



NURTURING CARE
FOR EARLY CHILDHOOD DEVELOPMENT

Nurturing young children through responsive feeding



Adequate nutrition is key for a child's physical, psycho-emotional, social and cognitive development

Several services and activities, such as dietary counselling during pregnancy, breastfeeding and complementary feeding counselling, and growth monitoring and promotion, support the provision of adequate nutrition for mothers, infants and young children.

Infant and young child feeding (IYCF) interventions provide guidance on what, when and

how to feed infants and young children. When implemented comprehensively, they are accompanied by adequate support for maternal nutrition, mental health, and well-being. Support for these interventions requires timely access to health services and benefits from integration with other caregiving interventions. Services for growth monitoring and promotion are a specific opportunity to support maternal and child nutrition and address nurturing care in a holistic way (1) (see [Box 1](#)).

This brief focuses on responsive feeding, a key aspect of IYCF interventions that addresses *how* children should be fed. Several aspects are highlighted that are relevant to the enabling policy environment needed to support optimal nutrition among infants and young children.

The brief is organized around five key messages and is intended for an audience involved in the design, management and implementation of maternal and child health, and nutrition programmes and services.

What is nurturing care?

To reach their full potential, children need the five interrelated and indivisible components of nurturing care: good health, adequate nutrition, safety and security, responsive caregiving and opportunities for early learning. This begins in pregnancy and continues throughout the life course.

We have made great strides in improving child survival, but we also need to create the conditions to help children thrive as they grow and develop. Nurturing care protects children from the worst effects of adversity and produces lifelong and intergenerational benefits for health, productivity and social cohesion.

Nurturing care happens when we maximize every interaction with a child. Every moment, small or big, structured or unstructured, is an opportunity to ensure children are healthy, receive nutritious food, are safe and learning about themselves, others and their world. What we do matters, but how we do it matters more.

Box 1. World Health Organization recommended interventions for IYCF and child development



Support for early initiation of breastfeeding within one hour after birth

Support for exclusive breastfeeding for 6 months

Support for continued breastfeeding for up to 2 years and beyond



Support for introduction of safe complementary foods at 6 months that meet recommended minimum meal frequency and dietary diversity



Support for responsive care and early learning activities as part of interventions for optimal nutrition of infants and young children



Integration of psychosocial interventions to support maternal mental health into early childhood health and development services

Source: (2,3)

Responsive feeding both relies on and supports the integration of all five components of nurturing care into the feeding process.

Responsive feeding supports-

Good health because it encourages self-regulation and develops healthy food and beverage preferences, with the potential to prevent malnutrition.

Adequate nutrition because children are fed nutritious and healthy foods.

Safety and security because the caregiver gives the right amount of food, is present during meal times, takes action if difficulties arise (e.g. choking) and avoids forcing children to eat foods they dislike.

Opportunities for early learning because during feeding caregivers can describe the different colours, flavours, smells, textures and names of food, as well as describe what they are doing (e.g. here comes the spoon), sing songs, tell stories and make eye contact.

Responsive caregiving because a patient and loving caregiver notices and responds to cues that children are hungry (e.g. sucking noises) and does not force children to eat when they communicate verbally or with gestures that they are full (e.g. close lips tightly or turn face away).

What are the nurturing care components?

GOOD HEALTH



Refers to the health and well-being of the children and their caregivers. Why both? We know that the physical and mental health of caregivers can affect their ability to care for the child.

ADEQUATE NUTRITION



Refers to maternal and child nutrition. Why both? We know that the nutritional status of the mother during pregnancy affects her health and well-being and that of her unborn child. After birth, the mother's nutritional status affects her ability to breastfeed and provide adequate care.

SAFETY AND SECURITY



Refers to safe and secure environments for children and their families. Includes physical dangers, emotional stress, environmental risks (such as pollution), and access to food and water.

OPPORTUNITIES FOR EARLY LEARNING



Refers to any opportunity for the infant or child to interact with a person, place, or object in their environment. Recognizes that every interaction (positive or negative, or absence of an interaction) is contributing to the child's brain development and laying the foundation for later learning.

RESPONSIVE CAREGIVING



Refers to the ability of the caregiver to notice, understand, and respond to their child's signals in a timely and appropriate manner. Considered the foundational component because responsive caregivers are better able to support the other four components.

