Nurturing care for early childhood development
A global framework for action and results

For launch in May 2018

“If we change the beginning of the story, we change the whole story”
Raffi Cavoukian, The Beginning of Life
Structure of the document

Definitions
The need for a framework
The Science of Nurturing Care
  - Risk factors
  - What is nurturing care?
  - What is new?
Domains of nurturing care
The importance of an enabling environment
  - Contributions from different sectors, acting together
Making nurturing care happen
  - Vision
  - Guiding Principles
  - Proposed implementation approach
Five Strategic Actions
  - Provide leadership and invest in nurturing care from conception through the early years
  - Build quality responsive systems and community services to support nurturing care
  - Empower communities and families to be the foundation for children’s development
  - Monitor implementation and account for results
  - Innovate for scale-up and strengthen the evidence
Milestones
Roles and responsibilities
Annexes
  - The monitoring framework will be developed after the first online consultation
  - References will be included in the final document.
  - Relevant guidelines and global strategies will be included in the final document
Annotations
  - Technical and programmatic vignettes will be included in the final document

Developed by WHO and UNICEF, supported by The Partnership for Maternal, Newborn & Child Health (PMNCH), the ECD Action Network, and many other partners.
Definitions

Caregiver – a person who is most closely attached to the child and responsible for the daily care and support of young children. Primary caregivers include parents, other persons who are directly responsible for the child at home, and carers outside the home such as in organized day care.

Early Child Development – The cognitive, physical, language, socio-emotional and motor development of children from conception to eight years of age.

Early years – From conception through preschool to the start of formal schooling.

First 1000 days – The period from conception (270 days) to the end of the second year (365 + 365 days = 730 days).

Nurturing Care – Refers to a stable environment created by parents and other caregivers that ensures children’s good health and nutrition, protects them from threats, and gives young children opportunities for early learning, through interactions that are emotionally supportive and responsive.

Play – Defined as being for its own sake (without a specific goal), voluntary, a special activity (out of the ordinary), enjoyed by participants, governed by rules (implicit or explicit) and imaginative. It can be solitary or social, and with or without objects. Young children acquire and consolidate developmental skills through playful interactions with people and objects.

Pre-conception – Preconception care is any intervention provided to women and couples of childbearing age, regardless of pregnancy status or desire, before pregnancy, in order to improve health outcomes for women, newborns and children. It aims at improving their health status, and reducing behaviours and individual and environmental factors that contribute to poor maternal, newborn and child health.

Responsive care – Encompasses both sensitivity and responsiveness. Sensitivity is awareness, from birth, of a young child’s acts and vocalizations as communicative signals to indicate needs and wants. Responsiveness is the capacity of parents and caregivers to respond appropriately to these signals.

Stimulation – Sensory information that engages a young child’s attention and provides information through interactions with people and the environment; examples include communicating through talking and smiling, showing and pointing, demonstrating and helping the child achieve goals, with or without objects.
The need for a framework

Brains are built. Early childhood experiences have a profound impact on brain development—affecting learning, health, behaviour and ultimately, adult social relationships and their earnings. Yet, we could do more to care for young children’s brains in the way we currently try to care for their bodies. Investing in the early years is one of the most effective and efficient investments a country can make to eliminate extreme poverty, boost shared prosperity, and create the human capital needed for economies to diversify and grow. An increasingly global 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, and fail to consolidate them 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 inadequate nutrition, a lack of early stimulation, limited opportunities for early learning and exposure to stress.

What is this document?

This Nurturing Care Framework provides a roadmap for action. It builds upon state-of-the-art evidence of how child development unfolds and of the effective interventions that can improve early childhood development. It outlines how parents and caregivers can be supported to provide nurturing care for young children. It recognizes the critical importance of an enabling environment, and the role that multiple sectors play across the life course to protect, promote and support brain development. The Framework focuses on the early years before children enter primary education. It articulates the critical importance of the first 1000 days, starting from conception to the end of the second year, when the child’s brain develops at an astounding speed and is most sensitive to harm as well as interventions to mitigate risks and optimize development. It describes policies and services and the roles of various sectors, especially the health sector that has a unique reach and particularly important role in supporting caregivers to build the foundation for nurturing care.

Who is 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, education, child protection, and social welfare. 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, professional 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.

Why this Framework now?

The Sustainable Development Goals have embraced children’s development in order to catalyse the transformation that the world seeks to achieve in the next 15 years. Embedded in the SDGs on hunger, health, education and justice are targets on malnutrition, child mortality, early learning and violence – targets that outline an agenda for 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 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. This Framework will help to guide the actions that must be taken to achieve results.
The Science of Nurturing Care

Over the last three decades, scientific findings from a range of disciplines have confirmed that the most critical elements of child, adolescent and adult health, wellbeing and productivity take shape during the early years and in particular the first 1000 days. By the time a baby is born, their brain has almost all the neurons it will ever have, and by the age of two years massive numbers of neuronal connections are made which are later trimmed based on which are most frequently used. An optimal environment supports brain development, while an adverse environment harms development both in the short term but importantly also over the longer term. For example, undernutrition during pregnancy, leading to low birth weight, raises the risk of chronic diseases in adulthood. Adversity associated with extreme poverty may lead to diminished care by overworked, stressed and demoralized caregivers. Relentless adversity, without opportunities for compensation or recovery affects the psychological and neurological development of young children.

