Nurturing care for early childhood development

A framework for linking SURVIVE and THRIVE to TRANSFORM health and human potential

For launch in May 2018
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Developed by WHO and UNICEF, in collaboration with The Partnership for Maternal, Newborn & Child Health (PMNCH), the ECD Action Network, and many other partners.
Linking survive and thrive to transform health and human potential

At the heart of the Sustainable Development Goals, the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030) envisions a world in which every woman, child and adolescent realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies.

Essential to this vision is that young children are guaranteed by their human rights the conditions to both survive and thrive.

**We know why this is important.** The first three years in a child’s life, from pregnancy to age 3 years, are a period of enhanced susceptibility to environmental influences, laying the foundation for health, wellbeing, learning and productivity throughout the life course and into the next generation.

**We know what threatens early childhood development.** From pregnancy through the new-born period, infancy and toddlerhood extreme poverty, insecurity, violence, environmental toxins, and poor parental mental health detract from the capacity of families and caregivers to protect, support and promote the development of young children.

**We know what children need to develop to their potential.** Nurturing care comprises conditions that promote health, nutrition, safety and security, responsive caregiving and opportunities for early learning.

**We know what strengthens family and caregiver capacity to support the development of young children.** An enabling environment of policies and programmes that provide families and caregivers with knowledge, resources, and services to provide nurturing care for young children.

A framework for nurturing care

The Nurturing Care Framework provides a roadmap for action. It builds upon state-of-the-art evidence of how early child development unfolds and of the effective policies and interventions that can improve early childhood development. It outlines:

- why efforts to improve health, wellbeing and human capital must begin in the earliest years, during pregnancy to age three;
- the major threats to early childhood development;
- how nurturing care protects young children from the worst effects of adversity and promotes physical, emotional, social and cognitive development;
- what families and caregivers need to provide nurturing care for young children.

The Framework describes how a whole-of-government and a whole-of-society approach can promote and strengthen the Nurturing Care of young children. It outlines guiding principles, the required strategic actions, and the monitoring of targets and milestones that are essential to progress and success.

Early experiences have a profound impact on children’s development—affecting learning, health, behaviour and ultimately, adult social relationships, wellbeing and earnings. Investing in the early years is one of the most effective and efficient investments a country can make to eliminate extreme
poverty and inequality, boost shared prosperity, and create the human capital needed for economies
to diversify and grow. An increasingly digital world places even greater premiums on the capacities
that originate in early childhood, such as the ability to reason, continually learn, effectively
communicate and collaborate with others. Those people who do not acquire these skills early,
making it easier to learn and adapt through childhood and adolescence are likely to be left further
behind. We know that millions of young children are not reaching their full potential because of
inadequate nutrition, a lack of love, early stimulation, limited opportunities for early learning and
exposure to stress. The good news is the accumulation of scientific and implementation knowledge,
converging with increasing global and country commitment is starting to turn the tide.

Why this framework now?

The Sustainable Development Goals have embraced children’s development as key to catalysing the
transformation that the world seeks to achieve by 2030. Embedded in the SDGs on hunger, health,
education and justice are targets on malnutrition, child mortality, early learning and violence -
targets that, together with others, outline an agenda to improve early childhood development. The
UN Secretary General’s Global Strategy for Women’s, Children’s and Adolescents’ Health 2016 - 2030
has synthetized the new vision under the objectives of Survive, Thrive and Transform. Never before
has the opportunity for energising investment in early childhood development been as strong as it is
now. Governments and the global community of concerned stakeholders at large have made
commitments towards achieving the Sustainable Development Goals. Global institutions including
UNICEF, the World Bank, UNESCO and the World Health Organization have prioritized early
childhood development in their programmes of work. For this reason, it is more urgent than ever
that we work together in a unified manner towards common goals. This Framework will help to
guide the actions that must be taken to achieve results.

Future jobs and skills: implications for nurturing care

A number of ‘megatrends’ are shaping the future. We need to consider now, how the nurturing care
of children born today can best prepare them for tomorrow. In short, the case for investing in ‘grey
matter infrastructure’ has never been stronger.

Technological change and especially automation (artificial intelligence) are contributing to
to changes in work today, and jobs of the future. This means that nurturing care must give
children the confidence they need to prepare for uncertainty and change, as there is no clear
blueprint for skills and competencies that will be needed in the future.

At the same time, we are all living longer and older people will need the care and protection
of the children of today, who will be the adults of tomorrow. In addition, because of improved
survival, some parts of the world have or are experiencing a youth bulge that will create
very large numbers of working-age adults who need to be skilled for the future, not
only for new jobs but new social relationships including the empathy
required to care for others. This means that particular skills, especially socioemotional
and inter-personal skills, are likely to become more important than ever, as will
higher-order cognitive skills (originality, fluency of ideas and active learning) which
need to be paired with automation.

The foundations for future skills are set early, including adaptability, resilience,
inquisitiveness, confidence and social skills. This strengthens the case for investments in
the early years to improve human capital. Building brains matters more than ever.
What contribution can this framework make?

This Framework provides strategic directions for supporting the holistic development of children up to age 3. It aims to inspire multiple sectors - including health, nutrition, education, social and child protection, water and sanitation, among others - on what can be done differently to address the needs of the youngest children. It articulates the importance of responsive caregiving and early learning as integral components of quality care for young children and it illustrates how existing programmes can be enhanced to address the needs of young children more comprehensively. The Framework promotes the use of local assets, it presumes adaptation to local context, and promotes ownership at community level. It describes the foundation, actions and government leadership that must be in place for all children to reach their human potential.

The Framework provides strategic directions. It will be complemented by operational guidance and other resources in order to facilitate the planning, implementation and monitoring of the proposed actions at country level (forthcoming www.nurturing-care.org).

The audience

The Framework addresses a broad range of stakeholders. First and foremost are national policy makers and programme managers in ministries and departments of health, nutrition, education, child protection, and social protection. It also addresses civil society groups, development partners, professional associations, academic institutions and funding initiatives, both global and national. In addition, it is intended as a source of inspiration for parliamentarians, service providers, education institutions, the private sector and media about the role they can play to ensure that every child can develop to full potential. Last, but not least, through these stakeholder channels, the Framework speaks to families, parents and other caregivers who on a day-to-day basis provide nurturing care for their young children.

The Framework calls out to all sectors, and especially the health sector whose services have extensive reach to pregnant women, families and young children to:

- address gaps in support of the youngest children, complementing the work of the education sector in its efforts to improve pre-primary education;

- work together with social protection and child protection to ensure the material and social security of families and communities, and to protect young children from neglect, violence and abuse;

- contribute to the realization of the rights of all children, especially the most vulnerable, and to ensure that no child, nowhere, is left behind.
A case for nurturing care

We know why early childhood development is important

Both the science of early childhood development and the economics of human capital development stress the importance of the first three years of life as foundational for lifelong health and wellbeing, for current and subsequent generations.

The science of early childhood development

Over the last three decades, scientific findings from a range of disciplines have converged to conclude that critical elements of child, adolescent and adult health, wellbeing and productivity are laid during pregnancy and the first three years of life. By the time a baby is born, their brain weight babies, because their behaviours and responses are often less predictable than term babies. Without Nurturing Care, these infants are at risk of difficulties in their development. These difficulties can further challenge parents, already stressed by the birth of a “small” baby. As a result, premature and LBW babies may receive less attention and sometimes be neglected or maltreated, putting them at further risk of poor development. Health services and professionals bear a specific responsibility in creating a supportive environment, before birth, at birth and in the first months after birth, by providing parents with information and advice, and supporting families, particularly of babies experiencing perinatal problems.

Interventions during the neonatal period such as Kangaroo Mother Care (KMC) are effective in improving neonatal outcomes in small babies and have been shown to have long-term beneficial effects across the life course. However, to produce maximal benefits, KMC must be accompanied by specific, enhanced nurturing care at home. Similarly, breastmilk is the optimal food for almost all new-born infants and therefore, mothers of premature and low birth weight infants must be provided with optimal support to provide their babies exclusively with breast milk from birth.

The importance of nurturing care for all new-born babies and particularly for premature babies

Nurturing care starts before birth, when mothers and other caregivers can start talking and singing to the foetus. The growing foetus is able to hear by the end of the second trimester of pregnancy and the baby is able to recognize mother’s voice after birth. Immediately after birth, skin-to-skin contact, breastfeeding and the presence of a companion to support the mother facilitate early bonding and build the foundations for optimal nutrition and quality interactions and care. Soon after birth, babies respond to faces, gentle touch and holding, as well as the sound of baby talk. Caregivers soon learn to appreciate how babies can be engaged in responsive interactions, which are essential to the optimal development of the baby’s rapidly growing brain.