What to feed infants and young children

WHO and UNICEF recommend that newborns be put to the breast within one hour after birth, be breastfed exclusively for 6 months at which time they should be introduced to healthy, nutritious and safe complementary foods and continue to be breastfed until they are at least 2 years old. Between 6 months and 2 years of age, infants and young children need to meet the recommended meal frequency and dietary diversity goals (3). The consistency of foods should be appropriate for the developmental stage, and by 1 year of age, young children can consume foods prepared for family meals.

What is responsive feeding?

Responsive feeding has been defined as “feeding practices that encourage the child to eat autonomously and in response to physiological and developmental needs, which may encourage self-regulation in eating and support cognitive, emotional and social development” (4).

How to feed responsively

Responsive feeding involves reciprocal positive interactions between the caregiver and the child that encourage the child to eat, develop preferences for healthy foods and beverages, and progressively eat independently. By contrast, non-responsive feeding is characterized by a lack of active

feeding or reciprocity between the caregiver and child. The caregiver behaviours associated with both types of feeding practices are listed in Box 2.

When frontline workers support caregivers to develop responsive feeding practices, they help to support the child’s health, growth and development. Examples of responsive feeding practices that can be supported through existing services are listed in Box 3.

Box 2. Responsive and non-responsive feeding caregiver practices

Responsive	Non-responsive
Encourages the child to eat, but does not force the child, being attentive to their hunger and satiety cues	Dominates the feeding situation through controlling and pressuring behaviours (e.g. forcing a child to finish all the food on the plate even though the child has shown signs of being full or satiated)
Feeds slowly and patiently, encouraging the child to progressively self-feed. Recognizes that messiness is part of learning to self-feed	Feeds child directly, even when the child is able to self-feed, and does not give attention to prompts of being ready or more full
Encourages family meal times to model healthy eating practices	Fails to direct child behaviours that interfere with the establishment of healthy food preferences and eating routines (e.g. frequent snacking on junk foods, consumption of sugar-sweetened beverages in place of water)
Minimizes distractions during meals as the child may easily lose interest in feeding	Ignores the child or is distracted during meal times (e.g. is preoccupied with a television or cellphone during meal times)
Understands that feeding times are periods of learning and a time to bond. Talks to the child during feeding, making eye-to-eye contact	Does not utilize meal times as an opportunity to interact with the child (e.g. does not talk to the child or make eye-to-eye contact)
If the child refuses certain foods, experiments with different food combinations, tastes, textures and methods of encouragement	Does not provide the child with enough opportunities to re-try foods once refused

Adapted from: (3)

Did you know?

More than

80%

of a human brain is formed in the first 3 years.

The care and support parents and other caregivers provide children in the earliest years is critical for healthy brain development.

0-3

The human brain develops faster from conception to age 3 years than at any other time.

Nurturing, protecting and supporting caregivers and children is essential to achieve the Sustainable Development Goals.

In the first years of life, parents, close family members, and other caregivers are the closest to the young child and thus the best providers of nurturing care. In order that caregivers have time and resources to provide nurturing care, policies, services, and community supports need to be in place.

Nurturing care improves health, productivity and social cohesion throughout a lifetime, and the benefits continue into the next generation.

In low- and middle-income countries, 250 million children younger than 5 years – more than **40% of children** – have greater risk of not reaching their developmental potential because of poverty and neglect (5).

Every additional **US\$ 1 invested** in early childhood development can yield a **return of between US\$ 6 and US\$ 17** (6).



How responsive feeding improves nutrition outcomes and supports healthy development

Responsive feeding includes practices that foster the development of healthy eating practices and food preferences in young children, thereby promoting optimal nutrition.

Studies have demonstrated the positive impact of responsive feeding practices on feeding behaviours, such as the development of healthier food preferences, in middle- and high-income countries (7,8). More evidence from low-income countries is needed. Research has also shown potential for the prevention of both child undernutrition and obesity in settings where these forms of malnutrition are most prevalent (7). Responsive feeding may help improve psycho-emotional

