

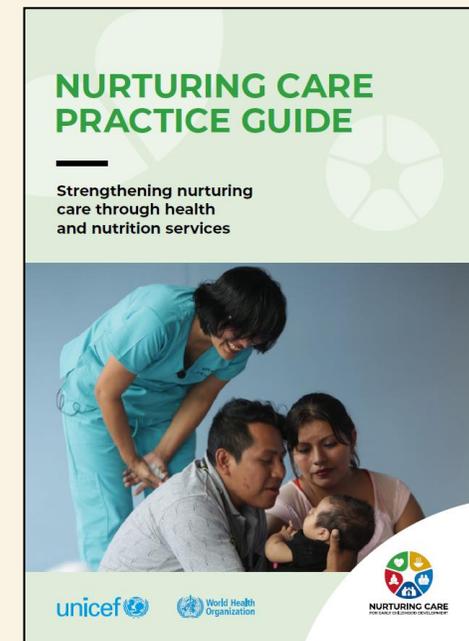


# GLOBAL LAUNCH OF THE NURTURING CARE HANDBOOK AND NURTURING CARE PRACTICE GUIDE

## TUESDAY 28 MARCH 2023

#NurturingCare

@NurturingCare



Quality, Equity, Dignity  
A Network for Improving Quality of Care  
for Maternal, Newborn and Child Health



# Global launch

## Nurturing care handbook and Nurturing care practice guide



**NURTURING CARE**  
FOR EARLY CHILDHOOD DEVELOPMENT

**Welcome**

**Introduction to the Practice Guide and Handbook**

**Reflections & ideas**

**Questions & answers**

**Additional relevant resources & events**

**Closing remarks**



Quality, Equity, Dignity

A Network for Improving Quality of Care  
for Maternal, Newborn and Child Health



Quality, Equity, Dignity

A Network for Improving Quality of Care  
for Maternal, Newborn and Child Health



**ECDAN**  
Early Childhood Development Action Network

# Welcome



## Welcome and objectives

**Shekufeh Zonji**

Global Technical Lead

Early Childhood Development Action Network



## Opening remarks

**Erinna Dia**

ECD Associate Director

Nutrition and Child Development Section

UNICEF, New York

# Nurturing Care Practice Guide



**Anne Detjen**

Child Health Specialist  
Child and Community Health  
Unit UNICEF, New York



Quality, Equity, Dignity  
A Network for Improving Quality of Care  
for Maternal, Newborn and Child Health



# NURTURING CARE PRACTICE GUIDE

Strengthening nurturing  
care through health  
and nutrition services



**Opportunities to adapt  
health and nutrition  
services for pregnant  
women and children to  
be supportive of  
nurturing care**

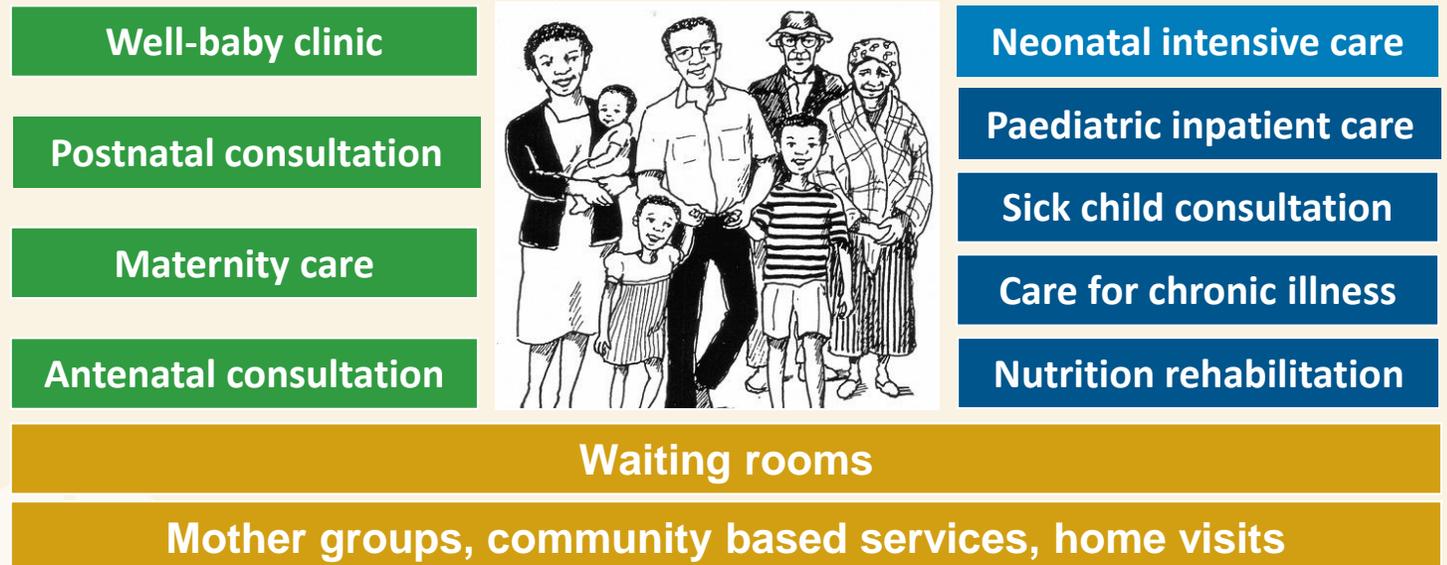
<https://nurturing-care.org/practiceguide/>

# The role of health and nutrition services in strengthening nurturing care

- Parents and other caregivers are primarily responsible for their children's care and support
- All caregivers require some support to provide nurturing care
- Some caregivers might have limited or disrupted capacity
  - First time/adolescent mothers and fathers, conflict within the household, poverty

## Opportunity

Caregivers and children have regular interaction with providers of health and nutrition services, from pregnancy through early childhood





# Strengthening services

Strengthen

Access, quality, utilization and coverage of services is often not optimal and need to be strengthened for greater impact and equity



Add

Support for **responsive caregiving**, **early learning**, **security and safety**, but also **support to caregiver well-being** is often missing in services

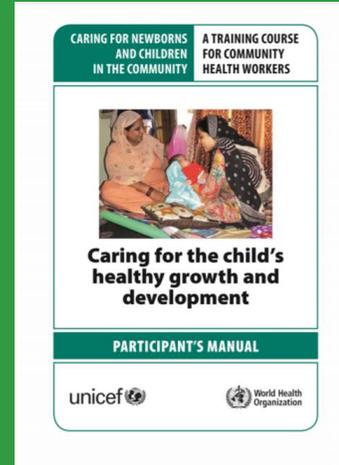
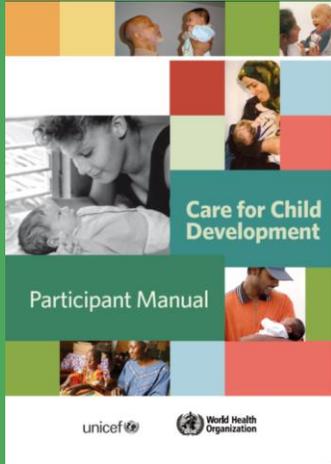
Practice guide



Photo credit: World Bank / Global Financing Facility

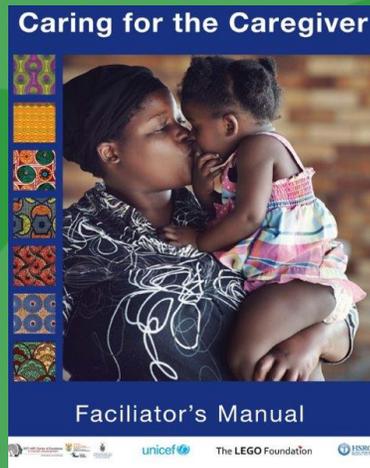
# Tools

<https://nurturing-care.org/tag/training-materials>

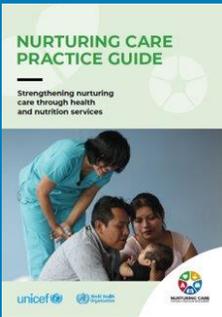


And so much more!