Scientific findings from neuroscience and developmental psychology show that these practices are highly beneficial for early child development with long lasting effects. Starting from the first months of life, quality time spent with the baby in talking, storytelling, reading books, listening to music, engaging in play produce short term as well as long terms benefits for the child’s cognitive and socio-emotional development.

While Nurturing Care is necessary for all babies, vulnerable babies need it even more. Unfortunately, they frequently get much less of it. Parents need information and guidance in their interaction with premature and low birth weight babies, because their behaviours and responses are often less predictable than term babies. Without Nurturing Care, these infants are at risk of difficulties in their development. These difficulties can further challenge parents, already stressed by the birth of a “small” baby. As a result, premature and LBW babies may receive less attention and sometimes be neglected or maltreated, putting them at further risk of poor development. Health services and professionals bear a specific responsibility in creating a supportive environment, before birth, at birth and in the first months after birth, by providing parents with information and advice, and supporting families, particularly of babies experiencing perinatal problems.

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has almost all the neurons it will ever have, and by the age of two years massive numbers of neuronal connections are made in response to stimulation from caregivers. Connections not used in the early years weaken and are lost. This rapid brain development (neuroplasticity) during a very short time period in the human life cycle is driven from our human genetic pattern established over hundreds of thousands of years, but it is steered by the young child’s experiences. From about 8 weeks of pregnancy, the foetus begins to experience the world, firstly through touch, and later in pregnancy, by taste, sound, smell and sight. These sensory channels enable the developing child to learn from their surroundings and to adapt, physiologically and psychologically. This early adaptive learning, including through modification of gene expression, is what makes the early years critical. While these processes of epigenesis occur throughout the life course, in the early years, they create blueprints for future adaptations to the environment.

Through these early developmental processes, experiences during the first three years of life significantly affect future development during childhood, adolescence and adulthood, and even human development in the next generation.

The economics of early childhood development

Basic learning skills and personal-social capacities are acquired at a young age, and subsequent abilities build on these foundations. In addition, early competencies make it easier to learn new skills, and build confidence and the motivation to learn more across the life-course. Early intervention is not only effective but makes later essential interventions across the life-course more cost-effective and more likely to succeed.

Nurturing Care, and preventive and promotive interventions to improve nurturing care in the early years, achieve more and cost less than remedial interventions at later ages that attempt to compensate for early deficits. Long-term studies in countries across the socioeconomic spectrum show that nutritional and psycho-social programmes implemented during the early years of life have significant benefits for adult health and wellbeing, schooling and earnings, personal relationships and social life.

Without intervention, adults who experience adversity in early childhood are estimated to earn close to a third less than the average annual income of their peers. This makes it harder for them and their families to better their lives, leading to debilitating, inter-generational cycles of poverty. These individual costs aggregate across society, constraining wealth creation and eroding national earnings. It is estimated that some countries spend less on health now than they are predicted to lose in the future as a result of the high burden of poor early childhood growth and development.

In a study conducted in Jamaica, children who were stunted received nutrition supplementation and cognitive stimulation through home visits. Stimulation was most strongly associated with increased earnings in adulthood. Young children born to individuals who had participated developed better than children in the control group, demonstrating inter-generational benefits. The annual adults’ earnings of those who received this early intervention in Jamaica and those that received a nutrition supplementation intervention in Guatemala, were between 25% and 44% higher than control group participants who received no intervention.

Early interventions have also been shown to substantially improve adult cardiovascular health. In addition, interpersonal skills fostered through secure affectionate relationships with parents and caregivers engender empathy and self-control that inhibits crime and violence.

We know what threatens early child development

An optimal environment during pregnancy and the first three years supports physical, emotional, social and cognitive development, while an adverse environment harms development both in the
short term and, importantly, also over the longer term. Relentless adversity, also referred to as toxic stress when severe, without support and opportunities for compensation or recovery affects the psychological and neurological development of young children.

Threats to child development can occur during pregnancy, childbirth, the neonatal period, infancy and during toddlerhood. For example, adversity during pregnancy, leading to low birth weight and preterm birth, raises the risk of developmental difficulties and chronic diseases in adulthood. Other factors that threaten early childhood development include inadequate maternal nutrition, exposure to toxins, HIV infection, parental mental health, and environmental exposures. Chronic diseases and infections such as pneumonia, diarrhea, and malnutrition can affect children's cognitive and physical development, leading to long-term health problems.

**Parental mental health**

Good mental health and strong motivations of affections are important for caregivers to be able to empathise with a young child's experiences and to manage their own emotions and reactions to their baby's dependence without hostility. Mental health problems among women who are pregnant or have recently given birth are among the most common pregnancy-related morbidity. In resource-constrained low- and middle-income countries prevalence of common perinatal mental disorders, including depressive, anxiety and adjustment disorders, is much higher than in high-income settings because of additional risk factors such as socioeconomic stresses, unplanned pregnancy, being younger or unmarried, lacking intimate partner empathy and support or being subject to violence, or having hostile in-laws. Protective factors include having more education and secure income-generating work, and having a kind, trustworthy partner. Depression also affects fathers.

Mental health problems affect emotions, concentration, judgement and thinking, and depressed women are likely to have depressed mood, irritability, pessimism and difficulty expressing warmth, affection, and pleasure. They are also likely to be pre-occupied with worries and anxiety, including about infant care. These influence social interactions, including with the baby. Depression among mothers has been linked directly to higher rates of child diarrhoeal and respiratory diseases, stunting and hospital admissions, lower completion of recommended immunisation schedules, and worse socio-emotional development among young children.

Effective interventions to reduce depression and promote maternal mental health have been developed and tested in low- and middle-income countries where there are very few mental health specialists, and are generally implemented by trained community health workers under professional supervision. Interventions designed to improve maternal mental health have a positive impact on infant health and development, and interventions to promote infant health and development positively impact maternal mood. The effects on infant health and development are stronger when the maternal and infant components are integrated.
poor caregiver mental health, sub-optimal breastfeeding, malnutrition and stunting, illnesses, injuries, limited cognitive stimulation, child neglect and maltreatment, disabilities, and home and community violence.

Extreme poverty and a struggle for survival under conditions of war and conflict make it very difficult for families to provide care for their young children, as does young parenthood, disability, family violence, substance abuse and maternal depression, amongst others. Moreover, in these conditions, the likelihood of children’s exposure to multiple adversities, including limited services, increases. Nurturing Care depends on functional families and the systems that support them. Adversity and a lack of support services can undermine the capacity of families to provide nurturing care for their young children. Threats to early child development tend to cluster together, often in conjunction with poverty, lack of services and social exclusion. Thus, exposure to one risk commonly means exposure to multiple risks.

The protection, support and promotion of early childhood development thus requires co-ordinated action among multiple partners across sectors.

We know that very large numbers of children are at risk of poor development

It is estimated that 250 million children (43%) younger than 5 years of age in low and middle-income countries are at risk of suboptimal development due to non-overlapping exposure to extreme poverty and stunting. Seventy-one countries are estimated to have more than 30 percent of young children at risk of poor learning, inadequate education and reduced adult earnings. Unprecedented numbers of children live in fragile states and conditions of violence, war, disaster and displacement.

While the burden of children at risk is highest in resource constraint countries, children all over the world can be exposed to adversities that impair their optimal development. This agenda is thus truly global.

We know that young children need nurturing care to develop to their potential

Nurturing care is what the infant’s brain expects and depends upon for healthy development.

Nurturing Care is the set of conditions that provide for children’s health, nutrition, safety and security, responsive caregiving and opportunities for early learning. Nurturing children means keeping them safe, healthy and well nourished, paying attention and responding to their needs and interests, encouraging them to explore and providing them with opportunities to learn. In order for caregivers to be able to provide Nurturing Care, they must be secure, economically and socially, participate in social networks, be empowered to make decisions in the best interest of the child, and affirmed in the important role they play in the lives of the children in their care.