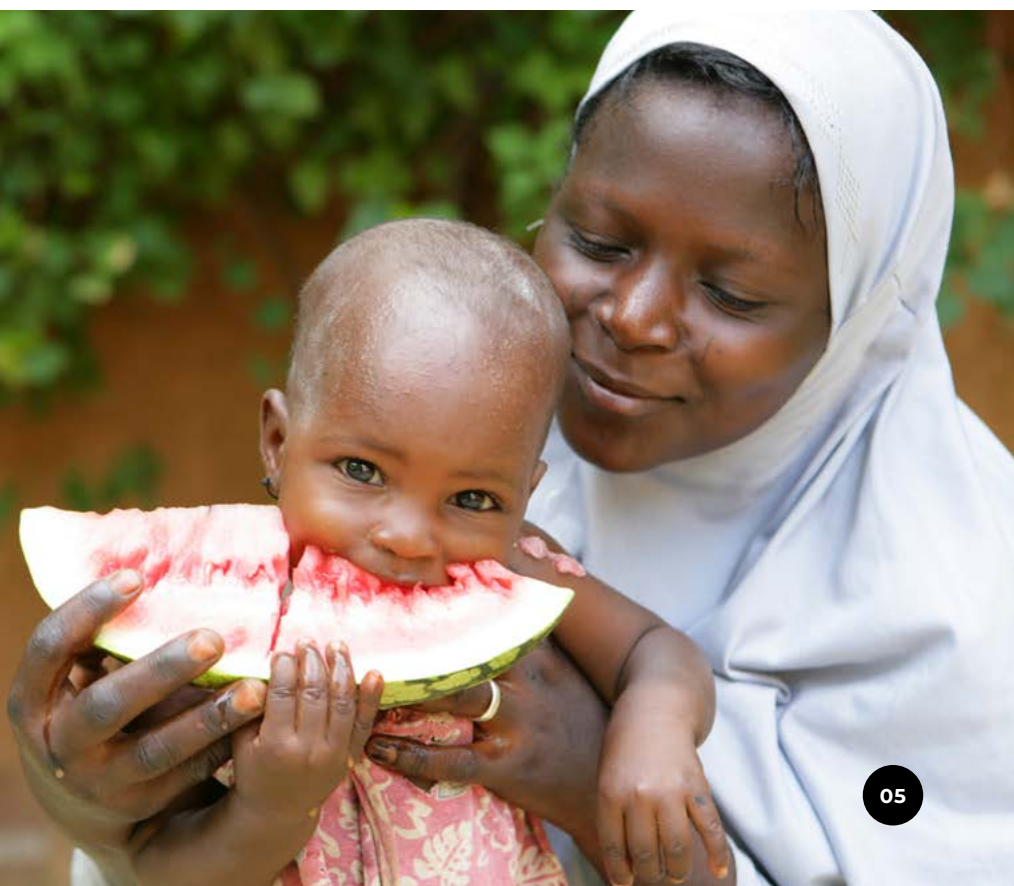
and cognitive development as it involves responsive reciprocal communication and actions between the caregiver and the infant or young child (9). It provides ample opportunities for early sensory stimulation and attachment, or bonding as a result of breastfeeding, and allows the child to experiment with food and play an active role in self-feeding (10). Furthermore, responsive feeding usually takes place in supportive family environments without unnecessary distractions, respecting the autonomy of the child, and thus preventing harsh discipline related to the feeding process.



Box 3. Caregiver practices related to responsive feeding

- **Hunger and satiety cues:** caregiver identifies and responds in an emotionally supportive and predictable way to hunger and satiety cues, recognizing changing cues as the child develops, and differentiating hunger from other issues that may cause an infant or young child to fuss or cry.
- **Soothing:** caregiver does not use food to calm the child. Instead, the caregiver responds to the child's needs, perhaps by rocking, changing the diaper, or playing.
- **Introduction of complementary foods:** caregiver introduces complementary foods in a timely way, appropriate to the child's developmental readiness.
- **Flavour preferences:** caregiver offers a diverse diet with repeated exposures to healthy foods and beverages and avoids offering ultra-processed or high-salt foods and sugar-sweetened beverages.
- **Food consistency:** caregiver offers foods of appropriate consistency, evolving as the child grows and develops.
- **Portion sizes:** caregiver offers foods and beverages in amounts and with eating utensils (e.g. cup, spoon) appropriate to the developmental stage and nutritional needs of child.
- **Meal frequency:** caregiver progressively increases the child's meals with age. The child should be fed 2 – 3 meals per day between 6 – 8 months of age and 3– 4 meals per day between 9 – 23 months of age, with 1 – 2 additional snacks as needed.
- **Feeding styles:** caregiver is patient and does not pressure the child to eat or finish food or limit food intake (e.g. to prevent weight gain in child). Caregiver increasingly enables the child to self-feed but provides company and guidance, even when the child can eat fully independently.
- **Caregiver-child interactions:** caregiver interacts with the child using loving and stimulating language and actions, including eye-to-eye contact.
- **Eat as a family:** infant or child can actively observe caregivers and other family members prepare and consume healthy foods and beverages in a clean and pleasant environment, and they bond as they eat together.
- **Avoid distractions during feeding:** caregiver does not use screens or cell phones (e.g. texting) during meals to prevent the child from distractions interfering with feeding.
- **Daily routines/structure:** caregiver establishes well-structured daily routines for eating, sleeping, playing and bathing.
- **Responsive feeding in cases of feeding difficulties:** responsive feeding, as part of broader services, is especially important for children with feeding difficulties or disabilities. Caregiver avoids non-responsive, force-feeding practices which may be common among caregivers of these children, especially if they have limited access to support services and assistive devices.

