NURTURING CARE
FOR EARLY CHILDHOOD DEVELOPMENT

A FRAMEWORK FOR HELPING CHILDREN **SURVIVE** AND **THRIVE** TO **TRANSFORM** HEALTH AND HUMAN POTENTIAL

unicef for every child

WORLD BANK GROUP

World Health Organization

ECDAN Early Childhood Development Action Network

The Partnership for Maternal, Newborn & Child Health

IN SUPPORT OF

EVERY WOMAN EVERY CHILD
FOR HEALTHY AND EMPOWERED WOMEN, CHILDREN AND ADOLESCENTS

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Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential

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Foreword

What is one of the best ways a country can boost shared prosperity, promote inclusive economic growth, expand equitable opportunity, and end extreme poverty? The answer is simple: Invest in early childhood development.

Investing in early childhood development is good for everyone – governments, businesses, communities, parents and caregivers, and most of all, babies and young children. It is also the right thing to do, helping every child realize the right to survive and thrive. And investing in ECD is cost effective: For every $1 spent on early childhood development interventions, the return on investment can be as high as $13. Early childhood development is also key to upholding the right of every child to survive and thrive.

We now understand that the period from pregnancy to age 3 is the most critical, when the brain grows faster than at any other time; 80% of a baby's brain is formed by this age. For healthy brain development in these years, children need a safe, secure and loving environment, with the right nutrition and stimulation from their parents or caregivers. This is a window of opportunity to lay a foundation of health and wellbeing whose benefits last a lifetime – and carry into the next generation.

Meanwhile, the cost of inaction is high. Children who do not have the benefit of nurturing care in their earliest years are more likely to encounter learning difficulties in school, in turn reducing their future earnings and impacting the wellbeing and prosperity of their families and societies. Current estimates are that nearly 250 million children aged under five years in low- and middle-income countries – or more than four in every ten – risk missing critical development milestones due to poverty or stunting.

The new Nurturing Care Framework draws on state-of-the-art evidence on how early childhood development unfolds to set out the most effective policies and services that will help parents and caregivers provide nurturing care for babies. It is designed to serve as a roadmap for action, helping mobilise a coalition of parents and caregivers, national governments, civil society groups, academics, the United Nations, the private sector, educational institutions and service providers to ensure that every baby gets the best start in life.

The Framework builds on the foundation of universal health coverage, with primary care at its core, as essential for all sustainable growth and development. It articulates the important role that all sectors, including the health sector, must play to support the healthy development of all children to develop optimally and reap maximum benefit from pre-school and formal education.

As we work together to realize the vision of the 2030 Goals to leave no one behind, we must act urgently now to make investing in early childhood development a priority in every country, every community and every family. On behalf of our organizations, we commit to be part of the movement to create an inclusive and sustainable world, starting with investment in the earliest years – to realize the right of each and every child to survive and thrive, to build a more sustainable future for all.

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01 Introduction

If we change the beginning of the story, we change the whole story.[1]

The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)[2] is at the heart of the Sustainable Development Goals.[3] Its vision is a world in which every woman, child and adolescent realizes their rights to health and well-being – both physical and mental. That is a world in which they have social and economic opportunities, and are able to participate fully in shaping prosperous and sustainable societies. And an essential part of this vision is that young children's human rights guarantee them the conditions they need to survive and thrive.[4]

We know why this is important. The period from pregnancy to age 3 is when children are most susceptible to environmental influences.[5] That period lays the foundation for health, well-being, learning and productivity throughout a person's whole life, and has an impact on the health and well-being of the next generation.[6,7]

We know what threatens early childhood development. The biggest threats are extreme poverty, insecurity, gender inequities, violence, environmental toxins, and poor mental health.[6] All of these things affect caregivers – by which we mean parents, families and other people who look after children. The threats reduce these caregivers' capacity to protect, support and promote young children's development.

We know what children need to develop to their full potential. They need nurturing care – the conditions that promote health, nutrition, security, safety, responsive caregiving and opportunities for early learning. Nurturing care is about children, their families and other caregivers, and the places where they interact.

We know what strengthens families and caregivers' capacity to support young children's development. An enabling environment is needed: policies, programmes and services that give families, parents and caregivers the knowledge and resources to provide nurturing care for young children. Community participation is a key part of this environment, which also needs to consider the diversity of children and families.

A framework for nurturing care

The Nurturing Care Framework provides a roadmap for action. It builds on state-of-the-art evidence about how early childhood development unfolds and how it can be improved by policies and interventions.[8] It outlines:

- why efforts to improve health, well-being and human capital must begin in the earliest years, from pregnancy to age 3;
- the major threats to early childhood development;

Nurturing care refers to conditions created by public policies, programmes and services. These conditions enable communities and caregivers to ensure children's good health and nutrition, and protect them from threats. Nurturing care also means giving young children opportunities for early learning, through interactions that are responsive and emotionally supportive.

- how nurturing care protects young children from the worst effects of adversity and promotes development – physical, emotional, social and cognitive; and

- what caregivers need in order to provide nurturing care for young children.

The Framework describes how a whole-of-government and a whole-of-society approach can promote nurturing care for young children. It outlines guiding principles, strategic actions, and ways of monitoring progress.

Early experiences have a profound impact on children's development. They affect learning, health, behaviour and – ultimately – adult social relationships, well-being and earnings.[9,10] The period from pregnancy to age 3 is when children are most susceptible to environmental influences. Investing in this period is one of the most efficient and effective ways to help eliminate extreme poverty and inequality, boost shared prosperity, and create the human capital needed for economies to diversify and grow.[11] The world is increasingly digital, which means there is an ever-greater premium on the abilities to reason, continually learn, effectively communicate and collaborate with others – all of which originate in early childhood.[12] We know that millions of young children are not reaching their full potential because of poor health, inadequate nutrition, exposure to stress, a lack of love and early stimulation, and limited opportunities for early learning. The good news is that the situation is changing, thanks to current scientific and implementation knowledge, and increasing global and country commitments.

Early childhood development covers children aged 0–8 years (see Annex 1). This Framework focuses on the period from pregnancy to age 3 because it is scientifically proven that this is a very sensitive period for brain development. Yet, in many settings, this period is not usually addressed in programming for early childhood development. In these earliest years, the health sector is uniquely positioned to provide support for nurturing care. From age 3, children move into more formal preschool settings where the education sector plays a pivotal role. The Nurturing Care Framework is mindful that optimal development results from interventions in many stages of life. It focuses on the period from pregnancy to age 3 in order to draw attention to the health sector's extensive reach, and to make use of it.

Why this Framework now?

The Sustainable Development Goals have embraced young children's development, seeing it as key to the transformation that the world seeks to achieve by 2030.[3] Embedded in the SDGs on hunger, health, education and justice are targets on malnutrition, child mortality, early learning and violence – targets that, together with others, outline an agenda for improving early childhood development. The UN Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health 2016–2030 synthesized the new vision under the objectives of Survive, Thrive and Transform.[2] Never before has the opportunity for energizing investment in early childhood development been as good as it is now. Global institutions – including UNICEF, the World Bank Group, UNESCO and the World Health Organization – have prioritized early childhood development in their programmes of work.[13] It is more urgent than ever that we work together in a unified way towards common goals. This Framework will help to guide the actions we must take to achieve results.

What contribution can this Framework make?

This Framework provides strategic directions for supporting the holistic development of children from pregnancy up to age 3. It aims to inspire multiple sectors – including health, nutrition, education, labour, finance, water and sanitation, and social and child protection – to work in new ways to address the needs of the youngest children. It articulates the importance of responsive caregiving and early learning as integral components of good-quality care for young children. And it illustrates how existing programmes can be enhanced to be more comprehensive in addressing young children's needs. The Framework promotes the use of local assets, it presumes adaptation to the local context, and it promotes ownership at community level. It describes the foundations, actions and government leadership that must be in place for all children to reach their potential.

The audience

The Framework addresses a broad range of stakeholders. First are policy-makers and programme managers in ministries of health, nutrition, education, child protection, social protection, and other sectors, at national and local level. It also addresses civil-society groups, development partners, professional associations, academic institutions and funding initiatives, both global and national. In addition, it is intended as a source of inspiration – for parliamentarians, service providers, educational institutions, the private sector and the media – for ways in which they can help ensure all children develop to their full potential. Last, but not least, the Framework speaks – through these stakeholder channels – to caregivers who provide nurturing care for their young children every day.

The Framework calls out to all levels of government and all sectors – especially the health sector, whose services have extensive reach among pregnant women, families and young children. It asks them to:

- address gaps in support for the youngest children, complementing the education sector's work to improve pre-primary education;
- work together with social protection and child protection, to ensure the material and social security of families and communities, and to protect young children from neglect, violence and abuse; and
- help to realize the rights of all children, especially the most vulnerable, and ensure that no child, anywhere, is left behind.

02 A case for nurturing care

We know why early childhood development is important

The science of early childhood development

Over the last three decades, scientific findings from a range of disciplines have converged. They prove that, during pregnancy and the first three years after birth, we lay down critical elements of our health, well-being and productivity, which will last throughout childhood, adolescence and adulthood. A new-born baby's brain contains almost all the neurons it will ever have. By age 2, massive numbers of neuronal connections have been made in response to interactions with the environment, and especially interactions with caregivers.[14]

This rapid brain development is driven by a genetic pattern established over hundreds of thousands of years, but it is steered by the young child's experiences. The foetus first begins to experience the world through touch.[15] Then, later in pregnancy, come taste, sound, smell and sight. After birth, it is these senses that enable the developing child to learn from their surroundings and to adapt, physiologically and psychologically.[15] This early adaptive learning is what makes the period from pregnancy to age 3 critical, and it modifies the way genes are expressed.[16] These epigenetic processes occur throughout life, but in this period they create blueprints for future adaptations to the environment.

Because of these early developmental processes, experiences in pregnancy through to age 3 significantly affect health, learning and productivity, as well as social and emotional well-being. These effects last the rest of childhood, and on into adolescence and adulthood. For example, early interventions have been shown to substantially improve adult cardiovascular health.[17] And interpersonal skills – fostered through secure affectionate relationships with caregivers – engender empathy and self-control that inhibit crime and violence.[18] So, abilities created in early childhood not only last an individual's life, they also have an effect on the next generation's human development.

The importance of nurturing care for newborn and premature babies

Nurturing care starts before birth, when mothers and other caregivers can start talking and singing to the foetus.[19] By the end of the second trimester of pregnancy, the growing foetus can hear. And, from birth, the baby can recognize the mother's voice.[19] Early bonding is facilitated by skin-to-skin contact, breastfeeding and the presence of a companion to support the mother. These also build the foundations for optimal nutrition, quality interactions and care. Soon after birth, babies respond to faces, gentle touch and holding, as well as the soothing sound of baby talk. Caregivers soon learn to appreciate how babies respond to them, which is essential for the optimal development of the baby's rapidly growing brain.[14,19]

Scientific findings from neuroscience and developmental psychology show that these caregiver-child interactions are highly beneficial for early childhood development, and have long-lasting effects.[20] Starting from the first months, quality time with the baby – including smiling, touching, talking, storytelling, listening to music, sharing and reading books, and engaging in play – builds neural connections that strengthen the child's brain.[14,21]

Nurturing care is necessary for all babies, but premature and low-birthweight babies (and babies with congenital conditions) need it even more. Unfortunately, they often get less of it. Caregivers need guidance in their interaction with these vulnerable babies, because these babies' behaviour and responses are often less predictable than others'. Without nurturing care, these infants are at risk of difficulties in their development. These difficulties can challenge caregivers who are already stressed by the birth of a so-called small baby.[22] As a result, premature and low-birthweight babies may receive less attention and are sometimes neglected or maltreated, which puts them at greater risk of poor development.[23] Health services and professionals are responsible for creating a supportive environment – before birth, at birth, and in the first months afterwards. They need to give caregivers information and advice, and to support families, particularly ones with babies who are experiencing perinatal problems.

