



Nurturing Care Handbook Review

Monitor Progress & Scale Up and Innovate

March 12, 2021

Objectives

- Review collated feedback from the M&E and PSE Child Health Task Force subgroups and the ENAP Metrics Working Group on the Nurturing Care Handbook (2 modules)
- Discuss potential recommendations that will be provided to WHO

Agenda

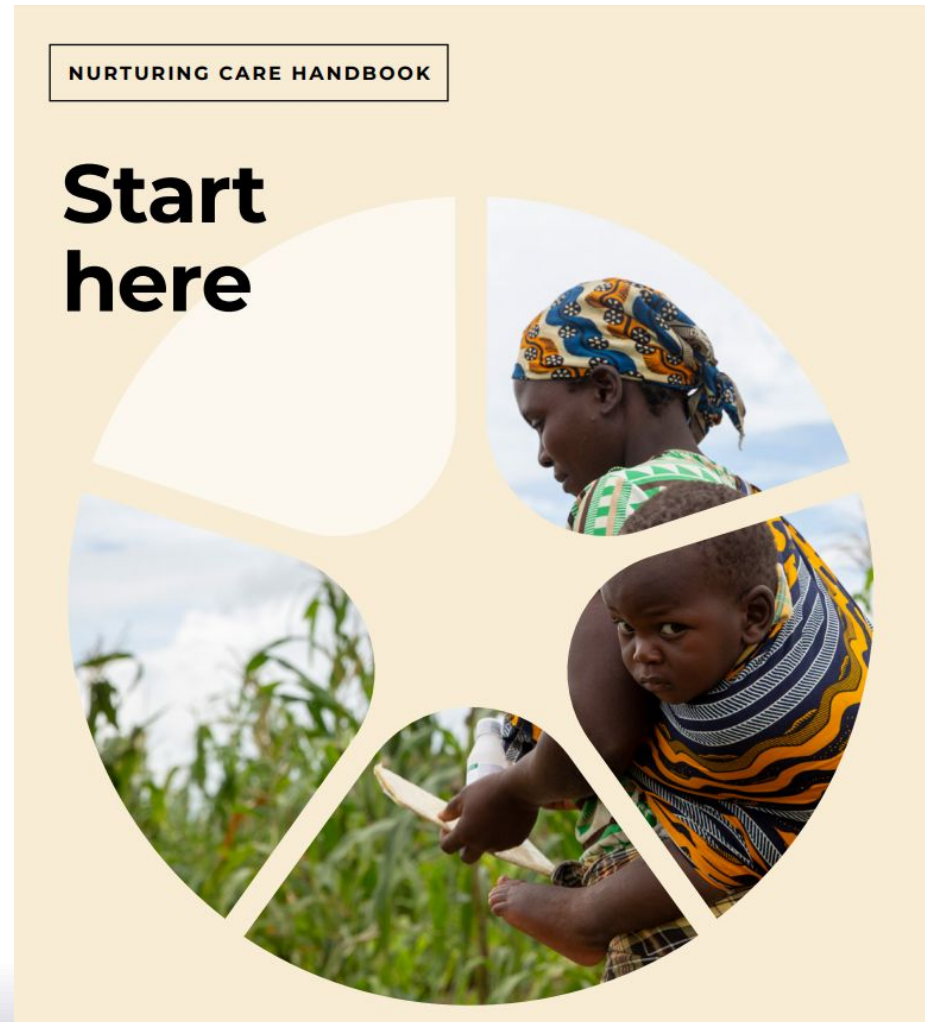
- 9:00-9:10 Welcome and introductions in chat (Debra Jackson)
- 9:10-9:25 Overview of nurturing care framework, handbook and processes (Bernadette Daelemans)
- 9:25-9:45 Overview of feedback on Monitoring Progress
- 9:45-9:55 Other feedback / Q & A
- 9:55-10:15 Overview of feedback on Scale-up and Innovate
- 10:15-10:30 Other feedback / Q & A

Review participants to date

- **16 reviewers**
- **Countries:** Denmark, India, Kenya, Nigeria, Sri Lanka, Turkey, United Kingdom, and the United States
- **Organizations:** Abt Associates, Ankara University, Emory University, Jhpiego, John Snow, Inc., Kenya Ministry of Health, Kenyan Ministry of Agriculture, Livestock and Fisheries, London School of Hygiene & Tropical Medicine, LV Prasad Eye Institute, MOMENTUM Knowledge Accelerator, Nigeria National Agency for the Control of AIDS, Population Reference Bureau, UNICEF, University of Kelaniya, USAID Africa Bureau, and World Relief