Photo credit: © UNICEF/UNI116106/Giacomo Pirozzi





Creating an enabling environment for responsive feeding

Strong policies must be in place to support responsive feeding practices in the context of large-scale integrated early childhood development programmes. Mothers need access to maternity leave, and families to family leave, in accordance with the provisions of International Labour Organization Convention No. 183, to be able to optimally breastfeed their children and provide nurturing care in the first months of life (17). Working parents should have access to affordable, safe and quality childcare, where young children can receive wholesome meals in a responsive way. Policies that support counselling on responsive feeding are especially important when families and households are confronted with food or civil insecurity and displacement. While nurturing care is best achieved in a stable, positive environment, promoting responsive feeding and as many other nurturing care practices as

possible can buffer the negative impacts of emergency conditions on young children and their caregivers. Similarly, interventions for nutrition rehabilitation of severe and moderate wasting in children should address responsive feeding as much as possible within these settings.

Poverty, household food insecurity, lack of clean water and adequate sanitation and other basic needs can negatively affect caregiving behaviours and the ability of families to practise responsive feeding as they are all strong risk factors for inadequate nurturing care. Interventions to improve nutrition and responsive caregiving are more effective when combined with social welfare and other sectoral interventions that provide families with resources (12). Caregivers also require support for their own well-being, particularly maternal nutrition and mental health, to be able to provide nurturing care, and responsively feed their young children. Therefore, home visiting, group sessions and clinic-based programmes that aim to support responsive caregiving should not be limited to single child-focused interventions, but rather focus on the family as a whole.

Delivering responsive feeding programmes

Many opportunities exist to support caregivers to feed children responsively, but as experience shows, the workforce needs to be supported to build the competencies to do so. To support attention to responsive caregiving in programmes, global tools are being updated and developed (see [Box 4](#)). The five case studies included in this brief illustrate how responsive feeding interventions for optimal nutrition of infants and young children can and should be implemented through programmes across sectors, including health and nutrition (see the case studies from the [West Bank](#) and [Ghana](#)), education (see the [Mexico](#) case study) and social protection (see the role of social support from family and other caregivers across all five case studies). Interventions can also be implemented in different settings including community services (see [Bangladesh](#) case study), humanitarian emergencies and nutrition rehabilitation services (see [Timor-Leste](#) case study).

Box 4. USAID Advancing Nutrition Responsive care and early learning (RCEL) addendum

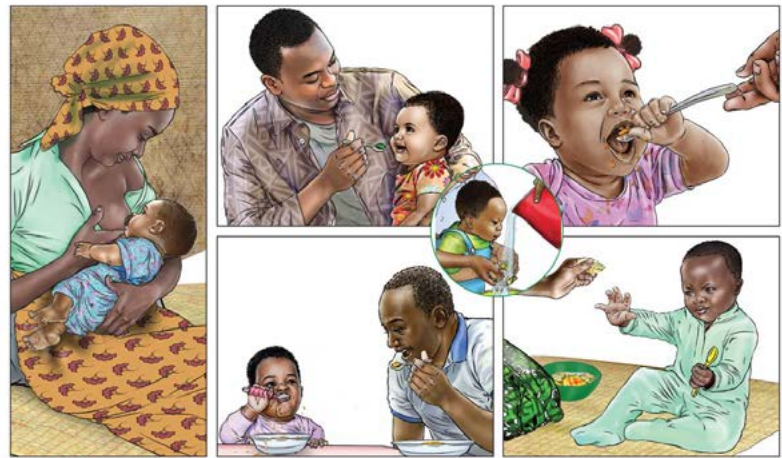
The UNICEF Community IYCF counselling package provides one of the most widely-used counselling tools in low-income countries. A [global analysis of the content](#) (13) identified nurturing care content gaps including: (i) lack of framing of healthy child growth and development in the context of nurturing care; (ii) lack of a life course and family perspective; (iii) child protection not addressed; and (iv) materials did not address the nurturing care needs of children with disabilities.