- Reach up and Learn
- Parenting for lifelong health – tip sheets,
- Videos



**NURTURING CARE**  
FOR EARLY CHILDHOOD DEVELOPMENT



# NURTURING CARE PRACTICE GUIDE

- Targets **providers and managers** of health and nutrition services
- Focuses on **three of five** inter-related components of nurturing care, as well as on caregiver well-being
- Focuses on **universal support and services** that should be accessible to all children, while emphasizing the need for targeted or indicated support for some children and their families
- Introduces considerations to **serve all children and their caregivers**, including those with chronic illness, developmental delays and disabilities
- Is relevant for **humanitarian and emergency** settings



RESPONSIVE  
CAREGIVING



OPPORTUNITIES FOR  
EARLY LEARNING



SAFETY AND  
SECURITY



CAREGIVER  
WELL-BEING

## Part 1 – Nurturing care: another look

Rationale for strengthening support for responsive caregiving, early learning, safety and security, and caregiver well-being in health and nutrition services

## Part 2 – Preparing health and nutrition services

Role of managers to reduce barriers, build skills of providers, identify resources for additional support

## Part 3 – Supporting families in existing services

Practical examples of what providers can do in existing services throughout the lifecourse

# 2 Enabling health and nutrition services to support nurturing care: what can managers do?

1. **Make facilities accessible and welcoming for all children**
2. **Strengthen services to support caregiving**
  - Integrated management protocols
  - Supervisory checklists
3. **Build the capacity of service providers**
  - Interpersonal communication skills
  - Skills to support caregiver practices
4. **Adapt to humanitarian and health crises**
5. **Identify needs and advocate for specialized services**

## BOX 3. CHECKLIST TO CREATE INCLUSIVE, ACCESSIBLE AND WELCOMING HEALTH FACILITIES

- Is the facility designed to allow easy access? Check for wheelchair ramps; whether services for children are located on the ground floor; and visual cues.
- Are all places within the facility that are accessible to children safe and secure? Check for cleanliness, fencing, placement of security personnel, and registers for check-in and check-out to support child safety.
- Are there child-friendly toilets and handwashing facilities? Check for access, cleanliness, height, placement and design.
- Are child-sized chairs and tables, or floor mats and other basic amenities, available and in good working order?
- Are there child-friendly spaces (indoors or outdoors) that are enclosed and designated as play areas?
- In any part of the facility where children receive services, are there brightly-coloured painted walls and surface materials?
- Are child-friendly play materials (e.g. toys, books and household items) available in the facility?
- Is a trained volunteer or community health worker currently involved in play activities with children and their caregivers, or servicing a play corner with age-appropriate and inclusive play items?
- Do areas where children receive services have appropriate job aids for providers and messages for families visibly displayed? Check for flipcharts, child development posters, handbooks, manuals, handouts or leaflets to inform families.

Source: adapted from (26).

Table 2.1. Skills providers need to strengthen caregiver practices for nurturing care

### SKILLS FOR INTERPERSONAL COMMUNICATION

#### For all caregiver-provider contacts

- Ask open-ended questions, listen attentively and observe interactions and practices.
- Praise and reinforce the efforts of families to care for their children.
- Identify family difficulties in providing care at home or using health services.
- Empathize with caregiver concerns and assist caregivers in solving problems through shared decision-making.
- Coach or guide caregivers in practising new skills, identify difficulties they might have and help solve problems.

### SKILLS TO SUPPORT CAREGIVER PRACTICES



#### For responsive caregiving

- Observe cues as children interact with caregivers (e.g. expressions of hunger, discomfort, fear, needs for affection and interests).
- Observe the responses of caregivers to their children's cues.
- Engage caregivers in practising responsive interactions, starting before the child is born and continuing through the early years.

- Emphasize the importance of responsive caregiving to support children who are acutely ill or have chronic conditions, and help caregivers interpret and respond to their cues.
- Demonstrate responsiveness when asking about caregiver concerns.
- Model responsiveness with the child during the visit while weighing, immunizing or taking the child's temperature. Actively engage, explain and respond to the child's cues of fear and curiosity, and encourage the caregiver's help.



#### For opportunities for early learning

- Identify existing and missed opportunities for caregivers to play and communicate with their young children at home.
- Counsel caregivers on how to start very early, even during pregnancy, to play and communicate with their young children.
- Identify developmentally-appropriate learning activities and use them to strengthen caregiver-child interactions.
- Model ways to praise and encourage caregivers in what they are doing well, and in trying out new tasks with their children.



#### For safety and security

- Help caregivers identify and correct environmental hazards to the child's health and development in the home and in the community.
- Observe for signs of potential neglect and abuse of children and their caregivers, and follow reporting protocols when necessary.
- Help caregivers stop unhealthy behaviours such as smoking, alcohol or other substance abuse.
- Help caregivers establish routines for eating and sleeping.

### SKILLS TO SUPPORT CAREGIVER WELL-BEING



#### For supporting caregiver well-being

- Listen to the caregiver(s) and build a trusting, confidential relationship.
- Work together to understand how caregivers feel about their children and identify stressors the caregiver is facing.

- Demonstrate relaxation exercises and other practices that can help caregivers cope with stress.
- Support caregivers in problem-solving and develop approaches for dealing with family conflict.
- Connect caregivers to peer groups and other community resources to support their own well-being and that of their children.

# 3 Supporting families through existing services: what can service providers do?

Throughout their regular interactions with caregivers, **providers can**

- Observe
- Ask and discuss
- Introduce and model

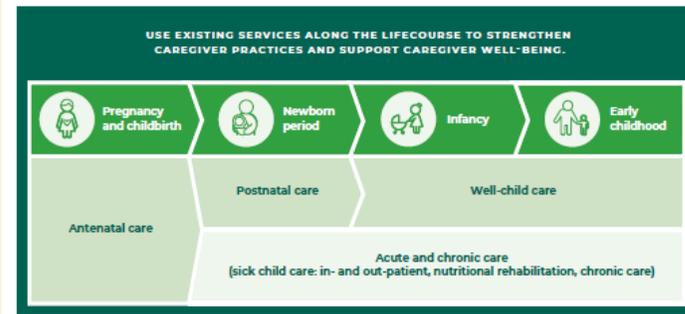
## And support caregivers

- To be more responsive
- To recognize opportunities to help their children learn
- To provide a safe and protective environment
- To be well

Table 1.1. Examples of caregiver practices related to nurturing care and provider support for caregivers

COMPONENT OF NURTURING CARE	CAREGIVER PRACTICES
<p><b>Responsive caregiving</b></p> 	<ul style="list-style-type: none"><li>• Spend one-to-one time with your full attention on the child.</li><li>• Look closely at the child.</li><li>• Be aware of the child's signals (for example, hunger, discomfort, attempts to communicate, joy and need for affection).</li><li>• Respond appropriately and in a timely way to the child's signals and needs. These will differ when the child is well, sick or has special needs.</li></ul>
<p><b>Opportunities for early learning</b></p> 	<ul style="list-style-type: none"><li>• Talk with your child.</li><li>• Play with your child.</li><li>• Engage your child during your household routines and tasks.</li><li>• Follow your child's lead, and assist the child's interest in exploring and learning.</li></ul>
<p><b>Safety and security</b></p> 	<ul style="list-style-type: none"><li>• Build your child's trust through a warm, responsive presence.</li><li>• Make a safe home environment for exploration and increasing independence.</li><li>• Protect your child from harsh discipline, neglect and abuse.</li><li>• Apply positive discipline methods.</li><li>• Establish routines for eating and sleeping.</li><li>• Protect the child from harmful substances.</li></ul>
<b>SUPPORTING CAREGIVER WELL-BEING</b>	
<p><b>Supporting caregiver well-being</b></p> 	<ul style="list-style-type: none"><li>• Identify your feelings about having a baby – joys and concerns.</li><li>• Discuss your concerns and the help needed from your family.</li><li>• Maintain daily relaxing routines.</li><li>• Build the capacity to care for yourself.</li><li>• Know where to find help to problem-solve and organize support.</li><li>• Identify community services, support networks.</li></ul>

# Example: sick child services



## 3. SUPPORTING FAMILIES THROUGH EXISTING SERVICES: WHAT CAN SERVICE PROVIDERS DO?

### 3.4. Sick-child care and follow-up: managing childhood illness responsively

When a child is sick, managing the child's illness is the priority for service providers. It is also the priority for caregivers, and they need skills to do it well. Caregivers need to notice how the child feels, recognize signs of illness, and respond quickly when the child requires medical attention. Being responsive enables the caregiver to seek timely medical care, give a child medicine, and comfort the child in pain and discomfort. However, time is limited to help families improve their caregiving practices when the child is sick. Strengthening caregiver practices must be accomplished within the priority of learning how to care for the sick child.