Introduction to the Handbook

Nurturing Care Handbook: Development Process



The Two Guides:

- Monitoring & Evaluation subgroup and Metrics Working Group will lead discussion on **Monitor progress**
- Private Sector Engagement subgroup will lead discussion on **Scale up and innovate**

NURTURING CARE HANDBOOK

Strategic action 4

Monitor progress



How to monitor populations, implementation, and individual children's development



NURTURING CARE
FOR EARLY CHILDHOOD DEVELOPMENT

<https://nurturing-care.org/nurturing-care-handbook-monitor-progress/>

NURTURING CARE HANDBOOK

Strategic action 5

Scale up and innovate



How to expand programmes, engage with the private sector, and use digital solutions

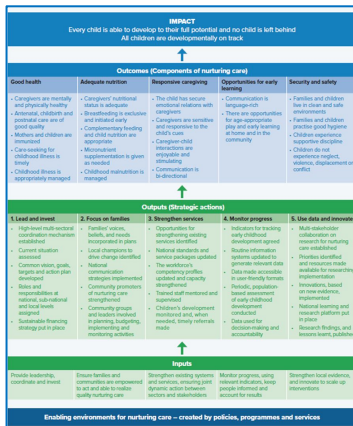


NURTURING CARE
FOR EARLY CHILDHOOD DEVELOPMENT

<https://nurturing-care.org/nurturing-care-handbook-scale-up-and-innovate/>

SA 4: Monitor progress

- Population monitoring
- Implementation monitoring
- Monitoring individual children's development



Indicator	Target	Source
Coverage index of essential health services, including those for RMNCAH: family planning, antenatal care, skilled birth attendance, breastfeeding, immunizations, and childhood illness treatment	SDG 3.12, 3.7, 3.8, 3.6	Global Strategy
Proportion of women aged 15–49 who received four or more who-rapid care visits	Global Strategy	Global Strategy
Proportion of mothers and newborns who have postnatal contact with a health provider within two days of delivery	Global Strategy	Global Strategy
Percentage of children fully immunized	Global Strategy	Global Strategy
Proportion of children with suspected pneumonia taken to an appropriate health-care provider	Global Strategy	Global Strategy
Percentage of children with diarrhea receiving oral rehydration salts (ORS)	Global Strategy	Global Strategy
Good health		
Adequate nutrition	SDG 2.2.1	SDG 2.2.2
Prevalence of stunting (height for age <2 standard deviation from the median of the WHO Child Growth Standards among children under 5 years old)	SDG 2.2.1	SDG 2.2.2
Prevalence of malnutrition (weight for height <2 or >2 standard deviation from the median of the WHO Child Growth Standards among children under 5 years old, by type (wasting or overweight))	Global Goal	Global Goal
Prevalence of overweight in women aged 15–49, disaggregated by age and pregnancy stage	Global Goal	Global Goal
Percentage of infants under 6 months old who are fed exclusively with breast milk	Global Goal	Global Goal
Proportion of children aged 6–23 months who receive a minimum acceptable diet	Global Goal	Global Goal
Opportunities for early learning	SDG 4.2.1	SDG 4.2.2
Prevalence of starting height for age <2 standard deviation from the median of the WHO Child Growth Standards among children under 5 years old	SDG 4.2.1	SDG 4.2.2
Prevalence of malnutrition (weight for height <2 or >2 standard deviation from the median of the WHO Child Growth Standards among children under 5 years old, by type (wasting or overweight))	Global Goal	Global Goal
Prevalence of overweight in women aged 15–49, disaggregated by age and pregnancy stage	Global Goal	Global Goal
Percentage of infants under 6 months old who are fed exclusively with breast milk	Global Goal	Global Goal
Proportion of children aged 6–23 months who receive a minimum acceptable diet	Global Goal	Global Goal
Security and safety	SDG 16.1	SDG 16.2
Proportion of population living below the national poverty line, by sex and age	SDG 16.1	SDG 16.2
Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month	SDG 16.2	SDG 16.3
Proportion of children under 5 years old whose births have been registered with a civil authority	SDG 16.3	SDG 5.1
Percentage of population using safely managed drinking water services	SDG 5.1	SDG 6.2
Percentage of population using safely managed sanitation services, including a hand-washing facility with soap and water	SDG 6.2	