Children who do not experience the nurturing care necessary to enable their capacities to flourish, are less healthy, grow poorly, learn less and complete fewer grades at school, are more likely to have difficulties relating confidently to others, and earn less as adults. Without intervention, as adults they 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 than they are predicted to lose in the future as a result of the high burden of poor early childhood growth and development.

Basic learning skills and personal-social capacities are acquired at a young age, and subsequent abilities build on these foundations. Preventive and promotive interventions in the early years achieve more and cost less than remedial interventions at later ages. 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 health and wellbeing, schooling and earnings, personal relationships and social life. The annual earnings of adults who received early intervention in Jamaica and Guatemala, for example, were between 25% and 44% higher than control group children who did not receive the intervention. In Jamaica, young children born to individuals who had participated in an early intervention programme demonstrated inter-generational benefits and their children developed better than controls. Early interventions have also been shown to substantially improve adult cardiovascular health. Interpersonal skills fostered through secure affectionate relationships with parents and caregivers engender empathy and self-control that inhibits crime and violence.

Finally, the Nobel prize winning economist James Heckman has shown how because basic learning skills and personal-social capacities are acquired at a very young age, and subsequent abilities build on these foundations, preventive and promotive interventions in the early years achieve more and cost less than remedial interventions at later ages. 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 cost-effective but makes later essential interventions across the life-course more likely to succeed.

Risk factors

It is estimated that 250 million children (43%) less than 5 years of age in low and middle-income countries are at risk of suboptimal development due to the risk factors of poverty and stunting alone. Risks to early child development are biologically and contextually determined (see Figure) and cluster in households. Thus, exposure to one risk commonly means exposure to multiple risks. Risk factors include extreme poverty, poor maternal nutrition, sub-optimally breastfeeding, HIV infection, stunting and all other forms of malnutrition,
limited cognitive stimulation, caregiver mental health problems, child maltreatment such as physical, sexual and emotional abuse, and neglect; disabilities, home and community violence and exposure to environmental toxins. Nurturing care is therefore a multi-sectoral issue and requires co-ordinated action across sectors.

What is nurturing care?

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

The brain becomes increasingly complex as we grow older and while new connections continue to be made, the brain is built only once and it is built under very special conditions. Nurturing care is the set of conditions that provide for the optimum care of young children. It refers to a stable environment created by parents and caregivers with support from policies, services and communities that ensures children's good health and nutrition, protects them from threats, gives them opportunities for early learning, through interactions that are emotionally supportive and responsive. Nurturing care is essential for child development and lays the foundation for life-long health and well-being and builds human capital in the child today, the adolescent and adult tomorrow, and in the next generation in the future.

In the first years of life, parents and intimate family members are the best providers of nurturing care, which is why family-centred care is important. Engagement between parents and their young child, expressed before speech, develops through cuddling, eye contact, smiles, vocalizations and gestures; it is the engine that propels brain development. Through these mutually enjoyable interactions, parent and child create a communication channel through which the young child learns language, forms cognitions, and comes to know the world around them. By observing their young child and discerning their child’s needs and intentions, parents help their young child learn about the world by describing and explaining their own and their child’s behaviour.

While nurturing care for infants is natural to our human survival, it can be undermined by stressors and challenges. 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. Rapid urbanization, erosion of family networks, and the creation of the nuclear family means that for many children, nurturing care is provided by a range of caregivers including carers in organized day care. Nurturing care is especially important to address the needs of children with development difficulties and disabilities, as well as for prevention of child maltreatment. It can be encouraged and fostered by laws, policies, services and social relationships that improve the environment, support parenting, and strengthen parent-child relationships. Importantly, nurturing care can help to mitigate the negative effects of adversity on young children by lowering stress levels experienced by young children and by stimulating a young child’s emotional and intellectual coping mechanisms.

What is new?

Nurturing care consists of five inter-related components: health, nutrition, safety and security, early learning and responsive care. Children need all five domains of nurturing care to meet their developmental potential. Many health and nutrition services, as well as provisions for safety and security are already in place in many countries, though their reach and quality must be improved. Their value for promoting human capital development from conception should be recognised. The emphasis in the current framework on early learning, responsive care, and caregiver’ mental health is new however and described in more detail below.

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. In fact, learning is a built-in mechanism of human beings that ensures our successful adaptation to changing circumstances and begins at conception, initially as a biological mechanism. In the earliest years, skills and capacities are acquired interpersonally; that is, in relationship with other people through modelling and imitation. The mutually enjoyable emotional interaction between a caregiver and a child is the channel through which all learning takes place during the first 1000 days, which is why responsive care is so important.

