

Operationalizing Nurturing Care for Early Childhood Development

The role of the health sector alongside other sectors and actors



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Table of contents

1 Introduction

- 2 Purpose
- 2 Alignment of the Nurturing Care Framework with global strategies, goals and initiatives
- 2 Nurturing care and the health sector

4 Getting started

- 4 **Strategic action 1** Lead and invest
- 6 **Strategic action 2** Focus on families and communities
- 8 **Strategic action 3** Strengthen services
- 12 **Strategic action 4** Monitor progress
- 14 **Strategic action 5** Use data and innovate

16 Systematizing action: Planning and implementing for success

- 17 Sensitize
- 17 Do
- 17 Monitor, evaluate and learn

18 Resources and joint learning

- 18 Useful links

19 References



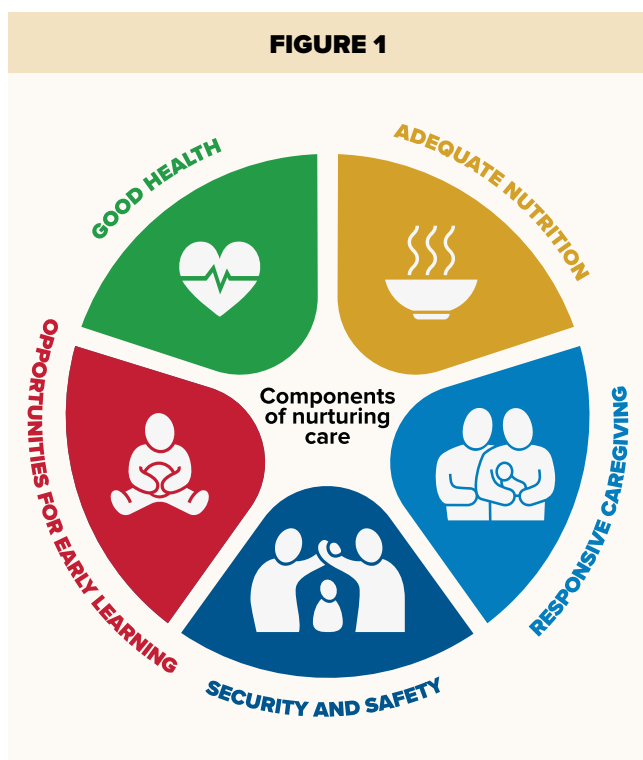
Introduction

A unique convergence of evidence and commitment for the right of all children to be healthy and develop their full potential has led to early childhood development gaining traction as an important issue, shared across sectors through the promotion of nurturing care. This convergence is relevant for all settings, but especially in development and humanitarian crisis contexts. The health sector should play a central role in promoting nurturing care through actions within its mandate and through advocacy and engagement with other sectors.

Early childhood development refers to the cognitive, physical, language, motor, social and emotional development of children from conception to 8 years of age. Evidence shows that the early years of life are critical for children's healthy growth and development. During this period essential neural pathways are formed that lay the foundation for health, learning, productivity and social well-being throughout the life course.

Children need nurturing care to achieve their full potential. It encompasses the conditions for good health, nutrition, security and safety as well as opportunities for early learning for the young child, and is underpinned by responsive caregiving across all these domains (Figure 1). The home environment is an important place for the provision of nurturing care to young children given first and foremost by primary caregivers.¹ But others also can contribute nurturing care in the lives of young children, such as people working in organized child care. All caregivers need to be empowered and supported to provide nurturing care, and this can be done through supportive systems, policies, standards and information.

WHO, UNICEF and the World Bank Group, in collaboration with the Partnership for Maternal, Newborn and Child Health, the Early Childhood Development Action Network and many other partners developed the [Nurturing Care Framework](#) as a roadmap for action (1). The Framework summarizes the evidence on why nurturing care is essential for young children and what caregivers need in order to provide it. It focuses specifically on the period from conception to year 3, as this is the time when brain development is extremely sensitive to external influences; yet, this is also the period often given least attention when investments are made towards early childhood development.



1. In this document the word 'caregivers' refers to people who are very closely attached to the child and provide daily care and support. Primary caregivers include parents, families and other people who are directly responsible for the child at home.

Purpose

This guidance note specifically targets the health sector and aims to catalyse country-level dialogue and action focusing on health service delivery and systems strengthening while also outlining complementary actions by other sectors. It is relevant for national governments, specifically ministries of health, and for national and global development partners and other stakeholders. This guidance note is the first in a series of resources for all relevant sectors that will become available to facilitate the operationalization of the Framework. Key sectors that should engage in this operationalization include health, nutrition, education and protection.