One mechanism for addressing the gaps identified in the IYCF counselling package was the development of the RCEL addendum. Intended for use in child health and nutrition counselling, the RCEL addendum includes illustrated counselling cards, training materials, and a guide for planning, adaptation and implementation. The counselling content was developed through a consultative process involving experts in child development, nutrition and social and behaviour change. The content covers responsive care and feeding, along with early learning, monitoring child development, caring for the caregiver, and feeding difficulties with a focus on disability inclusion. The RCEL addendum can be used in individual counselling and group sessions. USAID Advancing Nutrition is currently testing the RCEL addendum in Northern Ghana and Kyrgyzstan, with a focus on implementation experiences around capacity-strengthening and integration with IYCF at health facility and community levels.

Efforts are underway to update the UNICEF Community IYCF counselling package to enhance nurturing care content, including responsive feeding, drawing in part on the materials and lessons learned from the USAID Advancing Nutrition RCEL addendum development and testing in Ghana and Kyrgyzstan.

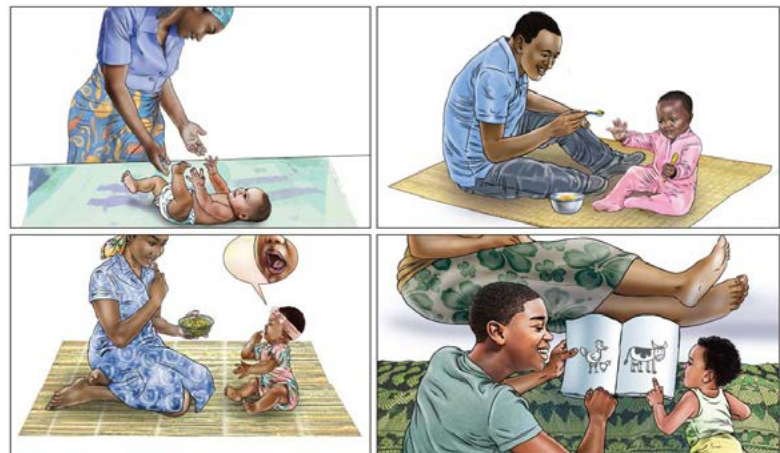
For more information see the [UNICEF Community IYCF counselling package](#) (14) and [USAID Advancing Nutrition RCEL addendum](#) (15).

Teach your child to eat with love, patience, and good humor



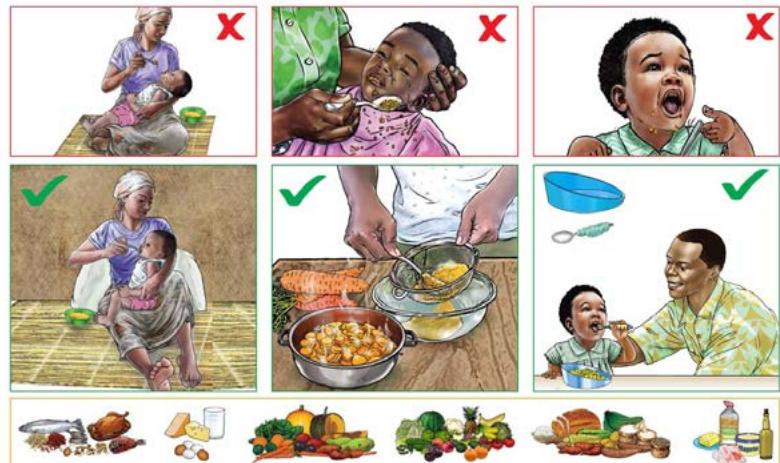
Card 2

Listen and talk to your child all the time



Card 3

Care and feeding for children with feeding difficulties



Card 7: Special Circumstances

Source: (16)

Strengthening caregivers' capacity to responsively feed in a parenting programme

Responsive feeding was integrated into a parenting programme targeting caregivers of children under 3 years of age in a predominantly Muslim population in rural Bangladesh with widespread malnutrition and household food insecurity. The six-month programme, which was delivered by local peer educators and overseen by a local nongovernmental organization, included 12 group sessions on child development and 12 sessions on health and nutrition. The enhanced programme added five practical sessions emphasizing responsive feeding during a one-month period and a booster session three months later. Peer educators were young women with eight to 10 years of schooling who worked at village preschools in the morning and received a small stipend. For the responsive feeding sessions, they received four days of training with a manual of activities that they practised with their own children and role-played how to address feeding problems.