Responsive care

Caregivers enable infants to participate in human communication and exchanges by playing their own part in the interaction as well as helping the infant engage. That is, caregivers have to be sensitive to what their infant might be feeling or trying to do and be able to respond in ways that help their child achieve their emerging intentions. Sensitive parents observe their infants intensely, and notice changes in their child’s facial expressions, gestures, body movements and vocalisations. When parents and caregivers match their actions and emotions to those of their young child, they impart significance to the infant’s acts, give them meaning, and reinforce the child’s feeling and actions and the role of these in the child’s development and relationships with others. Caregiver sensitivity and responsiveness is “built-in”, driven by intense love for one’s infant. Because it is dependent on emotion and motivation, responsive care can break down under conditions of stress and distress, such as war or displacement, caregiver depression, domestic violence, substance abuse and extreme poverty. It also can be difficult for caregivers to pick up the inconsistent or weak cues of babies who are born prematurely, or who are sick or malnourished. For example, maternal anaemia due to iron deficiency can cause depression and apathy that renders women unable to engage in responsive caregiving. This is compounded when the child is also apathetic or listless due to anaemia. Caregivers in these situations need support, encouragement, guidance and reassurance, to establish or re-establish responsive care.

Caregiver mental health

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Because responsive care is driven by emotions and motivations, mental health problems can disrupt parenting and caregiving. Depression occurs among up to a third of women who are pregnant or have recently given birth, especially amongst those women without partner or family support. Interventions to reduce mental health problems and support women have been developed and evaluated in low- and middle-income countries. All have been assessed in settings where there are very few mental health specialists, most implemented by locally trained community health workers under professional supervision. Nurturing care requires attention to the physical, mental and socio-emotional needs of caregivers as well as those of the child.
## Domains of nurturing care

Nurturing care is promoted by services, information and interventions that assist parents and other caregivers to provide attentive, loving and responsive care. Nurturing care ensures that their young child grows well, is healthy, protected from danger and is an active confident learner about other people and their world. Examples of services, information and interventions that promote nurturing care are summarized below:

### Essential elements of nurturing care

<table>
<thead>
<tr>
<th>Health</th>
<th>Nutrition</th>
<th>Safety and security</th>
<th>Responsive care</th>
<th>Early learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family planning</td>
<td>Maternal nutrition</td>
<td>Safe water</td>
<td>Skin-to-skin contact immediately after birth</td>
<td>Responding to children’s communication through vocalizations, facial expressions and gestures</td>
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<tr>
<td>Prevention and cessation of smoking, alcohol and substance use</td>
<td>Early initiation and exclusive breastfeeding</td>
<td>Sanitation</td>
<td>Affectionate and secure adult caregiving in a family environment</td>
<td>Language stimulation through talking and singing</td>
</tr>
<tr>
<td>Antenatal care</td>
<td>Complementary feeding and transition to the family healthy diet</td>
<td>Prevention of child abuse and neglect</td>
<td>Guidance for children in daily activities and relationships with others.</td>
<td>Encouragement to explore objects with guidance from caregivers</td>
</tr>
<tr>
<td>Childbirth care</td>
<td>Micronutrients as needed</td>
<td>Prevention and reduction of indoor and outdoor pollution</td>
<td>Daily feeding and sleep routines</td>
<td>Caregiver-child play and reading and story-telling groups</td>
</tr>
<tr>
<td>Prevention of mother to child transmission of HIV</td>
<td>Deworming</td>
<td>Environments healthy, green, free of toxins</td>
<td>Involvement of fathers, extended family and other partners</td>
<td>Mobile toy and book libraries</td>
</tr>
<tr>
<td>Essential newborn care with extra care for small and sick babies</td>
<td>Growth monitoring and intervention when indicated</td>
<td>Prevention of intimate partner and family violence</td>
<td>Social support by families, community groups and faith communities</td>
<td>Quality day care and pre-primary education</td>
</tr>
<tr>
<td>Postnatal care contact</td>
<td>Management of all forms of malnutrition</td>
<td>Prevention of harsh punishment of children</td>
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<tr>
<td>Kangaroo mother care for low birth weight babies</td>
<td></td>
<td>Safe play spaces in urban and rural areas</td>
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<tr>
<td>Maternal immunization</td>
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<tr>
<td>Childhood immunization</td>
<td></td>
<td></td>
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<tr>
<td>Care for children living with developmental difficulties and disabilities</td>
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<tr>
<td>Support for parental mental health</td>
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<tr>
<td>Early detection of illness or disabling conditions (e.g., sight, hearing)</td>
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<tr>
<td>Timely, appropriate care-seeking for sick children</td>
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<tr>
<td>Integrated management of child illness</td>
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</tbody>
</table>

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The importance of an enabling environment

Nurturing care is facilitated by an enabling environment of policies and laws that assist caregivers in providing a nurturing and supportive environment for their children and families. Examples of laws and policies that support nurturing care are summarized below.