#### Managing the sick child: treating the child in the outpatient clinic and preparing for home care

A sick child seen in a clinic who is not referred to hospital may need a caregiver at home to give effective treatment, provide responsive and supportive care and nurture the child to health. For example, caregivers should learn how to prepare and feed a child who refuses to eat. They need to know how to give the child medicine, and to troubleshoot

common problems if the child spits it out. The WHO and UNICEF *Integrated management of childhood illness protocols (46)* for managing the sick child in a first-level health facility and in the community stress that the caregiver needs to practise preparing and giving medication correctly. This is an opportunity to help the caregiver learn how to be aware of and respond to the difficulties the child may have.

Children with cognitive, physical or behavioural difficulties may have particular complications with eating and receiving the medical care they need. They may be lethargic, withdraw and reject physical touch. The provider can demonstrate to a caregiver how to draw the child's interest, activate swallowing and prevent choking and other problems.

In a follow-up visit, if the child has improved, there is more time to strengthen other caregiver practices. Some practices, including responsive play, can help the child catch up if there has been a delay of growth and development during the illness.

Caregivers may face additional challenges and stress to care for a sick child while having to manage work, household chores and take care of other children. They might require support.

Table 3.4.1 gives suggestions for what providers can do to strengthen caregiver practices and support caregiver well-being during outpatient sick-child visits.

Table 3.4.1. Supporting caregivers during outpatient sick-child care

COMPONENT OF NURTURING CARE	CAREGIVER PRACTICES	EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO
 <p><b>Responsive caregiving</b></p>	<ul style="list-style-type: none"> <li>Look closely at your child.</li> <li>Be aware of the child's signals (e.g. hunger, discomfort, attempts to communicate, joy and attention).</li> </ul>	<ul style="list-style-type: none"> <li><b>Discuss</b> How did you know your child was sick? How is your child acting differently today? You did well to notice that your child was sick and to bring your child to see me. Let's see what we can do together to help your child get better.</li> <li><b>Discuss</b> Your child needs to eat well, even when he is sick. What difficulties are you having? What can you prepare that he might be interested in? You might need to offer food more often, in smaller bits. Follow his signals that he is ready to take another bite. Give advice on how to ensure a sick child continues to drink and eat.</li> <li><b>Discuss</b> Continue frequent feeding when the child gets better so he will catch up his growth. Follow his signals that show you he is ready to eat. How does your child signal to you he is ready to eat?</li> <li><b>Observe</b> a breastfeed to see if the child is feeding well (as recommended in integrated management of newborn and childhood illness). If needed, assist the mother to position the child well for effective feeding. Encourage the mother to look closely, gently touch and talk softly to the child, and respond to the child's attempts to reach and touch her.</li> </ul>

## NURTURING CARE PRACTICE GUIDE

Table 3.4.1. Continued

COMPONENT OF NURTURING CARE	CAREGIVER PRACTICES	EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO
 <p><b>Responsive caregiving</b></p>	<ul style="list-style-type: none"> <li>Respond appropriately and in a timely way to the signals and the child's needs, which differ when the child is well or sick, or has special needs.</li> </ul>	<ul style="list-style-type: none"> <li><b>Demonstrate</b> Responsively engage and talk to the child as you approach to examine or treat her, e.g. when you give the child an injection. Explain what you are doing. Encourage the caregiver to assist in engaging the child in a similar way.</li> <li><b>Counsel</b> Coach the caregiver to practise some of the tasks for home care: take the child's temperature or feel for fever; identify fast breathing or other signs of severe illness, and give the child the first dose of medicine if required.</li> <li><b>Observe</b> If the child is fussing, observe how the caregiver calms the child. How do you calm your child?</li> <li><b>Discuss</b> Your child will find it easier to calm down if you are calm also. Take a few deep breaths. Then, try holding your child close to you with your hand, still and firmly, on your child's back until your child is calm.</li> </ul>
 <p><b>Opportunities for early learning</b></p>	<ul style="list-style-type: none"> <li>Talk with your child.</li> </ul>	<ul style="list-style-type: none"> <li><b>Demonstrate</b> Talk to the child softly, explaining as you go through the steps of the visit. Engage the child, rather than force the child's response. For example, hold your hand out and ask the child to give you her hand. Tell the child that you will take her temperature.</li> <li><b>Discuss</b> Even though the child is sick, he will learn if you talk to him about what is around you, what he is doing, or try to articulate how he might be feeling.</li> </ul>
 <p><b>Safety and security</b></p>	<ul style="list-style-type: none"> <li>Make a safe environment.</li> </ul>	<ul style="list-style-type: none"> <li><b>Discuss</b> How do you store your medicines at home? Discuss how to keep medicines dry and safe, and away from children.</li> <li><b>Discuss</b> Who will care for the sick child if you are unable to? Identify an adult who will stay with your child.</li> </ul>
<b>SUPPORTING CAREGIVER WELL-BEING</b>		
 <p><b>Supporting caregiver well-being</b></p>	<ul style="list-style-type: none"> <li>Build caregivers' capacity to care for themselves.</li> <li>Problem-solve and organize support from family members.</li> </ul>	<ul style="list-style-type: none"> <li><b>Discuss</b> Caring for a child who is sick can be difficult and tiring. What can you do to relax, even for 10 minutes at a time?</li> <li><b>Ask</b> What extra help do you need from your family, so you can spend more time with your child and care for yourself? Who could you ask for help?</li> <li><b>Ask</b> What difficulty might you have in returning for a follow-up visit?</li> </ul>

## 3. SUPPORTING FAMILIES THROUGH EXISTING SERVICES: WHAT CAN SERVICE PROVIDERS DO?

### Inpatient paediatric care: maintaining the child's development in hospital

Children may spend long periods in hospital for treatment of severe illness, surgery and/or rehabilitation. Hospital practices are moving from policies for total rest to policies that encourage gentle activation of the child, appropriate to the child's condition. Movement and interaction contribute to a better appetite and healing, while their absence may contribute to delay in the child's development.

Stays in hospital are stressful for children and their caregivers, and hospitals should make every effort not to separate them. During hospitalization, the cognitive and social skills of children may deteriorate. When caregivers are present, they can address the decline by stretching limbs, talking to the child, and giving the child items to touch, grab, stack or bang; naming people, things, colours and feelings; and activating the child's response by rubbing the skin with different textures and temperatures. Furnishing a corner of the paediatric ward with books and toys encourages caregivers to interact with their children at an appropriate level as their condition improves. Colourful posters can provide ideas for what caregivers can do.



Photo credit: © UNICEF Para/Tamayo E

Your child will enjoy the time with you. Ask a nurse where you can find books and toys to play with your child.



Photo credit: © UNICEF Para/Hildebrandt C

Play with your child. It helps your child continue to learn while in hospital.

Involving caregivers in their child's care helps them learn to recognize when their child has pain, where it is located and what comforts the child. They can observe how medical staff complete routine procedures in a responsive manner and can better address the needs of their child during rehabilitation feeding.

Caregivers also need attention and support. Staying in the hospital, they need a clean place to sleep, food, access to clean toilets and a place to relax with other caregivers. They may experience disruptions in their families and worry about the family at home. They appreciate staff who show an interest and help them consider possible solutions to their worries.

Suggestions for what providers can do to strengthen caregiver practices and support caregiver well-being during inpatient paediatric care are in Table 3.4.2.



