

Nurturing care framework progress report 2018-2023

REFLECTIONS AND LOOKING FORWARD



NURTURING CARE
FOR EARLY CHILDHOOD DEVELOPMENT



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Nurturing care framework progress report 2018-2023: reflections and looking forward

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Foreword

In 2018, WHO, UNICEF and the World Bank Group, in collaboration with the Partnership for Maternal, Newborn and Child Health and the Early Childhood Development Action Network, launched the *Nurturing care for early childhood development: a framework to help children survive and thrive to transform health and human potential*.

The *Framework* came at the moment that world leaders had made commitments to reduce inequities and work towards sustainable development. The evidence that achievement of these goals rests on strong beginnings in early childhood is irrefutable.

This report takes stock of the uptake of the roadmap proposed in the *Framework* by governments and partners and highlights the value it has added to the field of early childhood development. The results are encouraging.

First, the *Framework* has provided a shared language that has made it possible for relevant sectors and stakeholders to align their commitments and coordinate actions to achieve good health, adequate nutrition, responsive caregiving, opportunities for early learning, and safety and security for every child.

Second, evidence is being translated into action. There has been a 48% increase in the number of countries that have adopted policies that put early childhood development at the centre; and heightened progress with countries strengthening services and addressing missing components of nurturing care.

Third, the health sector is stepping up its role alongside other sectors. Primary health care provides a key platform for reaching all families and young children with essential interventions for early childhood development. It also is a stepping stone for early identification and care for children and caregivers who need additional support, for example because of developmental difficulties or mental health issues.

In the past five years, foundations have been laid. We now need to continue investing, measuring, adapting, scaling up and sustaining policies and interventions that are context-specific, and give families and communities the resources they need to allow their children to grow in stimulating, safe and secure environments.

Data are essential to guide the action. Measures, such as the *Early childhood development index 2030* and the *Global scales for early development* are available to assess early childhood development starting soon after birth and should be used to prioritize and strengthen programming.

The *Nurturing care framework* has proven to be an indispensable tool on the journey to create a better future for current and future generations, starting in early childhood. The achievements in implementing it to date should inspire us to sustain momentum and increase the investments needed to ensure that every child can realize the right to survive and thrive, and is equipped to contribute to a better, more equitable, and sustainable world.



Dr Anshu Banerjee

Director
Department of Maternal, Newborn,
Child and Adolescent Health and Ageing
World Health Organization



Dr Victor Aguayo

Director
Nutrition and Child Development
UNICEF

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Writing team

Kerrie Proulx, Independent consultant, with review and guidance from Bernadette Daelmans, WHO; Boniface Kakhobwe, UNICEF; and Sheila Manji, WHO.

Coordinating Committee

Dilara Avdagiç, UNICEF; Bernadette Daelmans, WHO; Anne Detjen, UNICEF; Boniface Kakhobwe, UNICEF; Elizabeth Lule, Early Childhood Development Action Network (ECDAN); Sheila Manji, WHO; Julie Ruel Bergeron, World Bank Group; and Shekufeh Zonji, ECDAN.

Advisory Committee

Lisa Bohmer, Conrad N Hilton Foundation; Christine Chen, Asia-Pacific Regional Network for Early Childhood; Liana Ghent, International Step by Step Association (ISSA); Jamie Gow, United States Agency for International Development (USAID); Ghassan Issa, Arab Network for Early Childhood (ANECD); Lori McDougall, Partnership for Maternal, Newborn & Child Health; Rajesh Mehta, Independent consultant; Lynette Okengo, Africa Early Childhood Network; Oliver Petrovic, UNICEF; Viktoria Sargsyan, World Vision International (WVI); and Mark Tomlinson, University of Stellenbosch.

The team thanks the following individuals for their valuable contributions, feedback and inputs:

Salwa Al Eryani, UNICEF; Aranzazu Alonso, Pacto Primera Infancia; Jennifer Asman, UNICEF; Yolande Baker, mothers2mothers; Celia Baldeh, UNICEF; Anshu Banerjee, WHO; Jennifer Barak, UNICEF; Alan Barbieri, Generali Foundation; Tina Asnake Belaynehe, World Bank Group; Annet Birungi, UNICEF; Cynthia Bizuela, UNICEF; Maureen Black, University of Maryland; Cristiana Boca, ISSA; Lisa Bohmer, Conrad N Hilton Foundation; Grace Boutros, ANECD; Betzabé Butrón Riveros, WHO; Terrell Carter, American Academy of Pediatrics; Jennifer Cashin, FHI360; Vanessa Cavallera, WHO; Peck Gee Chua, UNICEF; Olive Cocoman, WHO; Annamaria Cosatti, Generali Foundation; Matthew Cummins, UNICEF; Samson Desie, UNICEF; Teshome Desta, WHO; Erinna Dia, UNICEF; Kate Doyle, Equimundo; Svetlana Drivdal, PATH; Lazaro Ernest, Tanzania Early Childhood Development Network; Shaffiq Essajee, UNICEF; Craig Ferla, Children in Crossfire; Matthew Frey, PATH; Karma Gayleg, Bhutan Ministry of Education; Liana Ghent, ISSA; Sharon Gorton, WVI; Jamie Gow, USAID; Mita Gupta, UNICEF; Subodh Gupta, Mahatma Gandhi Institute of Medical Sciences; Muhammad Shahid Hanif, UNICEF; Maha Homs, UNICEF; Shaimaa Ibrahim, UNICEF; Dan Irvine, WVI; Ghassan Issa, ANECD; Aminah Jahangir, Aga Khan Foundation; Lily Kak, USAID; Romilla Karnati, Save the Children; Shirin Kiani, UNICEF; Mwajuma Kibwana, Tanzania Early Childhood Development Network; Cat Kirk, USAID; Tomomi Kitamura, UNICEF;

Pranali Kotheekar, Mahatma Gandhi Institute of Medical Sciences; Abhishe Kraut, Mahatma Gandhi Institute of Medical Sciences; Aigul Kuttumuratova, WHO; Carmen Lica, ISSA; Joan Lombardi, Early Opportunities; Jane Lucas, Independent consultant; Elizabeth Lule, ECDAN; Garren Lumpkin, Independent consultant; Kouysinoy Maksoudova, UNICEF; Maria Marelli, Humanity & Inclusion; Shirley Mark Prabhu, UNICEF; Sandra Martins, UNICEF; Kalanda McKnight, Malawi Ministry of Gender, Children, Disability and Social Welfare; Rajesh Mehta, Independent consultant; Grainne Mairead Moloney, UNICEF; Carolyn Moore, Spoon; Natalia Mufel, UNICEF; Caroline Mwangi, Kenya Ministry of Health; Ruslan Malyuta, UNICEF; Simeon Nanama, UNICEF; Arif Neki, United Nations Strategic Partnerships; Alinune Nsemwa, UNICEF; Maniza Ntekim, Conrad N Hilton Foundation; Patricia Núñez, UNICEF; Lynette Okengo, Africa Early Childhood Network; Bolajoko Olusanya, Centre for Healthy Start Initiative; Abella Owuor, Kisumu Medical and Education Trust; Beatrice Oyugi, PATH; Emmanuel Oyier, Kisumu Medical and Education Trust; Janna Patterson, American Academy of Pediatrics; Rafael Perez Escamilla, Yale University; Oliver Petrovic, UNICEF; Melanie Picolo, PATH; Jill Popp, LEGO Foundation; Hana Rabadi, WVI; Linda Richter, University of the Witwatersrand; Chemba Raghavan, UNICEF; Ana Maria Rodriguez, UNICEF; Eduardo Garcia Rolland, UNICEF; Marta Rubio Codina, Inter-American Development Bank; Julie Ruel Bergeron, World Bank Group; Evelyn Santiago, Asia-Pacific Regional Network for Early Childhood; Debjeet Sen, PATH; Chiara Servili, WHO; Linda Shaker-Berbari, UNICEF; Nafisa Shekhova, Aga Khan Foundation; Kishore Shrestha, Alliance of ECD Nepal; Manpreet Singh, Gates Foundation; Pauline Simwaka, Malawi Ministry of Gender, Community Development and Social Welfare; Tracey Smythe, London School of Hygiene & Tropical Medicine; Damaris Sosa De Antuñano, Pacto Primera Infancia; Aferdita Spahiu, UNICEF; Ali Winoto Subandoro, World Bank Group; Melanie Swan, Plan International;

Giorgio Tamburlini, Centro per la Salute del Bambino; Daniel Tewolderberhan, UNICEF; Mark Tomlinson, University of Stellenbosch; Rebecca Tortello, UNICEF; Neil Townsend, Moving Minds Alliance; Haleinta Bara Traore, UNICEF; Zorica Trikić, ISSA; Tshedat Tshedat, Bhutan Ministry of Health; Laura Utemisova, WHO; Roland Van de Ven, Elizabeth Glazer Pediatrics Foundation; Emily Vargas-Baron, RISE Institute; Don Wertlieb, Tufts University; Amos Zikusooka, UNICEF; Shekufeh Zonji, ECDAN; Charity Zvandaziva, UNICEF; and other UNICEF and WHO country staff who gave inputs on the rapid survey.



Executive summary

The *Nurturing care for early childhood development: a framework to help children survive and thrive to transform health and human potential*,¹ launched in 2018, builds on the *Convention of the rights of the child* and capitalizes on new momentum and political will generated by the Sustainable Development Goals (SDGs) and the *Global strategy for women's, children's and adolescents' health 2016-2030*. The *Framework* provides a roadmap to put nurturing care for early childhood development (ECD) into action.

The *Framework* provides a roadmap for creating 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. It recognizes the critical role that parents and other caregivers have in providing nurturing care and articulates the importance of communities, services and policies to support families of young children.

This first *Progress report* reflects on achievements (2018 to 2023) and identifies gaps and areas that merit further attention in the future. It represents a moment to celebrate the achievements to date and set out the key priorities for the way forward. In doing so, this *Progress report* hopes to inform advocacy, communications and learning efforts, and inspire policy-makers, planners, implementers and funders to sustain the momentum so that all young children and families have the support they need.

Following the launch of the *Framework*, deliberate efforts were made by the World Health Organization (WHO), UNICEF, ECD networks and partners to sensitize stakeholders at national level, support the development and execution of joint national action plans, and foster learning and exchange. These efforts were supplemented by the development of over 30 resources, more than 20 pre-recorded presentations, and a dedicated website providing materials and information to guide dissemination and operationalization of the *Framework*.

Key informant interviews, a literature review, and a rapid survey of 51 randomly-selected low- and middle-income countries and areas provided the basis for identifying actions to date across the world. While there has been progress in all five strategic actions, this has been most notable for the first three.

Overall, dramatic shifts occurred in how sectors and stakeholders understand and work towards supporting child development at global, regional and national levels. One of the greatest successes over the last five years was the uptake of the *Framework* by multiple sectors and stakeholder groups. This shared language and common understanding of what children need to survive and thrive, especially before age 3, enabled a whole-of-government and whole-of-society approach to strengthening enabling environments for caregivers and their children. A major shift was a collective understanding that ECD is an outcome, rather than a single intervention or a programme.

¹ Also referred to as the *Nurturing care framework* or the *Framework*.

Strategic action 1. Lead and invest.

The number of countries with a national policy or action plan for ECD increased by 48% since 2018. Many new and revised policies and plans focus on all five components of nurturing care. Efforts are underway at national and subnational levels to translate policy commitments for nurturing care into action.



Strategic action 2. Focus on families and their communities.

Many actors strengthened advocacy for and engagement with local communities. Through parenting groups, peer support and media outreach, communities supported caregivers, including men, to provide their children nurturing care, including those with developmental delays or disabilities, affected by HIV and/or living in humanitarian settings.



Strategic action 3. Strengthen services.

Existing services in health, education, protection and other services were strengthened to address all five components of nurturing care. Central to this was strengthening the capabilities of the frontline workforce and ensuring appropriate job aids, training and supervision are in place so that these workers are effective and motivated to support caregivers. Key content areas have included support for responsive caregiving and early learning activities, a focus on the quality of care and attention to caregiver mental health in routine contacts with caregivers, newborns and children.



Strategic action 4. Monitor progress.

The development of two new global measures for population-level assessment of child development (covering birth to 59 months) marks an exciting milestone and provides unique opportunities to systematically examine the variability in child development outcomes, widening the scope to improve equity and inclusion. Profiles for ECD were developed for 197 countries, reporting on a harmonized set of indicators related to nurturing care based on the best available data.



Strategic action 5. Scale up and innovate.

An extensive research repository documented in peer-reviewed publications provides evidence for effective interventions. Emerging findings from country-wide programmes are helping to translate this evidence base into practice, innovate and scale up services to reach more families and communities, and enable young children to realize their full potential. The COVID-19 pandemic and other crises spurred the creative use of new communication strategies and digital tools for pregnant women and caregivers to ensure they have the information needed to provide their children nurturing care.

In just five years, the *Framework* helped create a unified vision and understanding of what children need to survive and thrive. It brought multiple sectors and stakeholders together, generating energy, excitement and momentum to ensure more children are developmentally on track everywhere.

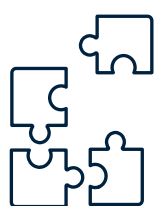
Moving forward, the achievements to date must be sustained and efforts expanded to ensure continued progress in each of the five strategic actions. Examples of areas that merit further attention include: i) making use of new measures and locally-generated evidence and data to inform policy, planning, budgeting and financing; ii) stimulating initiatives at subnational levels and in communities to harness existing positive practices, assets and champions; iii) strengthening the capacity of systems to support all children, including those who need additional support, and deliver quality care; iv) streamlining and consolidating experiences to better define roles and responsibilities of each sector and each service; and v) generating local evidence of what works (and what does not) to improve child development outcomes and reduce inequities.





NURTURING CARE
FOR EARLY CHILDHOOD DEVELOPMENT

A snapshot of achievements, 2018–2023



Diverse stakeholders from multiple sectors **came together** to improve child development outcomes and create enabling environments for nurturing care.