Nurturing Care consists of five inter-related and indivisible components: good health, good nutrition, safety and security, responsive caregiving and opportunities for early learning. In the first years of life, parents, intimate family members and caregivers are the closest to the young child
There is an urgent need to integrate a nurturing care framework into humanitarian policies, programmes and services. Unprecedented numbers of children are living in conditions of war, disaster and displacement where the concentration of adversities places them at heightened risk for impaired developmental outcomes that can limit their possibilities throughout life. Some 250 million children are living in countries affected by armed conflict, while 160 million children are highly susceptible to food security crises and famine. Despite this enormous need, early childhood development services are severely lacking in humanitarian settings. Approximately 2% of global humanitarian funding is directed to education, for example, of which only a tiny fraction is allocated to early childhood development. One of the most important actions is care for the caregiver to build their capacity for nurturing care. Across the trajectory of crisis and displacement, children and families confront unique risks that threaten caregivers’ capacity to provide nurturing care. Prior to flight or displacement, exposure to disaster, conflict, violence, and war, including experiences such as loss of family members, can greatly increase caregiver stress, economic insecurity and undermine wellbeing. During flight, further exposures to violence, lack of access to basic services, lack of shelter and instability can further influence families’ ability to provide nurturing care for their children. Finally, post-flight or post-displacement factors within the host community can include instability, violence, and exclusion that may restrict access to health, education and social and child protection services. Even if families are able to remain in their homes or return to their homes, the process of restoring stability, safety, and security within affected communities can take years. Moreover, emergency conditions themselves can last decades, framing the entire life course of generations.

Four principles are important in these often chaotic and rapidly changing contexts:

1. A holistic approach to family and child well-being requires attention not only to protection to ensure survival, but also to mental health, nutrition, and opportunities for learning, and more intensive services may be required for families and children experiencing the highest levels of adversity and stress.

2. The comfort of security and routines should be re-established as quickly as possible, through family support, early learning programs, and other service provision.

3. The social capital of communities should be rebuilt with attention to social cohesion and encouraging positive relationships between members of displaced and host communities.

4. Building culturally and contextually sensitive measurement, implementation, and evaluation research on nurturing care is vital to inform practice and policy in humanitarian contexts.
Nurturing Care is not only important to promote young children’s development; it also protects young children from the worst effects of adversity by lowering their stress levels and by encouraging emotional and cognitive coping mechanisms. It is especially important for children with development difficulties and disabilities, as well as for prevention of child maltreatment. It can be encouraged and fostered by laws, policies, services, community activities and social relationships that improve the environment, support parenting, and strengthen family and parent-child relationships.

The components of nurturing care

**Good health**

The good health of young children results from parental surveillance of the child’s physical and emotional condition, affectionate and appropriate response to their daily needs, protection of the young children from household and environmental dangers, hygiene practices which minimise infections, use of promotive and preventive health services, and care-seeking for childhood illness. These actions depend, in turn, on the physical and mental wellbeing of parents and caregivers. For example, maternal anaemia due to iron deficiency can cause depression and apathy that renders women less able to engage in nurturing care. The situation is compounded when the child is also apathetic or listless due to undernutrition and anaemia. Parental mental health problems tend to disrupt parenting and caregiving, and depression is known to occur amongst up to a third of women who are pregnant or have recently given birth, especially amongst those women without partner or family support. Nurturing Care therefore also calls for attention to the needs of caregivers.

**Adequate nutrition**

Maternal nutrition during pregnancy affects a woman’s health and wellbeing as well as the nutrition and growth of the developing child. Micronutrient-deficient pregnant women need to receive supplements (including iron). Young children flourish on exclusive breastfeeding from birth to 6 months of age and close body contact, or skin-to-skin contact, and early initiation of breastfeeding immediately after birth. From 6 months, young children need complementary foods that are sufficiently frequent and diverse, with micronutrients, needed for their rapid physical body and brain growth in addition to breastmilk. Micronutrient supplementation and treatment for malnutrition is needed when children’s daily diet fails to support healthy growth.

**Responsive caregiving**

Responsive caregiving includes sensitivity to children’s movements, sounds and gestures, as well as interpreting and responding appropriately to them. Responsive caregiving is the basis for protecting children against injury, recognizing and responding to illness, enriched learning, and building trust and social relationships. The concept has been applied also to responsive feeding, especially important for effective feeding of low weight or ill infants. Engagement between caregivers and a young child, before they learn to speak, is expressed through cuddling, eye contact, smiles,
vocalizations and gestures. These mutually enjoyable interactions create a communication channel through which young children learn language, form cognitions, and come to know the world around them. These social interactions stimulate connections in the brain.

Nurturing Care helps to protect children from the effects of toxic stress. Interventions to promote responsive caregiving and provide opportunities for early learning need to:

1. Encourage and support the caregiver through praise and support for their efforts to be responsive to their child;
2. Strengthen the parent-child relationship by drawing attention to the child’s specific preference for them and the young child’s gestures to be close to their caregiver, and how to engage in enjoyable activities that the caregiver and child can do together;
3. Model and guide play and talk between the caregiver and the child that builds on the child’s initiatives and encourage the caregiver to talk to the child about what they think the child feels, sees, wants and likes.

Opportunities for early learning

It is sometimes erroneously assumed that children only start to learn at three or four years of age, when they enter kindergarten or pre-primary classes and start to learn colours, shapes and letters. In fact, learning is a built-in mechanism of human beings that ensures our successful adaptation to

Interventions to support responsive caregiving and to provide opportunities for early learning

Infants and very young children are completely dependent on their caregivers to recognise and respond to their needs, not only for nutrition and safety, but also for social engagement, cognitive stimulation and play, and soothing and emotion regulation. Effective caregivers observe the child’s cues, interpret what they indicate, and respond consistently and contingently. Caregivers who are sensitive, responsive, predictable, and emotionally warm, facilitate a child’s early social-emotional development, promote secure infant-parent emotional attachment and help to extend infant cognitive ability. Nurturing Care helps to protect children from the effects of toxic stress. Interventions to promote responsive caregiving and provide opportunities for early learning need to:

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Generic guidance packages are essential to equip service providers in a range of sectors—health, education, nutrition, child care, emergencies, child and social protection, and other family services—with knowledge and skills to support caregivers in their ability to provide responsive care and early learning opportunities, as part of routine as well as purposefully planned contacts. Age- and developmentally-appropriate recommendations on play and communication can guide counsellors in helping caregivers interact responsively with their children and provide their child with essential opportunities for early learning, using household objects and homemade toys and through talk, singing, and book-sharing.
changing circumstances and begins at conception, initially as a biological mechanism (epigenesis). In the earliest years, skills and capacities are acquired interpersonally; that is, in relationship with other people through smiling and eye-contact, talking and singing, modelling, imitation and simple games, like “wave bye bye”. Playing with common household items (e.g. tin cups, empty containers, and cooking pots) can help a child learn about the feel and quality of objects and what can be done with them. Even a busy caregiver can be given the motivation and confidence to talk with a child during feeding, bathing, and other routine household tasks. These interactions help the child learn about other people, and the importance of taking their feelings and perspectives into account. Affectionate and secure adult caregiving in a family environment with guidance in daily activities and relationships with others provides for the important early learning experiences of young children.

**Security and safety**

Young children cannot protect themselves and are vulnerable to unanticipated danger, physical pain and emotional stress due to neglect and violence. A range of policies are intended to keep children safe, including car seat regulations and child-proof caps on potentially harmful substances. Once mobile, they can swallow and touch objects that can harm them, and an unclean or unsafe environment may be full of potential threats. Young children can experience extreme fear when

**Child maltreatment prevention**

Child maltreatment includes physical, sexual and emotional abuse, as well as neglect, most commonly but not only at the hands of parents and caregivers. Globally, it is estimated that physical abuse affects 23% of children, emotional abuse 36%, neglect 16%, and sexual abuse 18% of girls and 8% of boys. Child maltreatment and other adverse childhood experiences, can have strong, long-lasting effects on brain architecture, psychological functioning, mental health, health risk behaviours (e.g. smoking, alcohol and drug abuse, unsafe sex, further violence), non-communicable diseases (e.g. cardiovascular disease, cancers), and communicable diseases (such as HIV and STDs). The highest prevalence of harsh punishment through smacking a child with an object like a stick, strap or shoe is between 3-4 years of age.

Preventing child maltreatment is critical to saving brains, enhancing early childhood development, and laying the foundations for lifelong health and well-being. Despite this, evidence-based approaches for addressing child maltreatment remain poorly developed in most LMIC, although efforts to remedy this situation have intensified following inclusion in the 2030 Agenda for Sustainable Development of Target 16.2 to “end all forms of violence against children”.