Alignment of the Nurturing Care Framework with global strategies, goals and initiatives

The Sustainable Development Goals provide the overarching blueprint to achieve a better and more sustainable future for all. This blueprint and its derivative, the Global Strategy for Women's, Children's and Adolescents' Health 2016-30, include multiple targets that relate to nurturing care and create the conditions for children to survive and thrive to transform their health and human potential.

The overall vision of the Framework is to align all key actors to work towards relevant Sustainable Development Goals and targets for children, which include but are not limited to:

- ensuring that children under 5 years of age are developmentally on track;
- ending preventable deaths;
- ending all forms of malnutrition;
- decreasing prevalence of violence against children;
- achieving universal, equitable access to water, sanitation and hygiene;
- reducing pollution-related deaths and illnesses;
- providing legal identity for all;
- achieving universal and equitable access to quality early childhood care and pre-primary education.

Within the health sector, universal health coverage provides a critical avenue for operationalizing effective policies, interventions and services for optimizing children's development. The most effective, efficient and equitable approach to reach all people and meet priority needs is primary health care. The [2018 Astana Declaration on Primary Health Care](#) offers an immediate opportunity to address nurturing care in actions that governments take to meet their commitment to improve the health and well-being of populations, through quality health services and essential public health functions that empower people and communities and facilitate multisectoral action (2).

The [Human Capital Project](#), launched by the World Bank Group, provides another incentive to governments to invest in nurturing care (3). The human capital index measures the amount of human capital that children born today can expect to attain by age 18, given the risks of poor health and poor education that prevail in the country where they live. The initiative calls for investment in the early years to unlock human potential and reduce inequities. This guidance note can assist in dialogues on large-scale investments in health and nutrition between governments and international development banks as well as through the Global Financing Facility.

Nurturing care and the health sector

Early childhood development calls for leadership across different sectors, including health, nutrition, education, child and social protection, and community leadership beyond the sectors. This guidance note specifically focuses on the role of the health sector as important in helping to galvanize a range of stakeholders around children's holistic health and well-being and where actions to support key components of nurturing care converge, particularly for the period from conception to about age 3 years. It builds on the premise that existing health services can be enhanced and complemented by a range of actors and actions to address all components of nurturing care. The health sector has multiple opportunities to advance nurturing care through its various routine interactions with families and other caregivers of children. It can also serve as a catalyst for multisectoral collaboration, especially in the context of primary health care. A well-functioning health system with strategic partnerships has the

potential to support families and young children comprehensively and facilitate interdisciplinary and cross-sectoral linkages that are essential to assist those in greatest need.

Three essential concepts described within the Framework should guide country planning:

- **Holistic care** represented by the indivisible nature of the five components of nurturing care and the interventions that are relevant within each component (Figure 1).
- **Multi-level actions** represented by the ecological framework that encompasses policies, services, empowered communities and family capabilities (Figure 2).
- **Universal progressive model** to deliver services that address the needs of all children and their families and leave no child behind. (Figure 3).

This guidance note explores each of these concepts in relation to the five strategic actions that have been defined in the Framework and proposes concrete activities for the health sector.



FIGURE 2



Getting started

In the following sections, each strategic action is introduced briefly. For each action area, activities are proposed that have proven useful in countries when getting started. Because early childhood development

is the result of inputs across many sectors, a table at the end of each section summarizes actions for the health sector as well as actions for other sectors that the health sector can help catalyze.





Strategic action 1: Lead and invest

Policies, laws and regulations are essential for ensuring that all children have the opportunity to achieve the highest standard of health and development. They may be universal, pertaining to the entire population, or targeted, for populations who bear certain risks such as poverty or disability.

At least 68 countries have adopted a national policy instrument for early childhood development based on multi-sectoral coordination including education, health, nutrition, protection and welfare sectors (4). However, not all these countries have established functional multisectoral coordination mechanisms or a comprehensive roadmap that enables different sectors to play their part in a coordinated fashion (5).

Furthermore, where technical policies that are important for supporting nurturing care have been adopted, their implementation may be weak. The Framework serves as a stimulus for countries to bring together all relevant stakeholders, assess their current situation and identify actions based on strengths and gaps in programming. The health sector can play a key role in strengthening national governance and strategy as well as leverage the implementation of policies, laws and regulations in other sectors.

Table 1 describes actions within the health sector along with important actions in related sectors.