Wider recognition exists of **ECD as an outcome**, not a specific programme or intervention.



197 countries

Profiles for ECD have been developed for 197 countries and are regularly updated.

More than 80%

of countries and areas responding to a rapid survey reported that frontline workers were trained to strengthen caregivers' capacity to provide their children with responsive care and opportunities for early learning.

650% increase

Digital traffic on the nurturing care website increased by 650% and continues to rise.

The concept of nurturing care was extended across the **first two decades of life**, articulating the health and well-being needs of children and adolescents.



48% increase

The number of low- and middle-income countries with a national policy or action plan for ECD increased by 48%. Many new policies give attention to all components of nurturing care.

The **central role of the family** in creating a stimulating, safe and secure environment for young children is well recognized and includes attention to caregiver mental health and well-being.



Meetings were held with

nearly 1000 stakeholders from over 40 countries

to facilitate understanding of the *Framework* and agree on actions to advance nurturing care in each context.

Over 570

scholarly articles cited the *Framework*. Emerging findings are helping to build an evidence base on scaling up and innovation for nurturing care.

The *Early childhood development index 2030* and *Global scales for early development* marked an exciting milestone in measuring and monitoring children's development at population level.



Over 30 resources

were developed to support operationalization of the *Framework*.



Introduction

Why a Progress report

In 2018, WHO, UNICEF and the World Bank Group, in collaboration with the Partnership for Maternal, Newborn and Child Health and the Early Childhood Development Action Network, launched the *Nurturing care for early childhood development: a framework to help children survive and thrive to transform health and human potential (1)*. The *Framework* was a response to growing evidence of the importance of ECD for lifelong health, productivity and well-being, and commitments by the global community to improve it. One thousand individuals from 110 countries contributed to the development of the *Framework*, generating energy, excitement and a spirit of collaboration to create enabling environments for nurturing care.

Five years on, to mark the *Framework's* fifth anniversary, this *Progress report* presents a view of achievements from 2018 to 2023. It does not evaluate effectiveness, impact or capture all achievements, but it documents and draws attention to areas where there was significant change, as seen primarily through key informants' perspectives. Providing new evidence, the report explains what mobilized implementation of the *Framework*, how it is being implemented, and defines areas that merit further attention going forward. Reflecting on these areas of achievement will help to keep momentum alive, informing advocacy, communications and learning, and inspiring policy-makers, planners, implementers and funders to reach more families and children.

How this Progress report was developed

The information and evidence in this report were generated through three data sources.

1. Interviews with 110 key informants from multilateral and bilateral organizations, policy-makers, civil society organizations, the private sector, funders, networks and associations and academic institutions. Key informants were based in 30 countries, sharing rich stories related to implementation of the *Framework*, drawing on diverse experiences and contexts.

2. A robust literature review of technical reports, policy-related documents, published and grey literature, case studies and meeting notes.
3. A rapid survey of 51 randomly-selected low- and middle-income countries and areas, with sampling proportional to region. Managed through UNICEF and WHO country offices, the rapid survey provided data on the status of relevant national milestones related to implementation of the *Framework*. See **Annex 1** for the list of countries surveyed.

An advisory committee provided quality assurance by reviewing all outputs at the design and draft stages for accuracy and validity.

How this Progress report is organized

This *Progress report* has five sections:

1. **Introduction** outlines the purpose and process for developing this report and describes select initiatives and documents that preceded the development of the *Framework*. It also includes a brief summary of the *Framework*.
2. **The path to progress** describes the activities and resources that supported dissemination and operationalization of the *Framework*.
3. **Reflections on progress** presents the findings from the key informant interviews and rapid survey. It begins with why and how progress happened highlighting three shifts in the understanding of what children need and two new ways of working that emerged following the launch of the *Framework*. It then provides a description of the achievements aligned with the outputs of the *Framework's* five strategic actions.
4. **Looking forward** outlines what areas need further attention so as to continue the momentum and advance progress in each of the five strategic actions, and provides a visual frame for capturing the progress to date and the way forward.

A short history of the *Nurturing care framework*

The *Framework* builds on decades of work reaffirming the need to improve ECD (see **Fig. 1**). This section summarizes key initiatives that preceded the *Framework* and briefly highlights relevant strategies that complement or build on it.

FIG. 1. BRIEF TIMELINE UP TO THE *FRAMEWORK*



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Child development as a human right

The *Framework's* vision, ensuring all young children's right to survival and development equally and with dignity, is enshrined in the *Convention on the rights of the child*. The *Framework* builds on commitments, stretching back decades to ensure every child's right to survival and development, through provisions implemented in a holistic and multisectoral manner and by ensuring appropriate assistance to caregivers. It is supported by subsequent initiatives such as WHO's Commission on the Social Determinants of Health, which recognized ECD as a powerful equalizer (2).

ECD is a universal human right – for all children

As a universally recognized human right under the *Convention on the rights of the child*, all children are entitled to support and services to ensure their healthy development. This includes children affected by armed conflict or humanitarian crises, HIV/AIDS, acute illness or prematurity, disabilities or developmental delays, and all marginalized and underserved children.

Renewed global commitments for ECD

In 2015, all states signed and agreed to the SDGs, which committed to ensuring equitable access to quality ECD and early learning opportunities by 2030. The SDGs include a specific target (4.2) and indicator (4.2.1) for ECD; many other SDG targets contribute to achieving this target and, in turn, healthy development during childhood is needed for the attainment of other SDG goals. That same year, the United Nations Secretary-General's *Global strategy for women's, children's, and adolescents' health 2016-2030* (3) was revised with an ambitious goal and commitment to ensure that every child can survive and thrive, making provisions for increased attention to ECD.

Why is ECD important?

Evidence of the importance of the early years for life-long health, learning, employment and productivity has been accumulating for decades. For children to thrive, they need parents and other caregivers to provide them with nurturing care. The period from pregnancy to age 3 is when the brain grows fastest. This early period provides a critical window to invest in actions to enhance children's development, mitigate vulnerabilities and build resilience, thereby improving outcomes across the life course and into the next generation.

Evidence supporting the concept of nurturing care

The 2017 Lancet series *Advancing early childhood development: from science to scale* provided evidence that a staggering 250 million children under 5 in low- and middle-income countries are exposed to stunting or extreme poverty and are at risk of not developing to their full potential (4). Countries might forfeit up to twice their current gross domestic product expenditures on health and education because of this poor start (5). Considering new scientific evidence for interventions and building on the findings and recommendations of the 2007 and 2011 Lancet series on child development (6,7), the 2017 series emphasized the importance of nurturing care, especially for children below 3 years, and outlined key messages, policies and interventions.

What is nurturing care?

Nurturing care refers to a stable environment sensitive to children's health and nutritional needs, safety and security, opportunities for early learning, and responsive, emotionally supportive and developmentally stimulating interactions with caregivers. As an overarching concept, nurturing care is supported by an ecosystem of social contexts, starting in the home. It includes parental work, childcare, schooling, the community, the environment, services and policy.

A global roadmap for action

Capitalizing on new momentum and political will generated by the SDGs and the *Global strategy for women's, children's and adolescents' health 2016-2030 (3)*, the *Framework* was developed as a roadmap for action. It guides stakeholders and sectors on working in a unified manner to ensure more children are developmentally on track. It drew on evidence from a 2017 Lancet series (4) identifying the most effective policies and services to help caregivers provide nurturing care and mobilize multi-stakeholder and multisectoral action. Efforts were supported by a secretariat at WHO, a high-level coordinating team involving UNICEF, the World Bank Group and the Early Childhood Development Action Network, and various multi-stakeholder working groups. The *Framework* was launched in May 2018, and several meetings, events and resources followed to support advocacy and operationalization at global, regional and national levels.

Other relevant initiatives

The *Framework* complements and reinforces other strategies to support child development and well-being, including UNESCO's *Global partnership strategy for early childhood, 2021-2030 (8)* and the INSPIRE *seven strategies for ending violence against children (9)*. In November 2022, the *Tashkent declaration and commitments to action for transforming early childhood care and education* was signed and urges member states and the international community to renew and expand their commitment and investment to SDG target 4.2 on early childhood and ensure all children receive nurturing care.

Extending nurturing care to child and adolescent well-being

The *Framework* emphasized nurturing care from pregnancy to age 3. However, nurturing care applies across the life course – everyone needs nurturing care. Recognizing this, the concept of nurturing care informed conceptualization of an adolescent well-being framework (10) as well as WHO and UNICEF's comprehensive agenda for the health and well-being of children and adolescents (11), bringing full alignment in the approaches to support optimal development across the first two decades of life.

What are the nurturing care components?

GOOD HEALTH



Refers to the health and well-being of the children and their caregivers. Why both? We know that the physical and mental health of caregivers can affect their ability to care for the child.

ADEQUATE NUTRITION



Refers to maternal and child nutrition. Why both? We know that the nutritional status of the mother during pregnancy affects her health and well-being and that of her unborn child. After birth, the mother's nutritional status affects her ability to breastfeed and provide adequate care.

SAFETY AND SECURITY



Refers to safe and secure environments for children and their families. Includes physical dangers, emotional stress, environmental risks (such as pollution), and access to food and water.

OPPORTUNITIES FOR EARLY LEARNING



Refers to any opportunity for the infant or child to interact with a person, place, or object in their environment. Recognizes that every interaction (positive or negative, or absence of an interaction) is contributing to the child's brain development and laying the foundation for later learning.

RESPONSIVE CAREGIVING



Refers to the ability of the caregivers to notice, understand, and respond to their child's signals in a timely and appropriate manner. Considered the foundational component because responsive caregivers are better able to support the other four components.

About the *Nurturing care framework*

The *Nurturing care for early childhood development: a framework to help children survive and thrive to transform health and human potential* (1) builds on state-of-the-art evidence of how child development unfolds and of the effective policies and interventions that improve child development. Launched alongside the Seventy-first World Health Assembly in May 2018, the *Framework* is a roadmap for action. It outlines: i) why efforts to improve health and well-being must begin in the earliest years, from pregnancy to age 3 years; ii) the major threats to ECD; iii) how nurturing care protects young children from the effects of adversity and promotes physical, emotional and cognitive development; and iv) what families and caregivers need to provide nurturing care for young children.

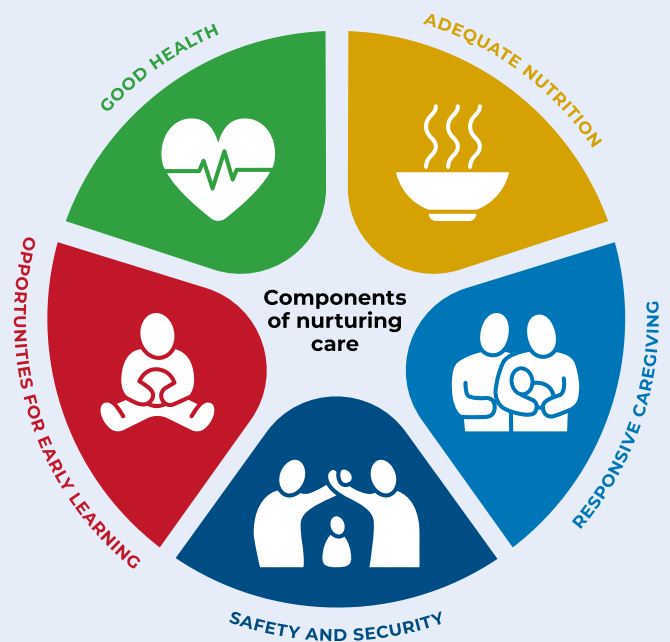
The *Framework* hinges on two interrelated action areas. The first are the components of nurturing care (see **Fig. 2**). All five components are equally important and the child's brain and body expects and needs them all, for healthy growth and development. The second action area pertains to enabling environments (see **Fig. 3**). It recognizes the critical role that parents and other caregivers have in providing nurturing care and articulates the importance of communities, services and policies to support families of young children.

Recognizing that not all children and families need the same intensity and range of support from health and other services, the *Framework* is grounded in a universal, progressive approach and is built on three levels: i) universal support for the entire population; ii) targeted support for families where children are at risk of suboptimal development; and iii) indicated services for children or families with additional needs.

The *Framework* describes how whole-of-government and whole-of-society action can promote nurturing care for every child, and outlines five strategic actions to create enabling environments for nurturing care. The five strategic actions are: i) lead and invest; ii) focus on families and their communities; iii) strengthen services; iv) monitor progress; and v) scale up and innovate.

For more information see <https://nurturing-care.org>.

FIG. 2. THE COMPONENTS OF NURTURING CARE



Source: (1).

FIG. 3. ENABLING ENVIRONMENTS FOR NURTURING CARE



Source: (1).

The path to progress, 2018-2023



In 2018, we hosted an Africa Early Childhood Development conference for the first time, which provided a fantastic opportunity to do a regional launch of the *Framework*. This was essential for raising awareness and generating buy-in.”

Stakeholder, ECD network

Key activities

Multi-stakeholder orientation and planning meetings

WHO and UNICEF, in partnership with ECD networks and other groups around the world, convened national, regional and multi-country meetings reaching nearly 1000 stakeholders from more than 40 countries. Stakeholders from ministries of health, education, social welfare, community development, ECD networks, United Nations agencies and civil society participated in these hands-on, policy-relevant meetings. These meetings provided unique opportunities for national stakeholders to be oriented to the *Framework*, develop a common understanding, learn from others and identify priority actions to advance nurturing care in policy and practice. In some cases, the meetings resulted in immediate results; in others, they sparked learning, reflection and longer-term planning.

Dissemination by ECD networks

Regional ECD networks played essential functions in disseminating the *Framework* (see **Box 1**) organizing and engaging in specific events, meetings and conferences. These boosted engagement, promoted country ownership, gained high-level commitment, mobilized national stakeholders, facilitated multisectoral actions, and, in some cases, secured funding for activities. Through effective communication and sensitization, ECD networks helped to develop a common understanding of, and agreement on, the vision for nurturing care and the actions needed to support it at regional, national and subnational levels.

