

# MEETING REPORT

## Operationalizing Nurturing Care

World Health Organization, Geneva, Switzerland  
31 July – 2 August 2017



*“If we change the beginning of the story,  
we change the whole story”*

*Raffi Cavoukian, The Beginning of Life*

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## Acknowledgements

This document is the report of the technical meeting convened by the World Health Organization (WHO) on ‘Operationalizing Nurturing Care’. The meeting was organized by the WHO Departments of Maternal, Newborn, Child and Adolescent Health and Mental Health and Substance Abuse. Collaborating departments included the Management of NCDs, Disability and Violence, and Injury Prevention; Nutrition for Health and Development; HIV/AIDS; and Gender, Equity and Rights.

WHO thanks the Bernard van Leer Foundation for the support to host the meeting; the Partnership for Maternal, Newborn and Child Health (PMNCH) for its support in the preparations; PATH and the Open Societies Foundation (OSF) for enabling several country teams to participate; and all participants and partners for their time, resources and technical contributions in support of the meeting. Professor Linda Richter chaired the meeting, and Dr Raphaëla Carrière acted as rapporteur; their contributions are gratefully acknowledged.

## Abbreviations

ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
ASHA	Accredited Social Health Activist
CCD	Care for Child Development
CHW	Community Health Worker
ECD	Early Childhood Development
ECDAN	Early Childhood Development Action Network
EWEC	Every Mother Every Child
H6	The Global Health Partnership H6 (includes UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank)
ICDS	Integrated Child Development Services
IMCI	Integrated Management of Childhood Illness
LMIC	Low and Middle-Income Countries
MIC	Middle Income Countries
NDD	Neurodevelopmental Disorders
NGO	Nongovernmental Organization
PMNCH	The Partnership for Maternal, Newborn and Child Health
PST	Parenting Skills Training
RCT	Randomized Control Trials
SDG	Sustainable Development Goals
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	Water Sanitation and Hygiene
WHA	World Health Assembly
WHO	World Health Organization

## Glossary

**Early childhood development:** Early child development (ECD) refers to the cognitive, physical, language, temperament, socio-emotional, and motor development of children from conception to 8 years of age.<sup>1</sup>

**Early years:** The preschool period from pregnancy to age 8 years, with 4 stages: i) pregnancy and perinatal period; ii) 0 to 3 years of age; iii) 3 to 5 years of age (preschool-age), and iv) 6 to 8 years of age (transition to formal education).<sup>2</sup>

**First 1000 days:** From conception to 2 years (270 days of pregnancy +365 days +365 days) or 3 years of age, depending on the trajectory of an individual child's development.

**Nurturing care:** Nurturing care refers to a stable environment that is sensitive to children's health and nutritional needs, with protection from threats, opportunities for early learning, and interactions that are responsive, emotionally supportive, and developmentally stimulating. Nurturing care thus comprises health, nutrition, security and safety, responsive caregiving and early learning, and the indivisible role of these five elements.<sup>3</sup>

**Parenting:** Positive parenting incorporates anticipatory guidance for safety, education, development, and the establishment of a caring and understanding relationship with one's child. 'Parenting' is not limited to biological parents, but extends to guardians or caregivers providing consistent care for the child.<sup>4</sup>

**Responsive caregiving:** Responsive caregiving encompasses both sensitivity and responsiveness. Sensitivity is awareness of a newborn, infant or young child, including awareness of their acts and vocalizations as communicative signals to indicate needs and wants. Responsiveness is the capacity of caregivers to respond contingently and appropriately to these signals.<sup>5</sup>

**Attachment:** Attachment is a close emotional and physical relationship with at least one primary caregiver. Attachment develops early in life and provides children with the stability and security necessary to explore, handle stress, and form additional relationships.<sup>6</sup>

**Socialization:** Socialization refers to the process by which a baby becomes a social being. It involves induction into the values and demands of society, including the internalization of moral norms, acquiring a concept of the self in broadening social experiences, and increasing autonomy. It is influenced by cultural and social expectations, and religious beliefs.<sup>7</sup>

**Stimulation:** Stimulation is sensory information that engages a young child's attention and provides information through interactions with people and environmental variability; examples include talking, smiling, pointing, enabling, and demonstrating, with or without objects.<sup>8</sup>

**Structure:** Structure refers to the regulation of a young child's emotions, behaviours, exploration and safety through organization and modulation of environmental demands and stimulation. It is expressed in discipline, supervision, and protection of the child from harm.<sup>8</sup>

**Play:** Play is 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.<sup>9</sup>

**Care for Child Development:** Care for Child Development is an intervention developed by WHO and UNICEF to support caregivers to build stronger relationships with young children by encouraging responsive caregiving through age-appropriate play and communication.<sup>10</sup>



# 1. Introduction

## Rationale for the meeting

There is a growing recognition that protecting, promoting and supporting early childhood development (ECD) is essential for the transformation that the world seeks to achieve in the next 15 years, guided by the Sustainable Development Goals (SDGs). Never before has the political commitment to investing in ECD been as strongly articulated as it currently is. The inclusion of a specific target 4.2 to 'ensure that all girls and boys have access to good-quality early childhood development' in the SDG framework, its relevance to many of the other SDGs and in the 'Survive, Thrive, and Transform' objectives of the Global Strategy for Women's, Children's and Adolescents' Health provides the impetus to governments and all concerned stakeholders to act, with purpose and intensity.

The Lancet series *Advancing Early Childhood Development: from Science to Scale* (2016) brought together state-of-the-art evidence that illustrated that the time is right to strengthen programming for ECD. Between 2000 and 2014, the number of countries with national multi-sectoral ECD policies increased more than 11-fold covering 68 countries, mostly in South America, Africa and Asia. During the same period, there was a general increase in ECD actors, a 7-fold increase in related scientific publications, and an increase in funding for ECD.<sup>11</sup>

Importantly, the series emphasized the concept of 'nurturing care' as a foundation for child development. Nurturing care refers to an indivisible cluster of interventions related to health, nutrition, responsive caregiving, safety and security, and early learning. The papers provided extensive evidence which affirmed that the way mothers, fathers and other caregivers nurture and support children in the first 1000 days is among the most decisive factors for healthy child development, with lifelong and intergenerational benefits for health, productivity and social cohesion. Multisectoral interventions are essential; yet, the health sector has a special role to play given its unique reach to families and caregivers during this most critical time period.

The global community is responding to this unique convergence between scientific evidence and political commitment. In 2017, the high level advisory group to the UN Secretary General for the Every Woman Every Child (EWEC) movement identified ECD as one of six priority areas for future attention. In the same vein, the H6 partnership of UN agencies articulated ECD as a priority area for joint work. Commitments to ECD are reflected in the UNICEF child health strategy and the 2018- 2023 program of work of the World Health Organization. The World Bank has also declared the early years a priority.

Nevertheless, challenges are formidable as illustrated by the mere magnitude of 250 million children who are at risk of suboptimal development in low and middle-income countries due to two risk factors of extreme poverty and stunting alone. Coverage of effective interventions is still low and national policies do not necessarily translate into services that are equitably provided. Therefore, the question is no longer 'why' to invest in early childhood development but rather 'how' to implement policies, interventions and services at a scale commensurate with the challenge.

## Meeting objectives and participants

WHO convened the technical meeting with the aim to review scientific and programmatic evidence of effective approaches to reach caregivers and children with a core package of interventions that support nurturing care. The meeting was a first step towards the development of implementation guidance for policy makers and programme managers on how to operationalize nurturing care and support optimal development of children in the critical early years of life.

Five objectives were identified for the meeting, namely to:

1. Review effective interventions to support nurturing care in early childhood;
2. Identify key attributes of effective intervention delivery;



3. Discuss the integration of interventions in existing services;
4. Discuss care for vulnerable families and children with special needs;
5. Discuss key components of a framework to operationalize nurturing care.

In the context of the latter, participants also reflected upon the need for i) better indicators and a consolidated monitoring framework, ii) guidelines to inform national policies; and iii) research priorities to strengthen the investment case for nurturing care for early childhood development.

The discussions were informed by essential readings made available to participants through Drop Box prior to the meeting and various expert presentations during the meeting. Extensive discussions took place primarily in the form of facilitated working groups. The objectives of these working groups were to arrive at conclusions of best practices for the following questions:

- What is a core package of interventions to support nurturing care?
- What have we learned about effective modes of intervention delivery?
- What additional support is required for families and children with special needs?
- What are key opportunities for integrating interventions for nurturing care in existing health and other services?
- What is needed to prepare the workforce to deliver the interventions with fidelity?
- What are facilitators and barriers to scaling up the services with quality and equity?

The findings and conclusions of the deliberations will inform a *Nurturing Care Framework for Action and Results*, the development of which WHO will lead in close collaboration with UNICEF and other relevant stakeholders in preparation for the 71<sup>st</sup> World Health Assembly in May 2018, at which the second Progress Report on the Global Strategy for Women's, Children's and Adolescents' Health will cover ECD as a special theme.