Interventions during the neonatal period – such as kangaroo care – improve neonatal outcomes in small babies and have long-term beneficial effects throughout life.[24] However, to produce the biggest benefits, kangaroo care must be accompanied by specific, enhanced nurturing care at home. Similarly, mothers of premature and low-birthweight children must be given optimal support to feed their babies breast milk exclusively from birth – because breast milk is the best food for almost all new-borns.[25] There would also be greater benefits for mothers and babies if health services gave parents information about how breast milk nurtures both the child and the parent-child relationship.

The economics of early childhood development

We acquire basic learning and social skills at a young age, and our subsequent abilities build on these foundations. Early abilities make it easier to learn new skills, as well as build confidence and the motivation to learn more. Early intervention is effective and also makes later interventions more cost-effective and more likely to succeed.[11,26]

There are many interventions – preventive and promotive – to improve nurturing care between pregnancy and age 3. These achieve more and cost less than attempts to compensate for early deficits with remedial interventions at later ages. There have been long-term studies in countries across the socioeconomic spectrum looking at nutritional and psychosocial programmes implemented from pregnancy to age 3. These studies show that the programmes have significant long-term benefits, including for adult health, well-being, education, earnings, personal relationships and social life.[7,8]

Without intervention, adults who experience adversity in early childhood are estimated to earn close to a third less than their peers' average annual income.[9] This makes it harder for them and their families to improve their lives, which means it is less likely their children will escape poverty. These individual costs add up, constraining wealth creation and national earnings. Estimates show that some countries spend less on health now than they will lose in future from the consequences of poor growth and development in early childhood.[7]

There is now considerable evidence about how children benefit from home visits that provide nutritional counselling, any required supplements, and cognitive stimulation.[27,28] The benefits include improved cognitive development in childhood and increased earnings in adulthood.[10] And when participants grew up and had children of their own, those children developed better than children in the control group – which demonstrates important inter-generational benefits.[10]

Care before pregnancy

One thing is essential to protect children's health and development, and that is the care their parents get, to make sure they are in good health before they conceive.[29,30]

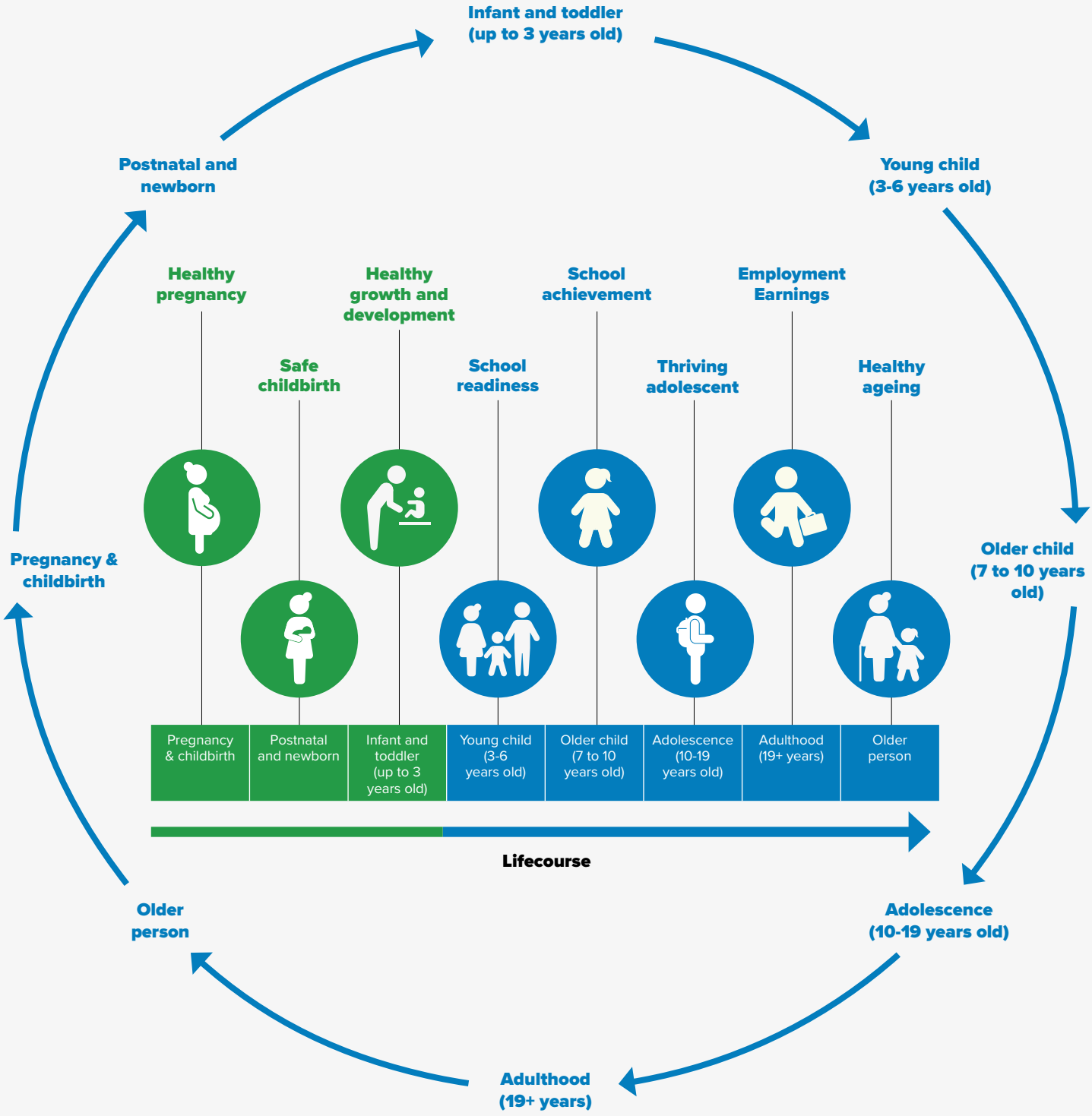
Care before pregnancy improves men's and women's physical and mental health. It also reduces the chances of their children being born prematurely, with low birthweight, birth defects or other birth-related conditions that could hinder optimal development.

Studies have defined the mechanisms by which parents' poor metabolic and mental health before pregnancy can affect their children's development, in infancy and beyond.[31,32] Importantly, studies also show that this transgenerational transmission can be mitigated by interventions to improve the parents' health before conception and to support infants' health in the post-natal period.

Interventions address the behaviour – as well as the individual and environmental risk factors – that contribute to poor outcomes, both in the mother and the child. These risk factors include nutrition (such as micronutrient deficiencies, and being overweight or obese), parents' mental health, substance use (such as alcohol and tobacco), immunization, environmental toxins, genetic conditions, infections (such as HIV and sexually transmitted infections), infertility, child spacing, and violence (whether in the home or outside it).[33]

Adolescence is a critical window of opportunity for promoting and supporting care before pregnancy. The best interventions can delay pregnancy and ensure preparedness for it. These can help mothers, by allowing them to complete school, as well as helping children, by minimizing the probability that they will have low birthweight or stunting.[33]

NURTURING CARE AND ITS CONTRIBUTIONS THROUGH THE LIFE COURSE



We know what threatens early childhood development

Having an optimal environment, from pregnancy to age 3, supports the baby's physical, emotional, social and cognitive development. And an adverse environment harms development – both in the short term and, importantly, the longer term. Relentless adversity – when it is severe, with no support and no opportunity for compensation or recovery – negatively affects young children's psychological and neurological development.[5]

There are threats to children's development during pregnancy and birth, as well as when they are new-borns, infants and toddlers. When adversity in pregnancy leads to low birthweight or preterm birth, this raises the risk of developmental difficulties and chronic diseases in adulthood.[6,17] Other factors that threaten early childhood development include inadequate maternal nutrition, exposure to environmental pollutants and toxic chemicals, HIV infection, poor mental health in caregivers, sub-optimal breastfeeding, malnutrition, illnesses, injuries, limited stimulation, neglect, maltreatment, disabilities, and violence at home and in the community.[6] Discrimination between boys and girls – and the way they are socialized into different gender roles in childhood – can also have negative effects on children's development at this young age.[34]

It is very difficult for families to provide care for their young children when they are in extreme poverty or struggling for survival – amid natural disaster, displacement, war or conflict.[35] This is compounded by factors including young parenthood, disability, family violence, race or ethnicity-based discrimination, substance abuse and maternal depression. Threats to early child development tend to cluster together, often in conjunction with lack of services and social exclusion. So being exposed to one risk usually means being exposed to many.[36] This adversity and lack of support can undermine families' capacity to provide nurturing care for their young children. Protecting and supporting families and caregivers – and promoting nurturing care among them – depends on the resilience of communities and systems. That resilience is the result of coordinated action among many stakeholders – across sectors and across levels of government, both national and local.

We know that very large numbers of children are at risk of poor development

In low- and middle-income countries, extreme poverty means an estimated 250 million under-5s (43% of all under-5s in these countries) are at risk of suboptimal development and stunted growth.[6] In 76 countries, an estimated 30% – or more – of young children are at risk of poor learning, inadequate education and reduced adult earnings. Unprecedented numbers of children live in fragile states and conditions of violence, war, disaster and displacement.[37,38] While the proportion of children at risk is highest in countries where resources are constrained, children all over the world are exposed to adversities that impair their optimal development. This agenda is thus truly global.

Humanitarian settings and nurturing care

The concentration of adversities amongst children living in conditions of war, disaster and displacement means they have a greater risk of impaired development, which can limit their possibilities throughout their lives. Some 250 million children are living in countries affected by armed conflict, while 160 million are very likely to suffer from famine and crises of food security.[39] Despite this enormous need, there is a severe lack of early childhood development services in humanitarian settings. Approximately 2% of global humanitarian funding is spent on education, but early childhood development accounts for only a tiny fraction of that.[39]

It is important to build caregivers' capacity for nurturing care. Crisis and displacement threaten that capacity, because of the risks that children and families confront. Even before caregivers flee or get displaced, they can face greatly increased stress and economic insecurity, undermining their well-being. The causes include disaster, conflict, violence, war, and the loss of family members. And fleeing itself weakens the families' ability to provide nurturing care for their children – with instability, lack of access to shelter and basic services, as well as more exposure to violence. Finally, once families have fled or been displaced, there can be instability, violence, discrimination and exclusion in the host community.[39] That too can restrict access to services for health, education, and social and child protection. Even if families stay in their homes (or return to them), it can take years to restore stability, security and safety. Emergency conditions can last decades, spanning the lives of generations.