A systematic review in 2013 into the effectiveness of parenting interventions for reducing abusive parenting and increasing positive parenting concluded that although the validity of results for most of the studies was unclear due to risks of bias. Findings from the two largest, highest-quality trials suggested that parenting interventions may be feasible and effective in improving parent-child interaction and parental knowledge in relation to child development in LMICs, and therefore may be helpful in preventing of child maltreatment in these settings.

**INSPIRE: Seven strategies for ending violence against children**, is a technical package of evidence-based interventions including parent and caregiver support interventions. Country-level implementation of this package is at the heart of the Global Partnership to End Violence against Children’s strategy.
abandoned or threatened with abandonment or punishment. Across the world, toddlers are the recipients of the highest rates of harsh punishment, through painful beatings with objects. All these instances give rise to uncontrollable levels of fear and stress that can programme the young child’s response systems in ways that may lead to emotional, mental and social maladjustment. Children may withdraw socially, develop mistrust of adults, or act out their fear through aggression towards other children. Nurturing Care includes ensuring the security and safety of defenceless young children.

**We know how to support families and caregivers to provide nurturing care**

Optimal child development across the life-course requires caregivers with time and resources to provide nurturing care. Policies, services, community and family create the enabling environments that facilitate Nurturing Care. International Conventions encourage peace, security and human rights; global policies encourage healthy environments and practices; country social protection systems provide families with economic and social security, and work place policies allow families time off work or on-site facilities to feed and care for young children. Health, education and social welfare services give families, parents and caregivers needed information about child development and about services, including specialised services for children with developmental difficulties and services. Parent support is provided by community groups, faith communities, and by health, education and social services. Home visits are conducted to vulnerable families to give them support, information, assistance, and to link them with families and children with shared needs. At each level, a conducive environment enables the Nurturing Care of young children by families and caregivers.

In Table ** the services and interventions that comprise the five components of Nurturing Care are presented together with a selection of global goals, and laws and policies in order to illustrate the synergistic interactions that build enabling environments.

**Environmental health**

Access to clean water and sanitation, good hygiene practices, clean air and a safe environment are all essential to protect children’s health and support their development. Increasing urbanization, industrialization, and climate change are all taking their toll on the environments in which children grow. Creating sustainable environments and reducing children’s exposure to modifiable environmental hazards is a critical part of the nurturing care agenda and essential to enable children to thrive. There is strong evidence that exposure to indoor and outdoor air pollution can lead to a wide range of child and adult disease outcomes, including acute and chronic respiratory conditions (e.g. pneumonia, chronic obstructive pulmonary disease), lung cancer, ischemic heart disease, and stroke. Even low-level exposures to environmental toxins can result in substantial disability. Toxins such as mercury and lead are harmful to everyone but young children are the most vulnerable. Their nervous system is still developing and absorb 4-5 times more lead than adults, while mercury can affect brain development in unborn babies. These toxins and pollutants damage the brain, affecting cognition, school performance, and socio-emotional behaviour, and can cause intellectual disability. Creating environments that are healthy, green and free of toxins will ensure young children are able to grow optimally.
<table>
<thead>
<tr>
<th>COMMITMENT TO GLOBAL GOALS</th>
<th>ENABLING ENVIRONMENTS INCLUDING LAWS AND POLICIES</th>
<th>SERVICES AND INTERVENTIONS</th>
</tr>
</thead>
</table>
| **Good Health** | Goal 3, target 3.2: By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births. | Access to quality health care.  
**Universal Health Coverage:** When all people receive the quality health services they need without suffering financial hardship. It is especially important for caregivers and families to be able to access a full range of quality health services through facilities and in communities including promotion, prevention, treatment, rehabilitation and palliative. | • Family planning  
• Maternal immunization  
• Prevention and cessation of smoking, alcohol and substance use  
• Prevention of mother-to-child transmission of HIV  
• Support for parental mental health  
• Antenatal and child birth care  
• Prevention of preterm birth  
• Essential new-born care with extra care for small and sick babies  
• Kangaroo mother care for low birth weight babies  
• Childhood immunization  
• Early detection of illness or disabling conditions (e.g., sight, hearing)  
• Timely, appropriate care-seeking for sick children  
• Integrated management of child illness  
• Care for children with developmental difficulties and disabilities |

| **Adequate Nutrition** | Goal 2, target 2.2: By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round. | Food security  
**International Code of Marketing of Breastmilk Substitutes and accompanying Guidance:** Inappropriate marketing of food products is an important factor that negatively affects the choice of mothers to breastfeed optimally. The Code and Guidance on ending inappropriate promotion of foods for infants and young children are important tools for creating an overall environment that enables mothers to make the best possible feeding choice, based on impartial information and free of commercial influences, and to be fully supported in doing so.  
**Baby Friendly Hospital Initiative (BFHI):** Maternity services play an important role in supporting mothers to bond with their child through body contact and establish optimal breastfeeding practices through babies being put to the breast immediately after birth, not providing water, and prohibiting the distribution of formula samples. The ten steps of the BFHI describe essential conditions to protect, promote and support breastfeeding. The Baby Friendly Community initiative extends the support for breastfeeding beyond the health facility. | • Maternal nutrition  
• Support for exclusive breastfeeding and continued breastfeeding after 6 months  
• Support for appropriate complementary feeding and transition to a healthy family diet  
• Micronutrient supplementation for mother and child as needed  
• Growth monitoring and intervention when indicated  
• Deworming  
• Management of moderate and severe malnutrition |
<table>
<thead>
<tr>
<th><strong>Responsive caregiving</strong></th>
<th><strong>Opportunities for Early Learning</strong></th>
<th><strong>Safety &amp; Security</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commitment to Global Goals</strong></td>
<td><strong>Enabling environments including laws and policies</strong></td>
<td><strong>Services and interventions</strong></td>
</tr>
</tbody>
</table>
| Relates to all goals listed in this table | Access to information and counselling on responsive caregiving  
Paid parental leave: Paid parental leave is associated with multiple health benefits for children, including support for bonding between mother and child, increased initiation and duration of breastfeeding, and improved likelihood of infants being vaccinated and receiving preventive care. New fathers are more involved with their young children and take on more child-care responsibilities when they take leave from work.  
Affordable childcare services: Increases in the number of women in the workforce who, with high numbers of single mothers, and parents or children living with disabilities, need affordable quality child day care. | • Skin-to-skin contact immediately after birth  
• Kangaroo mother care for low birth weight babies  
• Rooming in of mother and young infant and feeding on demand  
• Counselling and support for responsive caregiving  
• Mental health support for mothers after birth  
• Involvement of fathers, extended family and other partners  
• Social support by families, community groups and faith communities  
• Community-based parent support services  
• Home visits for vulnerable families  
• Specialized social welfare services for families affected by violence and substance abuse |
| | Goal 4, target 4.2: By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education. | • Information, support and counselling on opportunities for early learning  
• Caregiver -child play, reading and story-telling groups  
• Mobile toy and book libraries  
• Quality child day care and pre-primary education |
| | Goal 1, target 1.2: By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions.  
Goal 16, target 16.2: By 2030, end abuse, exploitation, trafficking and all forms of violence against and torture of children. | • Provision of safe water and sanitation  
• Good home, work and community hygiene practices  
• Prevention and reduction of indoor and outdoor pollution  
• Healthy environments, free of toxins  
• Safe family and play spaces in urban and rural areas  
• Prevention of and services for intimate partner and family violence |
| | Clean and safe home and community environments, minimum living standards  
Social protection and social services: Income assistance in the form of social grants and pensions provide direct, regular and predictable income for poor and vulnerable households. They are an important and growing part of social welfare in many countries. Income security reduces household poverty, improves access to health care, increases immunization coverage and child and maternal nutrition, and boosts school attendance and achievement.  
Income support: When caregivers are not able to earn adequate income, children’s basic needs, including health care and education, cannot be met and early childhood development suffers. A minimum wage and other forms of income support have the potential to improve the lives of millions of children whose caregivers work in the formal economy, as well as in the informal economy. |  

Guiding principles

The child’s right to survive and thrive

Government and society are obliged to protect children’s rights and ensure their family care. The Nurturing Care Framework is firmly located with the universal acceptance of the rights of the child with all the obligations assumed by State Parties to the Convention of the Rights of the Child and Special Comment 7 on Early Childhood Development.