SA 5: Scale up and innovate


- Scaling up
- Engaging the private sector
- Using digital solution

Meeting Report
Innovating for early childhood development: what have we learned to strengthen programming for nurturing care?
June 13 – 14, 2019

UNICEF | WORLD BANK GROUP | World Health Organization | ECDAN | The Partnership for Maternal, Newborn & Child Health

Work in progress

- Development of
 - guidance on monitoring of young children's development
 - indicator catalogue and monitoring guidance
 - indicators to assess responsive caregiving and early learning
 - global scale for early development (GSED)

Indicators for responsive caregiving and early learning 

**OBJECTIVES OF THE REPORT
COMMISSIONED BY THE WHO**

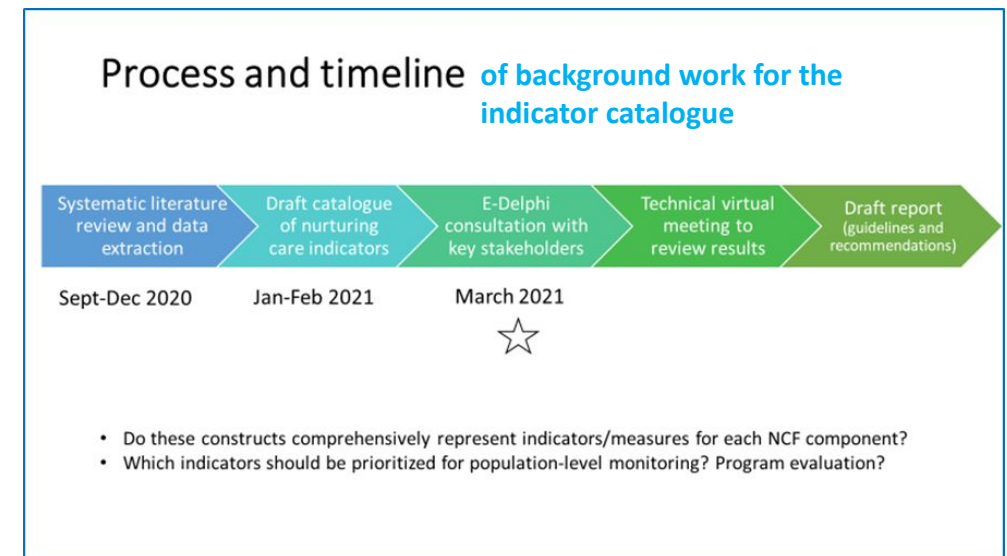
- Describe the importance of responsive care and early learning for children's healthy development.
- Present new measures for assessing responsive care and early learning.
- Share recommendations for good practice to train and monitor frontline workers delivering responsive care and early learning advice.

DEVELOPMENT OF THE MEASURE

- Phase 1: Review of common measures
- Phase 2: Systematic process of mapping common dimensions and items across measures, short listing a series of measurable items and piloting to modify item descriptions, remove redundancies and clarify scoring.
- Designed for evaluations and surveys.
- Can be used to inform programme quality improvements.

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12/03/2021 3



Feedback

Strategic Action 4: Monitor
progress

Monitoring implementation of the Nurturing care framework

Table 1. Logic Model (p. 3) - overall

- The logic model would benefit from considering outcomes at individual (child), family (caregiver), community, systems levels and spelling those out.
 - Monitoring would start with the implementation of projects/strategies, then look at impacts on children, then on populations.
 - Another reviewer commented: There are important initial outcomes that seem to be missing between the outputs and outcomes.
- Suggest to add evaluation items alongside the Evaluation Indicators – input, output, outcome, impact.
- The table is too wordy

Monitoring implementation of the Nurturing care framework

Table 1. Logic Model (p. 3) - specifics

Inputs

- Inputs listed are actually strategies, may consider including actual inputs such as financing, human resources, policy, plans, etc
- The framework would benefit from specifics about the inputs being provided within each strategy

Outputs

- Indicators for output 5 all pertain to implementation research (which I strongly support); however the title of that section does not reflect this focus on research??