Meetings were held with nearly 1000 stakeholders from over 40 countries to facilitate understanding of the *Framework* and agree on actions to advance nurturing care in each context.



Through webinars, conferences, communities of practice, political advocacy and study tours, ECD networks have supported knowledge exchange, learning and collaboration on issues related to nurturing care. In this way, the networks created critical spaces for regional and national stakeholders

to share information, innovations and practices to support implementation of the *Framework*. Also, they helped to identify who is doing what and align the interests of different stakeholders by facilitating landscape analyses related to services and interventions in support of nurturing care.

BOX 1. DISSEMINATION BY ECD NETWORKS, 2018-2023

Africa Early Childhood Network

- Launched the *Framework* at the network's regional conference presided over by the President of Kenya.
- Oriented national stakeholders on the *Framework* at the African Union 2nd International Conference on Maternal, Newborn and Child Health and at the 69th Health Ministers Conference. The latter resulted in the establishment of a responsive caregiving expert committee for the East, Central and Southern Africa Health Community.
- Co-hosted a regional meeting with the Regional Economic Communities on investment in early childhood nutrition, providing an opportunity for consultative dialogue on combating malnutrition and investment in nurturing care for ECD which led to a joint roadmap for the implementation of achievable actions and activities.

Arab Network for Early Childhood

- Facilitated a regional consultative meeting with WHO and UNICEF in preparation for the global launch of the *Framework*.
- Co-organized five workshops to advance nurturing care for children in humanitarian settings.
- Translated the regional Countdown to 2030 *Country profiles on early childhood development* into Arabic, created a social media campaign to raise awareness of the findings and drive their use, and co-developed the final report.

Asia-Pacific Regional Network for Early Childhood

- Launched the *Framework* at a regional conference, developed an advocacy brief, and adopted nurturing care as a theme for the 2019 regional conference.
- Conducted a rapid survey on the impact of the COVID-19 pandemic in the Asia-Pacific area and a scoping study on the impact of climate change and environmental degradation on children's development.
- Delivered technical sessions for policy-makers, facilitated sharing of country experiences related to multisectoral approaches, and led advocacy to ensure that children are given due attention in national resilience plans and programmes.

International Step by Step Association

- Organized a virtual regional launch of the *Framework* and adopted nurturing environments as a theme for the 2019 regional conference.
- Utilized the *Framework* to develop a resource package called *Supporting families for nurturing care* which has been used at scale in several countries of Eastern Europe and Central Asia to improve home visiting services and strengthen the capacity of the workforce.
- With WHO and UNICEF, launched the Health Systems for Early Child Development initiative and co-organized a regional launch of the *Nurturing care practice guide*.

Resources to support advocacy and operationalization of the *Framework*

Operationalizing nurturing care for early childhood development

This guidance note supports those working in the health sector to better understand and explore what the sector can do. It provides suggestions for actions that can be taken at national level, within the health sector and alongside others.

Nurturing care handbook

This handbook is composed of guides organized around the strategic actions of the *Framework*. Each guide includes overviews, suggested actions, common barriers, tools and checklists, signs of progress, links to helpful articles and websites, and case studies, illustrating how the strategic actions have been applied.

Nurturing care practice guide

This guide responds to requests from practitioners and country teams who have learned about the *Framework* and want to understand how to adapt health and nutrition services to be supportive of nurturing care and strengthen caregivers' capacity.

Nurturing care advocacy toolkit

The toolkit includes a repository of practical tools and resources to help advocate for increased attention to and investment in ECD with and through health systems. The toolkit includes key messages, frequently asked questions, and quotations from champions.

Thematic briefs

Seven thematic briefs on nurturing care take a deep look into specific issues affecting children's development including: living in humanitarian settings; being born small and sick; being affected by HIV; men's engagement; tobacco control; responsive feeding; and the need for clean, safe and secure environments. A brief on children living with developmental delays or disabilities is under development.

Country experiences

Countries are at different stages of advancing nurturing care with and through health systems, with changes of various magnitude occurring at national and subnational levels. More than 10 country case studies provide a glimpse into what is happening where under each of the five strategic actions.

Country profiles on early childhood development

The profiles compile, in one place, the best available data for country and cross-country monitoring for ECD across the five components of nurturing care. The profiles provide a baseline against which progress can be monitored. The most recent country profiles cover more than 40 ECD indicators and 197 countries.

For more information see the nurturing care [website](#) and [YouTube channel](#).

Sign up for the nurturing care [e-blasts](#).



Key resources

Resources to support advocacy and operationalization

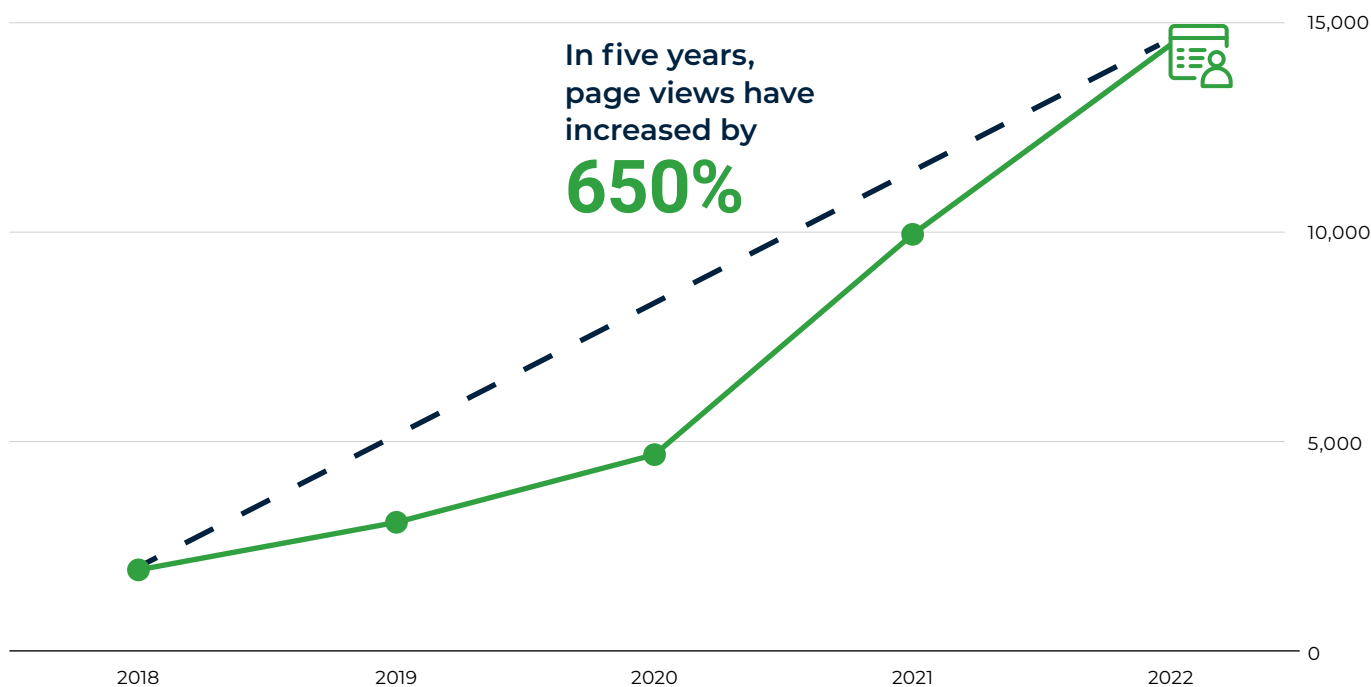
To support advocacy and operationalization of the *Framework*, **more than 30 resources** have been produced, including implementation guidance, thematic briefs, tools for advocacy and communication, and stories on progress from countries. In addition, a [Nurturing care YouTube channel](#) provides over 20 pre-recorded presentations in English, French and Arabic explaining the components of nurturing care and describing how to implement the strategic actions of the *Framework*.

Website to share news and information

Following the launch of the *Framework*, a [nurturing care website](#) was created, providing an open access, online space for partners to share tools, knowledge, innovations, news and events in relation to nurturing care. The website has been accessed worldwide, and traffic has increased by 650% over the past five years (see **Fig. 4**). Engagement has surged since 2020 and is continuing to rise. These data and other evidence suggest that interest in nurturing care has continued to broaden and grow. In addition, the nurturing care [Twitter](#) account broadcasts short posts to more than 2500 followers, and nurturing care [e-blasts](#) with news and events reach 4300 readers.

FIG. 4. SIGNIFICANT INCREASE IN DIGITAL TRAFFIC AND GROWING ENGAGEMENT IN NURTURING CARE

Average number of monthly page views on the [nurturing care website](#), 2018 to 2022



Source: WHO, unpublished data, 2023.

Reflections on progress

This section presents the findings from the key informant interviews and rapid survey. It begins with what mobilized implementation of the *Framework* and then describes the achievements in each of the *Framework's* five strategic actions.

Although not a direct result of the *Framework*, the achievements align with the proposed outputs of the *Framework* and the practices that have been effective in improving ECD. (The full list of proposed outputs for each strategic action is detailed in the *Nurturing care handbook*, and a summary is provided in **Annex 2**).

Key results of the survey as well as brief, illustrative stories are included to provide examples of positive change. While there has been progress in each of the five strategic actions, some saw more achievements than others.



Changes in the ECD landscape following the launch of the *Framework*



The development of nurturing care has been a ground-breaking moment for ECD. For the first time, it created a framework that **brought together different components**. For the ECD community, this was very much needed.”

Stakeholder, ECD network

Over a five-year period, dramatic shifts occurred in how sectors and stakeholders understand and work towards supporting child development at global, regional and national levels. A new normal has emerged resulting in greater alignment of efforts across multiple sectors and diverse stakeholder groups to ensure caregivers are supported and able to provide their young children what they need to survive, thrive and reach their developmental potential. Key informants repeatedly described three key shifts in how the understanding of ECD changed and highlighted two new ways of working that emerged following the launch of the *Framework* (see *Voices from the field*). These shifts and new ways of working are summarized here.

Three shifts in understanding ECD

1. The *Framework* put emphasis on the youngest children

The *Framework* emphasizes the period from pregnancy to age 3 as a critical stage for addressing child development as early as possible. Before 2018, many initiatives for ECD focused on children over 3 years with a gap in policies and services for younger children. In response, the *Framework* identified policies, services and a wide range of interventions to improve nurturing care between pregnancy and age 3. These address all five components and include, for example, breastfeeding support, skin-to-skin contact, rooming-in, and interventions to support caregiver-child interactions through play and communication.

2. The *Framework* put a spotlight on the health sector

The potential of health services to provide opportunities for supporting child development was untapped in many countries, despite health services often being the first point of contact for pregnant women and young children. The *Framework* rallied the health sector to use its existing platforms and contacts with pregnant women, caregivers and children to deliver essential health and nutrition interventions, and create new opportunities to support nurturing care in an integral way, especially for children under 3. These efforts complement the work of other sectors supporting child development in the same age range and beyond.

3. The *Framework* put caregivers at the centre of nurturing care

The *Framework* emphasizes family-centred approaches, bringing caregivers and families to the forefront of policies and services. Existing models tended to focus on delivering services to children only. To address this gap, the *Framework* elevated the role of caregivers and the need for actions that address both the caregiver and the child. The *Framework* emphasizes the power of families and caregivers – in all their diversity and forms – to support their children's development. It uses the term responsive caregiving

to emphasize caregiver-child relationships that are attentive, supportive and respectful. The concept of responsive caregiving brought a new element into services that changed programming.

The importance of policies and services that care for caregivers, so that they can care for their child, became apparent during the COVID-19 pandemic. Job loss, food insecurity, childcare closures, social isolation, health-related fears, and other factors escalated stress, anxiety and depression among pregnant women and caregivers. This crisis, and others, made the actions outlined in the *Framework* more necessary and relevant, and put a spotlight on the complementarity of affordable and good-quality childcare, income safety nets, parenting support, and dedicated mental health and psychosocial support.

The *Framework* reframed ECD as an outcome

The *Framework* emphasizes that nurturing care is what all children need and expect to reach their developmental potential. Before 2018, it was not uncommon to describe ECD as a service or the responsibility of a single sector or programme. The *Framework* helped clarify what children need in order to reach their developmental potential. This new framing helped clarify ECD as an outcome, not a specific intervention or programme, and one to which various sectors have different contributions to make.

CAREGIVER WELL-BEING

Refers to caregivers' physical and mental health. Recognizes that caregivers are best placed to provide their children nurturing care but can only do so effectively when they are able to care for themselves and get support as needed.



Two new ways of working together

1. The *Framework* provided a common language that brought multiple stakeholders and sectors together

The *Framework* proposes an expanded set of actions needed to support ECD. It strategically frames results around the components of nurturing care so that all sectors and stakeholders see their roles and potential contributions. In this way, the *Framework* provided stakeholders in diverse sectors a shared language and common model of what children need. As a consequence, a critical mass of stakeholders was mobilized and, in the words of one, are “speaking together with one voice”. To date, the coming together of multiple stakeholders and sectors, working under a common language and towards a shared roadmap of action, is one of the greatest successes of the *Framework*.

One of the greatest successes over the last five years was the uptake of the *Framework* by multiple sectors and stakeholder groups. This shared language and common understanding of what children need to survive and thrive, especially before age 3, enabled a whole-of-government and whole-of-society approach to strengthening enabling environments for caregivers and their children.

2. The *Framework* mobilized multiple stakeholders to align their efforts

Stakeholders drew on the diverse expertise and experiences of each other to address gaps and create relevant solutions to each context, build on existing mechanisms, make innovations and adapt as needed. This coming together has brought increased coherence in policies and programming, which in the medium- and longer-term appears to be achieving far greater impact than what might be achieved by each stakeholder alone. **Table 1** provides an overview of the different ways in which various stakeholder groups use the *Framework* – in some cases, to disrupt the status quo, instituting business not as usual. This is followed by a description of what stakeholders did to advance each of the five strategic actions and create environments for nurturing care.