Examples of laws and policies that support nurturing care

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income support</td>
<td>When parents 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 parents work in the formal economy, as well as in the informal economy.</td>
</tr>
<tr>
<td>Social welfare and cash transfers</td>
<td>Cash transfers are direct, regular and predictable cash payments for poor and vulnerable households. They are an important and growing part of social welfare in many countries. Cash transfers have been shown to reduce household poverty, improve access to health care, increase immunization coverage, improve child and maternal nutrition, and boost school attendance and achievement.</td>
</tr>
<tr>
<td>Paid parental leave</td>
<td>Paid maternity leave is associated with multiple health benefits for children, including support for bonding between mother and child, increase initiation and duration of breastfeeding, and improving the 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.</td>
</tr>
<tr>
<td>Universal health care</td>
<td>Universal Health Coverage is 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 health services including promotion, prevention, treatment, rehabilitation and palliative and the service should be of good quality.</td>
</tr>
<tr>
<td>International Code of Marketing of Breastmilk Substitutes and accompanying Guidance</td>
<td>Inappropriate marketing of food products is an important factor that often negatively affects the choice of a mother to breastfeeding her infant 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.</td>
</tr>
<tr>
<td>Baby Friendly Hospital Initiative (BHFI)</td>
<td>Maternity services play an important role in supporting mothers to establish optimal breastfeeding practices. The ten steps of the BHFI describe essential conditions to protect, promote and support breastfeeding.</td>
</tr>
<tr>
<td>Birth registration</td>
<td>Through birth registration, a child becomes a citizen and eligible for fundamental legal protection by the state. It is the basis of children’s human rights and enables them to access health services, go to school, find legal work, and participate in elections.</td>
</tr>
<tr>
<td>Affordable child care services</td>
<td>Increases in the number of women in the workforce, high numbers of single mothers, and parents or children living with disabilities make affordable quality child care essential.</td>
</tr>
<tr>
<td>Universal access to preschool and primary education</td>
<td>Developmentally appropriate early education is crucial to children’s cognitive and social development and their preparation for formal schooling. It is important for children across all demographic groups to have access to tuition-free pre-primary education and primary education.</td>
</tr>
</tbody>
</table>
Contributions from different sectors, acting together

Health and nutrition

Health and nutrition affect how children develop. Children become passive and less exploratory when they are ill. If they are hospitalised their development may be disrupted due to separation from family members and their environment. In addition, chronically malnourished children may be delayed in their mental, physical (motor skills) and social development and not be ready to learn optimally at school at entry. Health and nutrition services are therefore important in preventing illness and malnutrition, including by promoting hand-washing and latrine-use practices, bednet use, good complementary feeding and by ensuring that children receive treatment when they are ill.

Services commonly offered by health and nutrition 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. In addition to health and nutrition services that support child development indirectly, children’s health and wellbeing can be improved with more directed attention to child development during regular contacts with families. Antenatal visits can be used to enhance mothers’ perception of her developing child, while immunization visits provide opportunities to inform caregivers about the importance of affectionate and responsive caregiving through communication and play.

Services for low birth weight infants and rehabilitation programs for acutely malnourished infants, and other children at risk of poor development, are also important platforms to promote and support responsive care and early learning.

Interventions to support responsive caregiving and early learning

Interventions to support responsive caregiving and early learning seek to strengthen caregiver child interactions including through communication and play. WHO and UNICEF developed Care for Child Development as a generic guidance package to equip 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 and purposefully planned contacts. Counsellors ask caregivers how they play and communicate with their children, how they get their children to smile, and how they think their children are learning. The counselling aims to increase the time parents spend with their children, and improve the quality of interactions that affect learning and health. The counsellor observes how the caregiver responds, comforts, shows love, and guides the child’s exploration. The counsellor uses the information to praise the caregiver, build the caregiver’s confidence, increase child-directed language, and identify enjoyable activities that the caregiver and child can do together at home. Central to the intervention is a set of age- and developmentally-appropriate recommendations on play and communication that guide counsellors in helping caregivers interact with their children. The activities promote strong emotional bonds between caregivers and children, enabling families to stimulate motor, cognitive, social, and emotional learning of children. Playing with common household items can help a child learn, and even a busy caregiver can be given the motivation and confidence to talk with a child during feeding, bathing, and other routine household tasks.
Education

The education sector has been traditionally more involved in serving children upon school entry, but in more recent years has placed increasing emphasis on preschool age children. Yet education agencies can also play an important role in promoting early learning for children under three. Adult education and ensuring secondary education for young people who will become mothers and fathers is associated with better early childhood development. Large numbers of children are in child day care, some from as young as 2 or 3 months. 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. Preschools and other early childhood programs provide the perfect setting to promote improved nutrition at home, and provide opportunities to monitor and promote physical development and overall well-being. Partnerships between community health and nutrition and local education agencies are essential to ensure nutritious meals are served and that there is ample physical activity and safeguards to promote healthy development. As preschools expand, they must also ensure that children with special needs are integrated into existing services, and that teachers and administrators are prepared for their inclusion and further development. The education sector can support child care in the earliest years, and then preschool education, in preparation for entry into primary school.

Social welfare

Social welfare (also referred to as social protection) consists of policies and programs designed to reduce poverty and vulnerability. It aims to diminish people’s exposure to risks such as unemployment, exclusion, sickness, and disability. The social welfare sector has a crucial role to play in ensuring the welfare of children. Caregivers with mental health or substance abuse problems need to be provided with appropriate assistance in order to provide children with optimal caregiving conditions. It is essential that the sector ensures that residential care and the ensuing disrupted relationships is avoided if at all possible. When residential care is necessary the focus should be on permanency planning in order to ensure children do not languish in institutions. Financial assistance is crucial for families living in endemic poverty – cash transfers are a component of this and they attempt to protect families from the impacts of shocks and support the accumulation of human, productive and financial assets. Similarly, health insurance schemes have the potential to provide vulnerable families with the financial protection that they need to access health services. Such schemes, particularly when linked to results such as care-seeking for essential interventions, have shown to be effective in improving child growth, health and development.