The meeting participants included representatives from governments, scientific experts, implementation partners, UN agencies and foundations. The agenda of the meeting and the list of participants are attached as Annex 1 and 2 of this report.

#### Declaration of Interest

All participants were required to submit a declaration of conflicts of interests prior to the meeting. The WHO secretariat reviewed the declarations. No conflicts of interests were identified.

#### Report content

This report contains a synthesis of the issues raised in the presentations, discussions, and working groups. It concludes with key messages and next steps to further develop and implement an evidence-based agenda for nurturing care for early childhood development, addressing WHO and other UN organizations, national and global stakeholders.

*“We’re not going to achieve the thrive and transform targets of the EWEC global strategy if we don’t do better on ECD in the early years.”*

*Participant in the meeting*

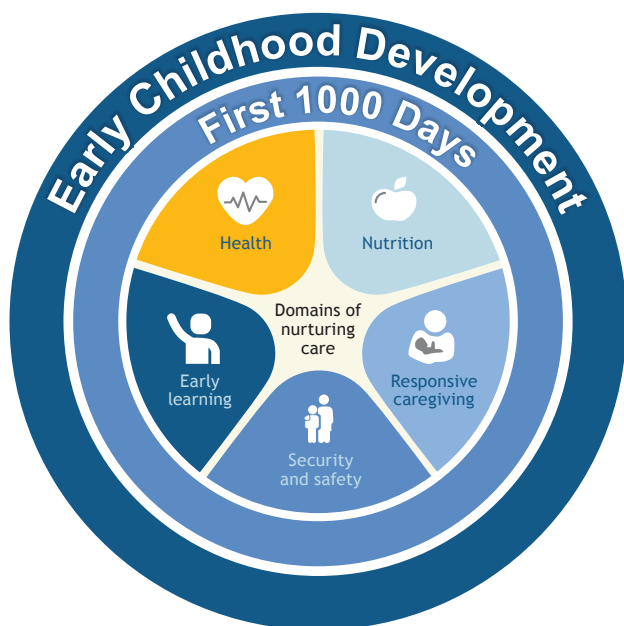
## 2. A core package of interventions to support nurturing care

### Nurturing care for early childhood development

Early childhood development (ECD) refers to children from conception to 8 years of age. It encompasses cognitive, physical, language, temperament, socio-emotional, and motor development. In order to enable children to reach their developmental potential, interventions in the first 1000 days, from conception to 2 (270+365+365) to 3 years of life, are essential.

The Steering Team of the third Lancet series on ECD (2016) coined the term ‘nurturing care’ as a foundation for child development with an emphasis on the first years of a child’s life. Nurturing care for early childhood development refers to “a stable environment that is sensitive to children’s health and nutritional needs, with protection from threats, opportunities for early learning, and interactions that are responsive, emotionally supportive, and developmentally stimulating.” Nurturing care is what the infant’s brain expects and depends upon for healthy development. There was a strong consensus among participants that the concept of nurturing care as presented in the ECD Lancet series should be the basis for programmatic actions, and that its unifying logo should be widely used (figure 1).

Figure 1: Nurturing Care to enable children to reach their developmental potential



Interventions with a positive effect on children’s development, especially during the child’s first 1000 days, have been well documented.<sup>12</sup> They fall within the responsibilities of multiple sectors including health, nutrition, education, child protection and social welfare. Many interventions that are traditionally known to impact on maternal, newborn and child survival and nutrition have a direct effect on child development.<sup>13</sup> They need to be implemented with quality and at scale in order to enable all children to develop to their full potential.

Elements that are not addressed in many country programs are the support for responsive caregiving and opportunities for early learning. Responsive caregiving encompasses both sensitivity and responsiveness. Sensitivity is awareness of the infant’s acts and vocalizations as communicative signals to indicate needs and wants. Responsiveness is the capacity of caregivers to respond contingently and appropriately to an infant’s signals. It is the basis for adequate feeding, protecting children against injury, recognizing and responding to illness, enriching children’s learning, and building trust and social relationships.

Caregivers often need to be supported in their capacity to provide nurturing care. Though parenting behavior is intuitive and built into our genes, parenting capacity can break down under conditions of chronic stress, poverty, poor physical or mental health, conflict, migration and discrimination. Caregivers benefit from regular contacts with a worker who is able to observe caregiver-child interaction and can provide encouragement and support for responsive care and opportunities for early learning.

Therefore, interventions should not only address the needs of the child but also those of the caregivers. Ensuring caregiver physical and mental health, household income and food security, education and empowerment, family support and safe communities, and providing health and social services, affordable childcare and preschool education, are all necessary to create enabling environments and support caregivers in their capacity to provide nurturing care.

“There is no such thing as just a baby. There is always a baby in relation to a caregiver.”

### Universal and targeted approaches for implementation

Nurturing care benefits every child, however, effective use of limited resource will require prioritization of interventions and the intensity of their delivery according to needs. Three levels of service delivery were identified which together, constitute a progressive population-based approach.

**Universal:** for all caregivers and children to benefit from policies, information and services that are supportive of nurturing care and can be mainstreamed in routine health, nutrition, and education systems.

**Targeted:** for families and children at risk because of factors such as poverty, low education, displacement or other emergencies. They are in need of a more intensive approach which may include purposeful contacts with a trained provider and/or social welfare benefits. Preventive and promotive health services, home visiting, parent groups and child day care centers can provide the additional reach and support to vulnerable families and communities.

**Intensive:** for individual families and children with special needs, for example, due to disabilities or developmental difficulties. They need *additional* services and other forms of assistance.

### Support for nurturing care within public sectors and national programmes

Interventions to support nurturing care are well positioned to be infused into existing health and nutrition services for affordable scale up in the first 1000 days. Important parts of the agenda have received national investment for a long time, such as interventions and services for reproductive, maternal, newborn, child and adolescent health, infant and young child feeding and nutritional care, and HIV prevention and care. The challenge is to do better in delivering these services at scale and with quality, while at the same time enhancing them with additional interventions such as promoting responsive caregiving and supporting parental mental health.

Multiple sectors must play a role in protecting, promoting and supporting nurturing care. There is increasing recognition of the importance of the early years within the education, child protection and social welfare sectors; support for responsive caregiving and early learning have also been successfully integrated into their services.

Support for early childhood development is often implemented through parenting programmes. Positive parenting incorporates anticipatory guidance for safety, education, development, and the establishment of a caring and understanding relationship with one's child. 'Parenting' is not limited to biological parents, but extends to guardians or caregivers providing consistent care for the child.

Multiple programmatic tools have been developed to support positive parenting, mostly with a specific purpose in mind such as management of child behavior, prevention of child maltreatment or support for children with developmental difficulties. One constraint is their proprietary rights and costs, limiting availability and use in particular in low and middle-income countries. WHO and UNICEF are addressing this gap through the development of generic interventions, such as Care for Child Development and Parents Skills Training. WHO is also part of a consortium of academic institutions that has set out to distill the evidence for effective parenting programs for prevention of child maltreatment, using a common components analysis as the basis for further development of generic practice tools.

“All children need some support, but some children need all the support they can get.”

### Common components of effective parenting programmes

There is evidence for effectiveness of parenting programmes for children at all ages. Current literature focuses mostly on behavior management of children 2 to 10 years old, and therefore, an analysis may not necessarily generate results that are all applicable to the youngest children. A systematic review of over 200 randomized controlled trials

and systematic reviews, mostly from high income countries, found strong effects in reducing disruptive behavior and harsh parenting for non-physical discipline techniques such as ignoring, time-out, natural consequences and logical consequences.<sup>14</sup> Positive reinforcement techniques such as praise and rewards were also effective. Common components of effective studies included:

- Parent-child play and empathy for relationship-building;
- Praise and rewards for reinforcing positive child behaviour;
- Positive and direct commands, rule setting and monitoring;
- Applying non-violent consequences for misbehaviour through ignoring, natural/logical consequences, and time-out;
- Skills parents teach to their children, for example, emotion regulation, problem-solving skills and social skills;
- Skills for parents, including emotion-regulation, problem-solving, communication, and partner/spouse support skills.

The most commonly identified intervention elements to support parents included psycho-education/didactics, assigning and reviewing homework, role-playing, modeling, providing materials, and reviewing goals and progress. To equip parents with the skills and support to provide nurturing care, the review highlighted principles and approaches as follows:

- Instill reassurance and support - build confidence in parents
- Provide information about children's development relevant to age, stage and gender
- Clarify the mutual influence and transactional exchanges in interactions
- Build skills and competence including through practice and feedback
- Meet others, befriend and support
- Address parental, couple and family needs
- Provide practical, material assistance.

### Care for Child Development: an intervention to support responsive caregiving

Care for Child Development (CCD) is an intervention developed by WHO and UNICEF to support caregivers to build stronger relationships with young children by encouraging responsive caregiving through age-appropriate play and communication. WHO and UNICEF developed the CCD package for easy integration into existing services such as for maternal, newborns and child survival, health and nutrition.