# What's next – ways to use this guide

- **Convene at country level to review**
  - What is already happening – where can you complement
  - What are new ideas?
  - Consider phased approach
    - What are 'low hanging fruit'
    - Start with certain services, document, learn and scale
- **Institutionalize skills building**
  - Are any of the foundational training packages used?
  - Pre- and in-service training
  - Incorporate in mentoring and supervision
- **Disseminate the guide/sections of the guide**
  - Facility managers
  - Providers (part 3 sections)
- **Document, inform scale up and cross-country learning**



**Not everything has to be done all at once**



Thank you

© UNICEF/UN313327/Coulibaly

## Acknowledgements

**\*Special thanks to  
Jane Lucas\***

The development of this guide was led by UNICEF in close collaboration with the World Health Organization.

The development of the *Practice guide* was supported by the King Baudouin Foundation USA and the United States Agency for International Development (USAID) (Agreements GHA-G-00-07-00007, GHA-G-00-09-00003 and 7200GH21IO00004). The contents are the responsibility of UNICEF and WHO and do not necessarily reflect the views of USAID or the United States Government.

### Writing team:

Jane E. Lucas, independent consultant, with review and guidance from: Bernadette Daelmans, World Health Organization (WHO); Anne Detjen, United Nations Children's Fund (UNICEF); Ana Nieto, UNICEF; Sheila Manji, WHO; Florence Naluyinda-Kitabire, UNICEF; and Aline Simen-Kapeu, independent consultant.

### Reviewers:

The review process was participatory and deliberately included representation from various organizations and regions of the world. We are thankful for the practical comments from many reviewers during the development process, including: Frances Aboud,

Maureen Adudans, Jamela Al-Raiby, Katie Beck, Raoul Bermejo, Beverly Bicaldo, Julianne Birungi, Betzabe Butron-Riveros, Kudakwashe Chimanya, Nick Corby, Teshome Desta, Erinna Dia, Svetlana Drisvdal, Maya Elliott, Shaffiq Essajee, Osman Gani, Aashima Garg, Kristina Granger, Laurie Gulaid, Chrystal Holt, Nadya Hossain, Jimena Lazcano, Boniface Kakhobwe, Angelina Kakooza-Mwesige, Romilla Karnati, Neena Khadka, Cat Kirk, Tomomi Kitamura, Vibha Krishnamurthy, Aigul Kuttumuratova, Wigdan Madani, Asma Maladwala, Erum Mariam, Luula Mariano, Lydia Mbiru, Rajesh Mehta, Grainne Mairead Moloney, Natalia Mufel, Katie Murphy, Maniza Ntekim, Rafael Perez-Escamilla, Yohana Amaya Pinzón, Nande Putta, Sabine Rakotomalala, Vera Rangelova, Peter Rohloff, Christiane Rudert, Joy Sampang, Sarwat Sarah Sarwar, Bettina Schwethelm, Fatmata Fatima Sesay, Wiedaad Slemming, Rebecca Tortello, Maribel E. Ullmann, Maria Lucia Uribe, Emily Vargas-Baron, Claudia Vivas, Marjorie Volege, Mila Vukovic, Juana Willumsen, Erica Wong, Farhana Yasmin, Sakila Yesmin, Mahrukh Zahid and Jelena Zajeganovic.

### Editor:

Peggy Henderson.

<https://nurturing-care.org/practiceguide/>

## Contact

UNICEF: Anne Detjen, Boniface Kakhobwe  
WHO: Bernadette Daelmans, Sheila Manji

The development of the *Practice guide* was supported by the King Baudouin Foundation USA and the United States Agency for International Development (USAID) (Agreements GHA-G-00-07-00007, GHA-G-00-09-00003 and 7200GH21IO00004).

# Nurturing Care Handbook



## **Bernadette Daelmans**

Unit Head  
Child Health and Development Unit  
Maternal, Newborn, Child, Adolescent  
Health and Ageing Department  
World Health Organization, Geneva



## **Sheila Manji**

Early Childhood Development Specialist  
Child Health and Development Unit  
Maternal, Newborn, Child, Adolescent  
Health and Ageing Department  
World Health Organization, Geneva



Quality, Equity, Dignity  
A Network for Improving Quality of Care  
for Maternal, Newborn and Child Health



# Start here



How to use the handbook, understand nurturing care, and take action



## Strategic action 1 Lead and invest



How to do governance, planning, and financing



## Strategic action 2 Focus on families and communities



How to listen to families, encourage communities, and use the media



## Strategic action 3 Strengthen services



How to build systems, improve the workforce, and provide three-level support



## Strategic action 4 Monitor progress



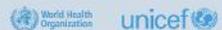
How to monitor populations, implementation, and individual children's development



## Strategic action 5 Scale up and innovate



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



# Nurturing care handbook

## Six guides to help you put the *Nurturing care framework* into practice

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

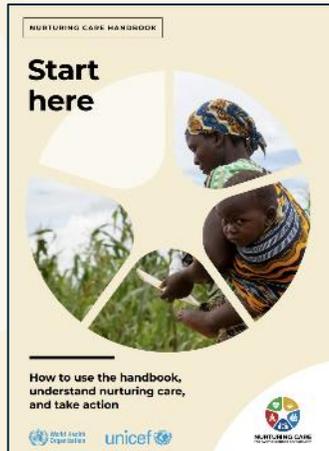
# Nurturing care handbook

For anyone wanting to take the agenda forward.

**Six guides**, one for each of the five strategic actions in the Nurturing Care Framework and a *Start here* guide.

Read ***Start here*** before going to any of the other guides.

**Use the other guides** in sequence or in any order, based on your needs.



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



LEAD AND INVEST



FOCUS ON FAMILIES AND THEIR COMMUNITIES



STRENGTHEN SERVICES



MONITOR PROGRESS



SCALE UP AND INNOVATE

# Drivers of content

What the child's brain and body expects and needs



Enabling environments for nurturing care



# Start here

Here is what you will find in the *Start here* guide:

- Using this handbook
- Understanding nurturing care
- Taking action
- Useful resources
- Useful websites

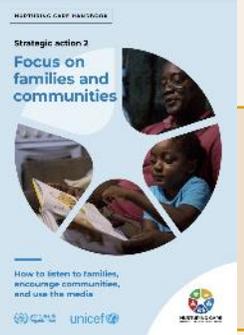
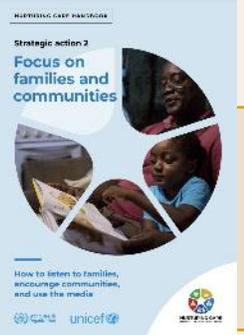
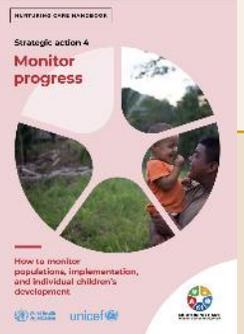
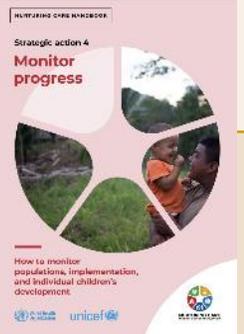
<https://nurturing-care.org/handbook>

# Start here



**How to use the handbook,  
understand nurturing care,  
and take action**

# Thematic areas

<p><b>Lead and invest</b></p>	<ul style="list-style-type: none"> <li>– Governance</li> <li>– Planning</li> <li>– Financing</li> </ul>		
<p><b>Focus on families and their communities</b></p>	<ul style="list-style-type: none"> <li>– Community engagement</li> <li>– Community accountability</li> <li>– Using media</li> </ul>		
<p><b>Strengthen services</b></p>	<ul style="list-style-type: none"> <li>– System strengthening</li> <li>– Building workforce capacities</li> <li>– Strengthening services</li> </ul>		
<p><b>Monitor progress</b></p>	<ul style="list-style-type: none"> <li>– Monitoring individual children</li> <li>– Monitoring programme implementation</li> <li>– Measuring coverage at population-level</li> </ul>		
<p><b>Scale up and innovate</b></p>	<ul style="list-style-type: none"> <li>– Towards scale</li> <li>– Private sector</li> <li>– Digital solutions</li> </ul>		

# What's inside?

Here is what you will find in the guides to each strategic action:

- **overviews**, breaking down big tasks and topics into more manageable chunks;
- **suggested actions**, to give you inspiration;
- **common barriers**, with ways to overcome them;
- **tools and checklists** for common tasks;
- **signs** for monitoring progress;
- **links to helpful articles and websites**;
- **case studies**, showing how organizations around the world have put nurturing care into practice.