Leave no child behind

Equity is linked to the realisation of human rights. Governments must ensure equitable coverage of interventions, particularly for excluded, marginalized or otherwise vulnerable population groups, who are at high risk, such as the children of minorities, refugees, drug users and sex workers. Core in this regard is ensuring that children with disabilities and young children in humanitarian settings are not left behind. Universal coverage and reaching the most vulnerable groups is central to ensuring that all children reach their developmental potential.

Nurturing care for children with disabilities

Childhood disabilities impose a huge emotional and economic burden on the affected child and on their families. Caring for children with disabling conditions is demanding, especially in contexts where infrastructure and access to services and support are inadequate. Children with disabilities have complex needs that require the provision of a range of health and social services and support, based on a comprehensive assessment of individual and family-level resources and needs, as well as environmental barriers and enablers for children’s and families’ participation and functioning.

The International Classification of Functioning, Disability and Health and the Community-Based Rehabilitation programme provide good frameworks for designing and delivering holistic interventions in local contexts, whereby children with disabilities and their families have access to mainstream health, education and early learning opportunities, and more targeted interventions and support are offered based on specific needs. Targeted strategies to address inequalities in health for these children and their families focus on strengthening formal services, and in particular primary health care and community-based services and supports; community-based awareness raising to reduce stigma and improve access to care; social support through parent groups and associations and empowerment of caregivers and families.

Caregivers skills training programmes for families of children with disabilities seek to improve caregivers’ capacities to engage with children in communication, play interactions and home routines, improve confidence in management of challenging behaviours, strengthen knowledge on their child’s condition, along with problem solving and coping strategies. Additional programme elements may be added according to the specific child-level impairment and families’ needs.
Family-centred care

In the first 2-3 years of life, intimate family members are the omni-present and most consistent people in the lives of children. As such, they are the primary providers of nurturing care, but to provide nurturing care, families in all their various forms - biological and social - need support. In addition to mothers, father involvement has benefits for the mother, the young child and the broader family. Families are at the centre of Nurturing Care for young children.

A whole-of-society approach

The holistic nature and shared importance of early child development calls for a comprehensive approach involving all actors, including governments, civil society, academic institutions, the private sector and everyone involved in providing care for young children. Moving from policy to action demands a concerted effort and an engagement of all sectors of society at the local, national, regional and global levels. Joint ownership and shared responsibility will ensure that well-designed and cost-effective interventions have the desired reach and impact.

Whole-of-government action

Nurturing Care requires a whole-of-government approach in which policies across all sectors systematically contribute to improving Nurturing Care for young children. Intersectoral government structures can facilitate coordination, identify mutual interest, and encourage collaboration and the exchange of information.
Making nurturing care happen

Vision

Providing a good start in life for every child is increasingly urgent in a fast-moving, inter-connected digital world, where prosperity is not equally distributed, and optimal human development is essential for productivity, health and social well-being. The Sustainable Development Goals (SDGs) present an opportunity to connect early childhood development with efforts to achieve equity, prosperity and sustainable growth for a more peaceful shared future. The vision of this framework is

A world in which every child is able to develop their full potential and no child is left behind.

Targets

The Sustainable Development agenda provides an integrated platform for advancing early childhood development. Many of the SDG goals and targets have a direct influence on the enabling environment and the services that young children need to develop. At the same time, early childhood development is foundational to attaining many of the ambitious goals in the SDG framework. The SDG goals and targets therefore provide an overall umbrella under which the vision of the nurturing care framework can move forward.

The Global Strategy for Women’s, Children’s and Adolescents’ Health has distilled 17 SDG targets, around the goals of Survive, Thrive and Transform. This subset of targets is proximally associated with the actions that are necessary to put this Nurturing Care Framework into practice and therefore, countries must embrace them all.

At the heart of the efforts are the targets that relate most closely to the major risk factors and the ultimate goal of what this Framework aims to achieve, namely that all children are able to develop to their full potential. Therefore, five SDG targets are called out as special guide-posts for national programming and investment in support of nurturing care.

- **Goal 1, target 1.2:**
  By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions.

- **Goal 2, target 2.2:**
  By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round.
• Goal 3, target 3.2:
  By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

• Goal 4, target 4.2:
  By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.

• Goal 16, target 16.2:
  By 2030, end abuse, exploitation, trafficking and all forms of violence against and torture of children.

These targets need to be top priorities and governments with all concerned stakeholders must build action plans that address them in an integral way in order to help build a solid foundation for nurturing care for every child.

Proposed implementation approach

All families need some support, but some families need all the support they can get.

Not all children and families need the same intensity and range of interventions and services to provide Nurturing Care for young children. All families need information, affirmation and encouragement. At times, some families require more support through referrals, resources and supports. A small proportion of families need longer-term intensive support, for example, when parents and/or children experiences difficulties that endure over time. Within this Framework, three levels of support are recognized: universal, targeted and indicated. These must work together to form a seamless continuum of care as families might move between them depending on the challenges they face at different points in their lives.

Universal approaches provide support for Nurturing Care and primary prevention for everyone. They are promotive and attempt to decrease the likelihood of problems developing and later intervention being required. When problems do exist, they ensure early identification and referral to the appropriate services. Universal approaches are designed to benefit all families, caregivers and children in a country or district. The core principle is that everybody is expected to benefit regardless of risk or financial means. Examples of universal approaches include:

• Laws and policies such as birth registration, social protection and baby friendly hospital services.

• Public service information about child development and services, disseminated through mass media and through health, education, social development, agricultural extension and other services that reach large numbers of families.
• Integration of basic advice and guidance on Nurturing Care in routine contacts that caregivers and young children have with health services (e.g. antenatal care, postnatal care, immunizations, home visits), education (e.g. adult education), social services (cash grant and pension pay out points), the faith sector and community groups and services. Some such services have used videos in antenatal and postnatal clinics aimed at sensitising all pregnant women to the capacities of their infants, and how they can promote their child’s development.

**Targeted approaches** focus on individuals or communities at risk of later problems because of factors such as poverty, undernutrition, and adolescent pregnancy, exposure to HIV or violence, displacement or humanitarian emergencies. The aim is to reduce the damaging effects of stress and deprivation, strengthening individual capacities to cope, and the provision of extra support. Families and caregivers at risk need continued access to universal support and additional contacts with trained professional or non-professional providers in facilities, communities or within the home. They may also require additional resources such as financial benefits. Continuous assessment ensures families and caregivers at risk can come off of targeted support when ready or attain even more specialized support through the indicated approaches.

Examples of targeted approaches include:

• Home visiting programmes targeting very young mothers and their children, through outreach of professional cadres or by community workers who have been trained to proficiency and are adequately incentivized and supported;

• Community based participatory groups for aged, disabled, socially isolated and other caregivers at risk;

• Affordable quality child day care, through community day care centres or other forms of organized care for young children.

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**HIV and early childhood development**

The numbers of women of child-bearing age living with HIV are increasing, thanks to expanded access to life-saving treatment, but unfortunately also to persistent levels of infection among young women. In some high HIV-burden countries in southern Africa, for example, as many as a third of children are born to women living with HIV. Even with life-saving treatment, families affected by HIV face challenges of chronic disease, stigma, and financial strain caused by out-of-pocket illness and treatment costs. Women living with HIV have a higher likelihood of experiencing depression during pregnancy and after their child is born, even when their baby is not infected with HIV.

In addition to these social and personal risks to nurturing care and early childhood development, concerns have been raised about the potential adverse effects of the baby’s exposure to the Human Immunodeficiency Virus during pregnancy and/or to the effects of anti-retroviral drugs. Uninfected, but HIV exposed babies have been reported in several studies to have a higher risk of being born stillborn, of low birth weight and to be preterm. In turn, these birth outcomes are associated with developmental delays and difficulties. Women living with HIV and their young children require additional support.

The successful expansion of programmes to prevent mother-to-child transmission of HIV provide unique opportunities to integrate support for nurturing care. Several programmes in southern Africa are testing the benefits, not only for young children of enhanced responsive caregiving through play and communication, but also for women’s mental health, adherence to and retention in treatment, and expanded use of health services, including family planning.
Indicated or targeted approaches are intended for individuals, families or children with special needs, for example, young children without parents, those born of very low birth weight, or with severe malnutrition, disabilities or developmental difficulties, or young children with a depressed mother or living in a violent home. These families and children require special services and assistance based on identified needs.