That means there is an urgent need to integrate the Nurturing Care Framework into humanitarian policies, programmes and services – and to step up investment. Four principles are important in these often chaotic and rapidly changing contexts[37,38]:

1. Take a holistic approach to families' and children's well-being. That means paying attention to protecting them, so that they survive. But it also means paying attention to mental health, nutrition and opportunities for learning. Families and children feeling the worst adversity and stress may need more intensive services.

2. Re-establish security and routines as quickly as possible, as they bring comfort. Do this through early-learning programmes, networks of family support, and other services.

3. Rebuild communities' social capital, paying attention to social cohesion and encouraging positive relationships between members of displaced and host communities.

4. Research nurturing care – including measurement, implementation, and evaluation – in a way that is sensitive to cultures and contexts. This is vital for informing practice and policy in humanitarian settings.

We know that young children need nurturing care to develop to their full potential

Nurturing care is the set of conditions that provide for children's health, nutrition, security and safety, responsive caregiving and opportunities for early learning. Nurturing children means keeping them safe, healthy and well nourished, paying attention and responding to their needs and interests, encouraging them to explore their environment and interact with caregivers and others.

Nurturing care is not only important for promoting young children's development. It also protects them from the worst effects of adversity by lowering their stress levels and encouraging emotional and cognitive coping mechanisms. Nurturing care is especially important for children with development difficulties and disabilities, as well as for preventing the maltreatment of children.

Caregivers are the closest people to the young child in the period from pregnancy to age 3 and thus the best providers of nurturing care.

Caregivers are most able to provide their children with nurturing care when they are secure - emotionally, financially and socially. Caregivers must also be able to participate in social networks, be empowered to make decisions in the best interest of the child, and be affirmed in the important role they play in the lives of the children in their care.

The need for nurturing care does not end when the child reaches the age of 3. Nurturing care adapted to children's developmental needs should continue throughout middle childhood and into adolescence, to consolidate gains and address challenges associated with each stage.

To reach their full potential, children need the five components of nurturing care.

COMPONENTS OF NURTURING CARE

Component 1: Good health

Young children's good health is the result of caregivers[6,7]:

- monitoring children's physical and emotional condition;
- giving affectionate and appropriate responses to children's daily needs;
- protecting young children from household and environmental dangers;
- having hygiene practices which minimize infections;
- using promotive and preventive health services; and
- seeking care and appropriate treatment for children's illnesses.

These actions depend on caregivers' physical and mental well-being. For example, when mothers are anaemic it can cause apathy that makes them less able to engage in responsive caregiving. The situation can be made worse if the child is also apathetic or listless because of being undernourished or frequently ill.[40] Nurturing care therefore means we need to pay attention to the health and well-being of caregivers as well as children.

Component 2: Adequate nutrition

The mother's nutrition during pregnancy affects her health and well-being, as well as the developing child's nutrition and growth.[41] When pregnant women do not have enough micronutrients, they need supplements, including iron. Young children flourish on exclusive breastfeeding – from immediately after birth to the age of 6 months – together with skin-to-skin body contact.[42,24] From the age of 6 months, young children need complementary foods that are frequent and diverse enough, and which contain the micronutrients they need for the rapid growth of their body and brain.[40] This is in addition to breast milk, and needs to be offered in a way that accommodates the social and emotional interaction involved in feeding a young child. And when children's daily diet fails to support healthy growth, they need micronutrient supplements or treatment for malnutrition (including obesity).[40] Food safety and family food security are essential for adequate nutrition.

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

Component 3: Responsive caregiving

Responsive caregiving includes observing and responding to children's movements, sounds and gestures and verbal requests. It is the basis for:

- protecting children against injury and the negative effects of adversity;
- recognizing and responding to illness;
- enriched learning; and
- building trust and social relationships.

Responsive caregiving also includes responsive feeding, which is especially important for low-weight or ill infants.[43] Before young children learn to speak, the engagement between them and their caregivers is expressed through cuddling, eye contact, smiles, vocalizations and gestures. These mutually enjoyable interactions create an emotional bond, which helps young children to understand the world around them and to learn about people, relationships and language.[19] These social interactions also stimulate connections in the brain.

Interventions to support responsive caregiving and provide opportunities for early learning

Infants and very young children are completely dependent on their caregivers to recognize and respond to their needs. These needs are not only for nutrition and safety, but also for social engagement, cognitive stimulation, emotional regulation and soothing. Effective caregivers observe their child's cues, interpret what the child wants and needs, and respond consistently and appropriately.[19] Caregivers provide the foundation for early learning when they make eye contact with their young child, follow the child's gaze and talk to the child, taking turns. When caregivers are sensitive, responsive, predictable and loving, they facilitate the child's early social and emotional development, promote secure emotional attachment between the infant and parent, and help their child to learn.[44]

To promote responsive caregiving and provide opportunities for early learning, interventions train providers to:

- observe how the caregiver comforts, responds and shows love to the child, and guides their exploration;
- use that information to praise the caregiver, build their confidence, get them to talk more to their child, and identify enjoyable activities that the caregiver and child can do together at home – using household objects and homemade toys, as well as talking, singing, and sharing books;
- strengthen the quality of parent-child interactions using a set of developmentally and age-appropriate recommendations on play and communication; and
- increase the amount of time parents spend with their children.

Generic guidance packages can be adapted for a range of sectors, including health, education, nutrition, child care, emergencies, child and social protection, and other family services.[45] They can then give service providers the knowledge and skills to support caregivers' ability to provide responsive care and early learning opportunities. This can be part of service providers' routine contacts as well as purposefully planned ones.

Component 4: Opportunities for early learning

Children do not start to learn only when they begin kindergarten or pre-primary classes at the age of 3 or 4, and are taught colours, shapes and letters. Rather, learning is a built-in mechanism for human beings, ensuring our successful adaptation to changing circumstances. It begins at conception, initially as a biological mechanism called epigenesis.[16,46] In the earliest years, we acquire skills and capacities interpersonally, in relationship with other people, through smiling and eye contact, talking and singing, modelling, imitation and simple games, like "wave bye-bye". Playing with common household items – like tin cups, empty containers, and cooking pots – can help a child learn about objects' feel and quality, and what can be done with them. Even a busy caregiver can be given the motivation and confidence to talk with a child during feeding, bathing, and other routine household tasks. These interactions help the child learn about other people. Children need affectionate and secure caregiving from adults in a family environment, with guidance in daily activities and relationships with others. This gives young children their important early experiences of social learning.

Component 5: Security and safety

Young children can not protect themselves and are vulnerable to unanticipated danger, physical pain and emotional stress. Extreme poverty and low income pose serious risks that have to be mitigated, by social assistance that may include cash transfers.[47] Pregnant women and young children are also most vulnerable to environmental risks, including air pollution and exposure to chemicals. Young children, once they are mobile, can touch and swallow objects that can harm them, and an unclean or unsafe environment is full of potential threats. Young children can experience extreme fear when people abandon them – or threaten to abandon or punish them. Across the world, toddlers are the group most often harshly punished, by being beaten painfully with sticks, belts and other objects. These experiences cause uncontrollable fear and stress that can programme the young child's response systems in ways that can lead to emotional, mental and social maladjustment. Children can withdraw socially, learn to mistrust adults, or act out their fear in aggression towards other children. Ensuring caregivers' mental health, working with them to prevent maltreatment, is needed. Nurturing care includes making sure that defenceless young children feel safe and secure.

Nurturing care for children with disabilities

Newborns and young children with disabilities and developmental difficulties need nurturing care just as much as any other child – or more. Childhood disabilities impose a huge emotional and economic burden on the affected families and children.[48] Caring for children with disabling conditions is demanding, especially in places with inadequate infrastructure and access to services and support. Unfortunately, families often face many challenges and disadvantages. These include living in settings with inadequate access to good-quality early identification, inadequate referral to early childhood intervention services, and inadequate support for caregivers and family. Families may also lack financial resources, and they may face environmental barriers, discrimination and social exclusion, as well as stigma from society and providers.[49]

There are frameworks for designing and delivering holistic interventions in local contexts. These are provided by the International Classification of Functioning, Disability and Health, and the Community-Based Rehabilitation programme.[50] They see young children with disabilities as rights-holders who are fully included in all mainstream services, and who also receive indicated interventions and support, based on their individual needs. They use strategies to address inequalities in health and well-being for children who have disabilities or developmental difficulties – and for their families.[51] These strategies focus on:

- strengthening formal services and support, particularly ones based in the community or in primary health care;
- raising awareness in the community, to reduce stigma and improve access to care;
- social support from parents' groups and associations; and
- empowering caregivers and families.[52]

There are also training programmes for families of children with disabilities, building caregivers' skills. These programmes aim to improve caregivers' play interactions, home routines, and capacity to communicate with children.[53] They also try to improve caregivers' confidence in managing challenging behaviours, to strengthen their knowledge of their child's condition, and to improve their problem-solving and coping strategies. Other elements can be added to the programmes, according to families' needs and children's difficulties.

We know how to support families and caregivers in providing nurturing care

For children to develop in the way that's best for their whole lives, caregivers need to have time and resources for providing nurturing care. This is facilitated by enabling environments of policies, services, community and family.

We know how to create these enabling environments. International conventions are concerned with peace, security and human rights. Global policies encourage healthy environments and universal coverage. Countries' social protection systems protect families and individuals when they face economic and social adversity. And workplace policies allow families time off work – or on-site facilities – to feed and care for young children. Health, education and social welfare services provide caregivers with the necessary information and support, including specialized services for children with developmental difficulties. Community groups and faith communities also provide support for caregivers. There are home visits for vulnerable families, giving them support, information and assistance, and linking them with families and children who share their needs. And those who provide all this consider local attitudes, beliefs and norms, in order to build on practices that are positive and to mitigate ones that are harmful for young children's development. At each level, a conducive environment enables families and caregivers to provide nurturing care for young children.

Table 1 shows the services and interventions that address the five components of nurturing care. It also shows a selection of global goals, along with laws and policies. These illustrate how these different factors interact to build enabling environments.