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



## Contents

<b>Overview</b>	iv
<b>Acknowledgements</b>	v
<b>Using this handbook</b>	1
<b>Understanding <i>Strengthen services</i></b>	2
What is this strategic action?	2
What will this strategic action enable me to do?	3
<b>Systems</b>	4
Suggested actions	4
Overcoming the barriers	7
<b>Workforce</b>	8
Suggested actions	9
Overcoming the barriers	11
<b>Three-level support</b>	12
The three levels of support that families need	12
The twin-track approach	13
Suggested actions – universal support	14
Suggested actions – targeted support	18
Examples of targeted services for different groups	18
Suggested actions –indicated support	22
Overcoming the barriers	24
<b>Signs that you are making progress</b>	25
<b>References. Tools, case studies and further reading</b>	26



# Lead and invest

## Governance

How to coordinate decision-makers, at national and local levels, as they try to develop and achieve national policy objectives.

## Planning

How to translate policy objectives into concrete activities.

## Finance

How to fund the expansion and strengthening of services, and how to add interventions in an equitable and sustainable way, working through the appropriate ministries.





# Governance

## FREQUENTLY ASKED QUESTIONS

---

- How to create political will
- How to facilitate multisectoral collaboration
- Is there need for one policy or many policies
- How to generate investment
- How to sustain momentum

## STEPS THAT HAVE SHOWN TO BE EFFECTIVE

---

- Engage all relevant stakeholders in dialogue
- Discuss scientific advances
- Find evidence about the current situation
- Create opportunities for learning and exchange
- Use national commitments to justify investment
- Discuss practical policy options
- Discuss existing policies and strategies
- Include children in all policies
- Develop a common vision, goals and targets
- Formulate or update policy



# Three ways to coordinate sectors and stakeholders

## High level leadership

- Coordination at level of the President's or Prime Minister's Office for a whole-of-government approach

## Intersectoral leadership

- Leadership in one sector to coordinate actions across multiple sectors

## Sector specific leadership

- Leadership within a sector to strengthen coordination and joint actions, and facilitate engagement with other sectors



# Planning

## FREQUENTLY ASKED QUESTIONS

---

- Is there need for one plan or many plans
- Who is responsible
- What is the role of the national level
- What is the role of the local level
- What are attributes of a good plan

## STEPS THAT HAVE SHOWN TO BE EFFECTIVE

---

- Do not wait for a national policy
- Plan together, implement by sector
- Assess where you are now
- Run consensus-building workshops
- Look for opportunities in different sectors
- Build on what already exists
- Set realistic and measurable targets
- Keep everyone accountable



# Financing

## FREQUENTLY ASKED QUESTIONS

---

- How to estimate costs
- What does it cost
- How to increase domestic funds
- How to share funds between different sectors
- How to optimize use of donor funds
- How to spend efficiently

## STEPS THAT HAVE SHOWN TO BE EFFECTIVE

---

- Understand the political economy
- Choose the right audiences for advocacy
- Involve all who influence budget allocations
- Assess current financing for ECD
- Consider all sources of funding
- Clearly define inputs and outputs
- Help prepare sectoral budget plans
- Whatever the budget, it needs to be locally owned



# Signs of progress

- ✓ A national coordination mechanism is in place and functioning
- ✓ There are champions for nurturing care in multiple sectors
- ✓ Multisectoral policy objectives have been adopted and address the early years
- ✓ A national roadmap or strategy for early childhood development has been developed
- ✓ Sector-specific plans have been updated and costed, fostering adequate, efficient spending
- ✓ Government spending and action is equitable, properly tracked, and leveraging coordination



Photo credit:  
© UNICEF / UNI333159 / Bhardwaj

# Case studies and useful resources

## USEFUL RESOURCES

---

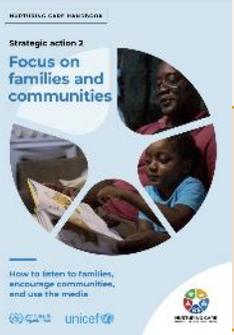
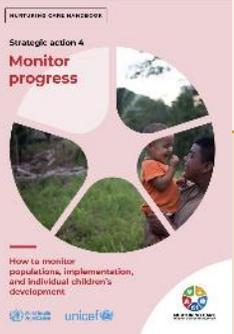
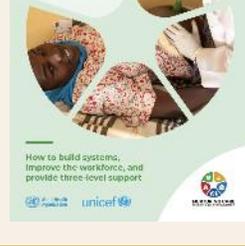
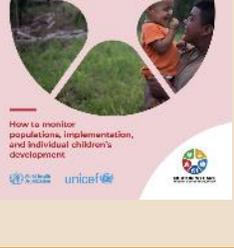
- Nurturing care advocacy toolkit
- Countdown to 2030's Country profiles for early childhood development
- Rapid assessment tool (developed in South-East Asia)
- Nurturing care practice guide