Outcomes

- *Good Health*: Include “timely” in the following outcome - “Antenatal, childbirth and postnatal care are of good quality”
- *Opportunities for early childhood learning*: request items for each of the opportunities referred to and clarifying what is age-appropriate play, stating age-wise milestones.

Monitoring implementation of the Nurturing care framework (p. 2-4)

Other comments

- Monitoring definition — should also be asking “are there adjustments we need to be making?” (*In addition to “Are we doing what we planned to do?” and “Does this lead us to the expected results?”*)
- It is not clear whether a programme supporting the nurturing care framework would have to implement all strategies or be focused on one — that has implications on what is monitored at all three levels.
- It might make more sense if the order of the sections followed the logic model: 1) implementation monitoring; 2) monitoring children; and 3) population monitoring (p. 4 and overall).

Population monitoring

Table 2. Indicators (p. 6) - I

Impact indicators

- Indicators ought to be more clearly aligned with the strategies — some of them are not areas of focus for the strategies/interventions proposed in the logic framework (for example, maternal mortality, adolescent birth rate). Unless the nurturing care framework addresses these, they represent the context within which nurturing care occurs.
- Indicator list could include the proportion of children born <2.5kg and stillbirth rate under impact.
- Consider including “Proportion of children screened timely for developmental risk” with “% (proportion) getting support needed.”

Good health indicators

- Indicator “children fully immunized” needs to include age.
- Indicators on care-seeking for pneumonia and treatment of diarrhea need to include time-frame (i.e., last illness episode).
- Missing HIV-positive pregnant women receiving antiretroviral regimens, proportion of children exposed perinatally to HIV who are HIV-free at 2 years of age
- Table 2 has two newborn-related indicators: Postnatal Care and Birth Registration, others are available in DHS/MICS, e.g. early breastfeeding, separation from mother.

Population monitoring

Table 2. Indicators (p. 6) - 2

Responsive caregiving indicators

- Only indicator listed is “% of children aged 0–59 months left alone, or in the care of another child under 10 years old, for more than an hour at least once in the past week (MICS).” The obvious indicator here is how many times a child and caregiver interacted or played together in the last week. This indicator measures an activity that is so fundamental to brain development.

Opportunities for early learning indicators

- One cannot use books and play things such as toys in every family. In disadvantaged populations they may use pulses, leaves, and/or flowers as their child's toys. They may use newspapers or pictures to build stories. These are very contextual. A mother singing a rhyme to a child, or mother tells a story or mother talks with child and plays at least twice a day may be acceptable.
- In table 2 and following page there are 3 question indicated as coming from MICS for responsive care and early learning opportunities. Then the ECDI is discussed on the following page noting it is primarily about developmental assessment. It is unclear how these 3 indicators which are opportunities for early learning are included in the ECDI in MICS.

Population monitoring (p. 5-10)

Overall

Overall

- Request to include relevant points on how to conduct a census of early childhood intervention for nurturing care in an organizational facility vis-à-vis the community.
- Where in the monitoring system will infants/children be noted to be high risk, e.g. from newborn period, small or sick newborn, growth faltering, etc.

Australia example (p. 9)

- There is a need to add a caveat that the data collection method used in Australia would not be population data in places where not all children are enrolled in primary school (i.e. this example actually is not a population-based survey; but a school-based census/screening of children).