TABLE 1. EXAMPLES OF STAKEHOLDER GROUPS USE OF THE *FRAMEWORK* TO TAKE ACTION

STAKEHOLDER GROUP	ILLUSTRATIVE EXAMPLES OF THE <i>FRAMEWORK'S</i> USE AND INFLUENCE
Government	<ul style="list-style-type: none"> • Framed policy discussions around support for ECD • Revived multisectoral dialogue and national planning processes • Inspired and motivated national and subnational policy champions
Multilateral and bilateral agencies	<ul style="list-style-type: none"> • Provided language to advocate for change • Increased priority of nurturing care in country programmes • Informed global and regional guidelines and standards for: <ul style="list-style-type: none"> – ECD – child and adolescent health and well-being – initiatives to support parents
Civil society organizations	<ul style="list-style-type: none"> • Introduced new concepts for advocacy and programming, such as promoting men's involvement in caregiving and gender equality • Aligned existing projects and designed new initiatives to support nurturing care • Helped to prioritize actions in emergency contexts • Played a central role in supporting implementation in communities and in building evidence of what works and how
Philanthropic organizations	<ul style="list-style-type: none"> • Established a common framework within and across organizations • Facilitated a more granular understanding of ECD • Provided new ideas on funding directions and made resources available
Networks and associations	<ul style="list-style-type: none"> • Informed the development of training and advocacy materials • Strengthened bridges between sectors, brought in new perspectives and informed the production of global goods • Informed conference topics, webinars, working groups and peer exchange visits
Research and academic institutions	<ul style="list-style-type: none"> • Informed the creation of new indicators for nurturing care • Informed the design and implementation of original and relevant research studies • Used the <i>Framework</i> as a teaching and learning resource in basic and higher education and in open online courses

Voices from the field

“Five years ago, we focused on early learning and less attention [was given] to parents and caregivers. But the **focus on parents and caregivers** has come to the core, especially with COVID. ... We know now that caring for caregivers, poor mental health, and many other things are important for ECD. The *Framework* helped to make this more visible.”

Stakeholder, civil society organization

“Governments and the public used to think that ECD was a place, such as a preschool. The *Framework* helped to **move the dial** that ECD is an outcome, not an intervention.”

Stakeholder, research institution

“The *Framework* created a **common understanding** of where we are and where we want to go – particularly where we want to go.”


Stakeholder, multilateral organization

“The *Framework* helped us to **identify priorities and gaps** in service provision.”

Stakeholder, government

“The *Framework* is very easy to speak to people because the **language has been provided**. It is very easy now. Back in the day, it was only education colleagues that spoke the language of ECD.”

Stakeholder, multilateral organization



“The *Framework* helped to **get people together** at the same table to sit and talk about children in the younger age group.”

Stakeholder, multilateral organization

“The *Framework* brought something together in the minds of people and **made it easier to talk** about child development.”

Stakeholder, research institution

“The *Framework* **validated** our previous work using the health system as a means to support child development.”

Stakeholder, civil society organization

“Our advocacy work in ECD picked up following the *Framework*. It provided the **backbone** for us.”

Stakeholder, civil society organization

“The *Framework* is practical and easy to use. Five years on, it continues to be the way to get everyone on the same page and make a case for ECD. The *Framework* gives us something that isn't everything but gives a holistic approach to understanding what children need. It has established a **common agenda**.”

Stakeholder, philanthropic organization



Strategic action 1.

Lead and invest



The best value added of the *Framework* is that it got the policy in the right place. In the past, the ECD community was criticised for not being clear about priorities and goals. The *Nurturing Care Framework* made it clear. **It helped to demystify ECD.** The components of nurturing care and approach to enabling environments are often used in policies.”

Stakeholder, multilateral organization

Key findings

***Lead and invest* explains the institutional support needed to ensure that families have the knowledge and resources to improve ECD, including laws, policies and coordination, and financial investment for implementation.**

Over the past five years, this strategic action stands out as the one where there has been relatively significant and consistent progress in policy development, creating a strong springboard for progress in the other four strategic actions in the future. To translate political commitments into resourced and sustainable action, emerging efforts are focusing on elevating and strengthening subnational coordination and addressing financing challenges, two areas where more work is needed.

National policies and action plans for ECD increased

Data from UNICEF show the number of low- and middle-income countries with a national policy or action plan² for ECD increased by **48%** since 2018, from 67 to 99 (12). There are now more national policies and action plans for ECD than ever, a notable achievement.

Many of those developed since 2018 integrate attention to multiple components of nurturing care.

In just a few years, countries created enabling policy environments at national level that elevate nurturing care as a key issue for all sectors. The policies and plans listed in **Box 2** are only a few examples where countries have explicitly integrated nurturing care into their vision and planned activities for ECD. In addition, the United States Government passed a law in 2021 that promotes nurturing care and will make significant and necessary strides toward supporting children's development worldwide (see United States of America in *Stories of change*).

BOX 2. SELECTED EXAMPLES OF NATIONAL POLICIES AND PLANS THAT INTEGRATE NURTURING CARE

<p>Belize ECD National Strategic Plan 2017-2021</p>	<p>Malta National Policy Framework for Early Childhood Education and Care 2021</p>
<p>Bhutan National Multi-Sectoral Early Childhood Care and Development Strategic Action Plan 2021-2030</p>	<p>Mexico Estrategia Nacional de Atención a la Primera Infancia [National Strategy for Integrated ECD] 2020-2024</p>
<p>Cambodia National Action Plan on Early Childhood Care and Development 2022-2026</p>	<p>Nepal National Strategy for ECD 2020-2030</p>
<p>El Salvador Crecer Juntos [Grow Together Policy] 2020-2030</p>	<p>Philippines National Early Childhood Care and Development Strategic Plan 2019-2030</p>
<p>Iraq National Strategy for ECD 2022-2031</p>	<p>Congo Politique Nationale de Développement Intégré de la Petite Enfance [National Policy for Integrated ECD] 2022-2030</p>
<p>Kiribati ECD Policy 2022-2032</p>	<p>United Republic of Tanzania National Multisectoral ECD Programme 2021-2026</p>
<p>Malawi National Strategic Plan for Integrated ECD 2018-2023</p>	<p>Vanuatu National Policy for ECD 2023-2027</p>

² When the text mentions policies and plans for ECD, it may encompass any format, e.g. policy, strategy or plan.

Policies and plans aligned to the Framework

In the last five years, national stakeholders have regularly used the *Framework* as a core document to inform policy development processes and priorities for ECD. Policies and plans aligned to the *Framework* tend to share commonalities, including a multisectoral approach to interventions and governance structure for policy planning. This approach emphasizes family-centred actions and a two-pronged approach that includes caregivers and children, and specific actions that start in pregnancy (see **Table 2**).

Another area where national stakeholders used the *Framework* is policy analysis. The *Framework* informed the type of data collected, structured analysis and supported policy dialogue. Some countries used a [rapid assessment tool](#) developed in 2020 by WHO's Regional Office for South-East Asia to measure national preparedness for nurturing care. This tool maps policies, interventions and possible coordination between sectors. Country stakeholders have used this type of nurturing care-oriented policy analysis to identify needs, gaps and opportunities within and across different sectors for strengthening enabling environments for nurturing care.

TABLE 2. ALIGNING NATIONAL POLICIES AND PLANS TO THE FRAMEWORK

THEME	COMMONALITIES IN ALIGNING NATIONAL POLICIES AND PLANS TO THE FRAMEWORK
Multisectoral collaboration and governance	<ul style="list-style-type: none"> • Roles, responsibilities and actions are clearly defined across multiple sectors. Actions are not limited to one sector. • Multisectoral coordination is emphasized, including at subnational levels. • The coordinating ministry for the policy or plan is increasingly a neutral, high-level government body with convening power (i.e. the Prime Minister's office).
Family-centred and focused on child and caregiver well-being	<ul style="list-style-type: none"> • Families and caregivers are included in goals, targets and actions for ECD. Actions do not focus solely on young children. • Planned actions include parenting and family support, promoting responsive caregiving, capabilities and empowerment. • Co-responsibility and cooperative actions between families, communities, services, and government policies is promoted, recognizing that all have a role to play and that a child's well-being is not the sole responsibility of families.
Life-course approach, inclusive of children under age 3	<ul style="list-style-type: none"> • Planned actions during pregnancy, for children up to 3 years and 3 to 5 years, and sometimes older are included. • The need to support healthy brain development from the prenatal period to age 3 is recognized.

WHAT THE RAPID SURVEY SAID

72%

of countries and areas surveyed have a multisectoral policy addressing multiple domains of nurturing care. This suggests that favourable policy environments exist to improve opportunities for ECD across different sectors.

Source: WHO and UNICEF, unpublished data, 2023.



visits, providing clear advocacy messages, and bridging cooperation and communication in support of nurturing care at all government levels and with civil society organizations.

- Other enablers for nurturing care-related policy development included political stability, financial investment and technical support.

Translating policies into practice at subnational levels

National policies and plans for ECD, applying a nurturing care lens, have been adopted only in the last few years. Important groundwork has been laid, and now is a critical juncture to see political commitments put into action. Emerging work is taking place to roll out at subnational levels in multiple countries. This includes establishing subnational multisectoral committees, developing subnational action plans for ECD, and bringing civil society actors and other community stakeholders (such as local media) together, to ensure the real needs of children and families are being met (see the United Republic of Tanzania in *Stories of change*).

Key factors that enabled a favourable environment for policy development

Several enabling factors supported policy planning for nurturing care.

- National and subnational policy champions, such as First Ladies and Prime Ministers, used their platforms to raise awareness, build commitment, and foster collaboration (see El Salvador in *Stories of change*).
- Countries made significant efforts to ensure that the government body, such as the Prime Minister's Office, leading policy development for ECD has the stature and executive power to convene different ministries (see Nepal in *Stories of change*).
- Policy-oriented professional development activities facilitated action, such as nurturing care workshops convened by WHO and UNICEF and professional development directed specifically at policy-makers, for example, through Harvard University's Center on the Developing Child and Aga Khan University's Institute for Human Development.
- ECD regional and national networks motivated and equipped policy-makers with new knowledge about nurturing care by coordinating and navigating multisectoral dialogue and policy planning processes, facilitating country exchange

Responding to financing challenges

Ensuring adequate and sustainable financing to implement policies and plans looms large. Costs and budgets are often missing or minimally documented in national policies and plans; activities are often donor dependent; services for ECD remain chronically underfunded; and funding gaps are pronounced. However, some promising work has taken place to improve financial tracking. In 2023, UNICEF released a simple methodology for policy-makers, civil society organizations, and development partners to measure and report on spending for ECD (13). The findings from this exercise should facilitate more effective policy planning. Furthermore, some countries have fully costed policies for early childhood, with prioritized actions; some finance ministries included ECD into national budget codes; and national stakeholders invested in locally-driven, high-quality cost-benefit analysis of ECD to advocate for and secure incremental budget allocations (see Burundi in *Stories of change*). These modest changes are steps in the right direction.



Stories of change

UNITED STATES OF AMERICA

Law supports attention to ECD across sectors

The Global Child Thrive Act was passed in January 2021, mandating that United States foreign assistance programmes include ECD in all relevant programmes serving young children and their families, including water, sanitation and hygiene, maternal and child health, education, nutrition and child protection. It emphasizes the importance of reaching all children, including those with disabilities and/or without family care. This landmark legislation is a significant step towards supporting countries to target proven interventions to their most vulnerable children and maximizing the impact of existing programmes in different sectors.

EL SALVADOR

High-level champion accelerates political commitment for ECD

El Salvador has made progress thanks, in part, to the First Lady's work and commitment to prioritize the implementation of public policies and programmes that support ECD. The *Crececer juntos* [Growing together] policy 2020–2030 forms the national framework for ECD and emphasizes the importance of supporting caregivers to provide nurturing care. The *Nacer con cariño* [Born with love] law places the caregiver-child relationship at the centre of health services and guarantees the right to a companion of choice during childbirth, skin-to-skin contact, breastfeeding from the first hour of birth, and rooming-in. This example shows how important national champions are for building and sustaining political commitment for ECD and enabling policy environments for nurturing care.

NEPAL

A whole-of-government approach convened by high-level government body

A high-level multisectoral government body, convened by the Prime Minister, launched the *National strategy for early childhood development (2019-2030)* with priority actions starting from pregnancy across eight ministries. An evaluation of the previous strategy (2004-2015), developed under the leadership of the Ministry of Education, found implementation focused largely on early childhood education, with limited coordination and support in other sectors (14). The new strategy was reconfigured to emphasize whole-of-government approaches and the health sector's role in promoting young children's development. It describes multisectoral governance arrangements at national and subnational levels and provides a unique opportunity for the coordination and management of services led by local authorities and communities.

UNITED REPUBLIC OF TANZANIA

Translating policy at subnational levels through local media and civil society

In 2021, the United Republic of Tanzania launched the [National Multisectoral ECD Programme](#). Aligned with the *Framework*, it was the result of an extensive locally-led planning process. Under the Mtoto Kwanza Project, a network of civil society organizations is being established across all 26 mainland regions to support the implementation and monitoring of the programme at regional and local government levels. ECD champion journalists amplify local voices for demand-driven and context-specific delivery of services that support ECD. As a partnership between the Tanzania ECD Network, Children in Crossfire and the Union of Tanzania Press Clubs, this initiative is an exciting example of engaging civil society to translate national programming into practice at subnational levels.

BURUNDI

Ensuring adequate and sustainable financing

In Burundi, a 2021 cost-benefit analysis demonstrated that for each US\$ 1 invested in ECD the country would gain US\$ 18 by 2050 (15). Comprehensive advocacy, including the development and dissemination of the ECD budget brief, and capacity-building on public financing, resulted in increased investment in ECD, in both nominal and real terms – in nominal terms budget allocation increased from 2.3 billion Burundian francs in 2020/2021 to 6.2 billion in 2022/2023. Helping countries better plan, cost and track financial investments for ECD has been and will continue to be a priority for ensuring the implementation of key actions related to nurturing care.