TABLE 1: Lead and invest

Actions within the health sector's mandate	Actions in other sectors
<ul style="list-style-type: none"> • Contribute to a high-level national multisectoral coordination mechanism and a national roadmap for early childhood development, including a specific pillar on family and community engagement. • Embed all five components of nurturing care in basic benefit packages for universal health coverage and primary health care. • Expand relevant maternal and child health strategies, sectoral action plans and budgets to include child development interventions and outcomes, and comprehensively address the survive, thrive and transform agenda. • Strengthen collaboration between different departments and units at all levels of the health system to enable integrated care and interdisciplinary coordination. • Incorporate technical policies, such as the International Code of Marketing of Breast-milk Substitutes, in national laws or regulations. • Allocate sufficient domestic and external resources for scaling-up interventions which support nurturing care, including the private sector and innovative financing mechanisms. 	<ul style="list-style-type: none"> • Contribute to a high-level national multisectoral coordination mechanism and a national roadmap for early childhood development, including a specific pillar on family and community engagement. • Integrate nurturing care-relevant content in national and subnational sector plans. • Enact appropriate legislation, such as for birth registration, a minimum wage in formal and informal sectors, parental leave and family-friendly policies, and prohibition of corporal punishment. • Enshrine universal access to early childhood education in law and establish national standards for crèches, nurseries and other formal or informal child care facilities which care for children prior to school entry. • Establish social protection mechanisms, such as health insurance and cash transfers for vulnerable families, and use these as entry points for health promotion and parent education.



Strategic action 2: Focus on families and communities

Young children's development is the result of their engagement with their environment. Caregivers are instrumental in facilitating children's engagement with the people, places, and objects in their environment. To do this, caregivers rely on strong communities as well as functioning and accessible support systems. The empowerment of caregivers, families, communities and local civil society organizations is therefore essential for improving nurturing care. It contributes to the use of existing services, demand for more and better services and improved caregiving practices, and can transform discriminatory and harmful social norms, reduce poverty and hold policy-makers to account.

In many countries, the authority for decision-making has been devolved from central to more local levels. Priorities for health may be defined at district or municipal level rather than at national level, and decisions on funding allocations made accordingly. Engaging from the start with policy- and decision-makers at all levels, including local community informal and formal structures, in the sensitization and the planning of activities that support nurturing care, should truly facilitate commitment at the local level.

Multiple forms of media platforms play an important role in communicating information and engaging parents and other influencers in dialogue and exchange on knowledge, attitudes and practices, for example, through print, radio, television and digital applications such as on mobile phones. Strategic partnerships with media help to ensure that content development and dissemination are addressed proactively and adhere to regulatory and production standards.

The most vulnerable families are often the hardest to reach or remain invisible. Interventions such as Care for Child Development have the greatest impact on children who are at greatest risk, because of factors such as poverty, malnutrition, low parental education, exposure to HIV, preterm birth, or maltreatment. Working with community leaders is essential to identify these families and actively reach out to engage them in activities and enable them to access basic services. Health care providers can serve as a mediator for care coordination starting at the time of conception when parents can be linked with community resources to build a conversation around early childhood development.

Table 2 sets out health sector actions to empower families and communities as well as actions in other sectors that will lead to improved outcomes for children.



TABLE 2: Focus on families and communities

Actions within the health sector's mandate	Actions in other sectors
<ul style="list-style-type: none">• Sensitize and engage mayors, district managers, parliamentarians, religious leaders, civil society organizations and other relevant community resource persons, including in the private sector.• Engage all relevant stakeholders in community dialogue to develop acceptable strategies for reaching the most vulnerable families and their children, including through community risk assessment.• Facilitate coordination between departments and units within and beyond the health sector towards aligned and integrated community actions including for nutrition, income generation and community development.• Build capacities to strengthen available platforms for nurturing care such as organized child care, home visitation, women's groups, reading clubs.• Develop a multimedia campaign to promote nurturing care and track its reach.	<ul style="list-style-type: none">• Develop a national multisectoral strategy and costed plan for social and behaviour change and community engagement supported by adequate policies and finances.• Develop locally-appropriate resource materials for community resource persons and support capacity development for their delivery.• Promote environmental health including clean air, safe water and sanitation, electricity and toxic waste management.• Facilitate the establishment of child-friendly environments with safe roads and places for play and recreation.• Strengthen social accountability for nurturing care including through citizen's rights charters, participatory planning and monitoring, and community score cards.

Nurturing care in humanitarian crises

An increasing number of children worldwide are affected by conflict and displacement, and thus deprived of a stable, secure environment. Reaching families and young children in humanitarian crisis contexts with essential interventions for nurturing care and addressing the mental and physical needs of caregivers is imperative. It can be facilitated through engagement of community resource persons and a skilled work force.