Evaluations have shown improved feeding practices and growth, fewer episodes of diarrhea and pneumonia episodes, as well as higher cognition, language, motor and socio-emotional skills in the child, with the greatest benefits in at-risk children. Intermediate outcomes included reduced maternal stress and depression, improved parent-child interactions and increases in the number of play activities with adults, as well as the number of books and play items available in the household.

*“Every minister of health should realize that his/her mandate is to provide for responsive care.”*

CCD has been successfully integrated into health and nutrition services, child care centers, and/or child protection and social welfare programs in more than 20 countries. The intervention is included in WHO guidance for prevention of child maltreatment and care for children with developmental difficulties and disabilities. The materials provide an excellent resource for supporting nurturing care in a range of services, including well child clinics, sick child visits, home visits, community groups, and child care.

## KEY MESSAGES

### Core package of interventions to support nurturing care

- Nurturing care is essential for all children.
- The five domains of nurturing care are indivisible, and children require them all.
- The first 1000 days (from conception onwards to 2-3 years) are most important for enabling children to begin an optimal development trajectory.
- Provision of nurturing care requires attention to the needs of the child, as well as the capacity and needs of the caregivers.
- Many existing interventions for maternal, newborn and child survival and nutrition impact on children's development and must be implemented with quality and at scale.
- Responsive caregiving and opportunities for early learning are essential interventions to promote brain development, and must be scaled up, including as part of existing services.
- Common components of effective parenting programmes have been distilled and can now be used to inform national strategies for supporting nurturing care in multiple sectors.
- Addressing parental mental health and equipping caregivers with time, knowledge and resources is essential to harness their ability to provide nurturing care.

### 3. Modes of effective intervention delivery

Understanding effective modes of intervention delivery is essential for policy makers and programme managers to make decisions on how to design policies and services that support nurturing care. In the past 10 years, at least seven systematic reviews of programmatic guidance for the effective implementation of interventions that included attention to responsive care have been published.<sup>1</sup> Commonly used delivery platforms have included home visits, community group sessions, and child care centers. There is a growing body of robust evidence of the positive effects of early intervention to support nurturing care and improve child development. An important limitation of current evidence is the paucity of evidence from low and middle-income settings.

Preliminary results from an extensive global review on delivering interventions reported in published literature, scanned grey literature, and a survey conducted among implementation partners in selected countries in East and Southern Africa were shared in the meeting. The aim of this review was to identify evidence and best practices in relation to home visiting, parent groups and community child care groups or centers, as means to build the capacity of caregivers to meet developmental needs of children and strengthen community organizations to ensure that families receive quality ECD services. A focus was on effective attributes of programme delivery, including average attendance, retention to follow-up, average dose per week, upper reported length of contact, and duration of the intervention. Duration of training, intervention materials, quality assurance, supervision and payment of staff were also assessed. The review is still underway, and it is hoped that it will provide important guidance on timing, intensity and perhaps preferred modes of intervention delivery.

The results from the preliminary data available for home visits and parents' groups provide important indications to guide future programming:

- Results showed positive effects of home visiting and parent group sessions.
- In the home visit studies that reported positive outcome for child development, weekly visits of at least an hour were common and the median duration of the intervention ranged between 13 and 16 months.

- For the parent group studies, those with a positive outcome reported weekly sessions of more than one hour and a duration of intervention of 6 - 10 months.
- Data suggested that non-professional cadres performed better at conducting home visiting and parent group sessions than did professional cadres.
- Provider training of less than 2 weeks resulted in lower levels of positive outcomes.
- The presence of formal quality improvement and control mechanisms also resulted in better outcomes, while remuneration was a critical factor for the effectiveness of non-professional staff.

The findings available to date support the notion that segmentation of target audiences for receiving interventions is important, with populations at risk of sub-optimal development being a high priority for programmes that support home visits and parent groups.

UNICEF also commissioned a series of systematic evidence reviews coupled with consultations with practitioners in order to develop standards for parenting programmes.<sup>15</sup> Some of the key messages in these standards are:

- Nurturing care requires a holistic approach, which implies the coordination of multiple sectors as well as support to parents and caregivers.
- Parenting programs should be adapted to the child's developmental stage and special attention needs to be paid to vulnerable children and their families to achieve higher effectiveness.
- Programs must consider context and culture as parents and caregivers are more receptive when they are part of the learning process and are acknowledged as an important source of information.

The standards also advocate for integrating interventions into existing delivery platforms such as community-based health and nutrition services, health clinics, WASH programs, and child protection and social welfare programs. As the standards are not static and will be updated as new experiences and evidence become available, the continued monitoring and evaluation of their use is planned.

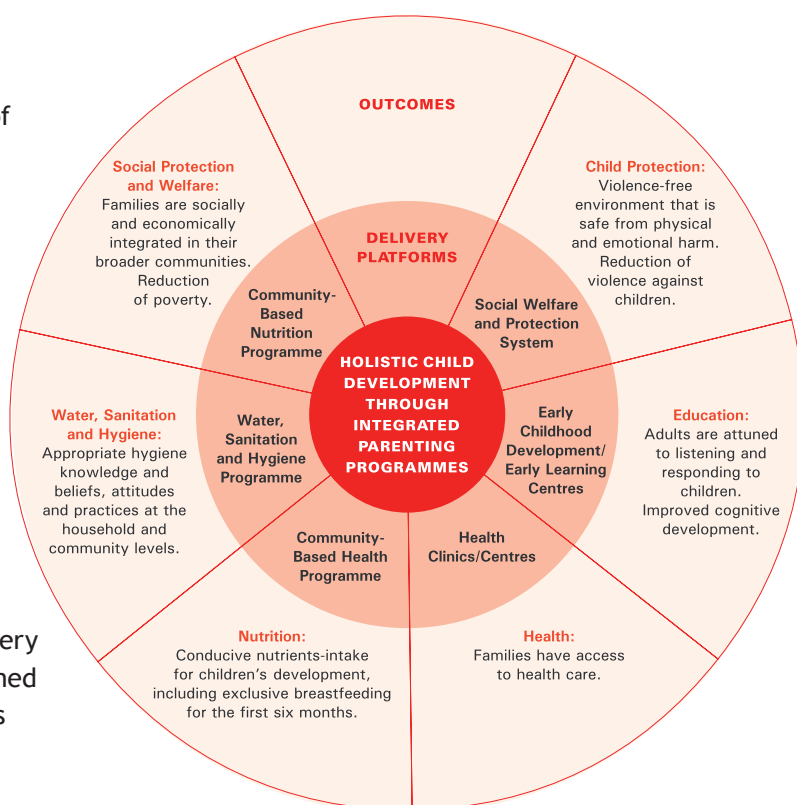
## Working group discussions day 1: Delivering a core package of interventions to support nurturing care

The questions guiding the working group discussions on day 1 pertained to the core package of interventions and effective modes of intervention delivery.

- *What is the core package of interventions to support nurturing care?*
- *What have we learnt about effective modes of intervention delivery?*
- *What additional support is required for families and children with special needs?*

Elements of nurturing care were discussed at the levels of theory, content and process. Consideration was given to the creation of enabling environments and modes of effective delivery, including fidelity of intervention delivery and quality of services. The discussions confirmed the key messages shared in the plenary sessions and enhanced them with practical experiences. (See Annex 1 for more detail.)

Figure 2: Integrated delivery of nurturing care interventions (source: UNICEF)



## KEY MESSAGES

### Modes of effective intervention delivery

- Nurturing care requires a holistic approach, which implies the coordination of multiple sectors.
- Programs must consider context and culture; caregivers are more receptive when they are part of the learning process and are acknowledged as an important source of information.
- Interventions can be infused into existing services, but additional contacts such as through home visits and/ or group sessions, are indicated for families and communities at risk.
- Evidence suggests that
  - Weekly home visits of at least an hour with a median duration of the intervention ranged between 13 and 16 months yield positive outcomes in child development;
  - Weekly sessions of more than one hour and a duration of the intervention of 6 - 10 months yielded positive outcomes for parent groups;
  - Child and parent outcomes were better with non-professional home visiting and parent group sessions cadres than with professional cadres;
  - Provider training of less than 2 weeks is likely to lead to positive outcomes;
  - The presence of formal quality improvement and control mechanisms results in better outcomes;
  - Remuneration is a critical factor for the effectiveness of non-professional staff.