Child protection

Prevalence of violence against children is high, including psychological abuse, physical abuse, sexual abuse and neglect. The health consequences of violence against children are extensive both in the short and the long term. Child maltreatment can have strong, long-lasting effects on brain architecture; psychological functioning; mental health; health risk behaviours; non-communicable diseases, and communicable diseases, and has high economic costs. Preventing child maltreatment is critical to enhancing early childhood development, and laying the foundations for lifelong health and well-being.

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. Efforts to build child maltreatment prevention capacity have been especially effective in sub-Saharan Africa. Here, the role of child maltreatment prevention in reducing the risk of HIV has led to increased investment in the
development and implementation of evidence-based interventions aimed at enhancing safe, stable and nurturing relationships between infants and their parents or other caregivers. Nurturing care interventions, including support for responsive care, opportunities for early learning and behaviour management practices have shown to be feasible and effective in improving parent-child interaction and parental knowledge and prevention of child maltreatment.

Nurturing care in emergency and humanitarian settings
Emergency and humanitarian settings pose numerous risks to young children and their families. Worldwide, over 1 billion children live in areas affected by conflict and high levels of violence. These settings profoundly disrupt the continuity of caregiving and relationship building that is so essential for early child development. Children in these settings are also twice as likely to die before they reach their fifth birthday. Approximately 40% of the 1.4 billion people living in countries impacted by emergencies and humanitarian crises are under the age of 15 years. Finally, humanitarian emergencies increase marginalization and exclusion. In emergency and humanitarian contexts, attention to nurturing care and caregiver mental health is critical as very young children carry an inordinate amount of the burden.

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 absorbs 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.
Making nurturing care happen

Vision

Providing a good start in life for every child is increasingly urgent in a fast-moving world that is rapidly becoming digitalized, where prosperity is not equally distributed, and optional development is essential for competitive, productive and social well-being. The Sustainable Development Goals (SDGs) present an opportunity to connect early childhood development with efforts to achieve equity, productivity, prosperity and sustainable growth for a more peaceful shared future. The vision of this framework is therefore to contribute to:

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

Targets aligned with the SDGs

The Framework proposes targets that are aligned with the Sustainable Development Goals. Recognizing the interconnectedness of targets across multiple goals, five targets stand out to drive the vision of this Framework. They are:

- **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 2.1:**
  
  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 newborns 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-tier 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 every child. The Convention of the Right of the Child provides the overall frame of children’s rights and entitlements to healthy growth and development. The Global Strategy for Women’s, Children’s and Adolescents’ Health, the Work Programme of the UN Decade on Nutrition, the Global Programme for Education, and the INSPIRE...
strategy for prevention of child maltreatment are key strategy documents that already provide guidance. This Framework proposes guiding principles, an implementation approach and strategic actions to facilitate alignment, harmonization and integration of actions where appropriate, and to enrich the quality and the coverage of policies, information and services to be more sensitive to children’s developmental needs.

Guiding Principles

Early means early

Despite the considerable evidence of how the most critical elements of child, adolescent and adult health are shaped during the first 1000 days there is a common default to older children when considering investments and interventions for early learning and responsive care. With more than a million new neural connections being formed every second in the first years of life, early means early. Intervening from conception is formative for children and is the foundation upon which later interventions and services are able to build. Essential later investments such as quality day care and pre-school education will have greater gains if they build upon early investments.

Life-course approach

Increasingly, we appreciate that development spans the life-course, starting in the preconception period, and continuing through pregnancy, birth, the newborn period, throughout childhood and adolescence and into adulthood, old age, and the next generation of children. Brain development does not stop at the end of the first 1000 days as brain function continues to be built into early adulthood. The nurturing care framework adopts a life course approach where investments in the early years must be consolidated and expanded by complementary investments in pre-school and up to and throughout schooling and adolescence.

Family-centred care

In the first 2-3 years of life, caregivers and 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 forms, need support. In addition to mothers, father involvement has benefits for the mother, the young child and the broader family. Placing families at the centre of nurturing care for young children is essential.

Enabling environment

To ensure support to caregivers, nurturing care calls for an enabling environment of policies, information, and services that assist parents and caregivers to ensure that their young child is loved and protected, is healthy, well-fed and grows and learns well. To create such enabling environments, there must be high level and sustained political commitment, an appropriate policy and legal framework, availability of adequate financing and monitoring systems, as well as inter-sectoral mechanisms for coordination and accountability that are deeply embedded at all levels of the system and down to communities.

Leaving no one behind
Caring for children is a human rights issue and the universal declaration of children’s rights places the rights of children at the centre of the global agenda. Programming and policy development for early childhood development should have child rights at its core. Linked to a human rights approach is the importance of equity. Universal coverage and reaching the most vulnerable groups is central to ensuring that all children reach their developmental potential. Core in this regard is ensuring that children with disabilities, minorities and young children in humanitarian settings are not left behind.

Multi-sectoral

Stand-alone vertical programmes and interventions will not effectively and equitably improve the early development of children. It is essential that the approach is universal with programmes integrated into interventions across sectors. The health system provides the most promising platform in the first 1000 days because of its extensive reach and capacity to deliver services to families, women and young children. While the health platform must step up given this potential to reach families and children the early years, collaboration with other sectors is essential. The education, social welfare, finance, water and sanitation, and child protections need to work together.