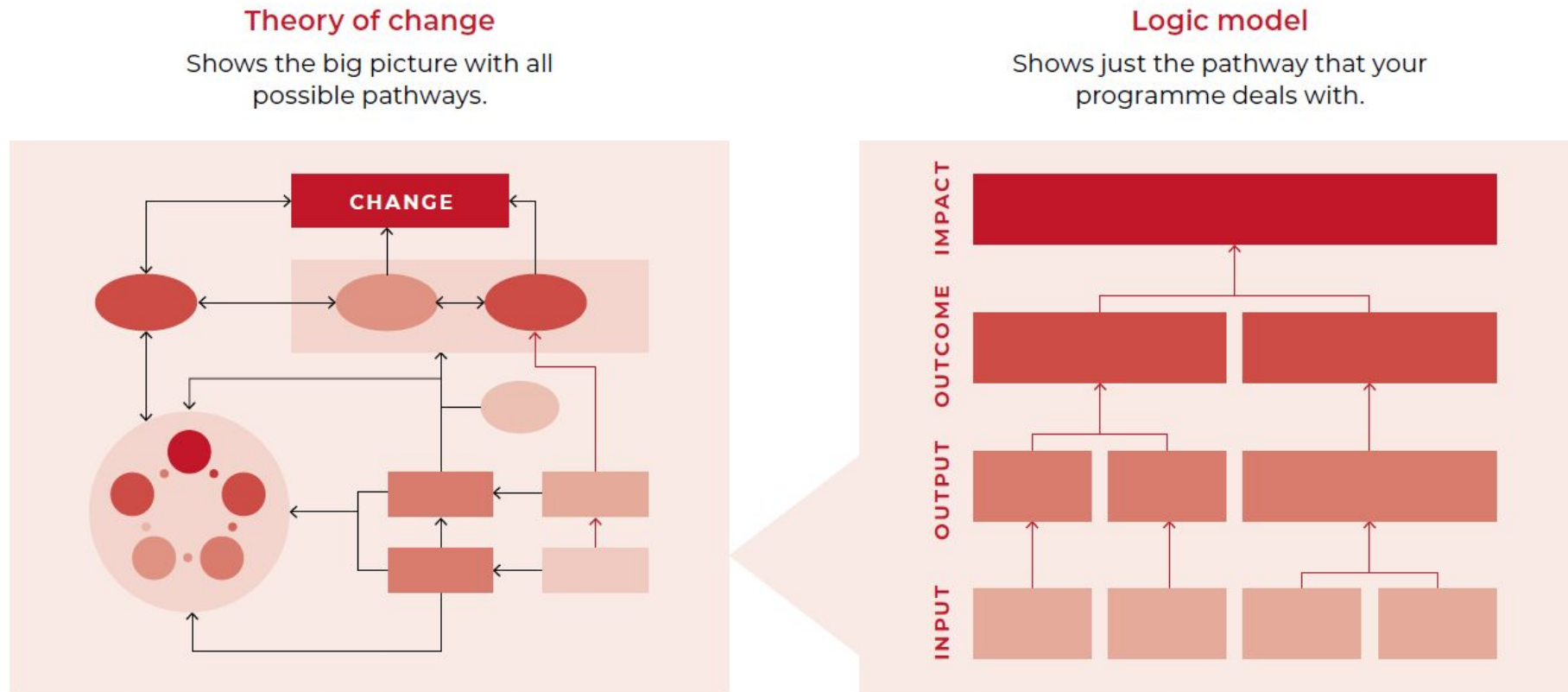
Lack of coverage, quality or time (p. 10)

- This section needs to include more explanation of how it relates to population monitoring and interpreting the findings, etc.
- This paragraph discusses appropriate timing of the population survey and the 3 conditions which should be met. I think the paragraph subheading should reflect that this is about when to conduct surveys. Also an opening sentence to that effect should be added, otherwise there is not really a link to the survey discussion.

Implementation monitoring (p. 11-18)

Specific Feedback

Figure 1. Using the *Nurturing care framework's* logic model to develop your own



Implementation monitoring (p. 11-18)

Specific Feedback - I

Figure 1: Using the Nurturing care framework's logic model (p. 11)

- Theory of change and Logic model useful
- Suggestion to include “Pathway of change” in the figure
- Focus of intervention needs to be stated in defining the theory of change and logic framework.
- Somewhere it ought to say that the theory of change and logic model are a key first step and the basis of laying out the monitoring plan before or after introducing the terms.

Implementation monitoring

Specific Feedback - 2

Table 3. Example indicators for monitoring implementation (p. 16)

Inputs

- There are no inputs for Monitoring or for Innovation Scale and there would be, particularly for monitoring using items from page 14 or page 27, e.g. developed/implemented a monitoring plan?
- INPUTS: *Lead and invest*. Is surveillance of developmental risk included?

Outputs

- The indicator for output 5 is just not useful and not specific enough to NCF to be helpful at all. Other suggestions could be completed research, use of research or scale at which programme is being implemented as this objective has to do with scale?

Implementation monitoring

Specific Feedback - 3

Table 3. Example indicators for monitoring implementation (p. 16)

Inclusion of maternal and newborn

- Data on early newborn period will also be available from HMIS - some of these are included, but related text should make sure to discuss perinatal and newborn factors - these are in the monitoring but want to make sure readers understand that the monitoring starts at birth as many often think of ECD as starting later.
- Again how will children at risk be identified/followed, e.g. small or sick newborn, growth faltering - for example under Context - LBW is there but not sick newborns
- Love that maternity leave and other policies are included under inputs!!