Examples of indicated or targeted approaches include:

- Treatment and support for perinatal depression through mother groups or home visiting of women screened positive for maternal depression by trained professional or non-professional (community-based) workers;

- Quality care for pre-term infants with direct parental engagement and caregiving interactions from birth, and with adequate follow-up and monitoring in the first months or years; and

- Family-centred rehabilitation and community support interventions for children with developmental delays and disabilities.
Five strategic actions

“If you are doing nothing, do something
   If you are doing a little, do more
   If you are doing a lot, do better”

Michael Marmot

Programmes that have been effective in improving early childhood development in high, middle and low income countries consistently highlight a set of best practices. This agenda requires strong political and sustained government commitment driven by a desire to reduce inequities, poverty and social injustice.

A combination of policies, services, and public awareness and motivation is required to empower families to provide nurturing care. Evidence-informed investments must create universally enabling environments and include a focus on communities, families and children in greatest need, and be accompanied by strong monitoring systems and accountability mechanisms.

In line with these best practices, this Framework proposes five action areas:

1. Provide leadership, create societal awareness and invest.
2. Value that families and communities are at the heart of Nurturing Care.
3. Create enabling environments through policies, information and services.
4. Monitor progress in implementation, results and impact.
5. Strengthen local evidence and innovate to support scale up.

Within each action area, specific activities need to be taken forward at the country level through government leadership and coordination.

Strategic action 1
Provide leadership, create commitment and invest in nurturing care

Supporting families and caregivers as the foundation for early childhood development requires investments in supportive policies; health, nutrition, environmental health, social welfare and child protection services, and community resources such as one-stop services for information and assistance. It requires strong and sustained political commitment coupled with effective investment. It relies on a joined-up government-led strategy that is closely coordinated among different sectors and levels of government, and involves the collaboration of relevant national and international institutions and other stakeholders.

To facilitate a seamless continuum of care between sectors:
plan together, implement by sector, monitor and improve together.
Policies, services and information within different sectors need to be aligned, coordinated and, where appropriate, integrated. A co-ordinating mechanism at national level is essential to steer the vision and oversee efforts, including at the provincial, municipal and community levels. Increasing the overall share of budgetary allocations for early childhood development targeted at the first three years before pre-primary school is a critical step that governments must take, with a balanced distribution towards quality and coverage of services.

Proposed actions at country level:

1. Convene a high-level multi-sectoral coordination mechanism encompassing all relevant stakeholders

Financing of nurturing care

Creating enabling environments and the systems, work force, and infrastructure for Nurturing Care requires adequate, sustainable, equitably distributed, efficient and flexible funding. Financing for Nurturing Care in the early years comes from a mix of public and private sources -- including substantial contributions from households in many settings. This mix, combined with varied service delivery models across several requires coordination, governance over the allocation of resources, and accountability.

Increases in public funding are essential. While increasing, currently investments across the range of inputs needed for Nurturing Care (parenting support, early health care and nutrition services, protection and opportunities for early learning), remain inadequate. Governments must increase both the allocation and efficiency of domestic resource spending through: advocacy for the prioritization of crucial investments in human capital development during pregnancy and the first three years of a child’s life; policy dialogues and support for strengthened public financial management of health, nutrition and education resource.

Donor financing (including foundations and other sources) must be harmonized and aligned to support implementation of programs for Nurturing Care and international donors need to step up to close the financing gap for low-income countries and those affected by conflict and violence. Increased coverage of Nurturing Care services and ongoing improvements in service quality and equity require increased financing from all sources. The private sector can play a critical role, by making budgetary contributions through corporate social responsibility (CSR) initiatives and by implementing Nurturing Care policies and services for their employees.

Finally, out of pocket expenditure for child day care and early childhood programs is common in low-income settings, leading to high household expenditures and concerns about equity. In addition to fees, households may be asked for in-kind contributions of food and manual labour to help with upkeep of infrastructure along with cash to help cover salaries. In some countries, subsidies and a sliding fee scale can help reduce the burden on the neediest families. Conditional cash transfer programs can increase household income and incentivize use of Nurturing Care services.

While working toward a future in which governments prioritize and adequately fund quality programs that are delivered at scale and reach all children in their first three years, there are a number of opportunities to address financing gaps. These include bi-lateral and multi-lateral funders (IDA); new groups of investors such as the Power of Nutrition; the Global Financing Facility Trust Fund in support of Every Woman Every Child; and foundations which seek to support the provision of Nurturing Care for young children in many of the most disadvantaged settings in the world.
2. Assess the current situation including children at risk of sub-optimal development, assets and opportunities for strengthening services, and resources that can be harnessed for supporting nurturing care.

3. Develop a common vision, set goals and targets, and prepare a coordinated plan of action, if possible supported by a national integrated early childhood development policy.

4. Assign clear roles and responsibilities for implementing the national plan at all levels and equip sub-national and local authorities with the means to act.

5. Prepare a long-term financing strategy building on available funding streams that support the components of nurturing care.

Strategic action 2
Value that families and communities are at the heart of nurturing care

Make an invisible problem visible.

For political commitment, policies and investment in health and other sectors to make a lasting impact on early childhood development, caregivers must be informed, be able to act, and have legal recourse when entitlements are not met. The empowerment of women, families and communities is essential for improving Nurturing Care, combating poverty and preventing and treating malnutrition. Communication, engagement and participation are instrumental in making an “invisible problem” visible, in setting simple and easy to understand targets, in illustrating how they can be reached, and what everyone can do to reach them.

Social accountability increases community awareness of entitlements and demand for services. Legislation combined with health and other committees, participatory budgeting and monitoring, citizen report cards, and ombuds offices are some of the mechanisms that have been effectively used in countries to empower communities and families to demand more and better quality services and to contribute to their implementation and improvement.

Interventions to empower women and communities to create enabling environments and strengthen home care practices include women’s groups practising participatory learning and action, home visits from professionals, nurses, or community health workers, and counselling through community services and at the health facility.

A strong communications strategy led by civil society, the government and international partners is important. This will create widespread understanding and awareness about the importance and social advantages of enabling young children to reach their full potential, about how children learn and benefit from parent and caregiver engagement, and how this leads to improved adult health, earnings and participation as productive citizens. The strategy should aim to empower leaders and citizens at all levels to become champions in their own right, motivate them to lead the change, be accountable for progress and hold those who are in power to account for achieving results.

Proposed actions at country level:

1. Ensure the voices, beliefs, and needs of families are incorporated into local and national plans.
2. Mobilize local champions to take on Nurturing Care and become the drivers of change in their communities

3. Strengthen national communication strategies to empower communities and families promote and support Nurturing Care

4. Ensure that municipalities and communities have access to technical and financial resources that enable them to promote, support and demand for contextually-relevant, quality Nurturing Care services

5. Support accountability through legislation, participatory budgeting and monitoring, and other mechanisms that create transparency of resources and results

**Strategic action 3**

Create enabling environments through policies, information and services

Families and caregivers need integrated systems of support for Nurturing Care. All caregivers of young children need basic information and some level of support. Communities and families at risk need additional support, such as material or financial benefits and more frequent contacts with a qualified service provider or counsellor. Children with developmental difficulties and disabilities, exposed to violence, abuse, neglect or family dissolution, and families in conflict and other emergency conditions need specialized services.

**Touch points for supporting nurturing care**

Evidence shows that providers working with families can be trained to promote and support early childhood development and build caregiving skills through the services they already deliver. Examples include community health workers, social workers and child day care workers, as well as paediatricians and others working with children with developmental disabilities. Thus, support for nurturing care can be fully integrated into existing services by strengthening the existing skills of persons who work with families with young children.

Support for responsive caregiving and early learning can be integrated within a range of existing government and non-governmental services. These include:

- Child health and nutrition: preconception care, antenatal care, postnatal care, immunization, growth monitoring, management of childhood illness, nutrition counselling and supplementation, nutrition rehabilitation, services for children with developmental difficulties or disabilities.
  - Education: secondary education; adult education; child day care services and centres, pre-primary school education, services for children with developmental difficulties or disabilities.
  - Social protection: income support programmes, health insurance schemes, work-based programmes, care for children outside the family context.
  - Child protection: services for children at risk of neglect and maltreatment

These touchpoints introduce, support and reinforce directly provided services to specifically to promote Nurturing Care.
The health system with its extensive reach to caregivers and young children must step up to complement the work of the education in pre-primary school provision and social and child protection in assisting families in poverty and facing social and other challenges.

Ample opportunities for strengthening existing services are available. Many services have contact with families and caregivers, such as agricultural extension, WASH, and humanitarian efforts. These can be optimized to address nurturing care in a holistic way.