## CASE STUDIES

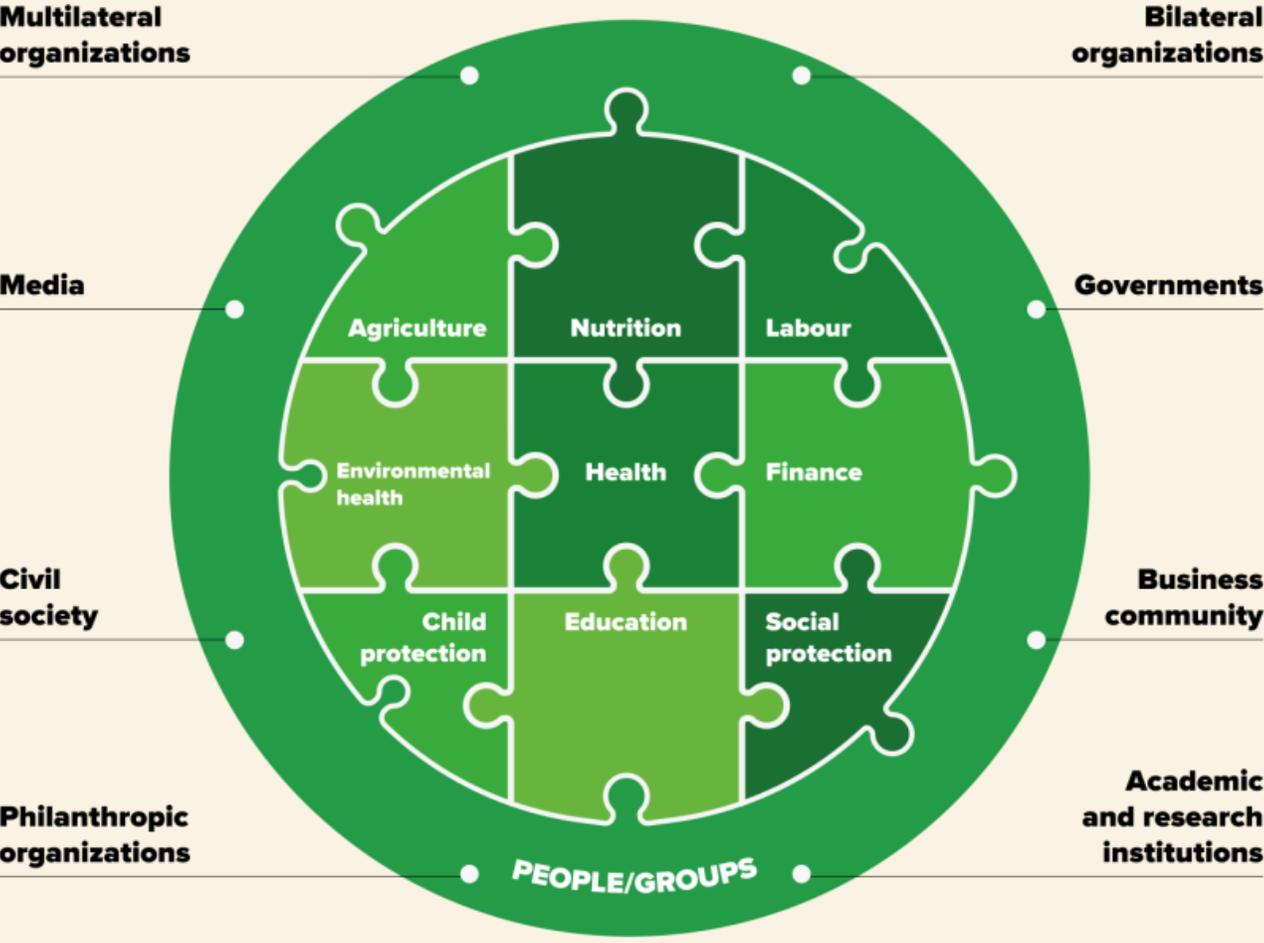
---

- Country experiences: Cambodia, Chile, Bhutan, Brazil, Ethiopia, Kenya, India, Malawi, Mexico, the Philippines, Rwanda
- Aga Khan University – ECD policy-makers' workshop
- World Bank – The human capital project
- Children in All Policies (CAP 2030)
- Investing in childcare
- Harnessing the power of parliamentarians

# Thematic areas revisited

<p><b>Lead and invest</b></p>	<ul style="list-style-type: none"> <li>– Governance</li> <li>– Planning</li> <li>– Financing</li> </ul>		
<p><b>Focus on families and their communities</b></p>	<ul style="list-style-type: none"> <li>– Community engagement</li> <li>– Community accountability</li> <li>– Using media</li> </ul>		
<p><b>Strengthen services</b></p>	<ul style="list-style-type: none"> <li>– System strengthening</li> <li>– Building workforce capacities</li> <li>– Strengthening services</li> </ul>		
<p><b>Monitor progress</b></p>	<ul style="list-style-type: none"> <li>– Monitoring individual children</li> <li>– Monitoring programme implementation</li> <li>– Measuring coverage at population-level</li> </ul>		
<p><b>Scale up and innovate</b></p>	<ul style="list-style-type: none"> <li>– Towards scale</li> <li>– Private sector</li> <li>– Digital solutions</li> </ul>		

# Building on what exists



Remember



Strengthen



Add

# Acknowledgements

The development of this handbook was led by the World Health Organization (WHO).

WHO is grateful to all those who contributed. WHO also expresses gratitude to the authors of the Lancet series *Advancing early childhood development: from science to scale* (2017) who lay the foundation for the *Nurturing care framework* that underpins this handbook. A special word of thanks goes to colleagues at the Institute for Life Course Health Research at Stellenbosch University in South Africa, for their support in the development of this handbook.

This handbook is part of a set of resources for implementing the *Nurturing care framework*.

Partners continue to collaborate in global working groups to expand this set, facilitated by staff at WHO, UNICEF, the World Bank Group, the Partnership for Maternal, Newborn, and Child Health (PMNCH) and the Early Childhood Development Action Network (ECDAN).

WHO is grateful for the financial support provided by the Children's Investment Fund Foundation and the King Baudouin Foundation USA that made the development of the handbook possible.



## Writing team:

Bernadette Daelmans, WHO; Kelly Gemmill, Institute for Life Course Health Research, Stellenbosch University; Sheila Manji, WHO; Bettina Schwethelm, consultant; Mark Tomlinson, Institute for Life Course Health Research, Stellenbosch University; and School of Nursing and Midwifery, Queens University, Belfast, United Kingdom of Great Britain and Northern Ireland.

## Content sections were provided by:

Betzabe Butron Riveros, WHO; Kate Doyle, Promundo; Joanna Drazdzewska, Women and Children First UK; Ilgi Ertem, Ankara University; Jane Fisher, Monash University; Svetlana Drivdale, PATH; Matthew Frey, PATH; Liana Ghent, International Step by Step Association; Margaret Greene, Promundo; Patrick Hoffmann, Human Safety Net; Robert Hughes, London School of Hygiene and Tropical Medicine; Dan Irvine, World Vision; Romilla Karnati, MOMENTUM Country and Global Leadership, Save the Children; Vibha Krishnamurthy, Ummeed Child Development Center; Joan Lombardi, Early Opportunities; Rajesh Mehta, WHO; Ana Nieto, UNICEF; Katie Murphy, International Rescue Committee; Frank Oberklaid, The Royal Children's Hospital Melbourne and the Murdoch Children's Research Institute;

Rafael Perez-Escamilla, Yale University; Linda Richter, University of the Witwatersrand; Mikey Rosato, Women and Children First UK; Sofia Segura-Pérez, Hispanic Health Council; Sweta Shah, Aga Khan Foundation; Kate Strong, WHO; Melanie Swan, Plan International; Zorica Trikić, International Step by Step Association; Francesca Vezzini, Human Safety Net; Cathryn Wood, Development Media International.

## Additional contributions were made by:

Jamela Al-raiby, WHO; Judi Aabel, Grandmother Project; Frances Mary Beaton-Day, World Bank Group; Claudia Cappa, UNICEF; Vanessa Cavallera, WHO; Terrell Carter, American Academy of Pediatrics; Elga Filipa De Castro, UNICEF; Lucie Cluver, University of Oxford; Tom Davis, World Vision; Teshome Desta, WHO; Anne Detjen, UNICEF; Amanda Devercelli, World Bank Group; Erinna Dia, UNICEF; Tarun Dua, WHO; Leslie Elder, World Bank Group; Maya Elliott, UNICEF; Ghassan Issa, Arab Network for Early Childhood Development; Aleksandra Jovic, UNICEF; Boniface Kakhobwe, UNICEF; Masahiro Kato, UNICEF; Jamie Lachman, University of Oxford; Christina Laurenzi, Institute for Life Course Health Research, Stellenbosch University; Jane Lucas; Susanne Martin Herz, American Academy of Pediatrics;

Colleen Murray, UNICEF; Daniel Page, Institute for Life Course Health Research, Stellenbosch University; Kiran Patel, American Academy of Pediatrics; Janna Patterson, American Academy of Pediatrics; Nicole Petrowski, UNICEF; Annie Portela, WHO; Chembra Raghavan, UNICEF; Nigel Rollins, WHO; Chiara Servili, WHO; Megan Song McHenry, American Academy of Pediatrics; Giorgio Tamburlini, Centro per la Salute del Bambino Onlus; Juana Willumsen, WHO; Shekufeh Zonji, ECDAN.

Participants in the meeting *Innovating for early childhood development: what have we learned to strengthen programming for nurturing care*, held 13 – 14 June 2019 in Geneva, Switzerland, all contributed to the content of this handbook.

The following representatives provided feedback on behalf of the Child Health Task Force: Catherine Clarence, Zacharia Crosser, Kasungami Dyness, Olamide Folorunso, Kate Gilroy, Debra Jackson, Lily Kak, Senait Kebede, Allisyn Moran, Sita Strother, Lara Vaz and Steve Wall.

# Thank you

---

**For more information:**

[nurturing-care.org](http://nurturing-care.org)

[ecdan.org](http://ecdan.org)

---

**Join the conversation:**

[#NurturingCare](https://twitter.com/NurturingCare)

[@NurturingCare](https://www.instagram.com/NurturingCare)



# Reflections and ideas



**Facilitated by**

**Boniface Kakhobwe**

ECD Specialist

Nutrition and Child Development Section

UNICEF, New York

# Reflections and ideas



**Dr. Caroline Mwangi**

Head, Division of Neonatal and Child Health

Ministry of Health, Kenya



**Dr. Oka René Kouame**

Coordinating Director, National Nutrition Program

Ministry of Health, Public Hygiene and Universal Health Coverage, Ivory Coast



**Melanie Picolo**

Maternal, Newborn, Child Health and Nutrition Program Manager

PATH Mozambique



**Dr. Rajesh Mehta**

Consultant to World Health Organization and

Former Regional Adviser, World Health Organization South-East Asia Regional Office



# Questions & answers

**Facilitated by**

**Shekufeh Zonji**

Global Technical Lead

Early Childhood Development Action Network

# Resources & events



**Sheila Manji**  
ECD Specialist  
Child Health and Development Unit  
World Health Organization, Geneva



# Implementing the Nurturing care framework

## Operationalizing nurturing care for ECD: health sector alongside other sectors

<https://nurturing-care.org/operationalization-of-the-nurturing-care-framework/>

## Nurturing care handbook

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

## Nurturing care practice guide

<https://nurturing-care.org/practiceguide>

# Coming soon!

- ✓ Nurturing care progress report (2018-2023)
- ✓ Thematic brief: nurturing young children through responsive feeding
- ✓ Thematic brief: Children with developmental delays and disabilities

## Nurturing care thematic briefs

<https://nurturing-care.org/thematic-briefs>

**THematic BRIEF**

**Nurturing care for every newborn**



**What is nurturing care?**

What happens during early childhood (pregnancy to age 5) sets the foundation for a lifetime of health, well-being and learning. We can do more to create the conditions to help children thrive as they grow and develop. This requires a multisectoral approach with nurturing care, especially in the early years (pregnancy to age 5).