ENABLING ENVIRONMENTS FOR NURTURING CARE

TABLE 1

Laws, policies and interventions for creating enabling environments

	Laws and policies	Services and interventions
Component 1: Good health	**Universal health coverage** This is when everyone gets the good-quality health services they need without suffering financial hardship. It is especially important that caregivers and families are able to access the full range of these services from health facilities and in their communities. These should include promotive and preventive services, as well as treatment, rehabilitation and palliative care.	• Family planning • Immunization for mothers and children • Prevention and cessation of smoking, alcohol and substance use • Prevention of mother-to-child transmission of HIV • Support for caregivers' mental health • Antenatal and childbirth care • Prevention of preterm births • Essential care for new-born babies, with extra care for small and sick babies • Kangaroo care for low-birthweight babies • Support for timely and appropriate care-seeking for sick children • Integrated management of childhood illness • Early detection of disabling conditions (such as problems with sight and hearing) • Care for children with developmental difficulties and disabilities
Component 2: Adequate Nutrition	**The International Code of Marketing of Breast-milk Substitutes, and the accompanying guidance** The inappropriate marketing of food products is an important factor that negatively affects mothers' choice to breastfeed in the best way. There is a Code and guidance on ending this inappropriate promotion of foods for infants and young children. These are important tools for creating an environment that enables mothers to make the best possible feeding choice, based on impartial information and free of commercial influences. And it helps mothers to be fully supported when they make that choice. **Baby-friendly Hospital Initiative (BFHI)** Maternity services play an important role, supporting mothers in bonding with their children through body contact and optimal breastfeeding practices. The services do this supporting mother to put their baby to the breast immediately after birth, not providing water and not allowing formula samples to be distributed. The BFHI's ten steps describe the essential conditions for protecting, promoting and supporting breastfeeding. And the Baby-friendly Community Initiative extends this support for breastfeeding beyond health facilities.	• Maternal nutrition • Support for early initiation, exclusive breastfeeding and continued breastfeeding after 6 months • Support for appropriate complementary feeding and for transition to a healthy family diet • Micronutrient supplementation for mother and child, as needed • Fortification of staple foods • Growth monitoring and promotion, including intervention and referral when indicated • Deworming • Support for appropriate child feeding during illness • Management of moderate and severe malnutrition as well as being overweight or obese

	Laws and policies	Services and interventions
Component 3: Responsive caregiving	**Paid parental leave** Paid parental leave is associated with several health benefits for children. They include supporting the bonding between mother and child, increasing the initiation and duration of breastfeeding, and improving the likelihood of infants' being vaccinated and receiving preventive care. New fathers are more involved with their young children and take on more child-care responsibilities when they take leave from work. **Affordable child-care services** There has been an increase in the number of women in the workforce and therefore, caregivers need affordable, good-quality day care for their children. This is also important for the high numbers of single mothers, and for caregivers or children living with disabilities. **Urban design** This should include green and child-friendly spaces that promote play between caregivers and children, as well as learning.	• Skin-to-skin contact immediately after birth • Kangaroo care for low-birthweight babies • Rooming-in for mothers and young infants, and feeding on demand • Responsive feeding • Interventions that encourage play and communication activities of caregiver with the child • Interventions to promote caregiver sensitivity and responsiveness to children cues • Support for caregivers' mental health • Involving fathers, extended family and other partners • Social support from families, community groups and faith communities
Component 4: Opportunities for early learning	**Universal access to good-quality day care for children, as well as pre-primary and primary education** Developmentally appropriate early education is crucial to children's cognitive and social development, and to their preparation for formal schooling. It is important for children across all demographic groups to have access to tuition-free pre-primary and primary education. This is especially important for children from vulnerable populations, as stress adversely affects children's learning.	• Information, support and counselling about opportunities for early learning, including the use of common household objects and home-made toys • Play, reading and story-telling groups for caregivers and children • Book sharing • Mobile toy and book libraries • Good-quality day care for children, and pre-primary education • Storytelling of elders with children • Using local language in children's daily care
Component 5: Security and safety	**Social protection and social services** Social protection encompasses both insurance and income assistance (such as social grants and pensions) and provides direct, regular and predictable income for poor and vulnerable households. An important and growing part of social welfare in many countries, social assistance provides income security that reduces household poverty, mitigates against shocks, improves access to health and other services, and can increase immunization coverage, improve children's and mothers' health and nutrition, and boost school attendance and achievement. **Minimum wage** When caregivers are not able to earn adequate income, children's basic needs – including health care and education – cannot be met and early childhood development suffers. A minimum wage has the potential to improve the lives of millions of children, whether their caregivers work in the formal or informal economy.	• Birth registration • Provision of safe water and sanitation • Good hygiene practices – at home, at work and in the community • Prevention and reduction of indoor and outdoor air pollution • Clean environments free of hazardous chemicals • Safe family and play spaces in urban and rural areas • Prevention of violence by intimate partners and in families, as well as services for addressing it • Social care services • Cash or in-kind transfers and social insurance • Supporting family care and foster care over institutional care

Environmental health

To protect children's health and support their development, it is essential that they have access to clean water and sanitation, good hygiene practices, clean air and a safe environment. But increasing urbanization, industrialization, and climate change are all taking their toll on the environments in which children grow, play and learn.[54]

For example, one factor that gets in the way of children's development is lack of access to water, sanitation and hygiene (WASH) and poor practice around it. These lead to repeated diarrhoea, intestinal worm infections, malaria and faecal-oral contamination.[55] Most WASH interventions focus on improving sanitation, treating water at the point of use, and improving mothers' hand washing. In many places, young children crawl and play in environments full of microbes, including human and animal faeces. That means we need to improve infants' and young children's environmental hygiene by promoting clean and protective play spaces.[56]

We need to create sustainable environments and reduce children's exposure to modifiable environmental hazards. Those are critical parts of the nurturing care agenda, and are essential for enabling children to thrive. There is strong evidence that exposure to air pollution – indoor and outdoor – can lead to a wide range of diseases in children and adults.[57] These include acute and chronic respiratory conditions (such as pneumonia and chronic obstructive pulmonary disease), as well as lung cancer, ischemic heart disease, and stroke.[57]

Even low-level exposure to environmental toxins can result in substantial – though silent – disability. Toxins such as mercury and lead are harmful to everyone, but young children are the most vulnerable. Their nervous systems, which are still developing, absorb 4–5 times more lead than adults', and mercury can affect the development of unborn babies' brains.[54,57] These toxins and pollutants damage the brain, affecting cognition, school performance, and social and emotional behaviour, and can cause intellectual disability. Creating environments that are healthy, green and free of pollutants will ensure that young children and their families can flourish.[54]

HIV and early childhood development

Women of child-bearing age are living with HIV in increasing numbers. That is because of expanded access to life-saving treatment, and – unfortunately – also because levels of infection among young women have persisted. In some countries with high HIV burdens in southern Africa, as many as a third of children are born to women living with HIV.[58] Even with life-saving treatment, families affected by HIV face challenges because of the stigma, and because of the financial strain caused by out-of-pocket costs for treatment.[59] Women living with HIV are more likely to experience depression during pregnancy and after their child is born, even if their baby is not infected with HIV.[60]

In addition to these social and personal risks, there are concerns about the baby during pregnancy. There may be adverse effects from exposure to the human immunodeficiency virus (HIV) and anti-retroviral drugs. Uninfected but HIV-exposed children are more likely to be stillborn, or have low birth weight or be born premature. Those who survive are more likely to have developmental delays and difficulties.[61] Women living with HIV need additional support, and so do their young children.

Programmes to prevent mother-to-child transmission of HIV are being successfully expanded.[62] This gives us a unique opportunity to integrate support for nurturing care. Several programmes in southern Africa are testing the benefits. For young children, these could include better responsive caregiving, through play and communication. There can also be benefits for women, including better mental health, improved adherence to – and retention in – treatment, as well as greater use of health services, including family planning.

Caregivers' mental health

Good mental health and strong motivation are important for caregivers. They enable caregivers to recognize the child's needs and respond appropriately, empathize with a young child's experiences, and to manage their own emotions and their reactions to their baby's dependence. Mental health problems among women who are pregnant or have recently given birth are among the most common causes of pregnancy-related morbidity. In resource-constrained low- and middle-income countries, the prevalence of common perinatal mental disorders – including depressive, anxiety and adjustment disorders – is much higher than in high-income settings.[63,64] That is because of risk factors such as socioeconomic stresses, unplanned pregnancy, being younger or unmarried, lacking the empathy and support of an intimate partner, being subject to violence, and having hostile in-laws.[37] Protective factors include having more education and secure income-generating work, and having a kind, trustworthy partner. Depression also affects fathers.[65] Mental health problems affect emotions, concentration, judgement and thinking. Depressed women are likely to have depressed mood, irritability and pessimism, as well as difficulty expressing warmth, affection, and pleasure.[66] They are also likely to be preoccupied with worries and anxiety, including worries about infant care.[67] These influence their social interactions, including their interactions with the baby. Depression among mothers has been directly linked to[66,68]:

- higher rates of child diarrhoeal and respiratory diseases, stunting and hospital admissions;
- lower completion of recommended immunisation schedules; and
- social and emotional difficulties among young children.

There are effective interventions for reducing depression and promoting maternal mental health. They have been tested in low- and middle-income countries where there are very few mental health specialists. And they are generally implemented by trained community health workers under professional supervision.[69,70] Interventions designed to improve mothers' mental health have a positive impact on infants' health and development. And interventions to promote infants' health and development have a positive effect on mothers' mood.[71] The effects on infant health and development appear to be stronger when interventions for mothers and babies are provided together.[70]

Preventing children from being maltreated

Maltreatment of children includes physical, sexual and emotional abuse, as well as neglect. Maltreatment is most often – but not only – at the hands of parents and caregivers. Globally, physical abuse affects an estimated 23% of children, emotional abuse 36% and neglect 16%, while sexual abuse affects an estimated 18% of girls and 8% of boys.[72]

Maltreatment – and other adverse childhood experiences – can have strong, long-lasting effects on brain architecture, psychological functioning, mental health, behaviours around health risks (such as smoking, alcohol and drug abuse, unsafe sex, and violence), non-communicable diseases (such as cardiovascular disease and cancers) and communicable diseases (such as HIV and STDs).[73] Violence against women – including violence by intimate partners – is closely linked to maternal depression and to the maltreatment of children.[74]

Preventing children from being maltreated is critical to protecting their brains, improving their development in early childhood, and laying the foundations for lifelong health and well-being. There are evidence-based strategies, addressing the wider context in which people maltreat children. They include paying attention to responsive caregiving and non-violent discipline, in order to create positive interactions between caregivers and children.[75] Despite this, evidence-based approaches to addressing child maltreatment are still poorly developed in most low- and middle-income countries.[76] But there have been greater efforts to remedy this, since the 2030 Agenda for Sustainable Development included Target 16.2: "End all forms of violence against children."