Overall

- Need to reflect how monitoring can help to adjust implementation strategies.
- These examples are very high level and vague - it might be better to have a very specific example of a more targeted program intervention (i.e. support groups for parents, or integrated services with referrals)

Implementation monitoring (p. 11-18)

Specific Feedback - 4

Decide how to measure and data sources (p. 17)

- 1st line - This goes beyond health facilities, right? Maybe say program and facility managers?
- Good health data include service provision data that can be health facility, but also community creches, daycare centers, food distribution centers, etc.
- Consider adding community level data sources (CHWs, community group minutes, etc).

Other

- p.18 - “Assess data regularly” may be better framed as “review data regularly” and broadened so that service delivery sites are not equated as only health facilities.
- Implementation indicators are not always written as indicators but rather as results or outcomes. Ex: “Parent support through groups and home visits; affordable, accessible, quality child care.”

Implementation monitoring:

Specific Feedback - 5

Peru and Chile Examples (p. 17)

- Example mixes implementation, population and individual child monitoring - and might be confusing - or maybe tag each type of data/monitoring in the example so it is clearer.
- Use of digital data and merging of data: I don't think this cross sourcing of data is possible without digital systems, which seem to be covered in the next module. This should be mentioned here and reader referred to Strategic Section 5, similar to how you often refer to other sections in other parts of the guide.
- Also probably need to discuss the need for longitudinal records and not just monthly HMIS service contacts for NCF - as noted above.
- Peru and Chile examples were linking longitudinal individual child records across Health/education and social welfare databases into one NCF/ECD database for use by all sectors. This longitudinal record should start at birth and/or even link to antenatal.

Monitoring individual children's development (p. 19-26)

Specific Feedback - I

Screening definition (p. 19)

- Suggestion to include timing of the intervention, e.g. “sight and hearing tests **at birth**”

Other

- Early intervention for children with disability to reach milestones – the example of children with dual sensory impairment should be explained (p. 19).

Monitoring individual children's development (p. 19-26)

Specific Feedback - 2

- The concern here is the time needed and structural limitations to do this. This will need to be addressed in planning the system (may be covered in other modules)
- I appreciate the framing at the beginning on medical versus social model -- consider integrating monitoring that is more inclusive of the social model and less focused on the medical model (i.e. what are the manifestation in the child).

High Level Feedback on the Guide

Is anything **unclear**?

- The link between early child development and impact on education
- How does early identification work through surveillance and using routine data?

Is anything **critically missing**?

- Newborn vision screening program policy implementation.
- The lack of suggested indicators is a problem as these are often what countries want, but it appears this will be resolved soon.
- The guide talks about integration, but is mostly applicable to health. Can elements be added that will make this applicable to an education sector audience as well? Early learning is not strongly enough represented.
- Good presentation recently through the COP on careseeking and referrals on NETWORKS of care -- this ought to be incorporated into the framework - children and their families are cared for by networks of services and caregivers, with differing kinds of care dependent on early identification of challenges facing the family and rapid responses to mitigate impacts.

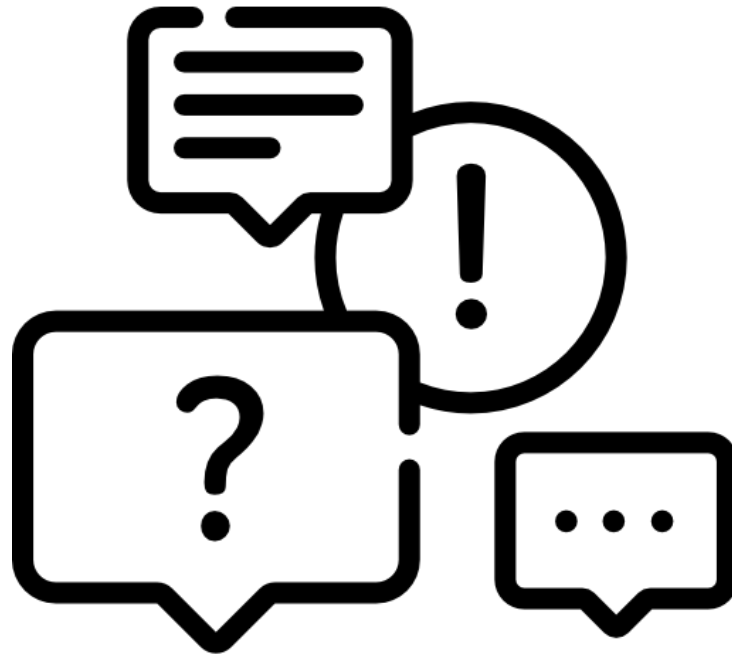
High Level Feedback on the Guide

How is the guide **useful**?