Nurturing care comprises four interconnected and indivisible components: good health, adequate nutrition, safety and security, responsive caregiving and early learning. Nurturing care protects children from adversity and produces lifelong and intergenerational benefits for health, productivity and social cohesion.

Nurturing care happens when we invest early intervention with a child's family members, small or large, structured or unstructured, in an opportunity to ensure children are healthy, secure and thriving. It is an opportunity to ensure children are healthy, secure and thriving. It is an opportunity to ensure children are healthy, secure and thriving. It is an opportunity to ensure children are healthy, secure and thriving.

**When cared for in a nurturing environment, babies not only survive, they are also helped to thrive. However, for many infants are deprived of their rights to receive nurturing care, including when they require inpatient hospital care.**

Alongside the need to reduce the burden on both, and among those already in care, it is essential to ensure that children receive the care they need to thrive. This includes ensuring that children receive the care they need to thrive. This includes ensuring that children receive the care they need to thrive. This includes ensuring that children receive the care they need to thrive.

**When cared for in a nurturing environment, babies not only survive, they are also helped to thrive. However, for many infants are deprived of their rights to receive nurturing care, including when they require inpatient hospital care.**

Alongside the need to reduce the burden on both, and among those already in care, it is essential to ensure that children receive the care they need to thrive. This includes ensuring that children receive the care they need to thrive. This includes ensuring that children receive the care they need to thrive. This includes ensuring that children receive the care they need to thrive.

**THematic BRIEF**

**Tobacco control to improve child health and development**



**What is nurturing care?**

What happens during early childhood (pregnancy to age 5) sets the foundation for a lifetime of health, well-being and learning. We can do more to create the conditions to help children thrive as they grow and develop. This requires a multisectoral approach with nurturing care, especially in the early years (pregnancy to age 5).

Nurturing care comprises four interconnected and indivisible components: good health, adequate nutrition, safety and security, responsive caregiving and early learning. Nurturing care protects children from adversity and produces lifelong and intergenerational benefits for health, productivity and social cohesion.

Nurturing care happens when we invest early intervention with a child's family members, small or large, structured or unstructured, in an opportunity to ensure children are healthy, secure and thriving. It is an opportunity to ensure children are healthy, secure and thriving. It is an opportunity to ensure children are healthy, secure and thriving.

**Why is protecting children from tobacco important?**

Tobacco poses risks to children's survival, health and development. Protecting children from tobacco smoke is essential to help them to survive and thrive.

Children exposed to tobacco smoke are at an increased risk of a range of health problems, including low birth weight, stillbirth, and more likely to take up smoking themselves. In utero exposure to tobacco smoke is a leading preventable cause of low birth weight, stillbirth, and more likely to take up smoking themselves. In utero exposure to tobacco smoke is a leading preventable cause of low birth weight, stillbirth, and more likely to take up smoking themselves.

**Why is protecting children from tobacco important?**

Tobacco poses risks to children's survival, health and development. Protecting children from tobacco smoke is essential to help them to survive and thrive.

Children exposed to tobacco smoke are at an increased risk of a range of health problems, including low birth weight, stillbirth, and more likely to take up smoking themselves. In utero exposure to tobacco smoke is a leading preventable cause of low birth weight, stillbirth, and more likely to take up smoking themselves.

**THematic BRIEF**

**Nurturing care for children affected by HIV**



**What is nurturing care?**

What happens during early childhood (pregnancy to age 5) sets the foundation for a lifetime of health, well-being and learning. We can do more to create the conditions to help children thrive as they grow and develop. This requires a multisectoral approach with nurturing care, especially in the early years (pregnancy to age 5).

Nurturing care comprises four interconnected and indivisible components: good health, adequate nutrition, safety and security, responsive caregiving and early learning. Nurturing care protects children from adversity and produces lifelong and intergenerational benefits for health, productivity and social cohesion.

Nurturing care happens when we invest early intervention with a child's family members, small or large, structured or unstructured, in an opportunity to ensure children are healthy, secure and thriving. It is an opportunity to ensure children are healthy, secure and thriving. It is an opportunity to ensure children are healthy, secure and thriving.

**Early childhood development and children affected by HIV**

Over the last few decades, scientific evidence has shown a range of effective interventions that can improve the lives of children affected by HIV. These interventions include: ensuring children are healthy, secure and thriving. It is an opportunity to ensure children are healthy, secure and thriving. It is an opportunity to ensure children are healthy, secure and thriving.

**What is nurturing care?**

What happens during early childhood (pregnancy to age 5) sets the foundation for a lifetime of health, well-being and learning. We can do more to create the conditions to help children thrive as they grow and develop. This requires a multisectoral approach with nurturing care, especially in the early years (pregnancy to age 5).

Nurturing care comprises four interconnected and indivisible components: good health, adequate nutrition, safety and security, responsive caregiving and early learning. Nurturing care protects children from adversity and produces lifelong and intergenerational benefits for health, productivity and social cohesion.

Nurturing care happens when we invest early intervention with a child's family members, small or large, structured or unstructured, in an opportunity to ensure children are healthy, secure and thriving. It is an opportunity to ensure children are healthy, secure and thriving. It is an opportunity to ensure children are healthy, secure and thriving.

**THematic BRIEF**

**Nurturing care and men's engagement**



**What is nurturing care?**

What happens during early childhood (pregnancy to age 5) sets the foundation for a lifetime of health, well-being and learning. We can do more to create the conditions to help children thrive as they grow and develop. This requires a multisectoral approach with nurturing care, especially in the early years (pregnancy to age 5).

Nurturing care comprises four interconnected and indivisible components: good health, adequate nutrition, safety and security, responsive caregiving and early learning. Nurturing care protects children from adversity and produces lifelong and intergenerational benefits for health, productivity and social cohesion.

Nurturing care happens when we invest early intervention with a child's family members, small or large, structured or unstructured, in an opportunity to ensure children are healthy, secure and thriving. It is an opportunity to ensure children are healthy, secure and thriving. It is an opportunity to ensure children are healthy, secure and thriving.

**Why are men important for nurturing care?**

Men play a critical role in ensuring that children receive the care they need to thrive. This includes ensuring that children receive the care they need to thrive. This includes ensuring that children receive the care they need to thrive. This includes ensuring that children receive the care they need to thrive.

**The Nurturing Care Framework (2) emphasizes the importance of men's role as caregivers – alongside mothers, grandmothers, and others. There is a growing consensus on this, and the evidence – though still limited – is also increasing.**

This evidence is summarized in the Nurturing Care Framework (2). The benefits of men's engagement, as argued in Nurturing Care Framework (2), are: supporting men's engagement in the home, in the community, and in the workplace; supporting men's engagement in the home, in the community, and in the workplace; supporting men's engagement in the home, in the community, and in the workplace.

**THematic BRIEF**

**Nurturing care for children living in humanitarian settings**



**What is nurturing care?**

What happens during early childhood (pregnancy to age 5) sets the foundation for a lifetime of health, well-being and learning. We can do more to create the conditions to help children thrive as they grow and develop. This requires a multisectoral approach with nurturing care, especially in the early years (pregnancy to age 5).