Proposed implementation approach

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

In supporting nurturing care, not all children and families need the same intensity and range of interventions and services. Some families may only need reinforcement of good care practices and access to quality information about how to support their child’s development. Other families require more intensive support through additional contacts and resources. Within this framework, three levels of support are recognized, that together need to form a seamless continuum of care.

Universal approaches prioritise basic support for nurturing care and primary prevention among the whole population. They are promotive in that they attempt to decrease the likelihood of a problem developing and later intervention being required. They are approaches 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. Examples of universal approaches include:

- A media campaign on national radio or television or a video-based approach in antenatal clinics aimed at sensitising all pregnant women to the capacities of their infants;
- Integration of basic guidance on nurturing care in routine contacts that caregivers and young children have with services (e.g. antenatal care, postnatal care, immunizations); and
- Laws and policies such as birth registration, baby friendly health services, universal access to preschool and primary education.

Targeted approaches focus on individuals or communities at risk of later problems because of factors such as poverty, undernutrition, adolescent pregnancy, and exposure to HIV, violence, displacement or humanitarian emergencies. The aim is to reduce the chances of problems developing later by strengthening individual capacities to cope as well as provision of extra support. Families and caregivers at risk need additional contacts with a trained provider in facilities, community or within the home. They may also require additional resources such as health insurance or financial benefits. Examples of targeted approaches include:

- Home visiting programme targeting families and young children in HIV-affected households;
- Community based participatory groups for at risk caregivers; and
- Affordable quality child care centres.

**Indicated approaches** are intended for individuals, families or children with special needs, for example, young children without parents, those born with 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. Examples of indicated approaches include:

- Treatment of perinatal depression through home visiting of women screening positive for maternal depression;
- Quality care for pre-term infants with direct caregiver involvement; and
- Family-centred interventions for children with developmental delays and disabilities.

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**Monitoring child development**

The concept of monitoring child development aims to begin to address the inequitable and unacceptable gap that exists between the care and services that children with developmental risk factors, delays and disabilities receive in different parts of the world. Monitoring child development is defined as an informed watching, enjoying and supporting of the child’s development with the family, while also partnering to enhance strengths, address risk factors, and provide additional individualized support and services when needed. Developmental monitoring differs from screening in that it aims to keep track of and support each child’s development as opposed to having a predetermined timeframe and goal to detect an aberration. The term monitoring itself implies an accepting, humble, positive and hopeful stance. Due to the dynamic, ever changing nature of child development and the influences of the caregiving environment, monitoring and supporting child development are viewed as seamless and continuous processes in the nurturing care framework. When attempting to optimize the development of children, a primary goal is to partner with caregivers to help them maximize the development of each child. Monitoring child development helps provide anticipatory guidance to families, early detection of children with developmental delays, difficulties and disabilities and individualized, family-centred, comprehensive and community-based early intervention.
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.

- First, this agenda requires strong political and sustained government commitment driven by a desire to reduce inequities and social injustice.
- Second, a combination of policies, services, and public awareness and motivation is required to empower families to provide nurturing care.
- Third, actions cannot be delivered by one sector alone and therefore mechanisms that bring together actions in health, nutrition, education, child protection and social welfare under a whole-of-government approach are essential.
- Fourth, 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.
- Fifth, evidence-informed investments must create universally enabling environments and include a focus on communities, families and children in greatest need, and are accompanied by strong accountability and incentivizing of results.

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

1. Provide leadership and invest in nurturing care from conception through the early years.
2. Build quality responsive systems and community services to support nurturing care.
3. Empower families and communities to be the foundation for children’s development.
4. Monitor implementation and account for results.
5. Innovate for scale-up and strengthen the evidence.

Within each action area, specific activities need to be taken forward at the country level under government leadership.
Strategic Action 1
Provide leadership and invest in nurturing care from conception through the early years

Enabling caregivers to be the foundation for early childhood development requires investments in health, nutrition, environmental health, social welfare and child protection. It requires strong and sustained political commitment coupled with effective public policies and investment. It relies on a joint government-led strategy that is closely coordinated among different levels of governance, and 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 and Monitor together.

Policies, services and information within different sectors need to be aligned, coordinated and, where appropriate, integrated. A co-ordinating body at national level is essential to steer the vision and oversee efforts, including though mechanisms at the provincial, municipal and community level. Increasing the overall share of budgetary allocations for early childhood development programming is also a critical step that governments must take, with increases in public funding and a balanced distribution towards quality and coverage of services.

Proposed actions at country level:

1.1 Establish an authoritative body, at supra-ministerial or ministerial level, to develop and oversee implementation of a national strategy for protecting, promoting and supporting early childhood development – starting at conception and involving all relevant sectors, institutions and other stakeholders, at all levels of governance.

1.2 Assess the country’s current situation with regards to laws, policies, services and information that are essential for the provision of nurturing care to young children, identify communities, families and children at risk of sub-optimal development, and assess the opportunities for strengthening support for nurturing care.