Attention to all domains of nurturing care commonly requires revision of relevant tools and materials in order to ensure that touchpoints for providing integrated services are well utilized. This requires awareness raising, the creation of information materials and media, and training. In many instances, it also requires the development of new capacities in the work force, the strengthening of referral systems for families and children that need extra support, and the updating of health and other information systems with indicators that track quality and coverage of interventions that support Nurturing Care. A shared understanding across sectors of what Nurturing Care means and looks like will ensure consistency in content and desired competencies across materials, curricula, work force, and services.

If community health workers are involved, adequate remuneration and linkage to formal health care and specialised services must be ensured.

Much can be learnt from pilot and expansion project and intervention and implementation studies about how to build systems for Nurturing Care. Lessons can also be learnt from countries that have established national systems to promote early child development or are in the process of expansion. Consolidation of best practices must be a key feature of approaches to build systems, and adaptation of generic approaches to national and local contexts is critical for success.

Proposed actions at country level:

1. Identify opportunities for strengthening existing services in a range of sectors including health, education, child and social protection, agriculture and the environment.
2. Update national standards and service packages to reflect the five components of Nurturing Care
3. Update competency profiles and strengthen capacity of the workforce to support Nurturing Care in a holistic way
4. Strengthen capacities for monitoring children’s development and set up a seamless continuum of referral services
5. Provide mentorship and supervision of trained personnel, build national resources of excellence, and ensure quality services

**Strategic action 4**

Monitor progress across in implementation, results and impact across all components of nurturing care

For early childhood development, policies, programmes and services to be implemented effectively, measurement and accountability is essential. Effective monitoring systems need to follow the logical framework that underpins the vision and national plan of action and cover inputs, outputs and outcomes. Monitoring must be a shared responsibility of stakeholders across all sectors.

Many indicators that are relevant for nurturing care are already part of routine health information
systems and they are tracked in countries, for example indicators related to health and nutrition. For other components of nurturing care, in particular responsive caregiving and early learning, new indicators to track progress at individual and population levels need to be embedded within national monitoring plans and systems.

The choice of indicators depends on the specific strategic priorities and is limited by practical considerations and available data sources. Countries will need to select relevant indicators to complement the generic indicators recommended by the SDGs and Global Strategy Monitoring Framework in order to generate a clear picture of whether progress is made as intended and to provide information to support day-to-day programme management and decision-making.

Data collection systems and the use and reporting of the collected data should be planned from the start of the efforts. Disaggregated data, including on sex, age, income/wealth, race, ethnicity, migratory status, disability and geographic location, are required to provide information on inequities and enable the targeting of populations at risk.

Routine data collection has a cost in terms of staff time and other resources so each data collection point should be related to a specific decision-making mechanism and sufficient funds should be allocated to allow for follow-up action.

Score cards and dashboards are helpful instruments for the presentation of data for policy-makers, programme staff and service providers, as well as to media, civil society and parliamentarians. They can facilitate communication and the use of data for decision making.

There are several critical areas where research and investment is required to develop better measurement methods and instruments, e.g., population based monitoring of early childhood development in children 0-3 years of age. More details on a generic results framework and potential indicators and measurement methods will be made available in operational guidance (www.nurturing-care.org)

Proposed actions at country level

1. Agree the indicators that will be monitored to track progress in early childhood development in line with the national plan

2. Update routine information systems to include the indicators with relevant disaggregation and build capacity for measurement of frontline workers

3. Make available data in user-friendly formats among all relevant stakeholders

4. Support periodic population-based assessment of children’s developmental status, home care practices, and risk factors for nurturing care

5. Use data for decision making on programming for nurturing care, including through annual multi-sectoral review of progress

**Strategic action 5**

Strengthen local evidence and innovate for scaling up nurturing care

To achieve holistic wellbeing for young children, evidence is needed on effective bundles of interventions. Interventions for health, nutrition, safety and security, responsive care giving and early learning may be integrated in a single package or their delivery may be coordinated within and across multi-sectoral services. More evidence from neuro-behavioural, health and nutrition
sciences is required to understand what, when and how interventions can be best combined or provided in an integral way.

While research at global level is critical for generating more evidence on effective interventions and their delivery in support of early childhood development, countries need to invest in implementation research in order to tailor innovations that were designed and piloted in controlled studies to the ‘local contexts’.

Implementation science approaches enable programme staff to learn about barriers to scaling-up with quality and to identify solutions through rapid learning cycles and continuous quality improvement. Common implementation questions also pertain to demand creation for quality nurturing care interventions within communities and health systems; what is the additional cost of delivering new interventions within existing systems; what monitoring indicators can be added to existing health data systems to inform progress and impact; and what is the impact of adding new interventions on existing service delivery systems?

Building the local evidence to operationalize nurturing care in health and other systems will require partnerships between multidisciplinary teams of researchers with implementers and policy makers. Fostering national research leadership and priority setting will be essential. Enabling peer review and joint learning are important for good practices to be shared and implementation problems to be addressed.

Proposed actions at country level:

1. Foster collaboration of programme implementers and scientists to generate local evidence for nurturing care
2. Track global evidence of what works and how to support nurturing care
3. Use local and global evidence to inform innovations for scaling up
4. Support a national learning platform and form communities of practice to enable peer learning
5. Document findings and results and make them available in the global public domain
Roles and responsibilities

Contributions from sectors and constituencies

Early child development is key to human development, and human development is in the interest of everyone in society. Impacts cannot be achieved by one sector alone. This section focuses on the three sectors most closely in contact with families and children - health, education, and social and child protection. However, while the health sector has many points of contact with pregnant women, families and caregivers of young children, actions in other sectors, including nutrition, education, child protection, social welfare, agriculture, labour, water and sanitation are needed under a whole-of-government approach.

Linked to this, involvement of all relevant stakeholders is essential and should include caregivers and families, communities and municipalities, service providers and sector managers, political leaders and civil society, donors and the private sector.

The role of the health sector

The health sector is often not seen as an important player for early childhood development, yet services commonly offered by health workers during the mother’s pregnancy and in the first three years of a child’s life are perfectly timed to address early childhood development. Contact with the health service for antenatal care can ensure proper nutrients in utero to support brain development, and that birth injuries and risks to a mother’s health associated with home delivery are prevented. Promoting and supporting breastfeeding at birth supports bonding and the continuation of exclusive breastfeeding, which enhances a child’s mental development. Contacts with caregivers when children come for immunization provide opportunities to inform them about the importance of affectionate care and stimulation. Services provided for at-risk children such as rehabilitation programs for acutely malnourished or low birth weight infants are important platforms for counselling on responsive caregiving and early learning.

Here are five recommendations on how the health sector can help promote nurturing care:

1. **Ensure access to quality health and nutrition services for women and young children.** Because many health and nutrition interventions have a direct impact on children’s development, they must be implemented at high levels of coverage and with quality. The drive towards universal health coverage provides the opportunity for ensuring that service packages along the continuum of care for women and young children are accessible, affordable and effective.

2. **Make health and nutrition services more responsive to support nurturing care.** Support for responsive caregiving, opportunities for early learning and parental mental health must be effectively integrated in service packages for antenatal care, postnatal care, sick and well child visits and in any other appropriate ‘touch points’ when families have contact with services. This enhances the quality of routine services, it also contributes to caregiver satisfaction and their demand for services. Health services must also be responsive to children with special needs and detect those who are subject to or at risk of child maltreatment.

3. **Increase outreach to families and children who are at greatest risk of sub-optimal development.** Families and children who are at risk of sub-optimal development will benefit from targeted, additional contacts beyond the routine services. Home visitation and participatory learning groups have shown to be effective in helping families and children to overcome challenges to nurturing care. Community health workers who are trained to
proficiency can play an important role in providing such support, as an extension of the care provided in health services. (Box)

4. Establish referral care and specialized services for families and children with developmental difficulties and disabilities, or at risk of maltreatment. Beyond strengthening routine and targeted services, countries must invest in local expertise and services that address the needs of families and children for which special support is indicated, such as children with developmental difficulties or disabilities, caregivers with mental illness, children with chronic health conditions, or children at risk of maltreatment. This may involve care by non-specialist providers who have shown to be effective in improving children’s communication and adaptive skills, while fostering caregivers’ wellbeing and their self-confidence, parenting skills and knowledge.