## 4. Integrating a basic package of interventions for nurturing care into existing services

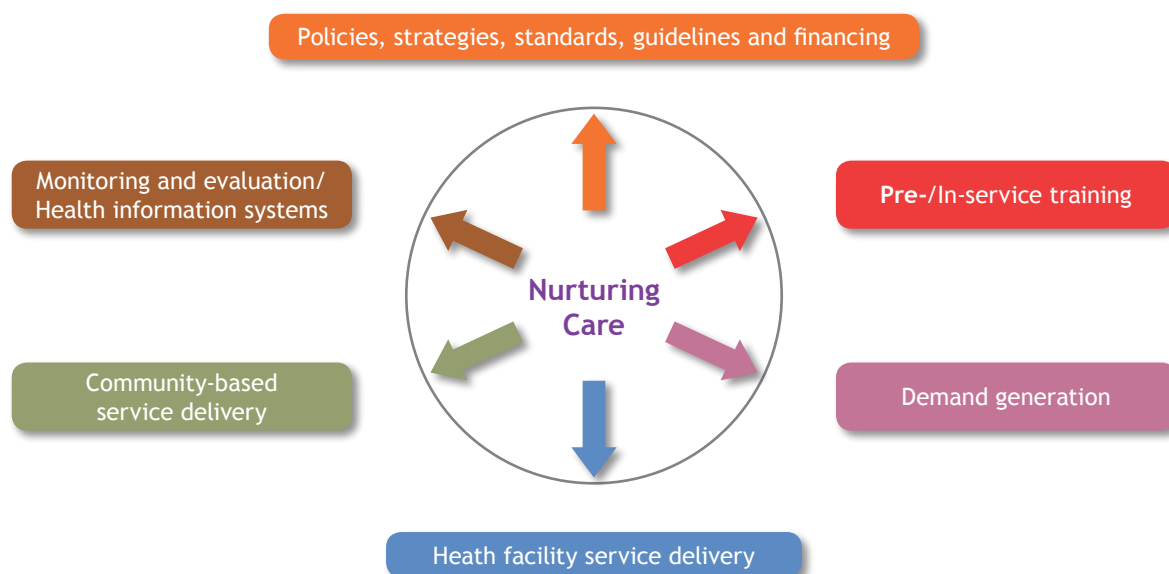
Protecting, promoting and supporting early childhood development requires political prioritization, policies and legislation, capacity within existing systems, and financing to scale up effective interventions and services. Health, nutrition, education, child protection and social [protection/welfare?] all have a role to play. The health sector is at the forefront of reaching families and children during the critical first 1000 days. Enhancing health and other services with interventions that support nurturing care, including responsive caregiving and opportunities for early learning, can therefore be a very appropriate entry point for governments to step up the investment for ECD.

Experiences from Cote d'Ivoire, India, Jamaica, Kenya, Mozambique, Zambia and across a range of European countries illustrate different models of implementation. In Jamaica, the Reach-up and Learn program is well developed and funded by governments and non-governmental organizations. Weekly or fortnightly home visits by para-professional workers who have been trained for this purpose are the predominant means of reaching families and children under 3 years of age, using a structured curriculum including videos and other support materials to guide the interactions. In India, the

Care for Child Development intervention, along with guidance for infant and young child feeding, prevention of illness and timely care-seeking, was successfully integrated into the activities of the Anganwadi and ASHA workers, two cadres that are widely available in India as part of government-led integrated child development services (ICDS) and rural health mission respectively. Countries in Central Europe and the Caucasus have retained home visiting services from the old era and these are now being activated to shift from a narrow medical focus to support child development. A generic curriculum of 15 modules, coordinated by UNICEF, addresses a wide range of ECD relevant topics and is gradually being rolled out in 12 countries. In Cote d'Ivoire, Kenya, Mozambique and Zambia, the Care for Child Development intervention has been introduced and adapted to support a range of services including sick and well child visits, in health facilities and in the community. CCD concepts are being introduced in pre-service training and attention is given to strengthening the quality of care provided to newborns and children (see Figure 3).

*“By integrating these services, we will make better outcomes.”*

Figure 3: Program components for operationalizing nurturing care





Countries' experiences indicate that integration does not harm existing services, but rather they are enhanced by the infusion of principles of nurturing care. Implementation strategies differ, although home visits are commonly being used to reach families and children. There is no standard approach to timing, frequency and duration of contacts. However, contacts during pregnancy, in the postnatal period, and for children up to one year of age are commonly prioritized. In countries that are getting started, there is as yet no evidence of the quality and sustainability of chosen strategies over time. The importance of a monitoring framework with indicators that reflect a logical pathway towards attaining developmental outcomes was strongly expressed and the need for a generic global tool indicated.

A common concern is how to ensure that the most vulnerable families and children are reached. The model of progressive, needs-based services, as is being implemented in the European Region, caters for different levels of services, depending on the needs of communities and families. Such a model might be relevant for other countries; however, it does require availability and access to specialized ECD services to which families and children can be referred.

Sensitive periods for child development were described in the Lancet series but more needs to be done to define the minimum, critical moments during which contact with a skilled provider is important. For example, evidence suggests that providing support during pregnancy and within a few days after birth reduces the risk of maternal postnatal depression. In the same vein, there are critical times for provision of postnatal care to mother and baby that have been defined in WHO guidelines.

Training is an important program component and providing workers with a structured curriculum is essential including the provision of support materials such as counseling cards and videos. While investment in in-service training is necessary in order to get started, early attention to integration of relevant concepts in the basic training of medical personnel is important. Similarly, supervision and improvement activities are required to ensure fidelity to the intervention and quality of services. A phased process of skills development has the benefit that providers can practice what they have learnt and then add new skills, but time constraints of the provider must be addressed.

To optimize services, it is crucial to deepen understanding about nurturing care noting, for example, the bidirectional parent-child relationship and the context of love and attachment. Providers need to be sensitive to the emotional state of the caregiver, understanding psychosocial distress, how it manifests and what can be done to help. Managing time in overburdened services is a challenge. Hence, learning how to prioritize must form an integral part of training, serving also to manage stress while maintaining the quality of the services. Criteria for quality of training should be established.

Multisectoral collaboration is important. Experience has shown that this is not too difficult when there is clarity of purpose, roles and responsibilities. The principle of 'plan together and in an integrated way, implement by sector, and monitor together the integrated plan' has been found feasible in large scale, multisector planning processes supported by World Bank and resonated well with participants.

While infusion of nurturing care in existing services is an overarching principle, some caution should be exerted as to whether this is sufficient. Certainly, more cannot be done within the same resource envelope, and additional technical and financial resources are required if services are to become more responsive. In this respect, concern was expressed that most activities to date are project-based; but in order to go to scale and be sustainable, government-led funding is required. Data on costs are scarce. Similarly, there is a dearth of data on quality and coverage of services. Programmers are in urgent need of new indicators and a monitoring framework to be able to assess progress.

The experiences to date provide the inspiration that much can be done to strengthen the attention to child development using limited resources. However, to enable countries to implement well-targeted services at scale, guidance is needed on how to establish such services. The lack of global guidelines was identified as a critical gap. Countries have a will to move forward but are unsure to how to do so. Issues that require evidence-based recommendations differentiated by target group (all children, those at risk, and those with special needs) include, among others, critical contact timings, content of services, minimum duration, and possible delivery modes. Screening is still pervasive in many countries and guidelines should also provide evidence on this.

To generate feedback as to what works for whom, there is an urgent need for assessment tools, indicators and a monitoring framework. Finally, stepping up implementation research was highlighted as an important avenue to accelerate global learning of how to invest.

### Working group discussions day 2: Integrating interventions for quality service

The working group discussions on day two were guided by the following three sentences:

- *What are key opportunities for integrating interventions for nurturing care into existing services?*
- *What is needed to prepare the workforce to deliver the interventions with fidelity?*
- *What are facilitators and barriers to scaling up the services with quality and equity?*

An analysis of the discussions yielded nine sets of issues felt to be relevant and pertinent to the development of a nurturing care framework. They are i) situational analysis, ii) implementation, iii) finance, iv) politics and advocacy, v) training, vi) workforce, vii) community, viii) monitoring, evaluation and research, and ix) general facilitators to scaling up. (See Annex 2 for more detail.)

*“We need simple tools to demystify what ECD is.”*

## KEY MESSAGES

### *Integrating nurturing care interventions into existing services*

- It is feasible to strengthen health care services to support nurturing care. Effective interventions for responsive care and early learning opportunities can be successfully integrated or infused into existing intervention packages for health and nutrition.
- Reaching families and children who are in greatest need can be done through a progressive model of implementation.
- Global guidance should seek to advise on how to establish services that provide basic support for nurturing care for all families, and more intensive support for those families and children who are at risk or with special needs.
- Multi-sectoral collaboration is feasible and necessary, and can be promoted by health and other sectors provided roles and responsibilities are clear.
- Current targets and commitments call for a shift from project based funding to structural, government-led funding.
- Countries require assessment tools, indicators and a monitoring framework in order to prioritize their investments and track progress.