Photo credit: © UNICEF Perú/Tamayo E



Strategic action 2.

Focus on families and their communities



We have been and should be doing more to use the *Framework* in communities – not just at the national level, but for raising community awareness and pushing up from the community. We have been stimulating nurturing care as a framework that can be **used at the local level to let communities define the action and let us learn from them.** Community movement is starting to emerge in the past five years. It's not talked about enough."

Stakeholder, research institution

Key findings

This strategic action is about helping families and communities change their behaviour and environment in ways that support nurturing care.

In the last five years, many actors, through their knowledge of communities and grassroots infrastructure, strengthened local platforms for nurturing care advocacy and implementation which was the most significant story of change for this strategic area.

Many actors helped diverse groups of families and communities, reaching them wherever they are and in difficult times. Actions are emerging that focus on men's engagement in caregiving, and some initiatives focus on child-friendly built environments, particularly around play. More work is needed to support community accountability, using tools such as citizen report cards, community monitoring and social audits.

Strengthened community platforms for nurturing care

Civil society organizations and other community-based support structures strengthened advocacy for and implementation of nurturing care actions with families and in communities. They drew on available experiences, local knowledge and practices, and internal and external tools and resources as appropriate. Through the provision of parenting groups, specialized clinical care, and peer support, they raised awareness about ECD and increased caregiver support in ways that improve child health, nutrition, opportunities for learning, responsive caregiving, and safety and security.

In many contexts, stakeholders trained community health workers and volunteers using low-cost models to provide practical information or social support to caregivers in the community (see Ghana in *Stories of change*). Peer support models are built on regular contact and common trust among individuals and have been effective in relaying basic information and advice to caregivers helping them provide their children nurturing care.

Involved vulnerable and marginalized populations in nurturing care

Significant efforts were made to reach caregivers and children who may be marginalized in communities and do not access existing services. To facilitate reaching them with the information and support they need, actions have included provision of:

- safe spaces for children to play and learn, parenting sessions, and home visiting programmes in humanitarian settings (see Iraq, Jordan, Lebanon and the Syrian Arab Republic in *Stories of change*).
- peer-based education and psychosocial support for HIV-positive pregnant women and new mothers, rooted in shared realities and experiences (see South Africa in *Stories of change*).
- support groups for caregivers of children with developmental difficulties, early childhood intervention services and training to community health care workers to support referrals for children at risk of developmental delays or disabilities (see India in *Stories of change*).

At the community level, efforts have contributed to reduced stigma and isolation and increased peer interactions. These actions created support systems where caregivers learn from each other and receive psychosocial support. This important work indicates that community-based group interventions, facilitated by trained and supervised community or peer support workers, improve inclusive support for nurturing care.

Including everyone – men’s engagement

A growing priority are interventions that facilitate greater engagement of men caregivers. More evidence and multisectoral collaboration are needed to determine how to adapt workforce training and existing services that serve children and families to ensure the inclusion of men in ways that transform gender norms and normalize men’s participation as supportive, engaged and equitable caregivers. The thematic brief on *Nurturing care and men’s engagement* recommends practical actions for policy-makers and programme designers on designing or adapting services.

Building child-friendly communities

Beyond programmes and services, promising practices exist in urban design to create enabling physical environments for nurturing care. Child-friendly cities provide a valuable entry point for policy planning and commitment to children’s rights, including the right to grow up in an environment where children feel safe and secure, have access to basic services and clean air and water, and can play, learn and grow. Seeing cities through children’s eyes, such as through the *Urban95* initiative which reimagines cities from the height of a 3-year-old, can help foster socially inclusive values and equitable communities. In some communities, play is taken seriously, with efforts to deliver better opportunities for children. UNICEF’s handbook on child-friendly cities and communities (16) provides guidance on urban planning focusing on healthy development for children.

WHAT THE RAPID SURVEY SAID



71%

of countries and areas surveyed have messages on television, radio or other media that promote responsive caregiving and opportunities for early learning for children under 3.

Source: WHO and UNICEF, unpublished data, 2023.



Stories of change

GHANA

Community-based peer support

In the Nurturing care group model implemented by World Vision in over 28 countries, project staff or community health workers train volunteers on messages related to nurturing care (e.g. on safe drinking water, handwashing, animal faeces management, reducing harsh punishment, and spending quality time with children), caregiver stress reduction techniques and identifying and reporting violence against children. These local volunteers, in turn, each visit about 10 households to relay the information to their neighbours. These regular contacts via trusted individuals are thought to be one of the factors that underlie the success of the approach and may bring about effective social norms change at scale and low cost. An evaluation in Ghana showed significant improvements in water, sanitation and health environments and parents reporting that they had used less physical punishment and/or violence for discipline (17).



Photo credit: © Kate Holt/Maternal and Child Survival Program

**IRAQ, JORDAN, LEBANON,
SYRIAN ARAB REPUBLIC**

**Supporting caregivers
with young children living
in humanitarian settings**

Ahlan Simsim [Welcome Sesame], created by Sesame Workshop and the International Rescue Committee, supports caregivers of young children affected by displacement in Iraq, Jordan, Lebanon and the Syrian Arab Republic. Displaced and host community families are reached through multiple modalities wherever they are (i.e. television and mobile devices, classrooms and health clinics). During home visits and group parenting sessions, facilitators guide caregivers to manage stress and learn how to support their children's development. The tools, information and support enable caregivers to create a nurturing home environment which fosters resilience during times of crisis. (See *Nurturing care for children living in humanitarian settings* for more ideas on this issue).

SOUTH AFRICA

**Peer education and
psychosocial support for
women affected by HIV**

mothers2mothers trains and employs HIV-positive mothers as Mentor Mothers to provide peer education and psychosocial support to HIV-positive pregnant women and new mothers. Through support groups and one-on-one peer education sessions, Mentor Mothers support empowerment and companionship, assist women in combating stigma within their families and communities, support mothers' adherence to medical treatment, and reduce the likelihood that children will become orphans. They also help caregivers create a nurturing home environment and support their children's development by providing them advice and support on early learning, responsive and playful parenting, health, nutrition, water, sanitation, hygiene and safety. Mentor Mothers work alongside doctors and nurses in facilities and communities as professionalized members of the health care system and have become an integral part of clinical prevention of mother-to-child HIV transmission care. This role helps raise the social status of these HIV-positive women and gives them a voice within their community.

INDIA

**Family-centred services
for caregivers of children
with developmental
difficulties**

Through partnerships with community service groups operating in low-income communities across India, Ummeed Child Development Center provides training to community health workers and their supervisors in which they learn to promote optimal development in children at risk, recognize signs of developmental delays and refer families to appropriate local resources and services. As such, this approach goes beyond assessing children's development to providing family-centred care rooted in a partnership of community health workers with caregivers, children and health care professionals. The approach fills an important gap and strengthens health systems, as community health workers typically receive no formal training in child development or developmental disabilities. Ummeed's strategy advocates for greater equity and inclusion of children with disabilities into health care settings, schools, other services and the community.



Strategic action 3.

Strengthen services



Let's not forget how radical it was that ... responsive caregiving was picked up. This is a huge change and accomplishment. People understand it. **We no longer deal with just the child but the whole system around the child.** The *Framework* brought us a notion of family-centred care that we did not talk about before.”

Stakeholder, research institution

Key findings

This strategic action aims at improving services for young children and their families, with health and nutrition services playing a pivotal role. It is about ensuring that all caregivers are supported to provide their children nurturing care and that those children with additional needs receive the support and care they require.

Actions in these areas were often interrupted during the COVID-19 pandemic. However, consistent, noticeable stories of significant change have been reported, particularly in strengthening existing nutrition, health and other services to incorporate responsive caregiving and opportunities for early learning using readily-available packages. Actions focused on universal interventions, building the capacity of the frontline workforce, and developmental monitoring. Interest is growing in packages that support caregiver well-being.

Strengthening existing services to support responsive caregiving and early learning

Aligned with WHO's guideline on improving ECD (18), efforts have focused on strengthening the capacity of the health and nutrition workforce to provide caregivers with greater support for responsive caregiving and early learning, through play and communication. Several training packages have been used, including but not limited to *Care for child development*, *Caring for the child's healthy growth and development* and *Reach up*.

According to data collected by UNICEF (UNICEF, unpublished, 2023), the *Care for child development* package has been implemented in more than 50 low- and middle-income countries (12), compared to only 19 countries before 2018 (19). This marks a significant increase of 180% in the past five years, indicating greater interest and use in packages to build the skills of frontline workers to support caregivers in responsive caregiving and early learning activities for children, particularly those below 3 years. This approach has shown versatility; it was implemented in conflict-affected areas, to mitigate adverse effects of emergencies and natural disasters (see Belize in *Stories of change*), and to contribute to violence prevention by dispensing positive discipline tips to caregivers. Furthermore, the package was adapted to provide specific strategies and content for caregivers of children with disabilities. For example, in response to the Zika pandemic, countries in Latin America and the Caribbean used the *Care for child development* package to strengthen the quality of programmes and services for children with neurological disorders and congenital malformations, providing guidance and support to caregivers.

The *Framework* sparked a paradigm shift that merged the two worlds of nutrition and ECD, moving beyond a sole focus on child feeding. New interventions support child growth and nutrition simultaneously with dedicated efforts towards other components of nurturing care, especially responsive caregiving and early learning activities. Because nutrition services are provided frequently to many families, they have served as an important entry point for promoting nurturing care for ECD. The USAID Advancing Nutrition *Responsive care and early learning addendum* was drafted to be used in individual counselling or group sessions. It covers responsive caregiving and feeding, along with early learning, monitoring child development, caring for the caregiver, and addressing feeding difficulties with a focus on disability inclusion.

The thematic brief on *Nurturing young children through responsive feeding* recommends practical actions for policy-makers and programme designers on how to strengthen caregivers' capacity to responsively feed their children.

Making services family-friendly

Further initiatives focused on making health services more child-centred and family-friendly through establishing play corners or spaces to promote play and learning opportunities. Playboxes provide tools to guide the interactions. Health care workers used these spaces to model responsive caregiving behaviours. In some countries, child health booklets or other home-based records were revised to include content on child development and activities to promote responsive caregiving and early learning. These universal modifications gradually introduced the importance of and raised awareness about child development within health systems, in ways that do not significantly disrupt ongoing work.

Improving the capacity of the frontline workforce

Much work was invested in identifying opportunities to develop frontline workers' technical knowledge, skills and attitudes, including of paediatricians, nurses, midwives and community health volunteers, as well as cadres working in other sectors. Most efforts focused on strengthening in-service training resulting in updated training packages and job aids to include attention to multiple components of nurturing care. Examples of nurturing care for ECD being introduced in pre-service training of health professionals are emerging. Paediatric associations advocated for changes in the system, built champions and strengthened the workforce (see paediatric associations in *Stories of change*). Furthermore, organizations developed platforms to provide evidence-based guidance and resources for health care workers and foster a learning community, such as the *Health Systems for Early Child Development* initiative and the *Early Childhood Workforce Initiative*. Some health systems have equipped health volunteers with digital tools to provide basic support to caregivers related to nurturing care and, when necessary, facilitate referral to primary health care providers (see United Republic of Tanzania in *Stories of change*).

Monitoring child development

The *Framework* renewed interest and investment in monitoring children’s development and detecting delays or disabilities. In some cases, this led to the development or updating of developmental milestone checklists and family-engaged developmental monitoring to support conversations between families and health care workers and encourage caregivers to act early when there is a concern. Other efforts focused on improving early identification through training health care providers to use standardized tools and in-depth evaluation to confirm if a child experiencing a delay could benefit from treatment and to support families in transitioning to referral and receipt of services.

Stakeholders called for better articulation of the actions needed to identify children with developmental delays or disabilities and to establish services for nurturing care that support all children and their families. The latter is important as children with a development difficulty are often identified late, and they may also not have access to appropriate services. WHO convened a technical meeting in 2020 to address this concern (20). Empirical evidence supports developmental monitoring as part of counselling and emphasizes the importance of considering the broader ecology of risk and protective factors around the family and the child. However, the wide variation observed in national guidelines and the lack of global standards for when and how to monitor has been identified as a clear gap. Work is in progress at WHO to standardize approaches for individual assessment and, when available, will inform the design of developmental monitoring including the selection of milestones for use in home-based records.

Work is also in progress across governments and partners to use available technical resources to strengthen policies and services and build the three levels of support promoted in the *Framework*. While children with developmental delays or disabilities should be included in mainstream services, disability-specific services are also needed, commonly referred to as a twin-track approach. A thematic brief on nurturing care for children with developmental delays or disabilities is in preparation.

WHAT THE RAPID SURVEY SAID



82%

of countries and areas surveyed report that frontline workers are being trained to support caregivers in providing responsive caregiving and opportunities for early learning ranging from pilot projects to full scale up.

Source: WHO and UNICEF, unpublished data, 2023.

Caring for the caregiver

Interest in strengthening services to promote caregiver well-being and provide psychosocial support and care, as appropriate, has been growing. Countries have started strengthening services to address perinatal mental health using the *WHO Guide for integration of perinatal mental health in maternal and child health services operational guide* (21) and providing psychosocial and well-being support to caregivers through home-based and community interventions using the UNICEF *Caring for the caregiver* prototype modules (the final package is expected to be released in 2023). These modules aim to build frontline workers’ skills in strengths-based counselling to support caregivers in stress management, self-care and conflict-resolution skills. The package includes a virtual self-learning module for caregivers on how to care for a child who is living with a developmental disability as well as care for themselves.





Stories of change

BELIZE

Mainstreaming the *Care for child development* approach and supporting regional uptake

Belize mainstreamed the *Care for child development* approach in the health sector, mainly through the national Maternal and Child Health and Community Health Worker Programmes, which reach all communities. The roll-out effort involved establishing a core group of master trainers alongside a wide array of professional and non-professional service providers, and establishing a monitoring and surveillance system carried out by trained supervisors. Belize has become a reference point in Latin America and the Caribbean and engages in South–South cooperation processes that have helped to expand the approach to other countries (i.e. sending master trainers to assist in roll-out and training). Likewise, Belize has led the way in demonstrating —both domestically and in nearby Eastern Caribbean countries and territories— how the approach can be used to mitigate adverse effects in emergencies and during climate-related events.