Strategic action 3: Strengthen services

Many interventions that are essential for addressing child survival have a direct impact on children's development (6). They should be delivered with high quality and coverage through primary health care services in health facilities and communities. In many health systems, missing or weak elements in these services exist, such as support for responsive caregiving and early learning, and a lack of clear guidance on how to prevent and deal with child abuse, neglect and violence. Interventions to address these components of nurturing care should be added or strengthened.

Furthermore, there is a strong link between maternal physical and mental health and children's developmental outcomes. Early childhood development is therefore contingent on the well-being of both children and their caregivers, and services must address these dual needs and acknowledge the common gaps in supporting caregivers' mental health. These services are especially important in humanitarian crises and fragile contexts where health systems are most compromised, and caregivers require additional support and care.

Tools for strengthening health services

Care for Child Development is a counselling package co-created by WHO and UNICEF to provide guidance to health care and other providers on helping caregivers build stronger relationships with their young children and solve challenges in providing nurturing care (7). The package can be used alone or can be adapted and integrated into existing intervention packages. *Care for Child Development* has been adopted in the *Caring for children's healthy growth and development* training materials that combine guidance on counselling on infant and young child feeding, care for child development, prevention of illness and care-seeking (8).

Health workers and other providers should support nurturing care through counselling and services that address all five components in an integrated manner. One of the steps that countries can take to bolster the role that health care providers and health services play is to identify the common contact points that families of young children have with the health services, integrate missing components, and enhance these services to better support nurturing care. **Table 3** describes common contact points of families and young children with the health system and illustrates how they can support nurturing care.



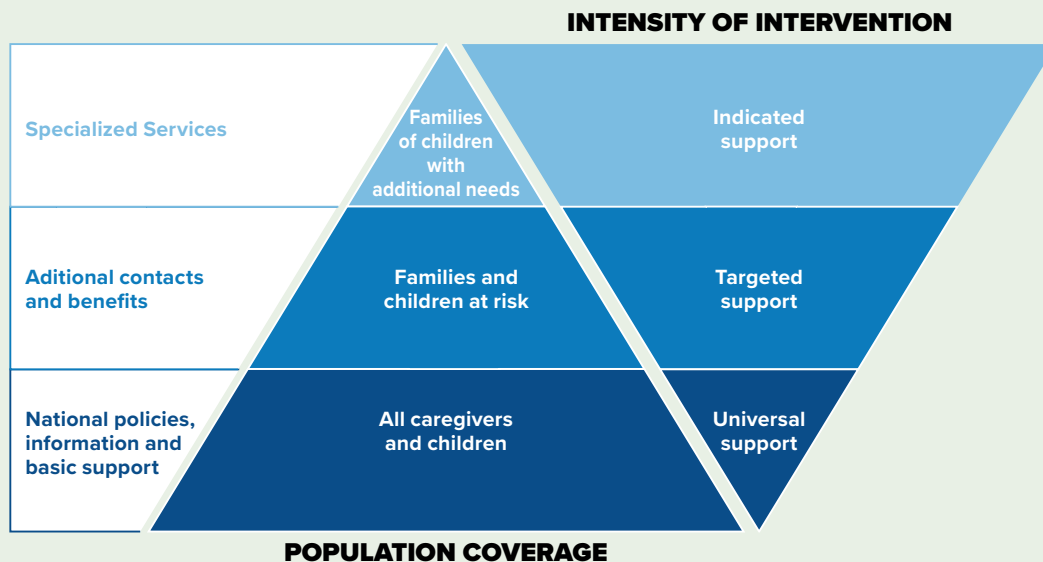
TABLE 3: Common contact points through which nurturing care can be supported