Each was attended by three to eight women with their children 8 to 20 months of age.

The specific messages that mothers discussed and practised with children during the sessions included:

1. wash mother's and child's hands before eating;
2. let the child self-feed according to ability and interest;
3. watch, listen and respond in words to your child's signals;
4. when your child refuses food, pause and question why; don't force feed or threaten; and
5. offer a variety of foods.

Given common practices of force feeding, special emphasis was placed on mothers letting children self-feed and responding with words and actions to children's cues of interest in another mouthful of food. The responsive feeding behaviours were demonstrated, and then mothers were coached as they practised with their children.

The randomized study showed that five months after the programme ended, the enhanced programme had a positive impact on self-feeding and maternal verbal responsiveness and children were fed more fruits and vegetables (10). Responsive feeding did not replace the need to address the real constraints of food insecurity, lack of access to sanitation and other conditions of poverty as seen by the lack of improvement in weight gain among children. In this context, families required assistance to be able to access nutritious foods in sufficient quantities and benefit from bundled interventions on care for nutrition, health and development.

For more information on the training content see the [manual for conducting responsive feeding and play sessions](#) (17).





GHANA

Strengthening caregivers' capacity to responsively feed through health services

A *formative evaluation* (18) involving community leaders, Ghana Health Services, UNICEF, the University of Ghana and Yale University led to the development and pre-testing of responsive feeding counselling cards with feedback from providers and caregivers. The counselling cards address breastfeeding and healthy complementary feeding and highlight the importance of loving interactions and communication between the caregiver and the child during feeding. They assist caregivers to: recognize and respond to hunger and satiety cues; have patience and not force the child to eat;

offer a wide variety of healthy foods of developmentally-appropriate consistency; eat as a family without distractions; and apply soothing techniques. The counselling cards graphically depict partner and family support for the caregiver and child. Health workers and caregivers found the cards to be clear, easy to implement, and highly relevant for enhancing IYCF counselling in Ghana. The lessons learned from Ghana will contribute to informing best practices for promoting responsive feeding, including updates to the UNICEF Community IYCF counselling package.

Promoting responsive feeding in early childcare and education centres

In January 2018, the Ministry of Education published in the Federal Registry the updated Initial Education programme, Un Buen Comienzo (UBC) (A Good Beginning), targeting children from birth up to 5 years. The programme is implemented by the three largest public Early Child Care and Education (ECE) systems in Mexico: the Ministry of Education, the Ministry of Health and the Ministry of Social Development. The Lancet series *Advancing early childhood development: from science to scale (19)* provided evidence for this work. A well-coordinated coalition of over 400 civil society organizations, policy champions within the Ministry of Education, and the multisectoral National Strategy for Early Childhood (ENAPI) and corresponding

implementation guidance all created the enabling environment for UBC to be established. UBC has been codified into law by the legislature based on the Mexican Constitution's stated right to education and basic necessities. The law calls for government at all levels and the private sector to join forces to ensure that children have the right to fulfil their developmental potential.

The UBC curriculum includes detailed information on responsive caregiving together with sleep routines and early learning activities. All children have access to health check-ups, psychological and safety supervision to ensure safe learning environments at the ECE centres. Detailed implementation manuals include messages on nurturing

care, physical infrastructure requirements and training materials for educators. UBC supports breastfeeding or feeding with expressed breast milk, and the introduction of healthy, nutritious and safe complementary foods at around 6 months. It strongly supports the feeding process to be responsive to hunger and satiety cues, and to include responsive interactions between caregiver and child that support healthy development. Furthermore, it indicates that the feeding process needs to be in a pleasant environment free of distractions where adults serve as role models by consuming healthy foods and beverages. Based on the principle of shared responsibility across settings and caregivers, UBC also includes a manual for parents with practical recommendations for practising responsive caregiving in the family context.

The combination of evidence, a legal framework and clear implementation guidelines allowed UBC to survive a complex change in political administration that took place in 2018, in large part because civil society organizations continued using the implementation guidance when working with the new Minister for Education, a champion of nurturing care.

For more information see [Memoria de la educación inicial en México \(20\)](#).



