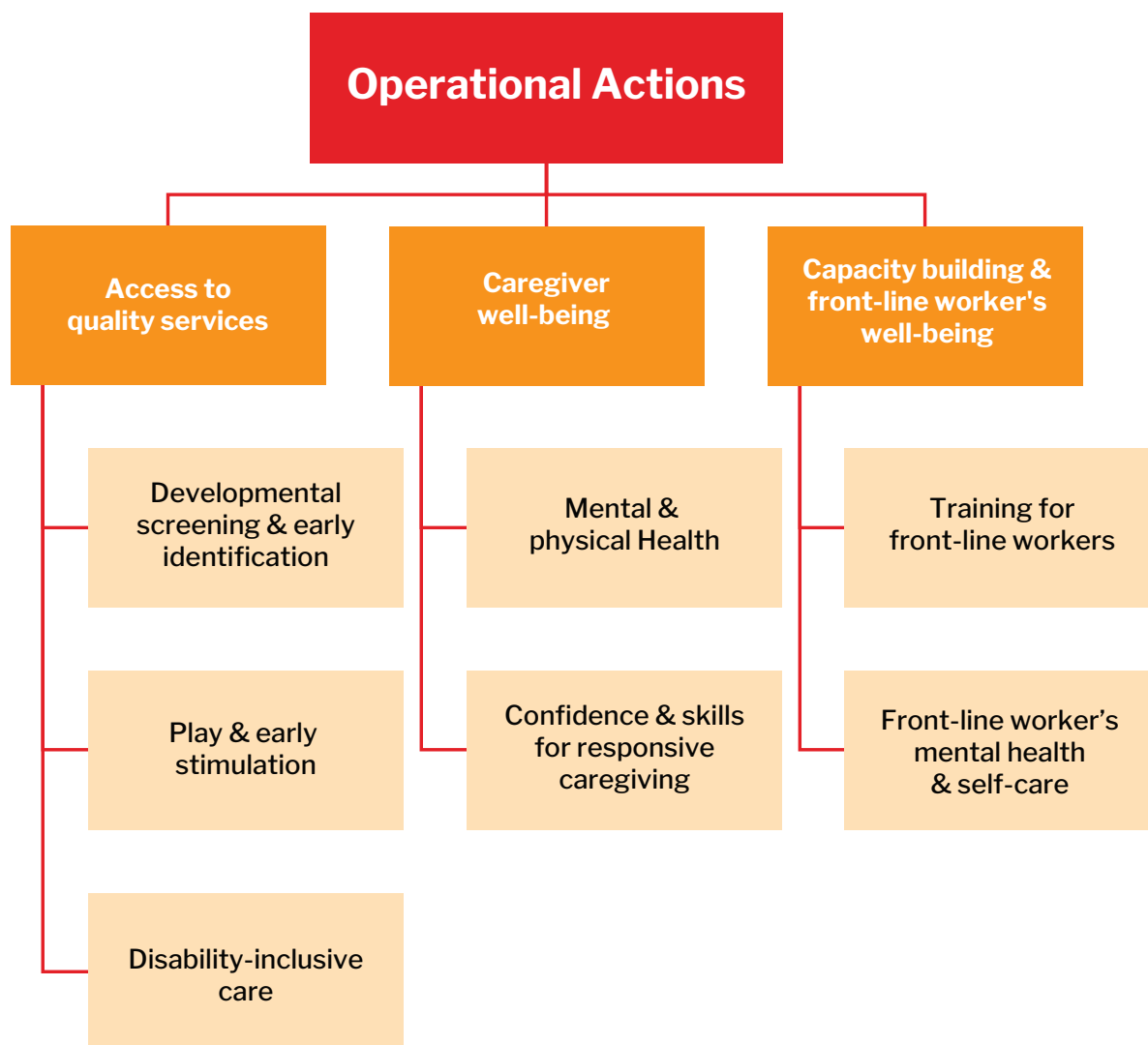


Figure 1. Operational actions for child development in emergency wasting programmes

## 1. Access to quality services

### • Integrating developmental screening and early identification

#### *Examples of possible activities:*

- Conduct simple developmental milestone checks during routine screening (e.g., when assessing mid-upper arm circumference, check for signs of social engagement, language and motor skills).

**Resources:** [Your baby's developmental milestones | UNICEF](#), [Developmental Milestones | CDC](#), [Care for Child Development Counselling Cards | UNICEF](#), [Gross motor milestones | WHO](#)

- Use red-flag identification checklists (linked to protocols for the integrated management of childhood illness and/or the community-based management of acute malnutrition) to trigger referrals for children at risk of developmental delays.

**Resource:** [Red Flags Early Identification Guide \(Birth to 5 years\) | Queensland Government](#)

- Ensure growth and development screening/monitoring beyond discharge by establishing community follow-up visits after treatment and/or link monitoring to routine child health services (e.g., vaccination, deworming campaigns and infant and young child feeding services).

### • Including play and enhancing early child stimulation

#### *Examples of possible activities:*

- Equip outpatient and inpatient programmes with tools to encourage caregiver-child interaction. Encourage the use of locally available materials to create simple toys for play-based interaction.<sup>6</sup>

**Resources:** [UNICEF, Project Play](#) | [UNICEF, Early Childhood Development Kit in Emergencies](#)

- Use community prevention platforms to support parents and caregivers, including fathers, in engaging with their children's play and development by encouraging responsive interactions, utilizing daily routines for stimulation and fostering affectionate and nurturing environments to promote their child's full potential.

**Resource:** [UNICEF, Playful parenting in Zambia](#) | [UNICEF, Care for Child Development](#)

### • Enabling disability-inclusive care

#### *Examples of possible activities:*

- Embed support for feeding children with disabilities by integrating feeding difficulty assessments into wasting prevention and treatment programmes, including introducing a functional screening tool to identify children with potential feeding disabilities (e.g., cleft lip).