Reaching all caregivers and children to meet their needs

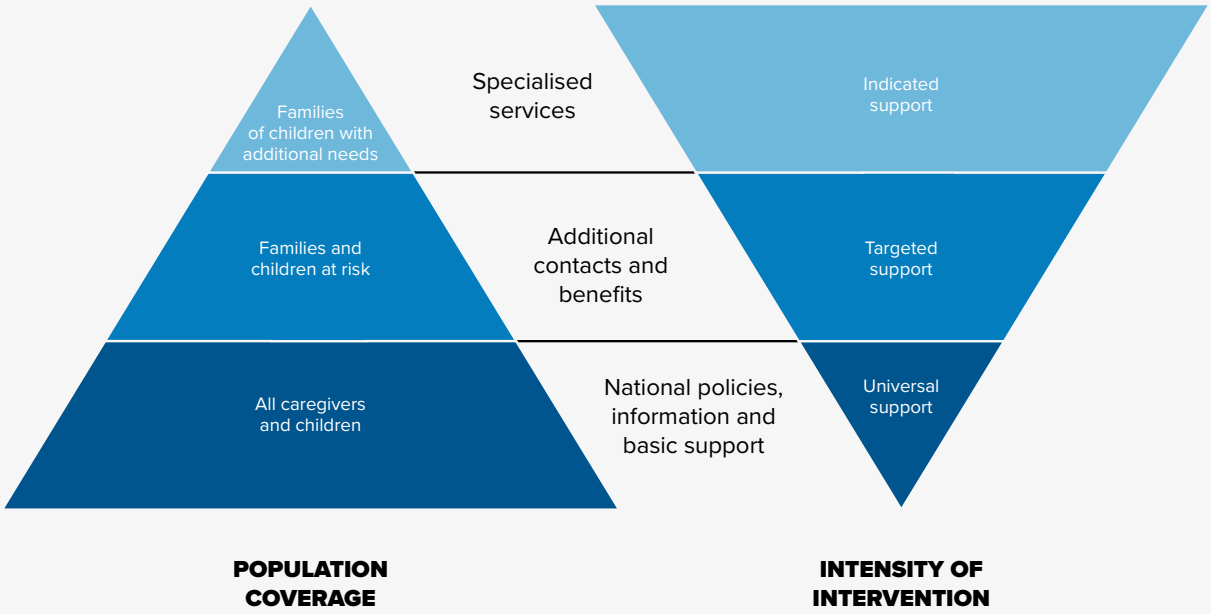
All families need some support, but some families need all the support they can get.

To provide nurturing care for young children, not all children and families need the same intensity and range of interventions and services. All families need information, affirmation and encouragement. At times, some families need more support, through referrals, resources and tailored services. This is particularly true for low income families who bear a disproportionate burden of the adversities. A small proportion of families need longer-term intensive support – as when caregivers or children experience difficulties that endure over time. In this Framework, we recognize three levels of support: universal, targeted and indicated. The services in all these levels have to work together, forming a seamless continuum of care. That is because families might move between levels, depending on the challenges they face at different points in their lives.

Universal support

This is support for nurturing care for everyone, through health promotion and primary prevention. It tries to make problems less likely. And when there are problems, universal support identifies them early and refers caregivers and children to the right service. It focuses on providing information and resources to support care and gives guidance that is appropriate for the child's age and the family's circumstances. It also gives guidance on transitions, such as when mothers return to work, or when day care is needed. Universal support is designed to benefit all families, caregivers and children in a country or district. The core principle is that everybody is expected to benefit regardless of their risk or financial means.

MEETING FAMILIES' AND CHILDREN'S NEEDS



Examples of universal support include:

- laws and policies such as birth registration, paid parental leave after childbirth, and baby-friendly hospital services;
- public-service information about children's development, disseminated by mass media and by services for health, education, social development, agricultural extension and any others that reach large numbers of families;
- using caregivers' and young children's routine contacts with services to give basic advice and guidance on nurturing care.

The last example includes routine contacts with health services (such as antenatal care, postnatal care, immunizations and home visits), education (including adult education), social services (including places that pay out cash transfers and pensions) and the faith sector, as well as community groups and services. Antenatal and postnatal clinics show videos that tell pregnant women about their babies' abilities, and how to promote their child's development. Other services create materials to promote respect for indigenous communities' values, languages and traditions, and to encourage fathers and other male caregivers to participate in child care.

Targeted support

This focuses on individuals or communities who are at risk of later problems because of factors such as poverty, undernutrition, adolescent pregnancy, HIV, violence, displacement and humanitarian emergencies. It aims to reduce the damaging effects of stress and deprivation, to strengthen individuals' capacity to cope, and to provide extra help. Families and caregivers who are at risk still need access to universal support. But they also need extra contact with trained providers (professional or non-professional), whether that is in facilities, in their community, or at home. They may also need extra resources, such as financial benefits. And they need continuous assessment to spot when they are ready to stop getting targeted support – or to move them on to even more specialized, indicated support.

Examples of targeted support include:

- programmes of home visits that target very young mothers and their children, with the visitors being either professionals or community workers trained to proficiency and with adequate incentives and support;
- participatory groups, based in the community, ensuring the inclusion of caregivers who are marginalized and least likely to attend;
- children's day care that is affordable or free for low-income families, of good quality, and provided at community day-care centres or through other forms of organized care for young children.

Indicated support

This is for individual families or children who have additional needs. They include young children without caregivers, or with depressed mothers or violent homes, as well as children whose birthweight was very low, or who have disabilities, developmental difficulties or severe malnutrition. These children and families need extra services and assistance based on their identified needs.

Examples of indicated support include:

- treatment and help with perinatal depression – either through mothers' groups or home visits, provided by trained professionals or non-professional, community-based workers – all for women who have been positively screened for maternal depression;
- good-quality care for preterm infants, from birth, directly engaging with caregivers and interacting with them, and with adequate follow-up and monitoring in the first months or years;
- interventions, including family-centred rehabilitation and community support, for children who have developmental delays and disabilities.

03 The time to act is now

The vision: a world in which every child is able to develop their full potential and no child is left behind.

Vision

Giving every child a good start in life is essential. It ensures that everyone can fulfil their potential, equally and with dignity. The Sustainable Development Goals (SDGs) are an opportunity to connect early childhood development with efforts to achieve equity, prosperity and sustainable growth. They offer a more peaceful shared future that protects children's environment, starting today. The Framework's vision is "a world in which every child is able to develop their full potential and no child is left behind".

NURTURING CARE AT THE CENTRE OF THE GLOBAL STRATEGY AND THE SDGs

Targets

The Sustainable Development Goals (SDGs) are the world's plan for making progress on its biggest problems.[3] Naturally, many of those affect young children, or begin in early childhood. So it follows that the SDGs' goals and targets have a direct influence on the enabling environments and the services that young children need in order to develop. And at the same time, early childhood development is essential for attaining many of the ambitious SDGs. That is why the Nurturing Care Framework is an essential part of the SDGs.

The Global Strategy for Women's, Children's and Adolescents' Health has distilled 17 SDG targets, around its three themes: Survive, Thrive and Transform.[2] This subset of targets is associated with the actions necessary to put the Nurturing Care Framework into practice.

The Nurturing Care Framework highlights five SDG targets as examples to guide national programming and investment in support of nurturing care.

Goal 1, target 1.2

By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions.

Goal 2, target 2.2

By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round.

Goal 3, target 3.2

By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1 000 live births and under-5 mortality to at least as low as 25 per 1 000 live births.

Goal 4, target 4.2

By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.

Goal 16, target 16.2

By 2030, end abuse, exploitation, trafficking and all forms of violence against and torture of children.

These targets need to be top priorities. Governments – working with all concerned stakeholders – must create action plans that address them in an integrated way. That will help to build a solid foundation for every child to receive nurturing care.

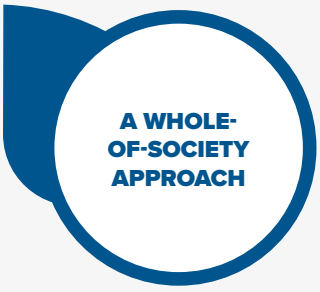
GUIDING PRINCIPLES

Government and society are obliged to guarantee and protect children's rights. They are also obliged to ensure families have the protection and assistance they need to fully assume their responsibilities in the community. The Nurturing Care Framework stems from the universal acceptance of children's rights. It is based on the obligations states assumed when they ratified the Convention on the Rights of the Child and Special Comment 7 on Early Childhood Development.[4,34]

Equity, including gender equity, is at the core of realizing human rights. Governments must ensure interventions cover population groups equitably, particularly groups that are excluded, marginalized or vulnerable in other ways. Those at high risk include the children of minorities, refugees, prisoners, drug users and sex workers. It is fundamental that governments make sure children with disabilities are not left behind, nor young children in humanitarian settings. Universal health coverage is also central to ensuring that all children reach their developmental potential.

Families are at the centre of nurturing care for young children. In the period from pregnancy to age 3, intimate family members are the people most consistently present in children's lives. As such, they are the primary providers of nurturing care. To provide it, families – in all their diversity and all their forms, biological and social – need information, resources and services. Mothers, fathers, grandparents and other primary caregivers all need to be included in programmes that are designed to educate and support families in providing nurturing care.

Nurturing care requires a whole-of-government approach in which policies across all sectors contribute systematically to improving nurturing care for young children. Intersectoral government structures – with political and financial support – can facilitate coordination, identify common goals, monitor joint actions, and build effective collaboration.



The holistic nature and shared importance of early childhood development calls for a comprehensive approach involving all actors. That includes governments, civil society, academic institutions, the private sector, families, and everyone involved in providing care for young children. The whole-of-society approach fully includes and appreciates ethnic, cultural and human diversity. Moving from policy to action demands a concerted effort. It demands the engagement of all sectors of society, at the local, national, regional and global levels. Joint ownership and shared responsibility will ensure that well designed and cost-effective interventions have the desired reach and impact.

04 Five strategic actions

If you are doing nothing, do something.
If you are doing a little, do more.
If you are doing a lot, do better.[77]

There is a set of best practices consistently found in programmes that have been effective in improving early childhood development, whether in high-, middle- or low-income countries. Effective national programmes need strong political commitment, sustained by governments and driven by a determination to reduce inequities, poverty and social injustice.

To empower families to provide nurturing care, they need a combination of policies, services, and public awareness. Evidence-informed investments must create enabling environments, strong monitoring systems and accountability mechanisms.

In line with these best practices, this Framework proposes five strategic actions:

For each strategic action, countries' governments need to lead and coordinate the activities.

FIVE STRATEGIC ACTIONS

1. Lead and invest

2. Focus on families and their communities

3. Strengthen services

4. Monitor progress

5. Use data and innovate

Strategic action 1
Lead and invest

Families and other caregivers are the foundation for early childhood development, so they need support. That requires sustained financial investment, as well as supportive laws and policies, services and community resources. It relies on a joined-up government-led strategy, closely coordinated among different sectors and levels of government. And it involves the collaboration of relevant institutions and stakeholders – local, national and international.

Different sectors need to coordinate – and, where appropriate, integrate – their policies, services and information. To oversee these efforts, coordinating mechanisms are essential at national, provincial, municipal and community level. Planning at each level should be informed by an assessment of the local situation. This should provide, amongst others, information on families and children at risk, local beliefs and practices that can be harnessed, the opportunities for strengthening services, and the community resources that can be mobilized.

To create the enabling environments for nurturing care, funding is needed for systems, the workforce and infrastructure. And that funding has to be sustainable, equitably distributed, efficient and flexible. It can come from a mixture of public and private sources – including contributions from households, in many settings. Combining this mixture with varied service-delivery models requires governance for allocating resources, along with coordination and accountability.

Proposed actions at country level

1. Convene a high-level multi-sector coordination mechanism. This should have a budget and official authority to co-ordinate across relevant sectors and stakeholders.
2. Assess the current situation and identify the opportunities within and across different sectors for strengthening support for nurturing care.
3. Develop a common vision, set goals and targets, and prepare a coordinated plan of action. Support this with a national integrated policy on early childhood development.
4. Assign clear roles and responsibilities for implementing the national plan, at all levels of government. And give sub-national and local authorities the means to act.
5. Prepare a long-term financing strategy. This should build on any available funding streams that support the components of nurturing care.