TIMOR-LESTE

Supporting responsive feeding during a natural disaster

As a result of climate change, natural disasters including flooding are becoming a common occurrence worldwide. After major flooding in April 2021 in Timor-Leste, the Alola Foundation established the first Nurturing Care - Centers of Excellence in Emergencies and Beyond initiative (NCC). NCC uses an innovative package of tools designed to protect and promote maternal and child health and development during emergencies based on the Ten Steps to NCC. Following its piloting in one evacuation centre, partners mobilized for scale-up: the Ministry of Health requested UNICEF support to replicate the NCC initiative in all 20 evacuation centres. For the scale-up to happen, items were procured including canopies, kangaroo mother care chairs and toys, and 40 Alola Foundation Mother Support Group (MSG) staff members were trained on NCC. Provision of nutritious food

items and training of MSG staff and community members on how to produce ready-to-use therapeutic food in emergency conditions were also part of the preparations. MSG staff worked within their communities and local health facilities, supporting and educating community health workers, mothers, fathers, grandmothers and other caregivers, including in remote areas. Practical guidance on responsive feeding and responsive caregiving is part of counselling and services that include immunizations and essential newborn care, such as immediate continuous skin-to-skin contact and kangaroo mother care. The NCC initiative includes an innovative “breastfeeding rescue” component, focusing on supporting women with re-lactation, and a “bottle amnesty” component supporting safe

cup feeding. NCC partners with the Ministry of Health in health and nutrition screenings and referrals. It also supports families to foster early learning through play, reading and other activities, such as singing, to bring joy and support the development of the child in the context of a humanitarian emergency. In MSGs, facilitators counsel families on health and nutrition with the provision of local nutritious fresh foods and cooking demonstrations. During counselling sessions, fresh fruits are available and ultra-processed products discouraged. NCC illustrates the feasibility of providing support for all components of nurturing care in the context of a natural disaster through a package that can be rapidly disseminated.



Supporting responsive feeding as part of a comprehensive programme

World Vision International's Go Baby Go! (GBG) multisectoral programme aims to strengthen caregivers' confidence and competence to provide nurturing care to their children aged 3 years and below. GBG is designed to be delivered over a minimum of six months and includes: 1) 10 skills-based caregiver group learning sessions; 2) at least four home visits adapted for each household via analysis of the family's risk and protective factors; and 3) strengthened community networks for sustainable nurturing care practices among families with young children. While GBG can stand alone, it is typically integrated into existing programmes, most often health and nutrition, to promote whole child development.

A [formative evaluation \(21\)](#) conducted in the West Bank assessed the impact of GBG on child development, mothers' mental health, and caregiver practices. GBG was integrated

into a home visiting health and nutrition model – Timed and Targeted Counselling (ttC) – designed for the first 1000 days of life. The study explored the effectiveness of GBG-enhanced ttC (EttC) by comparing findings with the group receiving only ttC. Community health workers delivered EttC through 20 home sessions over 15 months. During pregnancy, home visitors strengthened caregivers' understanding of nurturing care practices, key concepts such as responsive caregiving, secure attachment, mental health/well-being, and skills to be an effective parent for whole child development. After childbirth, home visitors coached caregivers to apply age-appropriate physical/motor, socioemotional, language and cognitive development practices using principles and select tools from GBG. Caregivers applied responsive feeding and caregiving practices at home outlined in pictorial playful parenting activity

booklets. Preliminary analyses of study findings showed the EttC group had significantly better results, compared to the ttC group, in: healthy eating during pregnancy; maternal newborn care practices; maternal antenatal and postnatal attachment with baby; infant feeding practices; fine motor, socioemotional, and problem-solving skills. This study suggests that strengthening existing maternal and child health programmes with other services that can strengthen caregivers' capacity to provide their young children nurturing care can improve early childhood development outcomes and amplify health and nutrition outcomes. Currently, the West Bank model is being adapted to incorporate group sessions, given the intensive nature of programmes that rely only on home visiting.

For more information see [Go Baby Go! \(22\)](#).



Conclusion

As part of the global movement to support caregivers in providing nurturing care to young children, responsive feeding interventions for optimal nutrition of infants and young children should be implemented and coordinated across systems and sectors, including health and nutrition, childcare, child protection and social welfare.

The case studies presented in this brief illustrate how this can be done in diverse settings. Moving forward, programme leaders are encouraged to:

- advocate for the inclusion of nurturing care, including responsive feeding, as a core component of policies and programme guidance that address the health, growth and development of newborns, infants and young children;
- strengthen the capacity of the health and nutrition sector to support nurturing care, by incorporating counselling on

responsive care and feeding, early learning, and safety and security in services for caregivers of infants and young children;

- provide context-appropriate responsive caregiving counselling across sectors, including on responsive feeding, from gestation through the first years of life;
- incorporate responsive feeding and strengthen all aspects of nurturing care in early childcare and education settings;
- ensure adequate counselling on nurturing care and safe spaces for counselling and support, including for responsive feeding, during humanitarian emergencies;
- ensure that families with infants and young children with developmental delays or disabilities have access to the resources needed to provide nurturing care, and are supported to responsively feed according to the specific needs of their children; and
- generate strong political will for countries to legislate and invest in resources needed to design, implement and sustain effective large-scale programming for nurturing care, and address responsive feeding, across sectors and settings.