1.3 Develop a national strategy for improving nurturing care, with a clear vision, goals and

Financing of nurturing care
Creating the enabling environment for nurturing care requires funding that is sufficient, sustainable, equitably distributed, efficient and flexible. Increases in public funding are essential, even though these may not be sufficient to cover the growing needs for service provision and improvements in quality.

Funding should be based on the needs of families and children and not on political priorities. In countries that rely on decentralized administrative units, investments in nurturing care vary greatly. Different amounts are allocated across localities, and service quality varies greatly. Furthermore, distribution across the various critical time periods is uneven, with investment in education often exceeding those in the early years.

Hence, building consensus around a government-led plan and mobilizing funding across multiple sectors and sources of development assistance will therefore be a necessity in many countries. The private sector can also play a critical role, by making budgetary contributions and by implementing nurturing care policies and services for their employees. Linking disbursements to results and ensuring strong mechanisms of accountability, from national to community levels, has been identified as one of the drivers of success in countries that have improved child growth and development outcomes.
targets, starting from conception. The strategy should strengthen laws, policies, services and information in relevant sectors and give special attention to those communities, families and children who are most underserved or at major risk.

1.4 Assign responsibilities for implementation and strengthen existing plans, by sector and at all levels, down to municipalities and communities, for implementation and monitoring of the national strategy.

1.5 Prepare a budget, develop a long-term financing strategy involving all stakeholders, allocate government funding, and equip managers and providers in relevant sectors and at all levels with financial and technical resources to implement the national strategy.

**Strategic Action 2**

**Build quality responsive systems and community services to support nurturing care**

Responsive systems promote and support nurturing care in an integrated manner. They provide basic information and support for nurturing care to all caregivers of young children; create additional benefits, contacts and outreach for those communities and families at risk; and provide indicated specialized services for children with developmental difficulties and disabilities.

The health system with its extensive reach to caregivers and young children is key in this regard. Experience to date in a number of countries has shown that a system-based approach that fully operationalizes national policies and technical guidelines is important for uptake and maintenance of new nurturing care services. This approach has proven to be feasible and appears to be cost-effective across various intervention packages and services, such as for antenatal care, essential newborn care, integrated management of childhood illness, integrated management of malnutrition, prevention of mother-to-child transmission of HIV, care for children with developmental difficulties or disabilities, and care for families where children are at risk of maltreatment. The alignment of actions and services across various sectors is essential, so that individual families and children can receive the support that they need and experience a true continuum of care.

Ample opportunities for strengthening existing services are available. To pay attention to all domains of nurturing care, requires revision of relevant tools and materials in order to effectively operationalize government policies and technical guidelines; development of new capacities in the work force; the strengthening of referral pathways for families and children that need extra support; and the updating of health information systems with indicators that track quality and coverage of interventions that support nurturing care. If community health workers are involved, adequate remuneration and linkage to formal health care and other systems must be ensured.

Much can be learnt from projects and studies about how to build systems for nurturing care. Consolidation of best practices therefore should be a key feature of approaches to build systems. Adaptation of generic approaches to national and local contexts is critical for success.

**Proposed actions at country level:**

2.1 Update national guidelines, develop standards and adapt tools to address nurturing care for the various levels of service delivery in a comprehensive way. In particular, integrate responsive care and early learning content into relevant government training packages, IEC materials, standard job aids and home based records.
2.2 Develop competency profiles and build the capacity of the workforce to provide integrated services across the critical continuum of care touch points. Inclusion of nurturing care content in pre-service training programs of primary health workers and community volunteers is a vital step towards effective scaling and sustainability of nurturing care services.

2.3 Set up systems of supportive supervision and mentorship. Targeted mentoring is especially important in the 2-3 months following training or supervision, and should include observation and evaluation of technical and interpersonal competencies and subsequent supportive coaching on areas of identified weakness. Mentoring must be followed by ongoing supervision for quality control.

2.4 Update health registers to record the provision of nurturing care services, update health and other information system with data on quality and coverage of nurturing care, and assess service quality periodically using standardized and independent methods.

2.5 Monitor children’s development within services, develop specialist services for children with developmental difficulties and disabilities, enhance public awareness and build strong referral pathways for families and children who require extra care.

**Strategic Action 3**
Empower communities and families to be the foundation for children’s development

*Make an invisible problem visible.*

For political commitment, policies and investment in health and social services 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 tackling malnutrition. Communication and engagement are instrumental in making an "Invisible problem" visible, in setting simple and easy to understand targets, and in illustrating how they can be reached. Interventions to empower women and communities to create an
enabling environment and strengthen home care practices are ample. They include women’s groups practising participatory learning and action; home visits from community health workers for counselling, case management, and referral; and counselling 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 advantages of enabling young children to reach their full potential, about how children learn and benefit from education, and how this leads to improved adult health, earnings and participation as productive citizens. Such a strategy can 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.

Social accountability aims to increase community awareness of their entitlements and demand for services. Legislation combined with health committees, participatory budgeting and monitoring, citizen report cards, and an ombudsperson are some of the mechanisms that have been effectively used in countries to empower communities to act.

Proposed actions at country level:

3.1 Listen to community voices and understand the beliefs, the opportunities and the challenges of providing nurturing care. Work with communities to identify acceptable and feasible channels for family support, and tailor solutions to local context.