Strategic action 2

Focus on families and their communities

The goal is to make a lasting impact on early childhood development, through political commitment, policies and investment. For that to happen, caregivers must be informed, be able to act, and have legal recourse when their entitlements are not met. Therefore, improving nurturing care depends on empowering families and communities and must be done with respect for the local context, while building on the positive social norms and practices that already prevail in the community. Problems such as stunting, which are often invisible, need to be made visible, so that families and communities can take action.

Social accountability increases communities' awareness of what they are entitled to, as well as boosting demand for services. Effective mechanisms for empowering communities and families include participatory budgeting and monitoring, citizen report cards, and ombud offices supported by legislation. These help communities and families to demand more, better-quality services, and to contribute to implementing and improving them. There are also interventions to empower caregivers and communities to strengthen home-care practices. These include participatory learning and action, practised in groups for women, fathers or other parts of the community. Families can also be empowered by home visits from nurses, midwives, social workers, or community health workers – and by counselling, at a health facility or through community services.

It is important to have a strong communication strategy to create widespread understanding and awareness of the importance of enabling young children to reach their full potential. It will also help people to understand how children learn and how they benefit from caregiver engagement – as well as how this leads to them to become adults who have better health, earn more and are socially engaged. It can motivate individuals and communities to lead the change, be accountable, and hold those in power to account for achieving results.

Proposed actions at country level

1. Draw on families' positive voices, beliefs, practices, and needs. Incorporate them in local and national plans.
2. Support communities in identifying local champions who can take on nurturing care and become the drivers of change in their communities.
3. Plan and implement national communication strategies. These should inform and empower communities and families to provide nurturing care.
4. Strengthen and support community platforms for nurturing care. These include faith groups, traditional leaders, community health workers, women's groups, and parent organisations.
5. Involve community groups and leaders in planning, budgeting, implementing and monitoring activities and create accountability for the results.

Strategic action 3
Strengthen services

Families and caregivers need integrated systems of support for nurturing care. The health system has an extensive reach among caregivers and young children. It must step up its role, strengthening services so they address the components of nurturing care in an integrated way. The health sector can provide a platform for coordination with other sectors. Its contributions can be a stepping-stone towards the education sector's work in providing pre-primary education. It can also complement social and child protection's efforts to assist vulnerable families. There are many other opportunities to strengthen existing services, such as within agriculture, WASH, and humanitarian efforts. These can be expanded and enhanced to address young children's well-being and development.

Optimizing the roles of existing staff and paying attention to retaining a qualified workforce is essential. Countries may also decide to take on, and build up, new staff to complement the existing workforce. To strengthen the workforce capacity for the long term, guidance on nurturing care must be integrated into the curriculum for professionals, frontline workers and volunteers, both while they are in training and once they are in service.

System strengthening also includes the updating of information systems, with common indicators to track the quality and coverage of interventions promoting nurturing care. For consistency of materials and training curricula, sectors need a shared understanding of what nurturing care means and what it looks like. That will help to build a qualified workforce, acquire competencies, and improve service quality. If community health workers are involved, they need adequate remuneration, supportive supervision and links to formal health care and specialized services.

Adaptation of generic approaches to national and local contexts is critical. In addition, starting small and building the system one step a time will enable the identification of the most feasible, acceptable and effective implementation approaches at scale.

Proposed actions at country level

1. Identify opportunities for strengthening existing services in a range of sectors such as health, education, child and social protection, agriculture and the environment.
2. Update national standards and service packages to reflect the five components of nurturing care.
3. Update competency profiles and strengthen the workforce's capacity. Use both pre-service and in-service and bring professionals from different sectors together.
4. Provide mentors and supervision for trained staff, build national centres of excellence, and ensure services are of good quality.
5. Strengthen capacities for monitoring individual children's development. And, for children and families that need it, facilitate timely referrals to specialized care.

Strategic action 4
Monitor progress

Measurement and accountability are essential for effectively implementing policies, programmes and services for early childhood development. Effective monitoring systems need to follow a logic model. This should underpin the vision and the national plan, and it should cover inputs, outputs and outcomes.

Many indicators that are relevant for nurturing care – such as those for health and nutrition – are already routine parts of health information systems. But for other components of nurturing care – particularly responsive caregiving, early learning opportunities, and safety and security – new indicators need to be embedded in national monitoring plans and systems.

Countries will need to choose relevant indicators to complement the generic ones recommended by the SDGs and the Global Strategy for Women's, Children's and Adolescents' Health (see Annex 2). Joint monitoring across sectors will provide a clear picture of whether progress is being made as intended, and will generate information to enable cross-sectoral decision-making.

It is important to plan the systems for collecting data and the way these data will be used and reported. Disaggregated data – including sex, age, income, wealth, race or ethnicity, migratory status, disability and geographic location – are needed to provide information on inequities and to enable at-risk populations to be targeted.

Routine data collection has a cost in terms of staff time and other resources. For that reason, each data-collection point should be related to a specific decision-making mechanism, and sufficient funds should be allocated for follow-up action.

Score cards and dashboards are helpful ways to present data to policy-makers, programme staff and service providers, as well as to the media, civil society and parliamentarians. Presenting data to families and communities is also a critical part of any accountability mechanism, improving transparency and joint action. Research is needed to develop better instruments and measurement methods to use in population-based monitoring of children's development.

Proposed actions at country level

1. Agree on the indicators for tracking progress in early childhood development, in line with the national plan and the relevant SDG targets.
2. Update routine information systems to include the indicators, allowing disaggregation. Build capacity, so frontline workers can collect quality data.
3. Make data available to all stakeholders – including families and communities – in a user-friendly format.
4. Support periodic population-based assessment of children's developmental status and home-care practices, as well as risk factors and protective factors for nurturing care.
5. Use data to make decisions about programming for nurturing care and to ensure accountability. That should include an annual review of progress, covering all sectors.

Strategic action 5
Use data and innovate

Achieving holistic well-being for young children requires more scientific evidence. For example, research in local contexts is needed on:

- the best approaches for assessing children's and families' holistic needs;
- effective components of multi-faceted interventions for diverse communities; and
- effective approaches for scale-up and implementation across contexts.

Interventions are often designed in controlled studies, and countries need to tailor them to their local contexts. Implementation research looks at how to do that. It can also inform the models used for scaling up interventions. Here are some examples of implementation-research questions:

- How to create demand for good-quality nurturing care interventions?
- What is the extra cost of delivering new interventions using existing systems?
- What indicators can be added to existing health information systems to inform progress?

Building the local evidence is necessary for making nurturing care part of all systems, and will require partnerships between implementers, policy-makers, and researchers. Currently, these partnerships are often underdeveloped, particularly in low-resource settings, where scientific communities may lack experience due to funding and infrastructure constraints. That makes it harder for them to conduct research and develop the local evidence base.

To address the knowledge gaps, it is essential that countries take the lead in research, fostering national leadership and setting priorities. Important approaches include enabling peer review and joint learning and establishing multidisciplinary teams. These help to share good practices and address implementation problems. National learning and research platforms can be very helpful in this regard.

Proposed actions at country level

1. Foster collaboration among programme implementers, researchers and scientists, in order to develop a local evidence base for nurturing care.
2. Provide leadership in identifying local research priorities, and make resources available for implementation research.
3. Use local and global evidence to create innovations that can be scaled up.
4. Support a national platform for learning and research. And form communities of practice to enable peer learning.
5. Document and publish research findings and lessons learned. Make them available globally in the public domain.

THE LOGIC MODEL

IMPACT

Every child is able to develop to their full potential and no child is left behind
All children are developmentally on track

Outcomes (Components of nurturing care)

Good health	Adequate nutrition	Responsive caregiving	Opportunities for early learning	Security and safety
• Caregivers are mentally and physically healthy • Antenatal, childbirth and postnatal care are of good quality • Mothers and children are immunized • Care-seeking for childhood illness is timely • Childhood illness is appropriately managed	• Caregivers' nutritional status is adequate • Breastfeeding is exclusive and initiated early • Complementary feeding and child nutrition are appropriate • Micronutrient supplementation is given as needed • Childhood malnutrition is managed	• The child has secure emotional relations with caregivers • Caregivers are sensitive and responsive to the child's cues • Caregiver-child interactions are enjoyable and stimulating • Communication is bi-directional	• Communication is language-rich • There are opportunities for age-appropriate play and early learning at home and in the community	• Families and children live in clean and safe environments • Families and children practise good hygiene • Children experience supportive discipline • Children do not experience neglect, violence, displacement or conflict

Outputs (Strategic actions)

1. Lead and invest	2. Focus on families	3. Strengthen services	4. Monitor progress	5. Use data and innovate
• High-level multi-sectoral coordination mechanism established • Current situation assessed • Common vision, goals, targets and action plan developed • Roles and responsibilities at national, sub-national and local levels assigned • Sustainable financing strategy put in place	• Families' voices, beliefs, and needs incorporated in plans • Local champions to drive change identified • National communication strategies implemented • Community promoters of nurturing care strengthened • Community groups and leaders involved in planning, budgeting, implementing and monitoring activities	• Opportunities for strengthening existing services identified • National standards and service packages updated • The workforce's competency profiles updated and capacity strengthened • Trained staff mentored and supervised • Children's development monitored and, when needed, timely referrals made.	• Indicators for tracking early childhood development agreed • Routine information systems updated to generate relevant data • Data made accessible in user-friendly formats • Periodic, population-based assessment of early childhood development conducted • Data used for decision-making and accountability	• Multi-stakeholder collaboration on research for nurturing care established • Priorities identified and resources made available for researching implementation • Innovations, based on new evidence, implemented • National learning and research platform put in place • Research findings, and lessons learnt, published

Inputs

Provide leadership, coordinate and invest	Ensure families and communities are empowered to act and able to realize quality nurturing care	Strengthen existing systems and services, ensuring joint dynamic action between sectors and stakeholders	Monitor progress, using relevant indicators, keep people informed and account for results	Strengthen local evidence, and innovate to scale up interventions

Enabling environments for nurturing care – created by policies, programmes and services

Financing nurturing care

To create the enabling environments for nurturing care, funding is needed for systems, the workforce and infrastructure. And that funding has to be sustainable, equitably distributed, efficient and flexible. It can come from a mixture of public and private sources – including contributions from households, in many settings.[78] Combining this mixture with varied service-delivery models requires governance for allocating resources, along with coordination and accountability.

Investment is still inadequate for the range of inputs needed for nurturing care. More financing from all sources will be needed to improve nurturing care services' coverage, quality and equity. Increases in public funding are essential. Governments must increase both the allocation and efficiency of spending from their domestic resources.[79] They should do this by:

- giving priority to crucial investments for the period from pregnancy to age 3;
- having policy dialogues about the resources for health, nutrition, education, social protection and child protection; and
- strengthening public financial management in these areas.

Donors need to harmonize their financing to support the implementation of government-led programmes for nurturing care. International donors need to step up to close the financing gap for low-income countries and those affected by conflict, disasters and humanitarian crises. And the private sector can play a critical role in two ways: its corporate social responsibility (CSR) initiatives can contribute to budgets, and private-sector organizations can implement nurturing care policies and services internally.