5. Collaborate with other sectors to ensure a continuum of care for nurturing care. To create an enabling environment in which no family or child is left behind, the health sector must collaborate with other sectors in order to assure that families and children, in particular those who are most vulnerable, are supported by a full complement of ‘safety nets’. Affordable and quality child day care, financial incentives for poor families, clean and safe environments, and child-friendly employment conditions are some examples of such collaboration.

The role of the education sector

The education sector has been traditionally more involved in serving older children, and only in more recent years started to include preschool age children. Yet education agencies can play an important role in supporting children under three. Large numbers of children are in child day care, some from as young as 2 or 3 months, while their caregivers seek employment or go to work. Child day care providers need training and supervision to provide nurturing care for the children placed with them. As more and more young children enter preschools around the world, curricula and overall programming must be made developmentally appropriate and not a “push down” from curriculum designed for older children. Here are five recommendations on how the education sector can help promote nurturing care:

1. Reinforce the fact that education begins at birth. Learning does not wait until children reach the schoolhouse door. Learning begins at home. Community child care programs and parent groups can serve as important hubs for promoting early learning experiences at home and in child care programs. These early moments provide the foundation for lifelong learning supporting children’s cognitive, physical, social, and emotional development. Opportunities for early learning are best provided in an atmosphere that promotes curiosity, motivation, a strong self-concept, self-regulation and an appreciation of home language and culture. By engaging and starting early, education partners can help assure continuity in messaging and support for nurturing care throughout the early years - at home, in child care programs, in pre-school and in primary.

2. Assure good health practices, hygiene, and adequate nutrition in any preschool and other early childhood program. Child care programs, preschools and other early childhood programs provide an optimal setting to provide nutritious meals or snacks, allow for ample physical activity, practice good hygiene, and promote improved dietary and feeding practices at home. Partnerships between health, hygiene, and nutrition actors can also facilitate monitoring of growth, physical development, hygiene practices, and overall well-being of young children in these settings.

3. Include family engagement as a core part of quality early childhood programs. While education traditionally has focused on the children, increasing evidence points to the importance of family engagement in preschool and child care programs. Parent volunteers, parent voice in decision making, parent education and networking promote a sense of
empowerment so families feel confident about the important role they play in the lives of their children encompassing their children enrolled in the programs as well as their younger children at home. Financial barriers can limit children’s participation in available programs. When families are valued and involved in the design and delivery of the program, there is an opportunity to develop contextually-appropriate, affordable, and quality programs.

4. **Integrate children with special needs and reach out to the most vulnerable.** All children have a right to access early childhood programs. Yet, the most vulnerable families are often invisible and do not access services. Identifying them through community assessment, dialogues and outreach is essential. As preschools and community-based childcare expand, there is also a unique opportunity to embrace children with special needs and prepare teachers and administrators to assure their full participation.

5. **Invest in adolescent and adult education.** Adult education and ensuring secondary education for young people who will become mothers and fathers is associated with better early childhood development. Integrating Nurturing Care into secondary school curricula can prepare adolescents to promote and support Nurturing Care when they become parents.

The role of the social and child protection sector

The social and child protection sectors (in some countries referred to as social welfare) have a critical role to play in creating the enabling environment for nurturing care by providing the ‘safety nets’ that strengthen the capacity of vulnerable families to provide nurturing care and access services when needed. Examples include targeted support for the most vulnerable households with young children, ECD-sensitive public works, child care facilities for children aged 0-3, links to community-based ECD centres for children, and parenting programmes. Creating a safe, supportive and nurturing environment helps children avoid all kinds of violence. Responsive care reduces prevalence of violence later in life for those children exposed to violent circumstances. Here are four recommendations for how social and child protection can help support nurturing care:

1. **Guarantee citizenship for every child:** Millions of people in low- and middle-income countries are being denied basic services and protection of their rights due to deficient civil registration and national identification systems. This includes universal health coverage, education and social protection schemes, humanitarian responses to emergencies and conflicts, trade, and security. In order to support nurturing care, every child deserves to have their birth registered and subsequent vital events recorded in order to provide quality data for programming.

2. **Shield families and children from destitution:** Basic income security for children, pregnant women, and workers injured on duty, people of working age who are unable to earn an adequate income, and older persons, are essential to alleviate the effects of poverty on young children. Identifying vulnerable populations and providing them with the basic social security guarantees not only improves the quality of life in the home, it also facilitates access to essential health care and other services.

3. **Link benefits to services that support nurturing care:** Social protection mechanisms reach many vulnerable families and, as such, provide important opportunities to scale up nurturing care through their reach to pregnant women, young children and their families, providing information, support, protection and services. Such linkages have shown to have mutual benefits and simultaneously can increase the impact of social protection programmes.

4. **Ensure a continuum of community based services to quality referral care:** Children who are at risk of sub-optimal development because of biological factors (such as prematurity or disability) or environmental influences (such as violence in the community or at home) do require services that can provide more specialized care. Ensure personnel with appropriate
qualifications, centres that can provide an integral set of services, and systems that link multiple services into a continuum of care are essential to serve those who may be in greatest need.

5. **Protect children from maltreatment and family dissolution** - Ensure professionals in all sectors understand the dangers of child maltreatment, can identify if a child is being maltreated, and knows what to do if they suspect maltreatment. Identify strategies to reduce child and domestic violence such as father’s groups, national campaigns, and local champions. Seek to find solutions that keep families together.

**Committing to action**

Concrete commitments and collective action are needed to implement the strategic actions and realize the vision of this Framework. The commitments made by governments and concerned stakeholders to the Global Strategy for Women’s, Children’s and Adolescents’ Health provide the basis on which additional commitments in support of a holistic approach to strengthening nurturing care can be built.

**The call for commitments:**

Governments, parliamentarians, decision makers and policy makers at all levels will:

- Commit to a vision of equity and human development with young children at the centre, support nurturing care by ensuring policies, budgets, operational plans, training packages and tools promote nurturing care, make available human, technical and financial resources to strengthen services at national, sub-national and local levels, and progressively implement a whole-of-government and a whole-of-society approach to nurturing care

Civil society at all levels will:

- Advocate for increased attention to, and investment in nurturing care, strengthen community capabilities to support nurturing care and create an enabling environment, track progress and hold itself and other stakeholders to account for commitments

Academic and research institutions at all levels will:

- Generate new evidence about the benefits of nurturing care, effective implementation approaches, their costs and cost-effectiveness, and their impact on current and future generations, make information on evidence and innovations widely available, and integrate Nurturing Care into pre-training and curricula of professionals working with young children and families.

The business community at all levels will:

- Invest in an enabling environment for nurturing care, in the work place, the community and the society, through fair corporate policies, investment of resources and social accountability

The media at all levels will:

- Raise voice for those who are most deprived and promote best practices for nurturing care through quality information

The United Nations and other multilateral organizations and initiatives will:

- Synthesize evidence, develop normative guidance, provide technical assistance, monitor progress, and work in partnership to keep nurturing care high on the sustainable development agenda
Bilateral development partners and philanthropic institutions will:

- Mobilize financial and technical resources, stimulate research and innovation, and support the implementation and monitoring of national policies and plans for nurturing care
### Milestones: By 2023

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<thead>
<tr>
<th>Milestones: National</th>
<th>Milestones: Global</th>
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<tr>
<td>All countries have developed a national coordination mechanism and plan to address nurturing care in a holistic way</td>
<td>Global network established and open to all relevant stakeholders to support nurturing care</td>
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<td>All countries are strengthening capacity of the workforce to support responsive caregiving and early learning</td>
<td>Guidelines, generic service packages and implementation tools to support nurturing care readily available</td>
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<td>All countries have established a continuum of care with referral services for families and children with special needs</td>
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<td>All countries have actively enabled families and communities to support nurturing care through information, services and finances</td>
<td>Evidence on effective approaches for community engagement and agency for nurturing care synthesised and widely available</td>
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<td>All countries collect national and sub-national data on quality and coverage of interventions for all five components of nurturing care</td>
<td>Nurturing care specific targets monitored in all countries and regularly reported on as part of the SDG progress tracking</td>
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<td>All countries are investing in implementation research to strengthen local evidence to inform effective scaling up of nurturing care interventions</td>
<td>Increased investment in longitudinal research to assess the cost-effectiveness of nurturing care and related interventions across the life course</td>
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A glossary will be included in the final document.

A results framework and proposed indicators will be included in the final document.

References will be included in the final document.

Relevant guidelines and global strategies will be included in the final document.