Contact points	Examples of interventions and services for nurturing care
Antenatal care	Essential interventions for mother and baby in each antenatal visit; promotion of healthy lifestyles; support for birth planning and preparedness; attention to maternal mental health and potential exposure to interpersonal violence; father's engagement; counselling on danger signs during pregnancy and nurturing care including responsive caregiving.
Postnatal care	Essential interventions for the newborn including skin-to-skin contact; support for early initiation and exclusive breastfeeding; kangaroo care for low-birth-weight infants; attention to maternal mental health, particularly postpartum depression, and potential exposure to interpersonal violence; counselling on nurturing care, including responsive caregiving, as well as danger signs for illness or malnutrition; rooming-in.
Immunization	Attention to infant health and parental physical and mental health; assessment of child growth; modelling of responsive caregiving while administering vaccines; age-appropriate and safe play materials and guidance in the waiting area; health promotion classes.
Well-child visits	Counselling on infant and young child feeding, responsive feeding, prevention of illness and care-seeking; micronutrient supplementation; growth and development monitoring; identification of children at risk of sub-optimal development; age-appropriate and safe play materials and guidance in the waiting area; attention to the prevention of unintentional injuries and child maltreatment; health promotion classes; referral to other sectors such as social protection.
Sick child visits	Counselling on infant and young child feeding during and after illness; follow-up visits for growth and development monitoring; identification and referral of families and children at risk of sub-optimal development, or poor mental health and/or maltreatment; play materials and guidance in the waiting area.
Nutritional rehabilitation services for malnourished infants and children	Combined use of emergency nutrition support and stimulation techniques; emotional and physical stimulation and enrichment; counselling of caregivers on age-appropriate play-based early learning as part of care in hospital and at home when discharged; counselling of caregivers on responsive caregiving; attention to parental health, emotional and social well-being.
Growth and development monitoring and promotion in communities	Infant and young child feeding counselling tailored to child's age; early detection of growth faltering (or overweight); counselling on responsive caregiving and early learning; monitoring of developmental milestones; health promotion classes.
Child care centres	Counselling on and modelling for good hygiene; provision of appropriate types and quantities of nutritious food; access to breastfeeding where possible or expressed breast milk if feasible; age-appropriate play and communication; parenting sessions; identification and support for children at risk of sub-optimal development, poor mental health and/or child maltreatment; strengthening referral pathways to social and protection services.

Reaching the most vulnerable

The Framework proposes a progressive universal model, which requires addressing inequities from the outset to ensure that no child is left behind. Within this, it recognizes incremental levels of needs and support for families and children who are at risk, have developmental difficulties or disabilities or are exposed to multiple deprivations (**Figure 3**).

FIGURE 3



Home visits and parent groups facilitated by a skilled provider are examples of approaches to give additional support to families and children at risk. Home visits enable a health care worker or social service provider to assess the complete situation of the family including economic and social conditions and intra-family relationships. Where community health workers are well integrated into the health system, they can play an important role, but home visiting and parenting sessions require skilled personnel and adequate intensity to make an impact. An evaluation of interventions supported by civil society organizations in several countries in sub-Saharan Africa concluded that despite benefits reported from a few untargeted programmes, little evidence exists that generalized universal home visiting programmes are effective. For this reason, home visits should be reserved to address specific challenges of high-risk groups over a defined period, at least fortnightly for an hour or more (9).

Children with developmental difficulties or disabilities often go unnoticed or are hidden from services. A general lack of public awareness of these conditions, the stigma attached to them, an absence of expertise and trained staff, and the lack of access to culturally-appropriate tools pose barriers to their identification. Evidence shows that parenting programmes delivered by non-specialist providers can lead to positive developmental, behavioural and family outcomes for children with intellectual disabilities (10). An important message from the field has been the need to de-emphasize diagnosis of developmental delays and disorders. Attaining a diagnosis can be difficult and time-consuming and knowing the diagnosis may not affect the type of services made available to the family and the child. Countries need to progressively build expertise for identifying and addressing a range of developmental disorders, through interdisciplinary services that address the mental and physical needs of children and their families. Planning and investing in building these services while establishing the foundations of a population-based approach through policies, information and services for nurturing care remains important.

A key component that appears consistently weak is the level of skills of health care workers to counsel caregivers appropriately on health, nutrition and development. Skilled counselling becomes even more evident in addressing sensitive topics such as domestic violence and child maltreatment. Where programmes are successfully implemented, evidence shows that improved counselling skills and relationship building between caregivers and health care providers increase demand and utilization of services and improve caregiving practices in the home.

Home-based records as well as digital innovations that support communication between caregivers and health care providers are other avenues to promote responsive caregiving, opportunities for early learning, care-seeking and disease prevention.

Table 4 presents actions that can be taken by the health sector to strengthen services and suggested actions for other sectors to support.