BANGLADESH

Strengthening the capacity of caregivers to responsively feed through nutrition services

Responsive feeding was integrated into a parenting programme targeting caregivers of children under age 3 in a community with widespread malnutrition and household food insecurity. The six-month programme, delivered by local peer educators and overseen by a local nongovernmental organization, included 12 group sessions on child development and 12 sessions on health and nutrition. The enhanced programme added five practical sessions emphasizing responsive feeding during a one-month period and a booster session three months later. A randomized study showed that five months after ending, the enhanced programme had a positive impact on self-feeding and maternal verbal responsiveness, and children were fed more fruits and vegetables (22).

INDIA, KENYA, UNITED REPUBLIC OF TANZANIA

Strengthening capacity and mentoring through paediatric associations

The Indian Academy of Paediatrics trained more than 8000 paediatricians to strengthen caregivers' capacity to provide nurturing care. The Kenya Paediatric Association and the Paediatric Association of Tanzania, with technical assistance from the American Academy of Pediatrics, identified and cultivated 30 champions (all paediatricians) across the two countries. In turn, these champions trained over 300 health care professionals and are using their entry points to advocate for improved services for young children. The momentum continues to grow: the newly-approved East, Central and Southern Africa College of Paediatrics and Child Health plans to enhance attention to ECD in pre-service curricula, and the International Paediatrics Association has included ECD as a strategic programme area.

**UNITED REPUBLIC
OF TANZANIA**

**Using digital tools
to train and support
frontline workers**

The Zanzibar Ministry of Health and D-tree, a nongovernmental organization, developed *Jamii ni Afya* [Community is health], which equips volunteers with digital tools to provide high-quality, respectful and personalized care that is well coordinated between the community and primary health care systems. Health and programme data are collected in real time, enabling monitoring of service delivery and providing supportive supervision. In 2021, *Jamii ni Afya* achieved scale, bringing digitally enabled health care to every household in Zanzibar.



Photo credit: © Aga Khan Development Network / Christopher Wilton-Steer



Strategic action 4.

Monitor progress



The *Framework* has been really good in bringing the field together and creating consistency. Great momentum was built through the *Framework*. WHO and UNICEF have remained closely engaged and have frequently met with other stakeholders. One of the results is **improved monitoring and evaluation tools for children under age 3.**"

Stakeholder, ECD network

Key findings

This strategic action encompasses population-level monitoring, indicators for tracking progress, routine information systems that capture relevant data, and using data to make decisions.

WHO, UNICEF and partners led extensive consultations and methodological testing, resulting in comparable, high-quality and credible measures of child development, including for children under age 3. This is a key achievement for global monitoring. Furthermore, country profiles for ECD, regularly updated based on the best available data, are making nurturing care-related information readily available to country-level stakeholders in user-friendly formats. Moving forward, actions should focus on filling data gaps and enabling the effective use of data.

New global population-level measures for ECD

Measuring children's development is a complex undertaking. For decades, the lack of nationally representative and internationally comparable data on children's developmental outcomes has hampered efforts to effectively monitor progress towards improving ECD at global and national levels. Existing monitoring tools were only for children aged 3 years and older. For younger children, global evidence often relied on proxy measures of children's development, such as poverty and stunting.

The recent development of two globally comparable and valid measures of ECD, the *Early childhood development index 2030* (ECDI2030) and the *Global scales for early development* (GSED), marks an important milestone as together they cover children 0–59 months of age (see *Stories of change* for more details). Developing these population-level measurement tools entailed significant collaboration among experts, national statistical authorities and partners, as well as carefully planned methodological processes over many years. These open-access instruments are feasible for use in all countries, requiring minimal training and administration time. With comparable data, stakeholders – at global, regional and country levels – can better understand progress towards improving children's development. They can also use the data to demonstrate accountability and enhance learning (i.e. about the effectiveness of policies and programmes).

Because the data from these measures may be disaggregated by key demographics, in the future they will be able to uncover variability in child development among under-represented sub-populations, such as children in humanitarian settings, those at risk of being disabled, or affected by HIV/AIDS. This will help to ensure more effective targeting of resources and advance the SDGs' and *Framework's* commitments to leave no child behind. Longitudinal research is currently underway to measure the tools' predictive validity and the extent to which they can predict future meaningful and tangible outcomes in children's lives. WHO and UNICEF are also working to ensure full alignment of the tools to measure ECD from birth to age 5 with each other and with a third tool developed by the World Bank Group, the *Anchor items for the measurement of early childhood development*, which measures the development of 4- to 6-year-olds.

Using available data

To improve the utilization of relevant data on nurturing care from different national monitoring sources, the Countdown to 2030 *Country profiles on early childhood development* were established in 2018 (see *Stories of change* for more details). These profiles present data in a simple and digestible manner. Profiles are now available for 197 countries, double the number of countries since their original creation.



Addressing data gaps

Significant data gaps in routine national information systems related to responsive caregiving continue to exist, including lack of statistical data on the coverage of parenting support, quality childcare, and interventions to prevent and treat mental disorders and promote mental health among caregivers. Currently, these data are not well developed within the scope of national monitoring systems. Work is underway to create an indicator catalogue for the *Framework*, to help advance the compilation and construction of the indicators that have been the most difficult to measure and recommend optimal measures for routine monitoring.

WHAT THE RAPID SURVEY SAID

18%

of countries and areas surveyed have a national monitoring system that brings together data on the quality and coverage of interventions for nurturing care. More work is needed to ensure relevant monitoring data are collected to inform design, track progress, course-correct, mobilize resources and enable accountability.

Source: WHO and UNICEF, unpublished data, 2023.



Implementation data on quality and coverage

Few countries have a monitoring system with information on the quality and coverage of interventions for nurturing care. This area is relatively weak. More work is needed to develop, standardize and improve implementation data on coverage and quality of interventions for nurturing care. More and better monitoring data are required on how much services are being used, their duration, content and quality, attendance levels, and who is not being reached. Updating information systems to include indicators on access, utilization and quality of services that support and promote nurturing care will provide a better picture of how effectively interventions are being implemented.

Fostering better data use

The last five years saw significant investments in developing high-quality tools for monitoring children's development. Moving forward, capacity-building initiatives are needed to improve data literacy and use. Governments have a strong role to play, but stakeholders, including researchers, funders and civil society, may also foster data use. In some countries, online platforms are being leveraged to share data and empower organizations and individuals to use statistics in decision-making. For example, in Brazil, researchers have developed an ECD index (*IMAPI*) for 5570 municipalities based on 31 indicators. The results provide a clear snapshot of support and services for nurturing care across different municipalities, which stakeholders may use to prioritize investments.



Stories of change

COUNTDOWN TO 2030 COUNTRY PROFILES ON EARLY CHILDHOOD DEVELOPMENT

Presenting available data
for country and cross-
country monitoring

The Countdown to 2030 *Country profiles on early childhood development* were established in 2018 in collaboration with the *Countdown to 2030 for Women's, Children's and Adolescents' Health*. The 197 country profiles present the latest available and comparable national data on various indicators across the five components of nurturing care. Data on all indicators are drawn from various publicly available global databases maintained and regularly updated by United Nations agencies and other organizations. The next iteration of the country profiles is expected to be released in 2023.

EARLY CHILDHOOD DEVELOPMENT INDEX 2030

Global measure to track
children's development
from 24 to 59 months

The *ECDI2030*, developed by UNICEF, is recognized by the InterAgency and Expert Group on SDG Indicators as a suitable measure for monitoring and reporting on SDG indicator 4.2.1 (the proportion of children 24 to 59 months of age who are developmentally on track in health, learning and psychosocial well-being). It covers the three domains of development using a few questions to generate the final measure in a simple and cost-efficient way. The *ECDI2030* may be integrated into national data collection efforts, such as household survey programmes, including Multiple Indicator Cluster Surveys and Demographic and Health Surveys. Beginning in 2023, the *ECDI2030* module will become a standard part of the Multiple Indicator Cluster Survey 7.

GLOBAL SCALES FOR EARLY DEVELOPMENT

Global measure to track
children's development
from birth to 36 months

The *Global scales for early development* were created to measure and monitor development for children from birth to 36 months of age at the population level. The GSED package includes measures to facilitate data collection at population and programmatic levels. The measures were derived from 18 instruments used in 32 countries. Version 1.0 of the GSED package, launched by WHO in 2023, provides stakeholders with measures of child development for infants and toddlers, valid and reliable across various geographic, cultural and language contexts. Work is ongoing to create global norms and standards for child development up to 36 months and to adapt the GSED package for individual-level assessment of children with or at risk of neurodevelopmental impairment.





Strategic action 5.

Scale up and innovate



There has been a huge proliferation of actors taking action on implementation. Countries are at different levels on what they can adapt and implement. **More implementation research – on what countries are able to do – and knowledge sharing is needed.**

Stakeholder, multilateral organization

Key findings

This strategic action focuses on how to take a project from a small-scale test site or pilot, and expand it to offer more services, reach more people or cover a larger area, and also looks at innovative ways of scaling up.

A significant increase in new research prioritizing nurturing care occurred. Compared to five years ago, there are better data and evidence on implementation, which help to bridge the divide between research and practice and to understand what might be scaled up. In some contexts, stakeholders have achieved scale up by expanding innovative solutions, including the use of digital tools and engagement with the private sector.

Lessons learned from implementation research

Effectiveness studies show nurturing care interventions work

Recent systematic reviews reinforced the effectiveness of interventions that support caregivers in nurturing care, showing significant overall positive effects across a full range of child development and caregiver outcomes, such as knowledge, practices and caregiver–child interactions (23,24). The positive direction of results is generally consistent across studies, although substantial between-study variability exists in the magnitude of results.

From 2018 to 2023, over 570 scholarly articles cited the *Framework*. Emerging findings are helping to build an evidence base on scaling up and innovation for nurturing care. With effectiveness studies showing that interventions for nurturing care work, researchers turned their attention to implementation research. This research is helping better understand the conditions under which interventions work best in existing systems and may be scaled up (see, for example, 25,26). Findings reveal that caregivers perceive interventions that support them in providing their children nurturing care to be acceptable and satisfactory. They see results in the short term, in changes in behaviour, practices and attitudes. In addition, evidence collected from frontline workers, including community health workers, show that they perceive interventions for nurturing care in a positive light, as appropriate, relevant and meaningful to their roles and mandate.

In terms of feasibility, not all interventions for nurturing care have been successfully implemented. Impediments to implementation include a lack of time due to competing activities, insufficient training and supervision, high workforce turnover and poor remuneration. In some cases, the quality of and fidelity to interventions have been improved through refresher training, developing competency standards, and better monitoring and supervision (see Mozambique in *Stories of change*). Ensuring a more participatory approach has strengthened frontline workers' morale and motivation to deliver interventions, which in turn supported scaling up (for example, see India in *Stories of change*).

There continues to be a strong appetite for shared learning to help tackle implementation and resource challenges. ECD networks have supported research and communities of practice in research dissemination, peer learning and lessons learned. Scientists in academic institutions and multilateral organizations are adding child development outcome measures to studies that examine essential interventions for maternal, newborn, child and adolescent health and, in this way, assess the impact of these interventions on children's early development.

Digital tools to reach caregivers

A clear sign of change in recent years is the piloting and use of new communication tools to reach caregivers, ensuring that support and advice are readily available – where and when needed. As the COVID-19 pandemic forced people to stay at home, it provided an unexpected catalyst for thinking differently about engaging caregivers and families, propelling technology-enabled solutions. Digital tools, such as apps and websites, for pregnant women and caregivers rapidly proliferated and provide information on topics such as child health and safety, simple home-based play activities, and stress management techniques (see Europe and Central Asia in *Stories of change*). Some platforms enable caregivers to join online community groups, where they can share experiences, ask questions and find peer-to-peer support.

Open-source and evidence-based [COVID-19 parenting tips](#), available in more than 100 languages, reached over 210 million people through social media, texts, radio and other media. Digital platforms, such as [Urjouha](#) [Swing], developed by the Arab Resource Collective and the Arab Network for Early Childhood, ensured caregiver tips, information and resources are available in the local language, relevant to the local culture, and tailored to the context and recommendations of local health systems. In communities with intermittent internet, such as refugee settings, governments and other organizations used mobile phones and low or no-data alternatives – e.g. WhatsApp, pre-recorded calls, live calls, SMS text messages – to reach caregivers to provide information and guidance on nurturing care. The rapid expansion of digital tools for caregivers illustrates a low-cost option to reach large population segments and potentially complement health and other services in providing universal information and support to caregivers, thereby relieving pressure on the frontline workforce.

Promoting universal access to parenting support

Recognizing the need to better support parents and other caregivers, the Early Childhood Development Action Network, the Global Partnership to End Violence Against Children, Parenting for Lifelong Health, UNICEF and WHO established the [Global Initiative to Support Parents](#). This Initiative aims to increase investment in and scale-up of evidence-based actions to support caregivers of children and adolescents, including through the use of digital solutions.

WHAT THE RAPID SURVEY SAID

56%

of countries and areas surveyed report free digital tools are available for caregivers to support them in providing nurturing care. This suggests existing and emerging action to provide open-access and scalable caregiver support and information.

Source: WHO and UNICEF, unpublished data, 2023.



Some countries are integrating childcare into national ECD policies, using childcare as a referral point for health and other services, and exploring opportunities to integrate caregiver resources and support related to ECD.

Prioritizing childcare

In 2018, 606 million working-age women considered themselves unavailable for employment or not seeking a job because of unpaid care work, compared to only 41 million men, with major implications for women’s employment and income opportunities (27). Even when childcare is available, barriers to their use, including high costs and poor quality, exist. Momentum has been building to ensure that childcare is available, affordable, of decent quality and meets the needs of all families. In response, in 2022 the World Bank Group and government and foundation partners launched the [Childcare Incentive Fund](#) to scale up quality, affordable childcare in developing countries – a critical investment to build the next generation of human capital and place women at the centre of an inclusive global economic recovery.