- Useful in both academia and providing technical support to countries
- Covers a lot of the basics really well.

“This is excellently written with short sentences, lots of graphics, not too much text on page, and accessible to the audience. Well done.”

Q&A and Discussion: Any other feedback on Strategic Action 4?



Feedback

Strategic Action 5: Scale up
and innovate

Specific Feedback: Understanding Scale up and innovate & Scaling up (p. 2-8)

Missing from this section

- Children missing from critical interventions provide a reason/momentum for scaling up the NCF and should have been mentioned in the guide.
- The contribution of neurodisability professionals

What is this strategic action? (p. 2)

- Rephrase 'Use local and global evidence to create innovations that can be scaled up' to 'initiate and exploit innovations that can be scaled up'
- A broader definition of the private sector is needed to replace 'mission- and profit-driven companies'; this should include informal and less-organized service delivery organizations
- Replace 'companies' with 'organizations'

Specific Feedback: Understanding Scale up and innovate & Scaling up (p. 2-8)

Overcoming the barriers (p. 8)

- Add more details on motivation and rewards for health workers. The focus on adequate pay and better working conditions for health workers is excellent.
- *Missing hard-to-reach populations:* Text needs to provide examples of 'ways to reach' the last, lowest, least, just as an activity book would guide the user to take up and complete the activity. Please consider supplying plentiful culture-specific ideas for worldwide adaptation.

Specific Feedback: Understanding Scale up and innovate & Scaling up (p. 2-8)

Centres of Excellence

- They are not just for research, but also programme support, shared learning, etc. As currently written it suggests only for implementation research.

Sharing Negative Findings

- As these are often hard to publish in peer-review the suggestion is to add a sentence on other ways to share, e.g. reports posted on website and shared in CoP or the emerging online publication platforms such as from the Bill and Melinda Gates Foundation (BMGF) and others.

Specific Feedback: Engaging with the private sector (p. 9-13)

Missing from this section

- The term 'inclusive'
- The point that it is the corporate social responsibility of the private sector to facilitate for employed persons with disability to provide nurturing care. (references provided)
- The rationale for private sector engagement would be stronger if we could supplement with actual data on outcome measures.

Introduction (p. 9)

- Private sector engagement is presented as a non-deliberate effort in the first paragraph. Suggest adding 'The Private Sector in most countries offer a high percentage of service delivery and are often not on the receiving end of development support. Similarly, there are often missed partnership and financing opportunities with corporate and mission-driven organizations.'

Specific Feedback: Engaging with the private sector (p. 9-13)

Suggested actions (p. 11-12)

- Replace 'Make a business case and talk their language' with 'Make a shared value case.' The following text could then include focusing on a win-win for both development partners as well as the business entities. The former's success is typically always a win for the latter.
- *Advocate for international family-friendly policies:* consider adding advocacy to be done at all levels, i.e. regional, national and sub-national

Overcoming the barriers (p. 13)

- Consider including the lack of systematic approach to engage private sector as a barrier

Specific Feedback: Engaging with the private sector (p. 9-13)

Additional resources could be referenced for those looking for additional information related to Private Sector Engagement:

- USAID's PSE Policy
- WHO's Engaging the private health service delivery sector through governance in mixed health systems: Six governance behaviors

Specific Feedback: Using digital solutions (p. 14-18)

Missing from this section

- Itemized list of all available digital solutions, required resources to create each solution along with instructions on which settings each is most suitable and how to use each
- This section would be strengthened by additional details on HOW TO implement digital solutions for nurturing care. What are the key messages for nurturing care? Are there any specific examples on digital solutions for nurturing care? How to start implementation of digital solutions?

Introduction (p. 14-15)

- RAPIDPRO: Need to expand on 'This can include linking systems for tracking child development to datasets on wider adversity' & 'Digital solutions can be an effective part of a systems-thinking approach.' Enumerate examples in a diagram.