## 5. ECD and vulnerable populations

Children with developmental delays, those living in emergency and humanitarian settings, or exposed to violence and at risk of maltreatment are most challenged and require extra care. Confounding the effects of their circumstances are poor parental mental health, potentially resulting from adversity and poverty. Worldwide about 10% of pregnant women and 13% of women who have just given birth experience a mental disorder, primarily depression. In developing countries this is even higher: 15.6% during pregnancy and 19.8% after child birth. Maternal depression is related to children's poor cognitive development, as well as poor growth and health. Hence, it is essential to address the needs of caregivers in equal measure as those of the children. In these adverse contexts, there is evidence that parent and child outcomes improve as a result of interventions provided by non-professionals.

### Children with neurodevelopmental disorders

Children with neurodevelopmental disorders (NDD) such as autism, attention deficit (hyperactivity) disorder (ADD/ADHD), cerebral palsy, developmental delay/intellectual disability, epilepsy (seizures) and dyslexia, as well as those with other impairments (e.g. hearing, visual, motor) are vulnerable in many countries. NDDs are grouped together because they often share similar biological and environmental risk factors, and frequently occur together. Parents and families of these special children are often concerned about behavior issues and poor communication resulting in common social and cultural implications, including stigma and added economic hardship. These children are at risk of physical, sexual and/or emotional abuse and are less likely to achieve their developmental and educational potential. However, reaching them and their families can be complex. A general lack of public awareness of these conditions, the stigma attached to them, an absence of expertise and trained staff, and the lack of access to culturally appropriate tools pose as barriers to their identification.

Focus group discussions with families have identified their main concerns, including issues related to time for other family tasks, lack of support, costs of medical care, loss of income, stigma, distance from biomedical facilities and the plurality of health care.

*“You have to have attention for the mother and what she is going through. Addressing maternal mental health as part of child development interventions is crucial.”*

Interventions that have been delivered through women's groups, home-based care and microfinance initiatives, have shown positive outcomes but are often not sustainable due to various factors including the need for continuous funding.

There is thus a dire need for culturally appropriate, open access tools to enable countries to establish services at community level. Interventions that empower caregivers with a set of skills to support their children's development and promote adaptive behaviours are recognized as important components of care packages. The interventions need to be flexible, not dependent on highly trained staff, affordable, and feasible for implementation at scale. Country experience has shown that there is a great demand from countries for parenting programs for families of special needs children. Based on a review of evidence, in response to this demand, WHO has developed the Caregiver Skills Training (CST) package.<sup>16</sup> The evidence shows that parenting programs delivered by non-specialist providers lead to (indicate) positive developmental, behavioral and family outcomes for children with intellectual disabilities and lower-functioning autism.

In the systematic review and meta-analysis of PST programs for parents of a child with developmental disorders conducted by WHO, program components associated with the best outcomes included psycho-education, goal setting, behavior management and the incorporation of strategies into everyday routines. Parent-child communication, behavior management and parental cognitive interventions also yielded better child developmental outcomes. Common delivery techniques included the use of a training manual, homework, modeling and coaching caregivers during caregiver-child interactions. Though a variety of delivery strategies can be implemented, coaching caregivers during interactions with children appears to be a critical element.

The WHO CST targets caregivers of children 2-9 years with developmental disorders, delays or concerns about development. It aims to improve children's communication and adaptive skills, while fostering caregivers' wellbeing and their self-confidence, parenting skills and knowledge. It is being used in 32 countries. An important message from the field has been the need to de-emphasize diagnosis regarding developmental delays and disorders for several reasons. Firstly, attaining a diagnosis can be difficult and time consuming, and knowing the diagnosis may not affect the type of services that can be made available to the family and the child. Secondly, caregivers are often reluctant to identify themselves as parents of children with (N)DD. In this respect, peer and community support to identify and bring forward families and children with developmental difficulties and disabilities has shown to be a promising approach in several settings. Thirdly, attending a program labeled as being exclusively for caregivers of children with developmental disorders may be stigmatizing. Interventions for responsive caregiving such as Care for Child Development have been shown to be helpful entry-points in these situations, noting that a deepened understanding of the child's functioning (e.g. social, emotional, and cognitive development) is important to focus support appropriately. Additionally, country experience supports the importance of addressing the caregiver's role and functioning, as well as to support coping skills and psychological wellbeing. Lastly, participation, reducing stigma and including of children and their families fully in the life of the community form an important part of any intervention. An added result has been that CST programs have triggered change in communities, empowering caregivers, reducing stigma and improving mobilization of resources.

### ECD in humanitarian settings

Children and families in humanitarian settings face poverty, social injustice and war; not only the chronic effects thereof in the region, but also the aftermath. They have often been exposed to extreme and traumatizing circumstances. These circumstances not only make children vulnerable in terms of the child's health and development, these extreme conditions and experiences also effect the capacity of parents to provide care. A package on responsive parenting developed by the Mother

Child Education Foundation (ACEV) was first piloted in Lebanon and Egypt and is now being implemented with refugees from Syria.<sup>17</sup> It ensures continuity of care for development from pregnancy to age 6 years of age, supporting all caregivers as a unit and adopting a holistic, integrated and inclusive approach to child development by articulating four major interrelated fields, namely health, nutrition, education, and protection. The program also ensures the implementation of three main strategic objectives, namely early detection, early intervention, and early stimulation. Furthermore, it aims to ensure quality of training by including one ECD expert and one psychologist for each training, and balances delivery by including female and male trainers, to set both mothers and fathers at ease during the training sessions. Moreover, the program seeks to transfer acquired knowledge to surrounding communities in family-to-family and parent-to-parent approaches.

Of the 15 topics covered in the curriculum, at least six can be linked to responsive care namely i) communication with and between parents, ii) communication with and between peers, iii) reinforcement of positive behavior, iv) the notion that every child has intelligence, can play and has critical thinking, v) learning and inquiry-based skills and vi) nursery, kindergarten and school readiness.

In addition to the parenting sessions, five psychosocial support sessions for caregivers were integrated into the program at the request of parents, providing parents with the opportunity to talk about their experiences, provide peer support to each other, and learn how to cope with their situation, including by addressing topics such as mental health and well-being, depression, grief, psychosomatic disorders and violence.

The Convention on the Rights of the Child is the leading reference in dealing with ECD in humanitarian and emergency settings, calling for a rights-based approach and emphasizing equal opportunities and equal distribution of resources. To be economically feasible, scaling up depends largely on parents and community. Encouraging and allowing innovation and personalization also contributes to ownership and sustainability of evidence based programs. Local NGOs are enlisted to support mobilization and community events used to introduce the program, with the wellbeing of the child as the entry point.

Home visits are also done, specifically to engage fathers, and social activities are organized.

Humanitarian settings pose major implementation challenges. To start, there is enormous pressure to do everything immediately and simultaneously, which is frustrated by a scarcity of trained ECD facilitators and complicated by security issues affecting the area. Additionally, the initial phase of the program is highly labor intensive in relation to the number of beneficiaries, which has implications for economic feasibility. Furthermore, displaced and refugee populations are continuously on the move, making it difficult to keep track of the numbers and to monitor implementation. Funds for evaluation and research are usually not available.

### Strategies for ending violence against children

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. The WHO INSPIRE framework for preventing violence against children is aimed at prevention of violence before its occurrence.<sup>18</sup>

The framework promotes seven strategies, namely (i) Implementation and enforcement of laws; (ii) Norms and values; (iii) creating Safe environments; (iv) Parental and caregiver support; (v) Income and economic strengthening; (vi) Responsive services and (vii) Education and life skills. Governments, together with the strong participation of civil society and communities, can do a lot to implement and monitor these strategies that encompass evidence-based interventions to prevent and respond to violence against children and help them reach their full potential.

Evidence shows a reduction in aggression and violence in families where programs address any of the seven strategies. Creating a safe, supportive and nurturing environment helps children avoid all kinds of other violence. Responsive care reduces prevalence of violent behaviours later in life for those children exposed to violent circumstances. With similar aims and implementation strategies, INSPIRE can serve as an excellent model on which to base a nurturing care framework. Though its objectives and target audience are more specific than those of the global nurturing care framework, in its essence, nurturing care is a key aspect of INSPIRE.

## KEY MESSAGES

### *Early child development and vulnerable populations*

- Nurturing care is essential for families and children who are vulnerable or who have special needs.
- In the context of vulnerability, caring for the caregiver/s is a crucial element of nurturing care yielding better outcomes for both parents and child.
- Adapted to the context of vulnerable children, support for responsive caregiving can moderate the effects of specific circumstances and protect against the effects of adverse experiences.
- It is imperative to de-emphasize diagnoses for children with NDD and other impairments in order to reach as many vulnerable families with children with special needs.
- Positive parenting approaches promote adaptive child behaviours and management of challenging behaviour. Shared engagement and communication serve children and parents.
- Teaching problem solving techniques and providing coaching and modelling to parents and families of children with special needs improve child outcomes.
- Parenting programs addressing children with NDD and/or other disabilities not only support families and children, they also have the power to trigger change within the community.