UNICEF has called for a set of family-friendly policies for children in the early years, including ensuring adequate and gender-balanced parental leave policies and improving access to affordable, accessible and high-quality childcare to enable caregivers to spend more time caring for and bonding with their children and balance caring and earning responsibilities more effectively and equitably. Notably, the uptake among countries in improving access to affordable, quality childcare and early education – through amended policies, laws and/or regulations – increased by over 130% since 2018 (from 9 to 21 countries) (9). Stakeholders continue to work with countries to strengthen policy environments for childcare and family-friendly workplaces (see Rwanda in *Stories of change*).

Childcare is an important hub for promoting and protecting nurturing care. Many children are placed in childcare as babies. It is not uncommon for children to spend more time with childcare workers than parents or other caregivers on a typical day. This shows the need to build childcare environments that ensure children's good health and nutrition, safety, security and good hygiene and provide opportunities for early learning and interactions with adult caregivers that are emotionally supportive and responsive. Governments and organizations, such as the World Bank Group, have taken the lead in ensuring children are in safe and stimulating childcare environments through a robust quality assurance system and a supported and capable workforce. Some countries are integrating childcare into national ECD policies, using childcare as a referral point for health and other services, and exploring opportunities to integrate caregiver resources and support related to ECD.

Private sector engagement

In the past five years, private sector organizations provided financial and technical capabilities and helped to increase awareness about how important nurturing care is – for economic returns, human capital, and the welfare of employees and their families. A first responsibility is to ensure family- and child-friendly policies are in place and implemented for their employees. Additionally, corporate social responsibility led multiple foundations to embrace the early childhood agenda and support civil society and other organizations to scale up effective interventions, through a mix of health system strengthening, parenting programmes, home visiting and family centres where caregivers and their young children spend time playing and bonding. Programme results demonstrated that parents become more confident, cope better, and acquire practices and behaviours with a proven impact on child development. A business case and evidence from work such as this are needed to enhance the engagement of the private sector in activities that promote nurturing care.





Stories of change

MOZAMBIQUE

Implementation research to improve well-child consultations

Since 2014, PATH has worked closely with the Government of Mozambique on supporting capacity-building for counselling on responsive caregiving and early learning, accompanied by developmental monitoring in well-child consultations. PATH observed consultations to better understand the materials, content, and format of the consultations. The results showed that well-child consultations were usually only two to three minutes long, there were no registers to record what took place, and that counselling was only given if children had obvious problems with health or nutrition (28). PATH's detailed analysis enabled it to work with the government to improve well-child consultations resulting in revised norms, updated registers, updated training curricula for nurses and new posters. Frontline workers developed their capacity for developmental monitoring and counselling, and play materials and learning sessions were introduced into waiting rooms.

INDIA

Evidence and appreciative inquiry used to scale up interventions

Implemented by the Mahatma Gandhi Institute of Medical Sciences, the Aarambh [The beginning] model engages frontline workers from the Integrated Child Development Services and health sector to deliver an adapted version of *Care for child development* in Maharashtra, India. The model adopted the principles of appreciative inquiry to ensure a participatory process and frontline workers jointly own the project (29). This participatory process motivated staff, families, and communities to understand the value of promoting responsive caregiving and become change agents. The pilot phase secured buy-in and demonstrated significant improvements for child outcomes. This prompted the Department of Women and Child Development and the Department of Health to scale-up the model across Maharashtra using government resources. The scale up model will engage 167 000 frontline workers and 7000 supervisors to cover a population of approximately 125 million.

KENYA

Place-based community approach for nurturing care scaled up

Smart Start in Siaya County, Kenya, was one of Africa's first initiatives to take a whole-of-government and place-based approach to improving ECD. A multisectoral team of officials from different government departments at the county level is supported by a high-level Secretariat. This team improved data and information flows between different government levels and sectors, supported improved legislation for ECD and provided a clear point of contact for county-level action and investment. Given the success, the Local Regional Economic Bloc, in collaboration with the Kisumu Medical and Education Trust, has expanded the model to six more counties and integrated it into its five-year County Integrated Development Plans. A critical success factor of Smart Start was the engagement of highly influential local actors, who motivated a wide range of people to work together to support nurturing care.

EUROPE AND CENTRAL ASIA

Evidence-based apps reach caregivers on a large scale

The *Bebbo mobile app*, launched by the UNICEF Regional Office for Eastern Europe and Central Asia in 2021, is a free parenting support app that provides caregivers with expert advice on a range of child health and development issues, from nutrition and breastfeeding to early learning and the value of play, responsive parenting, protection and safety. Some of its features include games for caregivers and children, ideas on engaging in playful interaction with children through these games stimulating learning and development, tracking children's milestones and assisting caregivers in supporting development through play. Available in 14 languages, the app has reached over 300 000 users, and is part of the humanitarian response to the war in Ukraine. It will soon be updated to include additional guidance on caregiver well-being.

RWANDA

The business case for employer-supported childcare

In Rwanda, where most tea plantation workers are women, a business case found that employer-supported childcare provides a return on investment of 20.71% for the tea sector and is critical for recruitment and productivity (30). Beyond business gains, mothers working in tea estates spoke of improved health and well-being among their children resulting from the cleanliness of the childcare facilities, access to freshly cooked food and a balanced diet, and regular visits from health care workers. Based on the report's recommendations, Rwanda's National Child Development Agency and UNICEF, in collaboration with Palladium and Tiny Totos, developed a *Toolkit for employer-supported ECD services* to help agribusinesses and other companies set up childcare services that are safe, effective and sustainable.



Photo credit: © Flickr Creative Commons License/Harsha KR

Looking forward

In 2018, the launch of the *Framework* provided a roadmap for action and a common language to ensure all children, especially children under age 3, are developmentally on track everywhere. Over a five-year period, dramatic shifts have occurred in how sectors and stakeholders understand and work towards supporting ECD at global, regional and national levels.

A new normal has emerged resulting in greater alignment of efforts across multiple sectors and diverse stakeholder groups to ensure caregivers are supported and able to provide their young children what they need to survive and thrive.

The previous section outlined the progress made in each of the five strategic actions of the *Framework*. Considering significant disruptions brought on by the COVID-19 pandemic and other crises during this period, the progress made is commendable. At all levels – global, regional and national – relevant sectors and stakeholder groups committed to finding context-specific solutions for elevating attention to and investment in policies and services to reach all young children (including children under age 3) and their families.

As depicted in **Fig. 5**, the *Framework* changed the understanding of ECD, including the need to focus on children under age 3, engage the health sector, and put caregivers at the centre of policies and programming. It helped create a unified vision and understanding of what children need to survive and thrive. In turn, multiple stakeholders from different sectors came together to improve ECD and build enabling environments for nurturing care, guided by a shared language.

Looking forward, ongoing attention to each of the strategic actions will further strengthen the enabling environments for nurturing care so that caregivers can care for themselves and ensure every child receives nurturing care. These efforts to sustain momentum and increase investments will ensure that every child can realize the right to survive and thrive, and is equipped to contribute to a better and more equitable world.

Stakeholders consulted in the preparation of this report provided suggestions of areas that merit further attention moving forward. This report concludes with a summary of these suggestions in each strategic action. Stakeholders are encouraged to reflect on how to advance each of these areas, building on the progress to date, in collaboration with relevant actors.

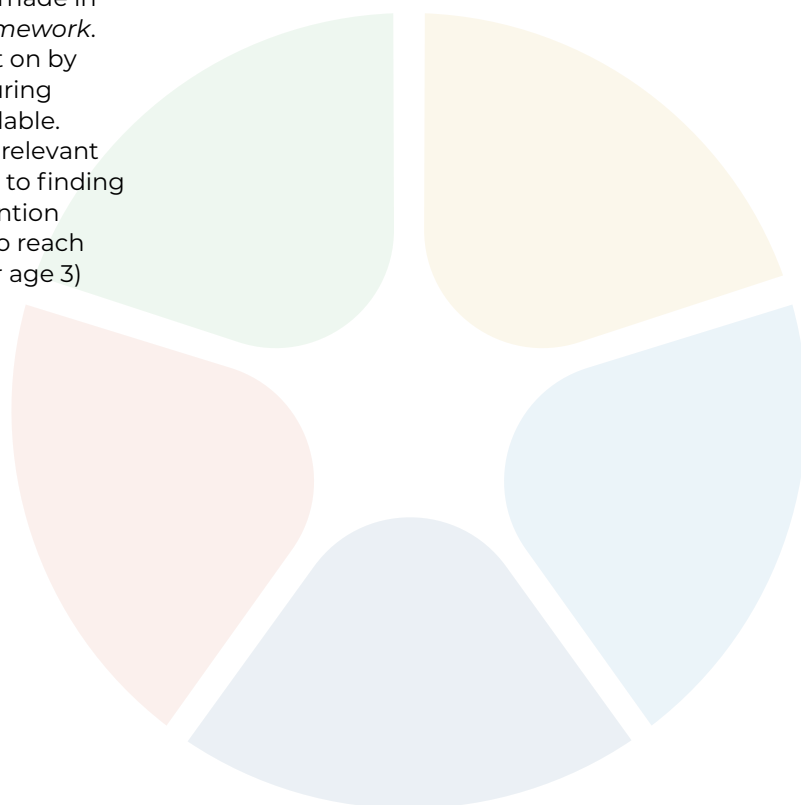
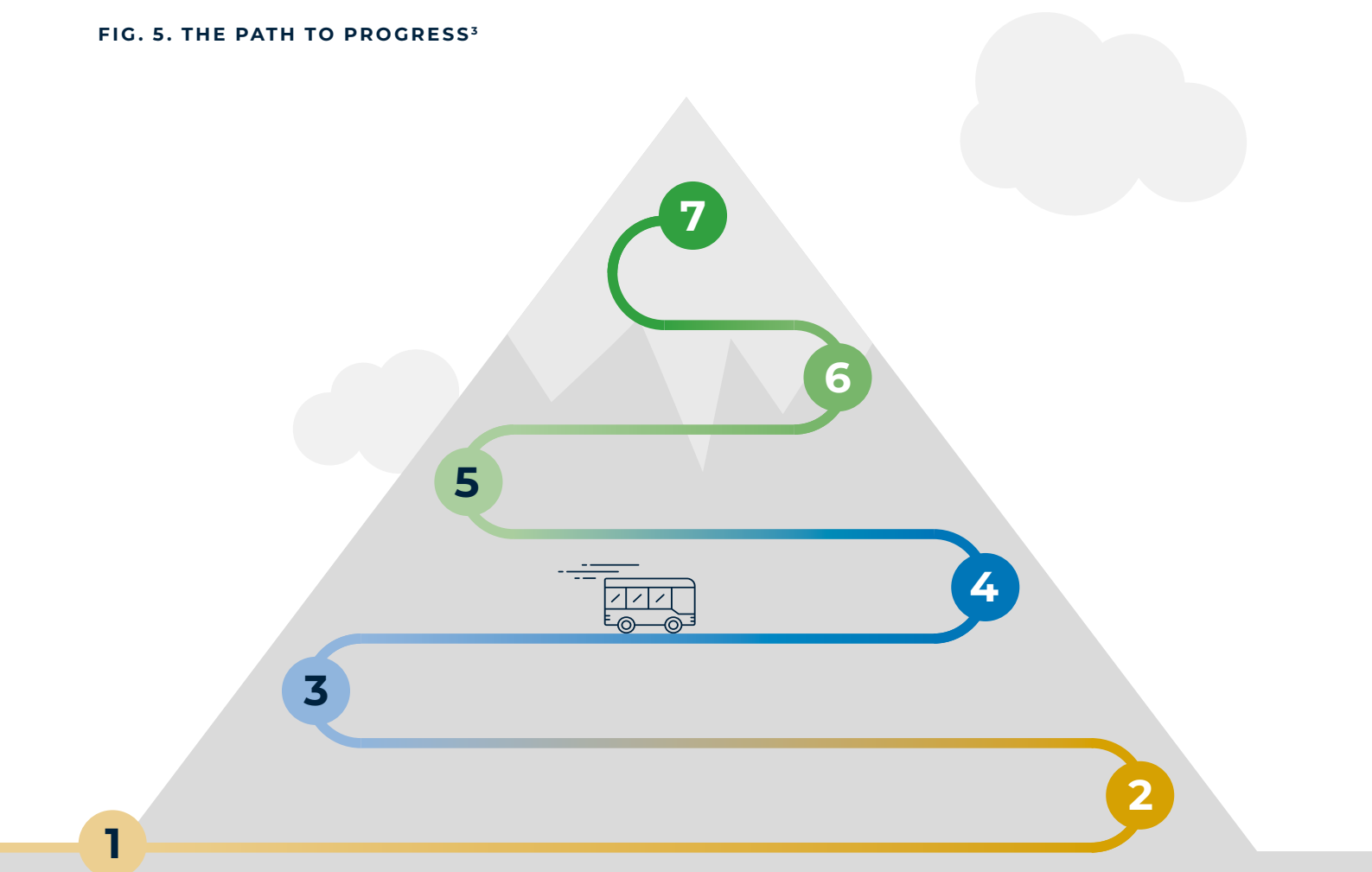


FIG. 5. THE PATH TO PROGRESS³



Marked progress to date as described in this report...

1. Definition	2. Driver of change	3. Inputs
The <i>Framework</i> changed the understanding of what children need to thrive, it put caregivers at the center and clarified early childhood development as an outcome.	Multiple stakeholders from different sectors came together to improve ECD and build enabling environments for nurturing care.	Multiple stakeholders aligned actions, making progress in the five strategic actions: 1. lead and invest; 2. focus on families and their communities; 3. strengthen services; 4. monitor progress; and 5. scale up and innovate.

...but sustained investments are needed to achieve impact at scale.