TABLE 4: Strengthen services

Actions within the health sector’s mandate	Actions in other sectors
<ul style="list-style-type: none"> • Make health services nurturing-care sensitive by filling gaps in quality, coverage and completeness of essential interventions. • Identify families and communities where children are at risk of suboptimal development or maltreatment and prioritize them for support and address their needs as well as those of their families and communities. • Address the needs of both the caregiver and the child, as well as their relationship, in every health service contact. Pay attention to caregiver physical and mental health and address their needs for support. • Adopt evidence-based approaches to monitor children’s development (10). • Adapt national standards for children’s healthy growth and development, update existing in- and pre-service training materials and counselling tools and develop a cadre of master trainers. • Raise awareness about childhood disabilities and build services for inclusive, interdisciplinary care. 	<ul style="list-style-type: none"> • Raise awareness about the detrimental impact of adverse childhood experiences, including exposure to violence, displacement, abuse and/or neglect and include detection into routine services. • Ensure adequate standards of care in community-based care centres, crèches, preschools and other informal spaces where young children gather to learn and play. • Advocate for social protection policies that enable vulnerable families to receive social welfare benefits and services. • Give attention to and support health and nutrition in organized (day) care for young children in communities. • Facilitate seamless coordination between health, education, child protection and other social services to provide integrated and holistic support for families and children who have greater needs.



Strategic action 4: Monitor progress

Monitoring of activities that support nurturing care across all five domains has the following dimensions:

- **Population-based monitoring** aims to draw conclusions about the overall state of children's development and can be used to make comparisons over time and between settings. An overarching effort coordinated by UNICEF, WHO and the World Bank Group is seeking to create a harmonized measurement framework for population-level monitoring of child development from birth to 59 months of age.
- **Programme monitoring** aims to assess the provision, coverage and quality of services, as well as aspects of equity, wealth, gender and urban/rural divide, and determine their impact on caregiving practices and child development outcomes. The Logic Model in the Framework provides a synthesis of the inputs, outputs and outcomes that can serve to design a monitoring framework to accompany a national strategy and plan. This model should include well-defined and verifiable indicators that can be incorporated into routine health information systems as well as generated through population-based surveys such as the Demographic and Health Surveys and Multiple Indicator Cluster Surveys.
- **Individual monitoring** of children's development, sometimes referred to as developmental screening and surveillance, assesses children's developmental

status using milestones or more detailed assessment tools. Beyond recommendations for assessing motor milestones, WHO has not yet developed guidelines for individual monitoring of child development but plans to address this gap shortly.

The health sector has a responsibility to monitor progress in programmatic support for nurturing care, considering all dimensions. To assess Sustainable Development Goal target 4.2.1, *the percentage of children under age 5 years who are developmentally on track in health, learning and psychosocial well-being*, the early childhood development index in UNICEF's Multi-Cluster Indicator Survey has been updated. The Index now covers children 24 – 59 months of age and will be complemented in due course by global scales that are currently in preparation for assessing early childhood development in children 0 – 3 years of age.

To facilitate programming in countries and cross-country comparisons, United Nations agencies and experts in academia are working together under the umbrella of Countdown to 2030 to develop and update country profiles that address the five components of the Framework (11). Country data will be analysed and synthesized in peer-reviewed publications.

Table 5 presents actions that can be taken by the health sector to monitor progress and suggested actions for other sectors to support.

Growth monitoring and promotion

Assessment of growth is a standard practice in many countries. Growth monitoring is the process of following the progress of a child in comparison to WHO growth standards by periodic anthropometric measurements to assess growth adequacy and identify faltering at an early stage. To be effective, growth monitoring needs to be accompanied with age-appropriate counselling (e.g. growth promotion) by adequately trained health workers to help caregivers take appropriate action to address poor growth and nutrition. Growth monitoring and promotion can serve as a platform to support families with interventions and services to provide nurturing care for their children. The use of home-based records, as a complement to facility-based records, is recommended for the care of pregnant women, mothers, newborns and children, to improve care-seeking behaviours, male involvement and support in the household, maternal and child home care practices, infant and young child feeding, and communication between health providers and caregivers.

TABLE 5: Monitor progress

Actions within the health sector's mandate	Actions in other sectors
<ul style="list-style-type: none">• Develop a monitoring framework aligned with the national plan for the health sector's response for nurturing care.• Strengthen health information and other administrative data systems to assess dimensions of all five domains of nurturing care including for responsive caregiving, opportunities for early learning, security and safety.• Invest in continuous monitoring of quality and coverage of services, as well as social and behavioural data.• Assess early childhood development-relevant indicators using standardized and verifiable methods, such as Demographic Health Surveys or Multiple Indicator Cluster Surveys, periodically.• Conduct regular programme reviews and make use of data for advocacy, accountability and increasing investment.	<ul style="list-style-type: none">• Include key indicators to track inputs, outputs and outcomes of early childhood development in line with the national roadmap in sector-specific plans.• Perform joint monitoring with other sectors and ensure shared access to and reduced duplication of data.• Promote shared data systems and real-time availability of data across services.• Conduct multisectoral joint reviews of progress in implementation of the national roadmap for early child development and plan together to strengthen the responses.