## 6. The way forward

The Lancet Series: *Advancing Early Childhood Development: From Science to Scale* (2016) established that there is enough evidence concerning implementation approaches to move towards implementation at scale. The evidence and experiences shared during the meeting echoed this, but also recognized that there are still important gaps in evidence that need to be filled in order to provide policy makers and program managers with the guidance and the tools that they need to enable them to develop infrastructure and systems that can deliver on the nurturing care agenda in a holistic, effective and sustainable way.

### Research

Research requires continuous investment to deepen the evidence of effective interventions and their immediate and long-term effects, the most appropriate modes of intervention delivery, the costs and cost-effectiveness of investing in child development. Evidence on the timing of interventions for responsive caregiving, the potential synergistic effects of integrated intervention packages, and the ways to reach the most vulnerable families and children also needs to be strengthened. Investment in implementation science needs to be stepped up, building on the opportunities that country programs provide for adaptive learning. Documentation of implementation, publication of findings, and disclosure of information on relevant former projects that have remained behind drawers are all avenues that will contribute to enhancing the evidence base thereby strengthening the case for investing in nurturing care and ECD interventions at large. A clearing house of new research findings, including those generated through the Grand Challenges initiative, is welcome as it will enable implementers to keep track of emerging evidence.

**“Countries want the tools now. They are already doing things, but they need help to move forward.”**

### A nurturing care framework

As countries commit to invest in policies and service delivery platforms for nurturing care, a framework to guide planning and implementation is timely. WHO has the unique opportunity to bring ECD to the attention of its 194 Member States through the Progress Report on the Global Strategy for Women’s, Children’s and Adolescents’ Health to the World Health Assembly in 2018. To maximize the opportunity, WHO in collaboration with UNICEF, the Partnership for Maternal, Newborn and Child Health (PMNCH) and the ECD Action Network (ECDAN) will work on a common nurturing care framework for actions and results. The framework will be evidence-based, focus on the first 1000 days, bring in the life course perspective, highlight roles and responsibilities of all relevant sectors and put a spotlight on health as the sector to immediately step up its role. Participants welcome the initiative, more so since it can build on the UNICEF Early Moments Matter report (2017). The framework will be developed through a consultative process, with partners and with member states, with the aim to create ownership and commitment for implementation.

### Indicators and assessment

Guidance on monitoring will be essential to accompany program implementation, and a generic monitoring framework should accompany implementation guidance. A draft outline of such framework was presented and discussed in the meeting. It followed a logical model considering inputs, outputs and outcomes. For each area, different constructs were unpacked and illustrated by sample indicators. In the area of inputs, issues related to policies, activities and material resources were highlighted. In the area of outputs were issues related to fidelity of implementation, availability of competent of work force, and reach of primary beneficiaries. In the area of outcomes, various levels were distinguished and constructs highlighted

**“What is the research question that we want answered if we come back ten years from now?”**

related to caregiver behaviors and child development outcomes. The outline will be further developed into a complete template to accompany the common Nurturing Framework.

Work is in progress to develop indicators for assessing child development at outcome level. WHO has analyzed existing data sets, identified and prioritized items, and validated an instrument to assess development in children < 3 years in Brazil, Malawi and Pakistan. The items identified correspond 75% with those identified in the CREDI instrument developed at Harvard University. A third effort is aiming to develop a population-base standard called the Development (or D-) Score. WHO proposes to align these efforts and to develop one global platform and approach to arrive at valid and reliable population based indicators for young children matched with global standards for infant and young child development. Indicators must be amenable for integration in large-scale population-based surveys, and therefore will be largely caregiver report-based.

### Guidelines

A rigorous synthesis of evidence underpins WHO guidelines and recommendations. They are highly valued by national policy makers to inform national policies, norms and standards. While WHO has produced a range of guidelines that are relevant for nurturing care, no guidelines exist yet with regards to responsive caregiving and early learning opportunities. WHO will start the development of such guidelines in support of the Nurturing Care Framework, initially focusing on recommendations for responsive caregiving interventions and their delivery.

**“WHO guidelines are the single most potent impetus for mobilizing ministries around the world.”**

### Partnership

As the opportunities for implementation grow, the need for coordination becomes more urgent. The PMNCH and ECDAN are two partnerships with complementary objectives. PMNCH is a mature partnership, established in 2008, and embracing over 800 partner organization under 7 constituency groups.

Its aim is to advocate and strengthen accountability for women’s, children’s and adolescents’ health. The Global Strategy for Women’s, Children’s and Adolescents’ Health is the guiding instrument of which the Every Woman Every Child Movement established under auspices of the UN Secretary General is the custodian. The high-level Steering Group for Every Woman Every Child has identified 6 priority areas for advancing the objectives of the Global Strategy, and early childhood development is one of them. Hence, the PMNCH will be a strong driving force to the ECD agenda within the overall context of women’s, children’s and adolescents’ health. The ECDAN has a broader objective of harnessing all relevant partners that contribute to early childhood development, spanning the 0 - 8 year age period. It will bring together actors in health, education, nutrition, child protection and social welfare. ECDAN is finalizing its priorities, and there is a keen interest to make the nurturing care agenda a focus of attention. PMNCH and ECDAN will both fulfill essential roles in harnessing countries and partners in the development of the Nurturing Care Framework, maximizing the strengths and resources that different partner organizations can bring, and promoting implementation and accountability for ECD and nurturing care, in particular.

### Financing

There are as yet no accurate data of what it costs to design, implement and scale up an effective programme for nurturing care. Preliminary estimates derived from a global costing exercise suggest that an additional \$0.5 dollar per capita would allow for scale up of two interventions, name Care for Child Development and Thinking Healthy (for addressing maternal depression).<sup>19</sup> However, these estimates have not been validated, and very limited programmatic data are available. Research and implementation therefore must start tracking costs.

In the countries represented, most activities are funded through external resources, and as yet there is no sustainable budget line, at least for the newer interventions related to responsive caregiving. New funding opportunities present in some countries, such as through the Global Financing Facility and World Bank IDA loans. Integrating nurturing care into national (health) sector development plans will facilitate resource allocation.

## 7. Steps to be taken

The unique convergence of technical evidence, political attention and stakeholder alignment around the SDG framework and Global Strategy for Women's, Children's and Adolescents' Health provide unprecedented opportunity for scaling up interventions that promote nurturing care. The meeting was a step towards synthesizing evidence of what works to support nurturing care. Participants agreed that there is enough evidence concerning effective approaches to move towards implementation at scale. Recognizing the indivisible nature of the domains of nurturing care, interventions to support responsive caregiving and opportunities for early learning are the ones that require most immediate attention for effective integration into programmes that support health and nutrition.

While ECD calls for a population-based approach, not all families need support while some families need extra support. A progressive model that allows for universal basic information and support for all caregivers and children, combined with additional support to families and children at risk, should therefore be the goal in programming. While there is compelling evidence that parenting interventions can be infused into existing services, activating additional delivery channels, such as home visits, parent groups and child care centers, is appropriate to reach families and children at risk with information and support.

Building a sustainable infrastructure for ECD requires governance, a skilled work force, data and finance. Investing in services alone is not enough. An enabling environment that provides caregivers with time and resources to provide nurturing care is also essential and requires policy support. The initial step of enhancing services with interventions such as Care for Child Development is an effort in itself. However, ultimately the ambition should be to develop services for families and children with special needs. This will require personnel with more specialized skills; investment towards creating such a cadre should not wait in countries.

*“Two years ago, there was no interest in this. Now people are talking about it, struggling with it. It's not perfect but people see that it's important. This is huge.”*

A nurturing care framework is needed to bring clarity and leverage for prioritized and coordinated action and results so that scarce resources can be used well. The Nurturing Care Framework will bring an operational perspective to the consensus on scientific evidence, including a focus on implementation. To strengthen the case, the adoption of implementation science approaches is essential so that more rigorous data become available.

Research and innovation have key roles to play. There are yet few cohort studies that document the long-term effects of nurturing care interventions are still few. Results from studies should be made widely available to enable countries to move forward on the agenda.

In follow-up of the meeting, WHO in collaboration with UNICEF, PMNACH and ECDAN will:

- Establish coordinating and advisory groups to lead the development of the Nurturing Care Framework.
- Initiate the process to develop guidelines for ECD with a focus on responsive caregiving and opportunities for early learning.
- Facilitate the development of a generic monitoring framework to support programme implementation.
- Support the harmonization of efforts to develop population-based indicators for development in children < 3 years of age.
- Work on advocacy and country engagement in order to maximize commitment to the first 1000 days and support the programme investments required to give young children a best start in life.



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## Annex 1: Results working group discussions (Day 1)

The questions guiding the working group discussions on day 1 pertained to the package of interventions for nurturing care and effective modes of intervention delivery.