4. Outputs	5. Outcome	6. Outcome	7. Impact
Enabling environments for nurturing care created through strengthened policies, systems and services.	Caregivers are equipped with the resources and support to care for themselves and provide their children nurturing care.	All children, everywhere, have good health, adequate nutrition, responsive caregiving, opportunities for early learning, and safety and security.	All children are developmentally on track.

³ The analogy of a bus journey is borrowed from the former First Lady of Siaya County, Kenya, an early champion for nurturing care.

Strategic action 1. Lead and invest.

Deepen coordination and collaboration mechanisms



Ensuring nurturing care for every young child requires the contribution of multiple sectors and diverse stakeholder groups. Efforts to make this a reality have taken place worldwide. However, coordination and collaboration mechanisms need dedicated attention, especially when led by government, and resources to sustain them. The focus to date has been on creating these mechanisms at national and, increasingly, subnational levels. More needs to be done to create and nurture these structures to ensure they are functioning, sustainable and that participating members have clear roles and responsibilities. Reflecting on who is currently leading, involved and active in these structures and how to address any gaps is a next step, so as to ensure realization of the whole-of-government and whole-of-society guiding principles specified in the *Framework*.

Strengthen policies and plans

With national policies and action plans for ECD adopted in most low- and middle-income countries, the next years should see further development of policies and plans in countries that do not yet have one as well as attention being given towards putting policies into practice. Where policies and plans are available, developing a quality checklist or tool to guide the updating of existing plans or development of a future multisectoral one would be useful. A policy is a critical step, but adequate and sustainable financing is needed to implement planned activities and realize the vision penned into the policies.

Improve public financing

Costs and budgets are often missing or minimally documented in national policies and plans for ECD, and implementation of activities is often donor dependent. Where government budgets include investments in ECD, resources are difficult to identify and track. Services that support child development remain chronically underfunded, funding gaps have become more pronounced since the COVID-19 pandemic and inadequate financial tracking of funds continues to hamper more effective planning and solutions. This situation calls for the continued development and use of technical tools to budget, measure and monitor public investments in ECD. Ensuring the inclusion of those who influence budgets (e.g. Ministry of Finance, Prime Minister's Office, parliamentarians) in multisectoral governance and coordination may also improve financing.

Strategic action 2. Focus on families and their communities.

Involve families and communities in the design of policies and programmes



The diversity of approaches to engage and reach specific groups of families and communities grew over the last five years and should be continued, including efforts to engage men caregivers. However, more participatory approaches are needed to facilitate the co-designing of policies and programmes with caregivers and communities, including community health care workers – creating more space for dialogue, community audits and joint decision-making. Context and culture are important and different communities have different strengths and needs to be reinforced and leveraged. Generic packages that perform well in some settings may be less appropriate for others. Work in setting up positive feedback loops and obtaining the community's views in ways that enable the improvement of services has been encouraging.

Cultivate local champions and use multimedia

A growing number of local champions have catalysed greater support for families and their young children. They may be traditional, faith or political leaders, teachers, artists, or other influencers. More local champions are needed. Journalists are a powerful resource and investment in their understanding of nurturing care for ECD and the inequities that exist may be a gateway to media action. Multimedia campaigns using radio, television and the written press are effective, but must be sustained as a complement to strengthening of policies and services. The establishment of peer support groups and the use of digital solutions for information exchange and problem-solving all gained traction in the past years and call for further investment.

**Strategic action 3.
Strengthen services.**

Build a workforce fit for purpose



Many efforts over the last five years focused on strengthening or developing in-service training packages for different cadres of the frontline workforce. These solutions address the needs of the current workforce, but given challenges around turnover, costs of training and quality assurance, solutions that will have impact over the longer term are needed. To this end, the learning and materials from strengthening the existing workforce may be used to inform and develop new strategies. These include engaging and strengthening the capacity of training institutions, enhancing or developing pre-service curricula and agreeing on core competencies for each cadre of the frontline workforce.

Strengthen systems to provide care according to need

The aim of the *Framework* is to build a continuum of services to support all families of young children based on their need. Of the three levels of support outlined in the *Framework*, the one that has received the most attention is to ensure universal support for all children and their families. Utilizing existing entry points, the focus has been on providing light support to all families and children and identifying those who need additional support. Moving forward, more efforts are required to strengthen services for targeted and indicated support and ensure that the millions of children who are at risk of developmental delay or living with a developmental disability are identified early and receive care appropriate to their needs.

**Strategic action 4.
Monitor progress.**

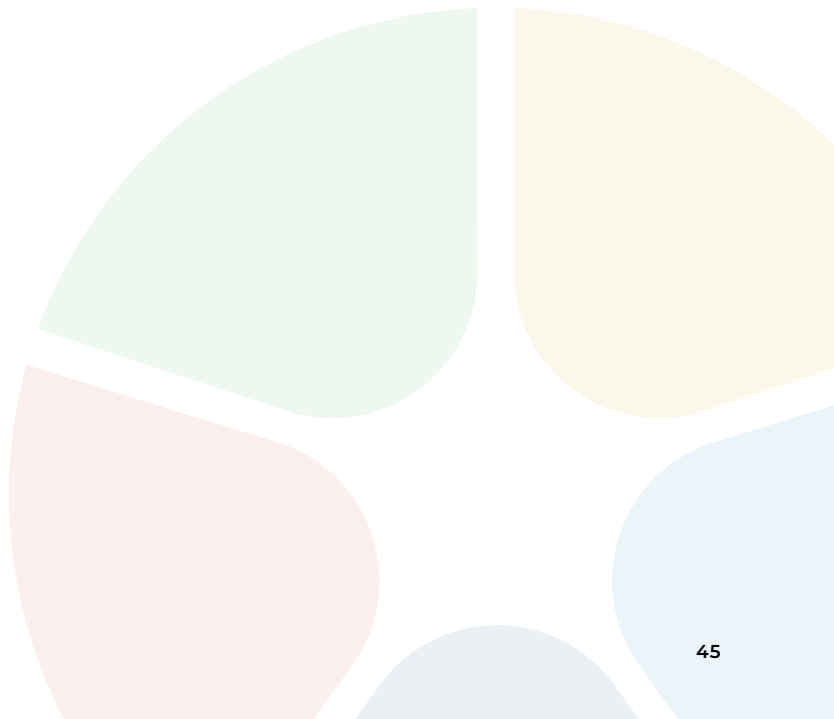
Use data to inform planning, budgeting and programming



Metrics have been defined to monitor implementation of the *Framework* and country profiles for ECD are available and regularly updated with the latest information. Scaling up and sustainability of actions to date will require use of data, adaptation to challenges and change. Moving forward, attention to continuous programme monitoring and periodic evaluation will generate data to inform decision-making, set targets and budgeting. The development of new indicators, such as for assessing responsive caregiving and caregiver mental health, is important to fill critical gaps in knowledge.

Measure individual and collective impact

Across contexts, success is evident when children's developmental outcomes improve, and benefits are perceived by families and communities. Capturing success requires specific metrics and learning from failure. The global measures that have been launched in the last five years are making it more feasible to track children's development at population levels. The next priority is encouraging widespread adoption across countries such as in population-level surveys. This data will help governments and partners to assess how their individual and collective efforts are contributing to ensuring more children are developmentally on track, and inform adjustments to programming as needed.



Strategic action 5.
Scale up and innovate.

Implement feasible, sustainable and scalable solutions

A flurry of activity and action took place over the past five years to implement new and best fit approaches, especially leveraging existing platforms. Experience and emerging findings are helping to build an evidence base of what is feasible, sustainable and scalable. Within and across sectors, defining delivery platforms and services to ensure coherence, continuity and complementarity is needed, specifying what takes place where and by whom, and addressing issues of workforce load and turnover.



Use implementation research

Implementation research grew over the last five years establishing an evidence base of what works where and when. Findings need to be disseminated and used. Future research can build on this evidence base and refine the understanding of how to implement effectively and achieve impact according to context. Such research is best led by institutions based in the country or region who can work with programme teams to design the research agenda and use the findings. The findings can be used to inform programming, monitor implementation, identify barriers, design rapid adaptations and strengthen programme implementation on a continuous basis. Investing in formative work to prioritize and contextualize the interventions, starting small to refine the implementation model and demonstrate results, and progressively scaling up with quality is a common challenge in most settings. This issue needs more deliberate attention and investment.



Glossary

Caregiver – a person very closely attached to the child and responsible for the child's care and support. Primary caregivers include parents, families and other people who are directly responsible for the child at home.

Caregiver well-being – refers to caregivers' physical and mental health. Recognizes that caregivers are best placed to provide their children nurturing care but can only do so effectively when they are able to care for themselves and get support as needed.

Developmental difficulty – any condition that puts a child at risk of suboptimal development or that causes a child to have a developmental deviance, delay, disorder or disability. This term encompasses all children who have limitations in functioning and developing to their full potential. It includes those living with hunger or social deprivation, those who had a low birth weight, and those with persistent behavioural problems (such as autism), sensory problems, cognitive impairments (such as Down syndrome) or physical disabilities (such as cerebral palsy and spina bifida).

Disability – any difficulty experienced in any of three areas of functioning – impairment, activity limitation and restricted participation – as a result of a health condition and the interaction of this with the environment.

Early childhood development – the cognitive, physical, language, temperament, socioemotional and motor development of children from conception to 8 years of age.

Enabling environments – laws, policies, programmes and services that give families and caregivers the knowledge and resources to provide nurturing care for young children, including the legal, policy, emotional, social and physical environments surrounding the family and the child.

Family-centred approach – policies, procedures and practices tailored to focus on the needs, beliefs and cultural values of children and their families. This approach means working with families and recognizing and building on their strengths.

Frontline workers – refers to care workers who are in direct contact with young children and their caregivers to provide information, counselling and other services. They include primary health care providers, community workers, social care workers, day care providers and alternative care providers as well as staff specialized in various disciplines to support caregivers' and children's health and well-being.

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.

Opportunities for early learning – any opportunity for an infant or child to interact with a person, place or object in the environment. Every interaction (positive or negative), or lack of interaction, contributes to the child's brain development, laying the foundation for later learning.

Responsive caregiving – refers to the ability of caregivers to notice, understand and respond to their child's signals in a timely and appropriate manner. It is considered the foundational component of nurturing care because responsive caregivers are better able to support the other four components. It includes both sensitivity and responsiveness. Sensitivity is awareness of a child and of the child's acts and vocalizations as communicative signals to indicate needs and wants. Responsiveness is the capacity of caregivers to respond in a timely and appropriate way to a child's signals.

Safety and security – refers to safe and secure environments for children and their families, including the absence of physical dangers, emotional stress and environmental risks (e.g. pollution), and access to food and water.

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Annex 1.

List of randomly-selected countries and areas for the rapid survey⁴

One of the data sources in this *Progress report* is a rapid survey of 51 randomly-selected low- and middle-income countries and areas listed below, with sampling proportional to region, undertaken in 2023. Managed through UNICEF and WHO country offices, the rapid survey provides data on the status of five milestones related to implementation of the *Framework*. The data are intended to provide a glimpse of the current situation in numbers.






- Argentina
- Azerbaijan
- Benin
- Bhutan
- Bosnia and Herzegovina
- Cambodia
- Chile
- China
- Croatia
- Djibouti
- Ecuador
- El Salvador
- Equatorial Guinea
- Ethiopia
- Fiji
- Ghana
- Guatemala
- Honduras
- India
- Indonesia
- Jamaica
- Jordan
- Kazakhstan
- Kiribati
- Liberia
- Madagascar
- Malawi
- Mongolia
- Nicaragua
- Nigeria
- North Macedonia
- occupied Palestinian territory, including east Jerusalem
- Pakistan
- Papua New Guinea
- Paraguay
- Philippines
- Rwanda
- Serbia
- South Africa
- South Sudan
- Sri Lanka
- Suriname
- Syrian Arab Republic
- Tunisia
- Turkmenistan
- Uganda
- United Republic of Tanzania
- Uzbekistan
- Vanuatu
- Yemen
- Zambia

⁴ The terminology used by UNICEF to refer to countries and areas may be at variance with that used by WHO.

Annex 2.

Proposed outputs for the *Framework's* five strategic actions

The *Nurturing care handbook* lists five outputs for each strategic action of the *Framework* which may be adapted and used to track progress at the country level.

STRATEGIC ACTION	OUTPUTS
1. Lead and invest 	<ul style="list-style-type: none"> • Establish a high-level mechanism for coordinating different sectors. • Assess the current situation and opportunities. • Develop a common vision, goals, targets and action plan. • Assign roles and responsibilities at national, subnational and local levels. • Put in place a sustainable financing strategy.
2. Focus on families and their communities 	<ul style="list-style-type: none"> • Draw on family and community beliefs, practices and needs while planning. • Support communities in identifying local champions. • Plan and implement national and local communication strategies. • Strengthen and support community platforms. • Involve community leaders in planning, implementing, monitoring and evaluating activities.
3. Strengthen services 	<ul style="list-style-type: none"> • Identify opportunities for strengthening existing services in various sectors. • Update national standards and service packages to reflect all components of nurturing care and the different levels of support needed by children and their families. • Update the workforce's competency profiles and strengthen its capacity. • Ensure quality by providing mentorship and supervision for trained staff. • Strengthen monitoring of children's development, with timely referrals when needed.
4. Monitor progress 	<ul style="list-style-type: none"> • Agree on the programme's logical framework and its associated indicators for tracking progress in ECD. • Update routine information systems to include the indicators that capture data relevant to the programme. • Make data available to all stakeholders – including families and communities. • Support using existing population-level measurements to monitor children's developmental status and home-care practices in target populations. • Use data to make decisions about programming that support caregivers to provide nurturing care, ensuring accountability.
5. Scale up and innovate 	<ul style="list-style-type: none"> • Develop a local evidence base for nurturing care by fostering collaboration among programme implementers, researchers and scientists. • Lead by identifying local research priorities and making resources available for implementation research. • Use local and global evidence to create innovations that may be scaled up. • Support a national platform for learning and research, and form communities of practice to enable peer learning. • Document and publish research findings and lessons learned.

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NurturingCare@who.int



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