3.2 Mobilize local champions, including political leaders, religious leaders, caregivers and the private sector to embrace the agenda of nurturing care and become the drivers of change within their communities.

3.3 Build a system of community support for nurturing care, for example through faith groups, traditional leadership, community health workers, women’s groups, and the establishment of quality child day care centres. Ensure that the most deprived households are part of the activities.

3.4 Develop a national communication strategy using multimedia and other innovative means to reach families and communities with information on home care practices and actions that they can take to strengthen nurturing care.

3.5 Enable community participation in planning and monitoring of activities, facilitate multi-sector collaboration, and equip managers at the frontline with the financial and technical resources to catalyse and support community engagement.

Strategic Action 4
Monitor implementation and account for results

For early childhood development policies, programmes and services to be implemented effectively, measurement and accountability to monitor risks, commitment, resources, and impact is essential. Effective monitoring systems need to be comprehensive covering inputs, outputs and outcomes, and be the responsibility of stakeholders across all sectors. Indicators, tools and methods for data collection, analysis and reporting need to be available and streamlined. Routine collection of relevant data in health and other systems, complemented with periodic in-depth and verifiable assessment, will be a stimulus for continuous improvement.

Indicators straddle the domains of nurturing care. Many relevant indicators are already being collected, for example for health and nutrition. Responsive care, early learning and caregiver mental health are the newer areas to be integrated. Monitoring needs to cover all aspects of implementation. Inputs pertain to the
activities to implement policies, provide information and strengthen services. Outputs pertain to the capacities in services to support all domains nurturing care with quality and equity. Outcomes cover caregiver knowledge and home care practices for nurturing care. Assessment of development outcomes at the population level is the ultimate step and work is in progress to arrive at a universal set of measures that cover children aged 0 – 8 years for integration in population-based surveys.

The SDG framework and its targets provide the broad structure for global monitoring which must be reinforced with national frameworks. There is a need for strengthening current structures and systems for measurement and accountability at global, national and subnational levels and between different sectors. Harmonised and coordinated mechanisms for monitoring and reporting as well as multi-stakeholder engagement will help in ensuring that decision makers have all the information required to meet the needs of children and their families and support every child to develop to their full potential.

Proposed actions at country level

4.1 Develop a comprehensive monitoring framework for nurturing care as part of the national policy or strategy to ensure that access, equity, fidelity and quality are being achieved, and that features of the programme are adjusted to meet goals.

4.2 Strengthen the collection of data by using indicators that address the domains of nurturing care in existing information systems and develop mechanisms for regular analysis and reporting. Periodically assess the status of children’s development through incorporation of child development indicators in national level surveys. Disaggregate data by gender, geography and income to track equity and universality of coverage of laws, policies, programmes and services.

4.3 Conduct regular (annual) multi-sector programme reviews across the domains of nurturing care, involve a broad range of stakeholders from all levels of governance, and use the findings to strengthen implementation of laws, policies and services.

4.4 Track commitments to financing and results, and use findings to develop country profiles or score cards using verifiable data on nurturing care.

4.5 Facilitate broad stakeholder dialogue including with parliamentarians, civil society and private sector to account for progress and increase commitments to invest.

Strategic Action 5
Innovate for scale-up and strengthen the evidence

Two important opportunities to strengthen the evidence and achieve impact at-scale emerge. First, to achieve holistic wellbeing for young children, evidence is needed on effective bundles of interventions. Interventions for health, nutrition, protection, early learning and responsive care may be integrated in a single package or their delivery may be coordinated within and across multi-sectoral services. 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. Second, in order to achieve impact at scale, greater attention to implementation research is warranted. Interventions designed and piloted will need to consider the ‘real contexts’ which will require partnership with implementers from the outset. The quality of interventions will also need to be evaluated through both process and outcome evaluations with accountability for continuous quality improvement. Implementation questions also pertain to demand creations 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 evidence to operationalize nurturing care effectively in health 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 learning will also enable good practices to be shared and implementation problems to be addressed.

Proposed actions at country level:

5.1 Invest in, and build capacity for implementation research to facilitate scale-up, quality and sustainability of nurturing care interventions. Foster strong collaboration between government, academics and implementation partners to strengthen local evidence of what works and how.

5.2 Track emerging evidence for early childhood development programmes at global, regional and country level, consider the implications for national programming, and facilitate the translation of new evidence into national laws, policies, programing and practices for nurturing care.

5.3 Test new approaches through, for example, mobile health technologies or results-based financing, and scale up innovations that prove to be feasible, and effective to accelerate the uptake of policies, services and practices that support nurturing care.

5.4 Develop a national learning platform and form communities of practice to enable peer learning and support exchange of experience and continued learning through multiple channels.

5.5 Evaluate national programming for nurturing care, make findings publically available, develop case reports and publicize findings in local and international journals.
Milestones

To be developed after the first online consultation

- What should be achieved by 2020 at global level and at country level
- What should be achieved by 2025 at global level and at country level

Roles and responsibilities

To be developed after the first online consultation

Annexes

The monitoring framework will be developed after the first online consultation
References will be included in the final document.
Relevant guidelines and global strategies will be included in the final document

Annotations

Technical and programmatic vignettes will be included in the final document