- *What is the core package of interventions to support nurturing care?*
- *What have we learnt about effective modes of intervention delivery?*
- *What additional support is required for families and children with special needs?*

### Elements of nurturing care (Conceptual)

- There was a general consensus that the definition and graphic presentation of Nurturing Care as provided by the Lancet Series 2016 should form the basis for the nurturing care framework.
- Nurturing care encompasses five indivisible domains of health, nutrition, safety and security, responsive caregiving, and opportunities for early learning.
- In moving forward implementation, the concept of ‘the developing brain’ should be more clearly articulated as a new element in public health programming.
- Similarly interventions to support responsive caregiving and opportunities for early learning are the newer elements that need to be integrated in programmes and services, in health and other sectors.
- The concept of the first 1000 days, starting from conception was well understood and valued. However, the focus should be placed with due reference to the life course approach and interventions that are effective before conception, in particular in adolescence.
- Support for nurturing care should assume a dual track, with attention to the needs of the caregiver and the family, as well as to the caregiver child interaction and the care for the child. The role of men and fathers should not be ignored.
- Nurturing care requires an enabling environment in which caregivers have time and resources to respond to the needs of their child. Creating an enabling environment calls for policies and entitlements, such as those highlighted in the Lancet series for ECD.
- Terminology around ECD and nurturing care still suffers from inconsistencies and should be clearly defined in the nurturing care framework.

### Characteristics of effective interventions (Content level)

- Effective interventions are respectful of parents and able to engage them; they are culturally and linguistically responsive.
- They are developmentally appropriate for the child; and are tailored to the needs of the caregivers and provide opportunities for participatory learning and peer support.
- Effective interventions aim to:
  - Increase parent/caregiver confidence;
  - Effect social norms change;
  - Build parenting capacity to potential parents;
  - Use new approaches beside the traditional approaches.
- They provide opportunities to interact with the child and are enjoyable for the parent and the child.
- Evidence is as yet inconclusive about:
  - The critical moments during which caregivers should be reached with information and support for nurturing care;
  - The optimal approaches for delivering interventions as defined by needs, e.g., when to use group or individual counselling, purposeful contacts or delivery integrated into health and other services, or favourable combinations thereof;
  - Individual sessions are better suited for problem solving and in addressing children with special needs.
- Services need to be progressive; they should prioritize the needs of families and children who are most at risk, and incrementally address the needs of families and children who have special needs.

Elements of nurturing care were discussed on content and process levels. Considerations concerning enabling environments were addressed. Fidelity of programme implementation and quality of service

delivery were also discussed. The results of the working group discussions of day 1 largely confirmed what the science and program evaluations found. There were some issues that remained ambiguous.

<p><b>Characteristics of effective interventions</b> (Process level)</p>	<ul style="list-style-type: none"> <li>• Effective interventions are precise and provide clear descriptions of activities.</li> <li>• They provide dosage recommendations, including a minimum dose.</li> <li>• They have clear recommendations about:             <ul style="list-style-type: none"> <li>– Whether for groups or individuals;</li> <li>– Effective delivery channels, e.g. home visits, community group sessions, child care centres, integrated into existing services;</li> <li>– Duration of sessions;</li> <li>– Inter-session interval.</li> </ul> </li> <li>• Activities should ‘build on’ caregiver capacities, rather than ‘build’ capacity.</li> <li>• There should be flexibility and adaptability of programme design through continuous learning cycles, taking into consideration the political, community and family context.</li> <li>• Strong supervision and mentorship are essential and should be planned and budgeted for.</li> <li>• Indicators to track fidelity of programme implementation should be defined and monitored.</li> <li>• Workers need to be adequately remunerated; voluntarism cannot be counted on.</li> </ul>
<p><b>Enabling environment</b></p>	<ul style="list-style-type: none"> <li>• High level political commitment is essential to create an enabling environment in which multi-sectoral approaches are driven by policies that seek to reduce inequities and fulfill the right of every child to realize their development potential.</li> <li>• Political and systemic requirements for creating an enabling environment include:             <ul style="list-style-type: none"> <li>– High level messaging and engagement of national policy- and decision makers</li> <li>– A thorough understanding of the national policy context including where nurturing care fits in programs and packages;</li> <li>– Strong political endorsement and support;</li> <li>– Establishment of high level coordination mechanisms;</li> <li>– Multi-sectoral planning, implementation by designated sectors, and multisectoral evaluation.</li> </ul> </li> <li>• Development of infrastructure and system strengthening is a requisite including:             <ul style="list-style-type: none"> <li>– Designation and capacity development of a work force;</li> <li>– Development of data systems;</li> <li>– Costing of interventions and development of funding channels;</li> <li>– Strengthening of institutions including for preserve education.</li> </ul> </li> <li>• The establishment of services and competent staff should be integrated into the national plans for health (and other) sector development.</li> </ul>
<p><b>Modes of delivery</b> (Content level)</p>	<ul style="list-style-type: none"> <li>• There is no one-size-fits-all.</li> <li>• Information and support for nurturing care interventions should be part of all maternal, newborn and child health and nutrition services.</li> <li>• Improving quality, access and coverage of existing health and nutrition interventions is essential; at the same time services need to be enhanced with interventions to address responsive caregiving and parental mental health in particular.</li> <li>• Evidence suggests that additional contact, such as through home visits, community group sessions and in child care centres, are relevant for families and children who are at risk for sub-optimal development.</li> </ul>

## Annex 2: Results working group discussions (Day 2)

The working groups discussions on day two were guided by the following three sentences:

- *What are key opportunities for integrating interventions for nurturing care into existing services?*
- *What is needed to prepare the workforce to deliver the interventions with fidelity?*
- *What are facilitators and barriers to scaling up the services with quality and equity?*

An analysis of the discussions yielded the nine categories of issues that were felt to be relevant and pertinent to the development of a nurturing care framework. The nine categories are i) situational analysis, ii) implementation, iii) finance, iv) politics and advocacy, v) training, vi) workforce, vii) community, viii) monitoring, evaluation and research, and ix) general facilitators to scaling up.

<b>Situational Analysis</b>	<ul style="list-style-type: none"><li>• Interventions and implementation are context dependent.</li><li>• It is crucial to understand the culture, staffing, capacities, leadership, and readiness of existing services in order to plan for integration of nurturing care interventions.</li><li>• Systems assessment tools are required and existing systems and services need to be leveraged, e.g., breast feeding groups, community structures.</li><li>• Existing services should be mapped not only in health sector, but all existing systems/programs that could be infused with principles of nurturing care.</li><li>• Existing mechanisms of multisectoral coordination can be built upon.</li></ul>
<b>Implementation</b>	<ul style="list-style-type: none"><li>• Nurturing care should be 'infused' into the system rather than framing it as an 'add-on' activity.</li><li>• The program should be adaptive and will be different in different contexts.</li><li>• Potential challenges for integration are:<ul style="list-style-type: none"><li>– Different interpretation of what integration means, for example:<ul style="list-style-type: none"><li>&gt; Coordination of sectoral strategies and interventions</li><li>&gt; Integration/incorporation of nurturing care interventions into health sector structures and mechanisms and affiliated sectors</li><li>&gt; Integrated holistic services covering multiple sectors but offered by one institution/provider</li></ul></li><li>– The added benefits and opportunity costs of integrated services are not yet well documented</li><li>– Resource implications of adding nurturing care interventions to existing services need to be identified, for example as they relate to workload, supervision and materials needed.</li></ul></li></ul>
<b>Finance</b>	<ul style="list-style-type: none"><li>• Data about costs of programming are still sparse and there is a vast different of costs per capita as reported in various initiatives and in the literature.</li><li>• More financial analysis is needed which specifies:<ul style="list-style-type: none"><li>– Who should be financed, parents, services, system or all?</li><li>– What are the costs of a minimum package?</li><li>– What are the gains (not only the costs) of nurturing care?</li></ul></li><li>• Transparency, accountability and sustainability of programming for ECD, in particular in resource constraint settings, needs further exploration.</li></ul>

## Politics & Advocacy

- Political will and commitment that supports nurturing care must be the starting point for investment. Country ownership is essential.
- This need to be matched by clear policies, strategy and targets, an implementation plan and a monitoring and evaluation framework.
- Leaders/champions should be identified and engaged at different levels and from different professions and sectors, including physician champions; paediatric/nursing associations; social work; education sector etc.
- Targeted advocacy messages and communication packages are needed with:
  - Simple, clear messaging to persuade policy makers/caregivers;
  - Details on investment return on results that the sector tries to achieve;
  - Use of local data including in infographics;
  - Smart use of internet, social media, radio etc. to reach more people.
- Strategies should be demand led, not supply driven and recognize the iterative process of refinement and improvement.
- Concern about equity should drive efforts and mechanisms devised to reach the most vulnerable groups.