Digital Monitoring

- The digital section is quite short but references all the critical guides currently available. More on Digital for monitoring could be added here or to SA4.
- The one thing I think could be added is something on longitudinal client based data as that is the future particularly for sharing across data platforms and follow-up of clients.

Specific Feedback: Using digital solutions (p. 14-18)

Other...

- dTree should be written as D-tree throughout

Mention...

- Wearables, probably worth a call out box to highlight Bempu or something similar
- Artificial Intelligence and some of the pros and cons and point to recent guidance / considerations

Highlight...

- The digital health atlas, global digital health index as places to find out more about the ecosystem and other similar solutions to help you follow the Principles for Dig Dev
- The importance and emergence of Global Goods

High Level Feedback on the Guide

Is anything **unclear**?

- Implementation Research On page 19 Bullet 4 on implementation research is not well supported in the earlier text. You speak about IR and its usefulness but do not discuss setting research priorities, and assuring funding etc.

Is anything **critically missing**?

- Signs that you are making progress: Governments have well-defined national strategic approaches for engagement of the private sector for nurturing care
- Key messages and specific examples of nurturing care

How is the guide **useful**?

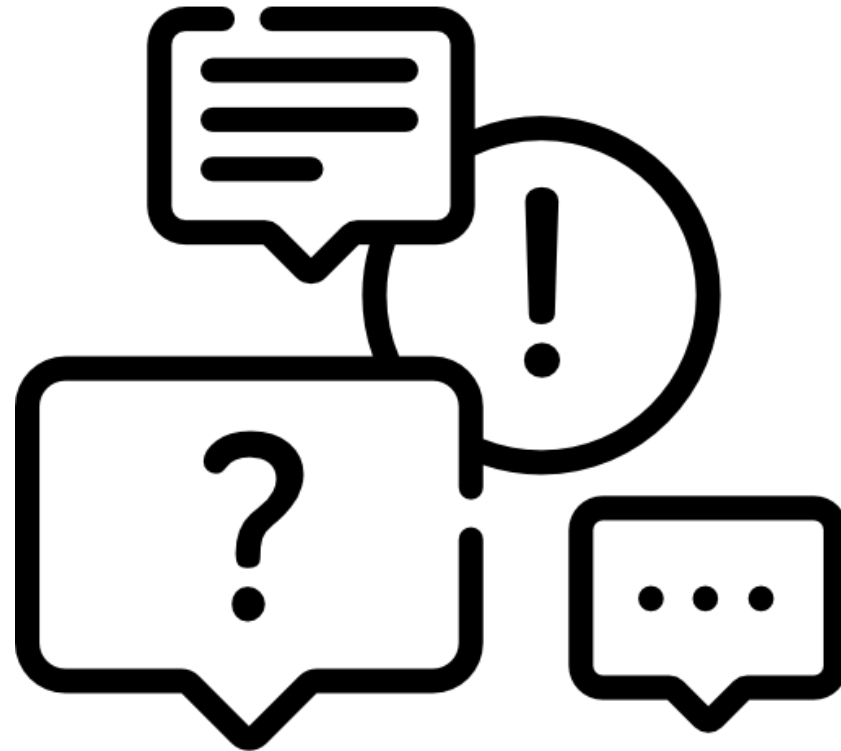
- For engagement in MNCH training, capacity building and technical support activities
- For programs in low- and middle-income countries (LMIC) contexts
- Explanation of d-Tree International (p. 15) is useful to explain Health Surveillance Assistants and healthcare apps in short messaging service (SMS) mode

High Level Feedback on the Guide

Other suggestions

- A summary of recommendation headings at the beginning of each part, e.g. PSE/Data Use would be useful for easy reference
- Request more information on nurturing care for infants who are missing milestones, and to source examples of ways to upscale, innovate.
- Missing here are examples of vision rehabilitation for overcoming vision or dual-sensory impairment
- Scaling up the play way method may be introduced in this chapter of the Handbook
- Healthcare Clowning to promote nurturing care through professional clown work in a healthcare environment. Example: The European Federation of Healthcare Clown Organizations
- Indicators need to be fleshed out considerably for example, what do family friendly policies encompass. What exactly will we measure?

Q&A and Discussion: Any other feedback on the Strategic Action 5?





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