In low-income settings, it is common to have out-of-pocket spending for children's day care and early childhood programmes. That leads to high household spending, raising concerns about equity. As well as fees, households may be asked to contribute cash to help cover salaries, and food and manual labour to help maintain infrastructure. In some countries, subsidies and a sliding scale of fees can help to reduce the burden on the neediest families. And programmes of conditional cash transfers can increase household income and give people an incentive to use nurturing care services.

We are all working towards a future in which governments prioritize and adequately fund good-quality programmes, delivered at scale and reaching all children from pregnancy to age 3.[80] Meanwhile, there are a number of opportunities to address gaps in financing. These include:

- bi-lateral and multi-lateral funds through international development aid;
- new investors include the Power of Nutrition, and the Global Financing Facility Trust Fund in support of Every Woman Every Child; and
- foundations that seek to support the provision of nurturing care for young children in many of the world's most disadvantaged settings.

Opportunities for supporting nurturing care

The evidence shows that providers who work with families can be trained to effectively promote and support early childhood development through services they already deliver, as well as by building caregiving skills. These providers include community health workers, social workers and children's day-care workers, as well as primary health-care providers, paediatricians and others working with children who have developmental disabilities. That means support for nurturing care can be fully integrated into existing services. It just requires strengthening the existing skills of people who work with families that have young children. The opportunities include:

- child health and nutrition – pre-conception care, antenatal care, postnatal care, immunization, monitoring growth, sick child care, nutrition counselling, management of acute malnutrition and rehabilitation, and services for children with developmental difficulties or disabilities;
- education – secondary education, adult education, children's day-care services and centres, pre-primary education, and services for children with developmental difficulties or disabilities;
- social protection – income-support programmes, health insurance schemes, work-based child care programmes, and care for children outside the family; and
- child protection – services for children at risk of neglect and maltreatment, and children in institutional care.

Monitoring individual children as they grow

Developmental monitoring (not to be confused with monitoring progress, the subject of strategic action 4) aims to keep track of, and support, each child's development. It differs from screening, which has a predetermined timeframe, and which aims to detect any aberrations. Developmental monitoring enables the child's functioning to be interpreted by looking at factors such as expressive communication, receptive communication, gross motor and fine motor skills, relating, play and self-help.[81]

It supports the way the family provides stimulating, nurturing care in the child's daily life. It looks for biopsychosocial risk factors that may be present, and assesses how the family is dealing with these risk factors. And it educates providers about the rights of children with developmental difficulties, as well as how to support families using interventions, including community-based resources.[81]

Approaches for monitoring children's individual development are recommended as part of the Nurturing Care Framework. They are characterized by informed watching, enjoying and supporting the child's development, with the family. And they also include partnering with caregivers to enhance strengths, address risk factors, and provide additional individualized support and services when needed.[82]

05 Making nurturing care happen

To facilitate a seamless continuum of care across sectors: plan together, implement by sector, monitor and improve together.

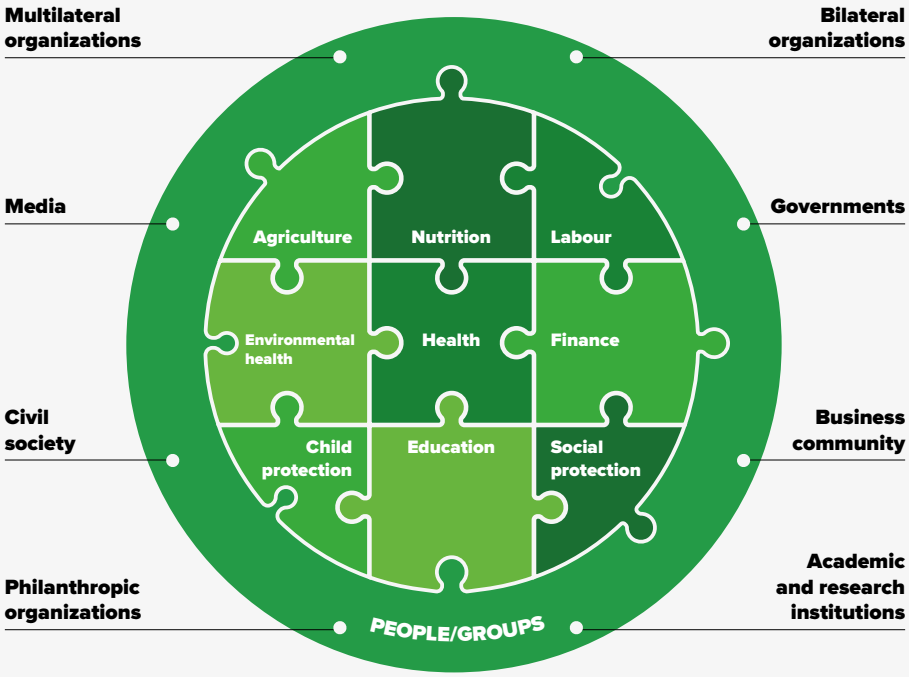
Roles and responsibilities

Early childhood development is key to human development, and human development is in the interests of everyone in society. Since it has such broad effects, it makes sense that no sector can be solely responsible for it. The health sector has many points of contact with pregnant women, families and people who care for young children. But it needs to be supported by actions in other sectors – including nutrition, education, social protection, child welfare, agriculture, labour, finance, water and sanitation – under a whole-of-government approach.

It is also essential to involve all relevant stakeholders, including caregivers and families, communities and municipalities, service providers and sector managers, political leaders and civil society, and donors and the private sector.

Children everywhere in the world are entitled to urgent results. To achieve those results, stakeholders must plan together, implement by sector and by level of government, and monitor and be accountable together. An effective coordinating function is essential, though countries will have different mechanisms to make that happen. The sectors most closely in contact with families and children are: health and nutrition, education, and social and child protection. It describes their role in accelerating action on nurturing care.

EVERY SECTOR AND ALL STAKEHOLDERS COMMITTING TO ACTION



The health and nutrition sector

The health and nutrition sector has not previously been seen as an important player in early childhood development. Yet the services that health workers offer – for mothers during pregnancy and for children up to the age of 3 – are perfectly timed to address early childhood development. For antenatal care, contact with the health service can ensure the mother's well-being, make sure there are enough nutrients in utero to support the baby's brain development, and prevent unsafe childbirth, with its birth injuries and risks to the mother's health. Promoting and supporting breastfeeding at birth enables the mother and child to bond. And continuing with exclusive breastfeeding enhances the child's cognitive and emotional development. When children come for immunization, the contact with caregivers provides an opportunity to inform them about the importance of affectionate care and stimulation. Services for at-risk children – such as rehabilitation programmes for infants who are acutely malnourished or who have low birthweight – are also important opportunities to provide counselling on responsive caregiving and early learning. Health-care workers are also familiar with families' and communities' culture, values, and traditions that promote nurturing care.

Here are five recommended ways for the health sector to promote nurturing care.

1. Ensure women and young children have access to good-quality health and nutrition services

Because many health and nutrition interventions have a direct impact on children's development, they must be good quality and have high levels of coverage. The drive to universal health coverage is an opportunity to ensure that, along the continuum of care, service packages for women and young children are accessible, affordable and effective.

2. Make health and nutrition services more supportive of nurturing care

There are many touch points where families have contact with services, including antenatal care, postnatal care, and sick- and well-child visits. Support for responsive caregiving must be integrated in them, including opportunities for early learning, supporting caregivers' mental health, and security and safety. This enhances the quality of routine services, and contributes to caregivers' satisfaction and their demand for services.

3. Increase outreach to families and children with the greatest risk of sub-optimal development

Families and children who are at risk of sub-optimal development will benefit from additional contacts, beyond routine services. Home visits and caregivers' groups have been shown to be effective in helping families and children to overcome their challenges with nurturing care. Community health workers, trained to proficiency, can play an important role in providing support, extending the care provided in health facilities. Social assistance programs which are often targeted to the poorest and most vulnerable families can provide support and encourage the use of available social services.[47]

4. Establish specialized services for families and children with developmental difficulties and disabilities

As well as strengthening routine and targeted support, countries must invest in local expertise and services that address the needs of families and children who need extra support. They include children with developmental difficulties or disabilities, those with chronic health conditions, and those at risk of maltreatment, as well as caregivers with substance-abuse difficulties or mental illness. These services can involve care by non-specialist providers. They have been effective in helping caregivers improve children's communication and adaptive skills, as well as fostering caregivers' well-being, self-confidence, caregiving skills and knowledge.

5. Collaborate with other sectors to ensure a continuum of nurturing care

The health sector must collaborate with other sectors to ensure that families and children – particularly those who are most vulnerable – are supported by a full complement of safety nets. Collaboration will help to foster an enabling environment in which no family or child is left behind. This collaboration can provide affordable and good-quality children's day care, financial grants for poor families, clean and safe environments, social and legal support in cases of intra-family violence, and child-friendly employment conditions.

The education sector

Traditionally, the education sector has been more involved in serving older children. Only in more recent years has it started to include preschool-age children. It also has an important role in supporting children under 3. Large numbers of children are in day care, some just 2 or 3 months old, while their caregivers seek employment or go to work. Providers of day care need time, resources, training and supervision to give nurturing care to the children placed with them. As more and more young children around the world enter preschools, curricula and overall programming must be made appropriate for young children's development. They must not just be adapted from curricula designed for older children. The education sector also has an important role in providing appropriate pre-service training for physicians, nurses, social workers, and others involved in supporting nurturing care.

Here are five recommended ways for the education sector to promote nurturing care:

1. Reinforce the fact that education begins at birth

Learning is not the same as schooling. Learning does not wait until children reach the classroom. Learning begins at home, during pregnancy. Community child-care programmes and caregivers' groups can be important hubs for promoting early learning experiences at home and outside it. These early moments provide the foundation for lifelong learning, which supports children's cognitive, physical, social and emotional development. Opportunities for early learning are best provided in an atmosphere that promotes curiosity, motivation, a strong self-concept, self-regulation and an appreciation of the language and culture at home. By engaging and starting early, education partners can help to assure continuity in messaging and support for nurturing care – at home, in child-care programmes, in preschool, in primary school, and beyond.

2. Ensure good health practices, hygiene and nutrition in early childhood programmes

Preschools and other early-childhood programmes are a good place to provide nutritious meals and snacks, and allow ample physical activity. They are also good for promoting visual, hearing and oral health, practising good hygiene, improving dietary and feeding practices at home, and promoting respect and inclusion among children of diverse backgrounds. Partnerships between actors in health, hygiene, nutrition, and children's rights can also be useful in these settings. They facilitate the monitoring and promotion of young children's growth, physical development, hygiene practices, social and emotional development, and overall well-being.

3. Put family engagement at the core of early childhood programmes

Education has traditionally focused on children, but there is increasing evidence for the importance of engaging families in preschool and child-care programmes. Caregivers can volunteer, they can take part in decision-making, and they can be included in education and networking events. All these things promote a sense of empowerment and inclusiveness, so that families feel confident about the important role they play in their children's lives. Barriers – whether financial, social or cultural – can limit families' and children's participation in programmes. When families feel valued, and when they are involved in the programme's design and delivery, they are likely to be more successful and to sustain their efforts.