Nurturing care comprises four interconnected and indivisible components: good health, adequate nutrition, safety and security, responsive caregiving and early learning. Nurturing care protects children from adversity and produces lifelong and intergenerational benefits for health, productivity and social cohesion.

Nurturing care happens when we invest early intervention with a child's family members, small or large, structured or unstructured, in an opportunity to ensure children are healthy, secure and thriving. It is an opportunity to ensure children are healthy, secure and thriving. It is an opportunity to ensure children are healthy, secure and thriving.

**Why is nurturing care important in humanitarian settings?**

Children living in humanitarian settings face unique challenges to their health and development. Nurturing care is essential to help them to survive and thrive. This includes ensuring that children receive the care they need to thrive. This includes ensuring that children receive the care they need to thrive. This includes ensuring that children receive the care they need to thrive.

**The early years in a child's life are critical in building a foundation for optimal development through a stable and nurturing environment, as described in the Nurturing Care Framework (2)**

As outlined in the Nurturing Care Framework (2), the early years in a child's life are critical in building a foundation for optimal development through a stable and nurturing environment, as described in the Nurturing Care Framework (2). The early years in a child's life are critical in building a foundation for optimal development through a stable and nurturing environment, as described in the Nurturing Care Framework (2).

**THematic BRIEF**

**Clean, safe and secure environments to support early childhood development**



**What is nurturing care?**

What happens during early childhood (pregnancy to age 5) sets the foundation for a lifetime of health, well-being and learning. We can do more to create the conditions to help children thrive as they grow and develop. This requires a multisectoral approach with nurturing care, especially in the early years (pregnancy to age 5).

Nurturing care comprises four interconnected and indivisible components: good health, adequate nutrition, safety and security, responsive caregiving and early learning. Nurturing care protects children from adversity and produces lifelong and intergenerational benefits for health, productivity and social cohesion.

Nurturing care happens when we invest early intervention with a child's family members, small or large, structured or unstructured, in an opportunity to ensure children are healthy, secure and thriving. It is an opportunity to ensure children are healthy, secure and thriving. It is an opportunity to ensure children are healthy, secure and thriving.

**Why is the environment important for early childhood development?**

Clean, safe and secure environments contribute to nurturing environments for nurturing care. Clean, safe and secure environments contribute to nurturing environments for nurturing care. Clean, safe and secure environments contribute to nurturing environments for nurturing care.

**What is nurturing care?**

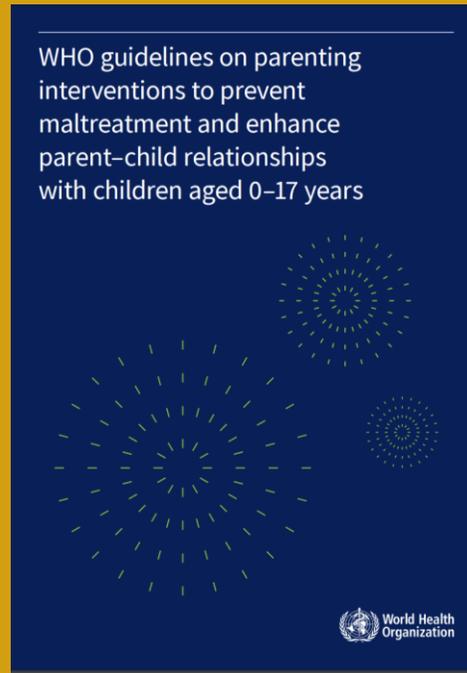
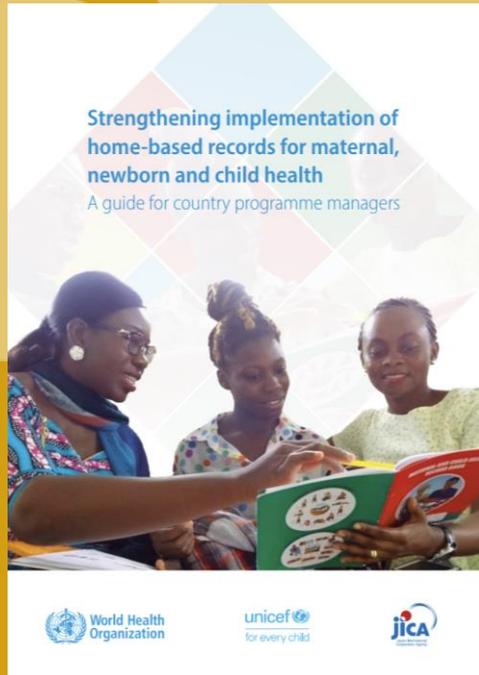
What happens during early childhood (pregnancy to age 5) sets the foundation for a lifetime of health, well-being and learning. We can do more to create the conditions to help children thrive as they grow and develop. This requires a multisectoral approach with nurturing care, especially in the early years (pregnancy to age 5).

Nurturing care comprises four interconnected and indivisible components: good health, adequate nutrition, safety and security, responsive caregiving and early learning. Nurturing care protects children from adversity and produces lifelong and intergenerational benefits for health, productivity and social cohesion.

Nurturing care happens when we invest early intervention with a child's family members, small or large, structured or unstructured, in an opportunity to ensure children are healthy, secure and thriving. It is an opportunity to ensure children are healthy, secure and thriving. It is an opportunity to ensure children are healthy, secure and thriving.

**Nurturing care website**  
<https://nurturing-care.org/>

# Relevant resources



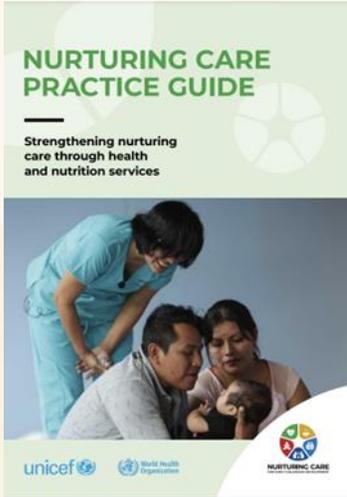
Strengthening implementation of home-based records for maternal, newborn and child health: a guide for country programme managers <https://www.who.int/publications/i/item/9789240060586>

WHO guidelines on parenting interventions to prevent maltreatment and enhance parent-child relationships with children aged 0-17 years <https://www.who.int/teams/social-determinants-of-health/violence-prevention/parenting-guidelines>

Global Scales for Early Development (GSED) v1.0 <https://www.who.int/publications/i/item/WHO-MSD-GSED-package-v1.0-2023.1>

Coming soon! Caring for the caregiver

# Upcoming events

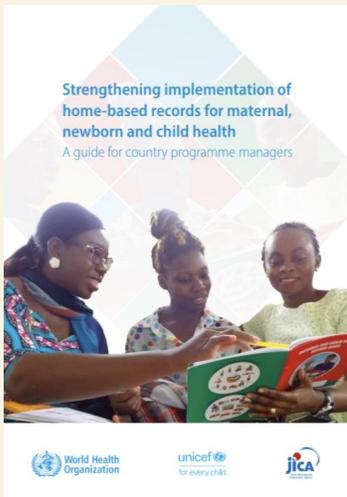


**6 April**

## **Regional launch of the Nurturing Care Practice Guide – Europe and Central Asia**

Organized as part of the [Health Systems for ECD Initiative](#) of Europe and Central Asia  
4:30 am EST / 10:30 am CEST / 11:30 am EAT / 2:00 pm IST (90 minutes)

[Register here](#)



**20 April**

## **Official launch of the WHO-UNICEF-JICA guide on Strengthening implementation of home-based records for maternal, newborn and child health**

Hosted by WHO, UNICEF and JICA, with the support of the Network for Improving Quality of Care for Maternal, Newborn and Child Health and the Quality of Care subgroup of the Child Health Task Force.

8:00 am EST / 2:00 pm CEST (90 minutes)

[Register here](#)

# Closing remarks



## Anshu Banerjee

Assistant Director-General (a.i), Division of Universal Health Coverage & Life course and Director, Department of Maternal, Newborn, Child and Adolescent Health and Ageing, World Health Organization, Geneva