Strategic action 5: Use data and innovate

While the evidence for nurturing care is compelling, much more needs to be learned about how best to implement activities at scale and achieve the desired outcomes. Forging partnerships with local scientists and investing in local research to generate and use data is essential, even if on a small scale. Through research, innovations can be tested in different contexts, and information can be acquired on what works best.

Building a ‘change package’ of interventions and delivery approaches that are effective, feasible, scalable and sustainable for the local context is an intelligent approach, and implementation research can be instrumental in identifying the components.

Table 6 presents actions that can be taken by the health sector to use data to innovate, and suggested actions for other sectors to support.

TABLE 6: Use data and innovate

Actions within the health sector’s mandate	Actions in other sectors
<ul style="list-style-type: none"> • Foster collaboration of implementers and researchers, define a local research and learning agenda for nurturing care, and mobilize resources. • Use implementation science methods to monitor fidelity and quality of programme implementation, identify barriers to coverage and impact, and adapt programming for nurturing care to become more effective. • Build capacity for research on nurturing care in training curricula of medical and allied professionals. • Facilitate joint learning within and between implementation sites, through exchange of information and communities of practice. 	<ul style="list-style-type: none"> • Establish a multisectoral research and learning agenda and stimulate national investment in local research for nurturing care. • Track innovations for supporting nurturing care in peer-reviewed literature and assess their appropriateness for the local context.² • Publish results from studies relevant for nurturing care and early childhood development in peer-reviewed journals and catalyse national dialogue on results.

2. An innovations survey undertaken in 2018/19 will be used to inform further implementation guidance.

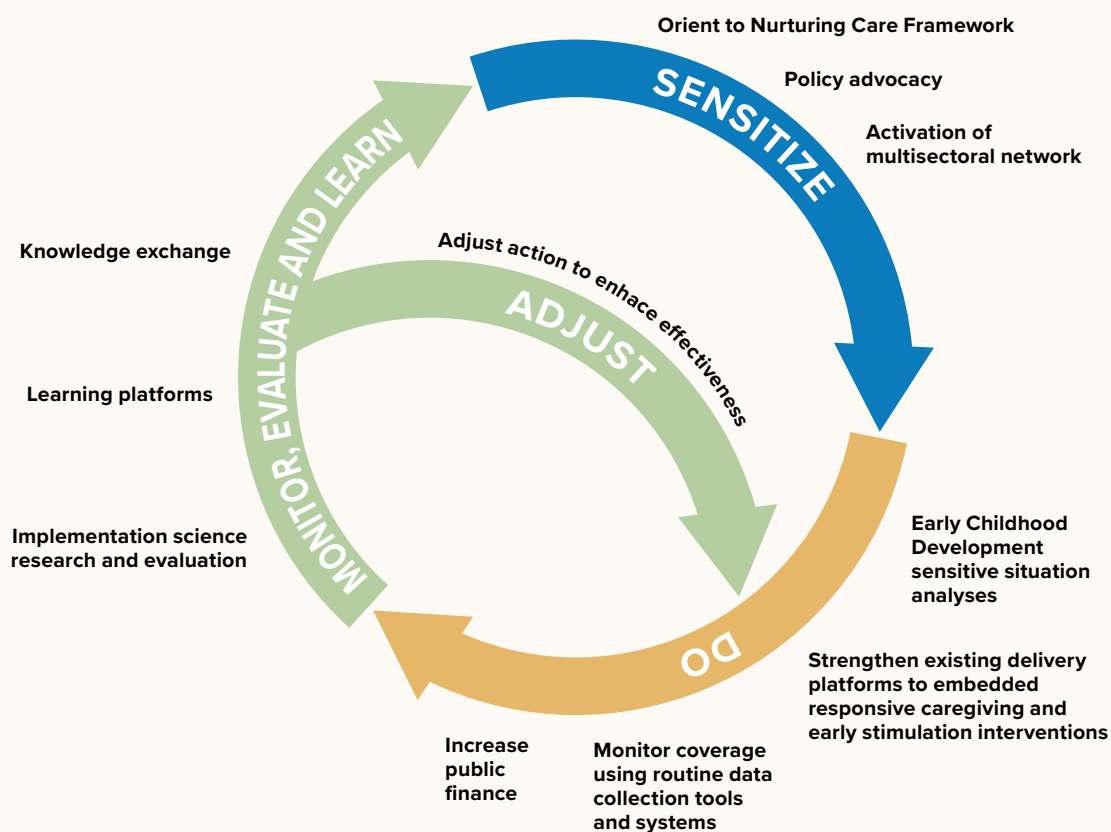


Systematizing action: Planning and implementing for success

The actions outlined above should be brought **together** in a systematic planning and implementation cycle. The process should be flexible, based on country needs, existing programmes and institutional arrangements. As countries are at different stages of

investment in early childhood development, the focus and entry points for dialogue will be determined accordingly. **Figure 4** illustrates three phases of a programme cycle.