## Training

- A systems approach to nurturing care requires more training. A longer-term incremental approach to training is more sustainable and should include:
  - Human resource policy;
  - Protocols;
  - Diversified training approaches and a menu of option to require knowledge and skills including distance and on-line learning opportunities, and Intersectoral communities of practice/joint action and experiential learning;
  - Revision of training curriculum as well as to support adaptation/enrichment of nurturing care curriculum;
  - Nurturing of the providers themselves;
  - Addressing service providers biases that are discriminatory;
  - Trained supervisors/managers/planners at different levels;
  - Support supervision and mentoring;
  - Peer support.
- Existing training can be adapted to support health-workers to make counselling for responsive caregiving an integral part of their work with parents and young children; it should model sensitive, responsive caregiving and communications (and play) in the provider' interactions with families (e.g, combine training on nurturing care with child health/IMCI).
- Early investment in pre-service training as a complement to in-service training is important. However influencing preservice training can be challenging.
- Simple tools should be available for the community for provision of appropriate referral.
- Some benefits of proper training include:
  - Minimizes additional time implications;
  - Quality of care and user experience;
  - Improved provider-client relationship;
  - Increased user demand;
  - Job satisfaction and retention.

## Workforce

- There may be strong desire for a holistic child care worker who is formally designated and recognized. However, this may not be contextually appropriate or feasible.
- There are no one-size-fits-all answers to workforce development; available structures can be built upon recognizing who the workers are and what they need.
- Facilitators and trainers who are from the same community are likely to be more sustainable and effective.
- Workforce development needs to move away from volunteers.
- Undervalued, underpaid, ill-equipped and overworked workforce undermines the quality of service and thus the quality of outcomes.
- Incentivising staff, attention to motivation, and retention are critical.

<b>Community</b>	<ul style="list-style-type: none"> <li>• Religious/traditional/community leaders should be mobilized and engaged to endorse and support work on nurturing care.</li> <li>• Community representatives and parents should be involved in adaptation/implementation/monitoring of program as they are key for ownership and relevance.</li> <li>• Primary level service providers (e.g. CHWs) should be supported so that they can identify and connect to existing community structures and groups and existing relations with and between communities and community health workers can be strengthened.</li> </ul>
<b>Monitoring, Evaluation &amp; Research</b>	<ul style="list-style-type: none"> <li>• Inclusion of child development information in home-based records (e.g. child health cards) as a mechanism to support healthcare provider to integrate counselling and support for nurturing care in their work.</li> <li>• A brief set of child development outcome measures should be part of nurturing care package for use within health and affiliated sectors; and for research in which measurement of impact on ECD not usually considered.</li> <li>• Leverage the work underway to generate non-proprietary population measures for children 0 - 3s.</li> <li>• Important lessons about monitoring and evaluation can be learnt from other movements such as IMCI and immunization.</li> <li>• More research is needed on what are essential elements to enable and support providers to counsel, communicate with, and care responsively for parents/caregivers and their children.</li> <li>• Implementation science should be infused in implementation of programmes in order to generate more evidence of what works where and how.</li> <li>• A global research clearing house or repository would enable countries to access and follow what is in pipeline and what are research priorities.</li> </ul>
<b>General facilitators to scaling up</b>	<ul style="list-style-type: none"> <li>• Political momentum and stakeholder commitment.</li> <li>• Using financial opportunities at the country level pragmatically.</li> <li>• Making a strong business case, building the workforce of tomorrow.</li> <li>• The concept of ECD has the potential to capture the attention and motivate people at all levels because it fundamentally addresses the needs of all our children. The focus on 'the brain' is appealing.</li> </ul>

## Annex 3: Meeting agenda

Monday, 31 July 2017

Time	Session	Responsible
08:30 - 09:00	Registration	
09:00 - 09:45	Opening remarks	<b>Meeting Chairs</b> Shekhar Saxena Linda Richter <b>Speakers</b> Anthony Costello Pia Britto Joan Lombardi
09:45 - 10:10	<b>The growing momentum for early childhood development</b> <i>Framing the meeting</i>	Bernadette Daelmans Tarun Dua
<i>A core package of interventions to support nurturing care</i>		
10:10 - 10:30	Nurturing care: proposed intervention framework	Linda Richter
<b>10:30 - 11:00</b>	<b>Break</b>	
11:00 - 11:20	Discussion	
11:20 - 11:40	Analysis of parenting programmes worldwide	Lucie Cluver
11:40 - 12:00	Care for child development: an intervention unpacked	Jane Lucas/Aisha Yousafzai
12:00 - 12:30	Discussion	
<b>12:30 - 13:30</b>	<b>Lunch</b>	
<i>Modes of effective intervention delivery</i>		
13:30 - 13:50	Programmatic guidance for the effective implementation of interventions: evidence	Mark Tomlinson
13:50 - 14:10	Standards for ECD parenting programs by UNICEF	Pia Britto
14:10 - 14:40	Spotlights from countries	Susan Walker Subodh Gupta Deepa Grover
14:40 - 15:10	Discussion and introduction to group work	
<b>15:10 - 15:30</b>	<b>Break</b>	
15:30 - 17:45	Group work: <i>facilitated discussion in 4 groups with the objective to arrive at conclusions of best practices</i> <ul style="list-style-type: none"> <li>• what is a core package of interventions to support nurturing care</li> <li>• what have we learnt about effective modes of intervention delivery</li> <li>• what additional support is required for families and children with special needs</li> </ul>	<b>Facilitators</b> <i>Betty Kirkwood/ Rachel Machefsky Maureen Black/ Vibha Krishnamurthi Kofi Marfo/ Muneera Rasheed Jane Fisher/ Stephen Lye</i>
<b>18:00 - 19:30</b>	<b>Reception hosted by the Partnership for Maternal, Newborn and Child Health</b>	

Tuesday, 1 August 2017

Time	Session	Responsible
09.00 - 10.30	Feedback from the groups	
10.30 - 11.00	Break	
<i>Integrating the basic package interventions into existing services</i>		
11.00 - 11.10	ECD programme implementation in Kenya (short film)	
11.10 - 12.00	Panel discussion: key opportunities for integrating nurturing care in public health programmes	<i>Matthew Frey/ Teshome Desta (facilitators)</i> Gizela Azambuja, Patricia Bobo, Stewart Kabaka, Oka Rene Kouame
12.00 - 12.45	Panel: optimizing existing delivery platforms and investment opportunities for ECD  Contributions from the floor	<i>Lisa Bohmer (facilitator)</i> Leslie Elder, Sarah Klaus, Atif Rahman, Martina Penazzato
12.45 - 13.45	Lunch	
<i>ECD and vulnerable populations</i>		
13.45 - 14.05	Care for children with development difficulties and disabilities	Charles Newton, Chiara Servili
14.05 - 14.25	Prevention of child maltreatment	Alex Butchart
14.25 - 14.45	ECD in humanitarian settings	Ghassan Issa
14.45 - 15.00	Discussion	
15.00 - 15.30	Panel: research and innovations for ECD	<i>Joan Lombardi (facilitator)</i> Jena Hamadani, Vesna Kutlesic, Dominique McMahon
15.30 - 16.00	Break	
16.00 - 17.30	Group work: <i>facilitated discussion in 4 groups with the objective to arrive at conclusions of best practices</i> <ul style="list-style-type: none"> <li>• what are key opportunities for integrating interventions for nurturing care interventions into existing services</li> <li>• what is needed to prepare the workforce to deliver the interventions with fidelity</li> <li>• what are facilitators and barriers to scaling up the services with quality and equity</li> </ul>	<i>Facilitators:</i>  <i>Betzy Butron/ Melanie Swan</i>  <i>Liane Ghent/ Nanthalile Mugala</i>  <i>Deepa Grover/ Viktorya Sargsyan</i>  <i>Aisha Yousafzai/ Romilla Karnati</i>
17.45 - 18.45	Market place (display of materials) and cocktail	



Wednesday, 2 August 2017

Time	Session	Responsible
09.00 - 10.30	Feedback from the groups	
<b>10.30 - 11.00</b>	<b>Break</b>	
<i>Moving forward</i>		
11.00 - 11.30	Nurturing Care for Early Childhood development: A Guiding Framework for Action and Results	Bernadette Daelmans
11.30 - 12.00	A draft monitoring framework for nurturing care Monitoring ECD within the SDG framework and the Global Strategy for Women's Reflections	Frances Aboud Tarun Dua Ilgi Ertem
12.00 - 12.30	Discussion	
<b>12.30 - 13.30</b>	<b>Lunch</b>	
13.30 - 13.50	ECD and the Global Strategy for Women's, Children's and Adolescents' Health	Helga Fogstad
13.50 - 14.10	Working together: the ECD Action Network	Shekufeh Zonji
14.10 - 14.30	Discussion	
14.30 - 15.00	WHO guidelines for nurturing care	Nigel Rollins
15.00 - 15.30	Discussion	
<b>15.30 - 16.00</b>	<b>Break</b>	
16.00 - 16.30	Conclusions and next steps	WHO secretariat Bernadette Daelmans Anthony Costello
16.30	Closing	

## Annex 4: List of participants

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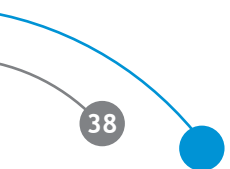
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