Key messages on responsive feeding

- 1.** Comprehensive counselling involves breastfeeding, developmentally appropriate feeding of healthy, nutritious, safe and hygienic foods, as well as how to feed infants and young children responsively.
- 2.** Responsive feeding is part of nurturing care, and an essential aspect of adequate nutrition and responsive caregiving.
- 3.** Responsive feeding promotes positive caregiver-child interactions and early learning, enables caregivers to respond to their child's cues and helps infants and young children develop healthy food preferences.
- 4.** Interventions to support responsive feeding for optimal nutrition of infants and young children should be implemented and coordinated across systems including health and nutrition, social welfare, parenting and childcare programmes.
- 5.** Interventions to support responsive feeding for optimal nutrition should be implemented for all children everywhere.

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Selected resources

Fed to fail? The crisis of children's diets in early life

<https://www.unicef.org/media/107221/file/Fed%20to%20Fail%20-%20FULL%20REPORT%20-%20Child%20Nutrition%20Report%202021%20.pdf>

The state of the world's children 2019. Children, food and nutrition: growing well in a changing world

<https://www.unicef.org/mexico/media/2441/file/English%20Report.pdf>

UNICEF Community infant and young child feeding package

<https://www.unicef.org/documents/community-iycf-package>

Infant and young child feeding in emergencies. Operational guidance for emergency relief staff and managers

<https://www.ennonline.net/operationalguidance-v3-2017>

Improving young children's diets during the complementary feeding period

<https://www.unicef.org/media/93981/file/Complementary-Feeding-Guidance-2020.pdf>

USAID Advancing Nutrition RCEL addendum

<https://www.advancingnutrition.org/what-we-do/early-childhood-development/RCELaddendum>

USAID Advancing Nutrition Feeding and disability resource bank

<https://www.advancingnutrition.org/resources/disability-resource-bank>

ACKNOWLEDGEMENTS

USAID, through its global nutrition project, USAID Advancing Nutrition, supported the development of this brief.

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We would also like to thank the following individuals who contributed case studies or reviewed the brief: Aminah Jahangir (Aga Khan Foundation); Shekufeh Zonji (ECD Action Network); Gifty Margaret Ampah (Ghana Health Services); Aisha Yousafzai (Harvard T.H. Chan School of Public Health); Frances Aboud (McGill University); Wigdan Madani (UNICEF); Natalia Elorriaga and Vilma Irazola, (University of Buenos Aires);

Lindy Fenlason, Jamie Gow, Laura Itzkowitz and Erin Milner (USAID); Joyce Apoasaan Jambeidu (USAID Advancing Nutrition); Magdalena Whoolery (Breastfeeding International); Adelheid Onyango (WHO) and Miriam Chang, Loria Kulathungam, Hana Rabadi, Viktorya Sargsyan, and Ana Tenorio (World Vision International).

Nurturing care framework for early childhood development

The *Nurturing Care Framework for early childhood development: A framework for helping children SURVIVE and THRIVE to TRANSFORM human potential (23)* builds on state-of-the-art evidence of how child development unfolds and of the effective policies and interventions that can improve early childhood development. WHO, UNICEF and the World Bank Group developed the Framework in collaboration with the Partnership for Maternal, Newborn & Child Health, the Early Childhood Development Action Network and many other partners to provide a roadmap for attaining the Sustainable Development

Goals and the survive, thrive and transform goals of the Global Strategy on Women's, Children's and Adolescents' Health. Launched alongside the Seventy-first World Health Assembly in May 2018, it outlines: i) why efforts to improve health and well-being must begin in the earliest years, from pregnancy to age 3 years; ii) the major threats to early childhood development; iii) how nurturing care protects young children from the effects of adversity and promotes physical, emotional and cognitive development; and iv) what families and caregivers need to provide nurturing care for young children.



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Nurturing young children through responsive feeding: thematic brief

ISBN (WHO) 978-92-4-007030-1 (electronic version)

ISBN (WHO) 978-92-4-007031-8 (print version)

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