FIGURE 4



Sensitize

- Convene a national sensitization meeting and bring together all relevant stakeholders to review the country situation, present the scientific evidence available underlying nurturing care, and attain commitments that more can be done for early childhood development, in health and other sectors.
- Advocate for a high-level coordination mechanism that enables sectors to plan together, implement by sector and monitor together.

Do

- Support an in-depth assessment of national policies, information and services that are essential for early childhood development, identify community- and facility-based services that can be activated to support nurturing care, and fill critical gaps.³
- Invest in community-based dialogue to understand barriers to optimal child care practices and positive indigenous practices that can be sustained. Consider the perspectives of both community members and the health care providers who serve them.
- Identify the actions that the health sector can take to strengthen services, information and policies, integrate these actions into the national health strategy and plan, and cost them.
- Adapt and test health education and counselling materials, update standards of care and curricula for in-service and pre-service training and make available home-based records to guide families on nurturing care.
- Plan and implement social and behaviour change communication using information technology to share accurate and do-able information and dispel erroneous concepts about early childhood development and enable caregivers to seek skilled advice.

Monitor, evaluate and learn

- Agree on indicators to track progress in the implementation of the health sector's plan and develop a nationally relevant monitoring framework and approach for tracking inputs, outputs and outcomes.
- Generate and use data, facilitate knowledge exchange and promote joint learning between implementing sites.
- Verify progress in coverage of interventions which support nurturing care periodically through independent assessments, conduct programme reviews, and adjust the national roadmap and sector plans.



3. A diagnostic tool to support situation analysis and planning is being developed as part of an implementation guidance platform.

Resources and joint learning

To support the work in countries, the Early Childhood Development Action Network (ECDAN) will develop a collaborative learning platform jointly with the Partnership for Maternal, Newborn and Child Health and other partners. The aim is to ensure a seamless knowledge architecture to improve searchability and expand user-friendly access. The platform, which is currently in the design stage, will be a repository of resources and tools to empower countries and stakeholders to act in their contexts and advance scale-up of approaches and programmes which support nurturing care. It is intended to be a living resource with active components, such as virtual communities of practice. It will also be a forum to dialogue around lessons learned from early implementation countries, and to remain updated on global evidence including through direct interactions with scientists.

Useful links

Early Childhood Development Action Network
<https://www.ecdan.org/>

Partnership for Maternal, Newborn and Child Health
<http://pmnch.org>

United Nations Children's Fund
<https://www.unicef.org/early-childhood-development>

The World Bank Group
<https://www.worldbank.org/en/topic/earlychildhooddevelopment>

World Health Organization
<https://www.who.int/topics/early-child-development/en/>

For further information, please consult
www.nurturing-care.org

References

1. World Health Organization, United Nations Children's Fund, World Bank Group. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization; 2018.
2. Global Conference on Primary Health Care. Declaration of Astana. Astana: World Health Organization and United Nations Children's Fund; 2018.
3. The World Bank Group. Human Capital Project (website) (<http://www.worldbank.org/en/publication/human-capital>, accessed 12 May 2019).
4. Black MM, Walker SP, Fernald LC. Early childhood development coming of age: science through the life course. *Lancet*. 2017;389:77–90.
5. Richter LM, Daelmans B, Lombardi J, Heyman J, Lopez Boo F, Behrman JR et al. Investing in the foundation of sustainable development: pathways to scale for early childhood development. *Lancet*. 2017;389:103-118.
6. Britto PR, Lye SJ, Proulx K, Yousafzai AK, Matthews SG, Vaivada T et al. Nurturing care: promoting early childhood development. *Lancet*. 2017;389: 91 –102.
7. WHO, UNICEF. Care for child development: improving the care for young children. Geneva: World Health Organization; 2012.
8. WHO, UNICEF. Caring for newborns and children in the community. Geneva: World Health Organization; 2014.
9. Tomlinson, M, Hunt X, Richter L. Evidence based development of programmatic guidelines for early childhood development in the context of high levels of risk to children in East and Southern Africa (in press).
10. WHO. Caregivers skills training for families of children with developmental difficulties (available upon request).
11. Countdown to 2030. Early Childhood Development Country Profiles (website) (<https://ecdan.org/countries.html>, accessed 12 May 2019).