**Resources:** [Connecting Inclusive Feeding and Disability Resources to Nutrition Practices in Humanitarian Settings | Global Nutrition Cluster](#), [Counsellor's Book Part 1: Key Practices](#)

- Support positioning and feeding adaptations for children with disabilities to ensure proper nutritional intake. This may include **positioning techniques** for weak jaw/tongue muscles, **specialized feeding methods** (e.g., cup feeding of expressed breastmilk for infants with cleft palate), **or referral to higher care** for severe cases (e.g., aspiration risk).

- Consider children with disabilities within programming and support them by adapting play and stimulation materials both at facility and community levels.

- Link families with rehabilitation services and community-based disability support, ensuring that services are accessible.

## 2. Caregiver well-being

### • Supporting caregivers' mental and physical health

#### *Examples of possible activities:*

- Introduce caregiver well-being assessments (e.g., stress scale, mood assessment) at key contact points. Use 2–3 simple questions to screen for caregiver stress (e.g., using the [MAMI Guide](#) - Maternal Mental health assessment).

- Integrate mental health support into the programme by embedding Problem Management Plus (a psychological intervention) or stress-releasing methodologies into nutrition counselling or establish a referral system for caregivers in need of psychological support.

**Resources:** [Caring for the Caregiver | UNICEF](#), [Caring for the Caregiver: Adolescent supplement | UNICEF](#), [Thinking healthy: A manual for psychological management of perinatal depression | WHO](#), [Problem Management Plus](#)

<sup>6</sup> For children 3 years of age and above.

- ✎ Link to peer support groups where caregivers share experiences and coping strategies.
- ✎ Establish referral linkages with social protection and/or food assistance programmes, as the underlying causes of reduced well-being and mental health might also be related to poverty/loss of livelihoods and food insecurity in emergencies.

- **Strengthening caregiver and parent confidence through responsive caregiving and engagement**

*Examples of possible activities:*

- ✎ Provide structured support to encourage responsive caregiving (e.g., demonstrate eye contact, talking and play as ways to strengthen child development) and equip parents with confidence in their caregiving role.

**Resources:** [The Community Infant and Young Child Feeding Counselling Package | UNICEF, Caring for the Caregiver | UNICEF, Nurturing young children through responsive feeding | UNICEF Care for Child Development](#)

- ✎ Promote fathers' involvement by integrating tailored messaging, actively encouraging male participation in child nutrition and caregiving, and creating a supportive community environment that reinforces fathers' roles in responsive caregiving.

**Resource:** [UNICEF, When fathers engage in child care | UNICEF, Nurturing care and men's engagement](#)

### 3. Capacity building of front-line workers and self-care

- **Enhancing early stimulation and responsive caregiving**

*Examples of possible activities:*

- ✎ Train front-line workers on guiding caregivers to incorporate stimulation into daily routines.
- ✎ Use early childhood development activity kits to demonstrate age-appropriate play and interaction techniques, including for children with disabilities.

**Resource:** [UNICEF, Early Childhood Development Kit<sup>7</sup>](#)

- ✎ Train front-line workers to observe caregiver-child interactions and offer practical, non-judgmental and culturally appropriate guidance for improvement.

**Resource:** [UNICEF, Care for Child Development](#)

- **Strengthening front-line worker well-being and self-care**

- ✎ Include stress management and self-care modules in training programmes.

**Resource:** [Self Care Manual for Front-Line Workers | Ministry of Public Health, Lebanon](#)

- ✎ Build peer support systems for front-line workers to address burnout.

**Resource:** [Status of frontline workers research study | Humanitarian Aid International](#)



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#### Madagascar: Promoting child development as an integral component of high-quality, wasting prevention programming

Madagascar is tackling child wasting through a multisectoral strategy that integrates nutritional care, early stimulation and caregiver empowerment. The “Hope for Our Children” early childhood development tool is being used to train government officials, service providers and civil society on self-care, caregiver mental health and playful parenting. The community nutrition programme includes toy-making from recycled materials and safe early stimulation spaces for young children. Since January 2025, psychosocial support has been fully integrated into treatment of child wasting, promoting parent-child interaction through interactive games on ready-to-use therapeutic food cartons. This holistic approach addresses wasting while strengthening child development and caregiver well-being, serving as a valuable model for integrated care.

<sup>7</sup> An updated version is forthcoming.

# Key steps for implementation

- 1. Systematically include actions to promote early childhood development and a dedicated budget for these actions in funding proposals** for wasting prevention and treatment programmes.
- 2. Develop simple job aids** to guide front-line workers in integrating developmental checks and responsive caregiving into existing workflows.
- 3. Pilot these interventions** in a few high-burden areas before scaling them.
- 4. Strengthen referral networks** between nutrition, early childhood development, mental health, disability services and social protection programmes and/or food assistance programmes.
- 5. Update programmatic monitoring tools and explore the integration of key indicators** within the routine health monitoring system (e.g., DHIS-2)  
*Examples of possible programmatic indicators:*
  - % of children in wasting programmes who are screened for developmental milestones.
  - % of children identified with developmental concerns who are referred for further assessment.
  - % of inpatient and outpatient sites equipped with play and stimulation materials.
- 6. Monitor impact** by tracking developmental outcomes alongside nutrition indicators. Explore partnerships with local partners and universities to identify opportunities for impact research.
  - % of children screened for feeding disabilities.
  - % of caregivers screened for stress/mood concerns.
  - % of caregivers referred for mental health support or peer groups.
  - % of caregivers receiving guidance on responsive caregiving.
  - % of male caregivers engaged in childcare activities.

**For questions or technical support, feel free to contact**

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