4. Integrate children who have additional needs and reach out to the most vulnerable

All children have the right to participate in early childhood programmes. But the most vulnerable families are often invisible: services do not reach them. It is essential to identify vulnerable children and families, through community assessment, dialogues and outreach. As preschools and community-based child care expand, there is a new opportunity to embrace children with special needs, and to prepare teachers and administrators to ensure they fully participate.

5. Invest in education for adolescents and adults

Adult education is associated with better early childhood development, as is ensuring secondary education for young people as many will become mothers and fathers. Integrating nurturing care into secondary school curricula can prepare future caregivers to promote and support the development of the next generation of children.

The social- and child-protection sectors

In some countries, the social- and child-protection sectors are referred to as social welfare. Whatever the terminology, they have a critical role to play in creating an enabling environment for nurturing care. They do this by providing the safety nets that strengthen families' capacity to provide nurturing care and to access services when needed. Interventions include:

- targeted financial and social support for the most vulnerable households with young children;
- urban planning and green spaces that are sensitive to young children's needs;
- free or affordable child-care facilities for children aged 0 to 3;
- links to community-based centres for children; and
- caregiving programmes.

Having a safe, supportive and nurturing environment, with affectionate and responsive caregivers, helps children to build resilience to adversity, trauma, threats and significant life stressors.

Here are five recommended ways for social and child protection to help support nurturing care.

1. Guarantee identity citizenship for every child

Because of inadequate civil registration and national identification systems, millions of people in low- and middle-income countries are being denied basic services and protection of their rights. Services that are inaccessible to non-citizens include universal health coverage, education and social protection, as well as humanitarian assistance in emergencies and conflicts. In order to support nurturing care, countries need to register the birth of every child and record all the vital events after that. Birth registration should also be linked to identification to ensure access to services and rights.

2. Shield families and children from poverty

To alleviate the effects of poverty, particularly extreme poverty, on young children, it is essential to have basic income security for children, pregnant women, workers injured on duty, people of working age who are unable to earn an adequate income, and older people. Identifying vulnerable populations and giving them basic social security not only improves provides essential support for making basic investments in families' well being, but improve also improves the quality of life in the home. It also the quality of life in the home, it also facilitates access to essential services, especially in health care.

3. Link benefits to services that support nurturing care

Social protection mechanisms reach many vulnerable families, and so provide important opportunities for scaling up nurturing care. They reach young children, pregnant women and their families, giving them information, support, protection and services. Linking these mechanisms to nurturing care has been shown to have benefits for both, and can increase the impact of social protection programmes.

4. Ensure there is a continuum of care

Children can be at risk of sub-optimal development because of biological factors, such as disability, or environmental factors, such as violence in the community or at home. These children need to be referred to appropriate community-based services that provide more specialized care. Children also need the means to reach those services, including transport and translation. To serve those in greatest need, ensure that there are staff with appropriate qualifications, centres that provide integrated services, and systems that combine these services into a continuum of care.

5. Protect children from maltreatment and family dissolution

Ensure that professionals in all sectors understand how dangerous the maltreatment of children is. These professionals should also be able to spot when a child is being maltreated, and know what to do if they suspect maltreatment. Professionals also need to be able to respond in the best interests of the child and understand the importance of preventing young children from suffering the adverse effects of family separation. Identify strategies to reduce child and domestic violence, such as fathers' groups, national campaigns, parenting programmes and local champions. Seek to find solutions that keep families together.

Committing to action

Concrete commitments and collective action are needed to implement the strategic actions and realize this Framework's vision. Governments and concerned stakeholders made commitments to the Global Strategy for Women's, Children's and Adolescents' Health. These are the foundation on which to build additional commitments to support nurturing care.

This is the call for commitments from individuals and organizations at all levels to work together towards the relevant SDG targets and to achieve the proposed milestones, at country and global levels.

MILESTONES TO BE ACHIEVED IN THE NEXT 5 YEARS (BY 2023)

	NATIONAL MILESTONES	GLOBAL MILESTONES
	All countries have developed a national coordination mechanism and a plan to address nurturing care in a holistic way.	Global stakeholders have established functional mechanisms for multi-sectoral coordination and harmonized action in support of nurturing care.
	All countries are addressing nurturing care in national communication strategies and through community structures and local leaders.	Global stakeholders have launched a global advocacy campaign for nurturing care and promote effective approaches for engaging communities and giving them agency.
	All countries are strengthening their workforce's capacity to support responsive caregiving and early learning – among all families and children, including those with additional needs.	Global stakeholders have developed and updated guidelines, service packages and implementation guidance for nurturing care, and promote their use
	All countries are collecting data about the quality and coverage of interventions for all five components of nurturing care.	Harmonized global indicators and measurement framework for nurturing care are available and used to assess implementation and impact.
	All countries are investing in local research to strengthen implementation of nurturing-care interventions.	Global stakeholders have identified research priorities for nurturing care and invest in studies to address them.

Governments, parliamentarians, and policy-makers will

- commit to a vision of equity and human development, with young children and their families at its centre;
- support nurturing care by coordinating policies, budgets, operational plans, work-force development, training packages, tools and activities across a range of sectors;
- make resources available – human, technical and financial – to strengthen policies, information and services at national, sub-national and local levels; and
- work towards a whole-of-government and a whole-of-society approach to support nurturing care.

Civil society will

- advocate for increased attention to nurturing care, and more investment in it;
- strengthen communities' ability to support nurturing care;
- increase families' and local stakeholders' knowledge of young children's rights; and
- track progress, and hold itself – and other stakeholders – to account for commitments.

Academic and research institutions will

- generate new evidence about nurturing care's benefits, its impact on current and future generations, and effective approaches to implementing it – as well as costs and cost-effectiveness;
- generate evidence about how to adapt proven interventions and programmes, so they serve specific groups of families and children – including those in indigenous and hard-to-reach communities;
- integrate nurturing care into training for professionals who work with young children and families; and
- make information about evidence and innovations widely available.

The business community will

- invest in creating an enabling environment for nurturing care – in the work place, the community and society – by investing resources, and introducing corporate policies that give adequate and equal paid maternity and paternity leave.

The media will

- speak for those who are most deprived;
- create awareness and promote best practices in nurturing care; and
- help change social norms about early childhood, by using current scientific knowledge to inform its messages.

The United Nations and other multilateral organizations and initiatives will

- combine all the evidence into a single coherent approach;
- develop norms and guidance;
- provide technical and financial assistance to countries and partners;
- monitor progress in coverage, quality and outcomes of policies and interventions; and
- work in partnership to keep nurturing care high on the sustainable-development agenda.

Bilateral development partners and philanthropic institutions will

- mobilize financial and technical resources;
- stimulate research and innovation; and
- support the implementation and monitoring of national policies and plans for nurturing care.

Additional resources

This Nurturing Care Framework provides a roadmap for action. We will support it with online resources to help it to be adapted for use in different countries.

We will develop the website over time, in collaboration with stakeholders. It will provide information about countries' progress, along with resources to guide policy-making and programming.

These resources will include:

- guidance to inform policy-making and planning
- tools for advocacy and communication
- tools for strengthening services' capacity
- guidance on monitoring and evaluation
- stories from countries
- recent research findings.

For more information, please visit **www.nurturing-care.org**

Annexes

Annex 1. Glossary

Annex 2. Proposed indicators

Annex 1. Glossary

Caregiver – a person who is very closely attached to the child and responsible for their daily care and support. Primary caregivers include parents, families and other people who are directly responsible for the child at home. They also include carers outside the home, such as people working in organized day care.

Developmental delay – a description used when a young child's development is delayed in one or more areas, compared with other children's. This can include the development of gross-motor skills, fine-motor skills, speech and language, cognitive and intellectual, and social and emotional skills, as well as executive functions.

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. The term encompasses all children who have limitations in functioning and developing to their full potential. That includes those living in hunger or social deprivation, those who had a low birthweight, and those with cerebral palsy, autism, sensory problems, cognitive impairments such as Down syndrome, or other physical disabilities, such as spina bifida.

Disability – any difficulty encountered in three interconnected areas: impairments in body functions or alterations in body structure; limitations or difficulties in executing activities; and restrictions in participating in any area of life. Disability arises from the interaction of health conditions with contextual factors, including environmental and personal factors.

Early childhood development – children's cognitive, physical, language, motor, and social and emotional development, between conception and age 8. Within that, the Nurturing Care Framework focuses on the period from pregnancy to age 3.

Epigenesis – DNA modifications that do not change the DNA sequence, but can modify genes' activity by helping to determine whether they are turned on or off. Epigenetic change is a regular and natural occurrence, and it can be influenced by factors including age, environment, lifestyle, and disease.

Family-centered approach – policies, procedures and practices tailored to focus on children's and families' needs, beliefs, and cultural values. This approach means working in partnership with families, recognizing and building on their strengths.

Nurturing care – an environment created by caregivers. It ensures children's good health and nutrition, protects them from threats, and gives them opportunities for early learning, through interactions that are emotionally supportive and responsive.

Whole-of-government approach – public-service agencies working across portfolio boundaries, formally and informally, to achieve a shared goal. This produces an integrated government response to particular issues. It aims to achieve policy coherence in order to improve the effectiveness and efficiency of policies and programming.

Whole-of-society approach – all relevant stakeholders working to support national efforts. These stakeholders include individuals, families, communities, intergovernmental organizations, religious institutions, civil society, academia, the media, voluntary associations and – when appropriate – the private sector and industry. This approach aims to strengthen coordination among these stakeholders, in order to make their efforts more effective.

Annex 2. Proposed indicators

There are already global indicators for monitoring progress towards attaining the Nurturing Care Framework's vision and targets. These indicators come from the monitoring frameworks for the Sustainable Development Goals (SDGs) and the Global Strategy for Women's, Children's and Adolescents' Health.[83] Table 2 shows some of the indicators for each of the Nurturing Care Framework's components – though many other indicators are also relevant.

Population-based indicators are not equally available for the five components of nurturing care. In particular, there are very few for responsive caregiving and early learning. And no one collects comparable country data on the coverage of counselling interventions for helping caregivers to provide nurturing care. This is not covered by demographic and health surveys, nationally representative household surveys, or UNICEF's Multiple Indicator Cluster Surveys (MICs).

Around the world, work is in progress on developing new indicators for assessing development in children under 5 years old. The aim is to arrive at a harmonized monitoring framework. In particular, indicators are needed for assessing development in children aged 0–3 years. This will enable countries to track progress towards SDG target 4.2.1, on children under 5 years old who are developmentally on track in health, learning and psychosocial well-being.

TABLE 2

Examples of population-based indicators supporting nurturing care

What is monitored	Existing indicators
Maternal mortality ratio	SDG 3.1.1
Under-five mortality rate	SDG 3.2.1
Neonatal mortality rate	SDG 3.2.2
Adolescent birth rate	SDG 3.7.2
Good health	
Coverage index of essential health services, including those for RMNCAH: family planning, antenatal care, skilled birth attendance, breastfeeding, immunization, and childhood illnesses treatment	SDG 3.1.2, 3.7.1, 3.8.1
Proportion of women aged 15–49 who received four or more ante-natal care visits	Global Strategy

Proportion of mothers and newborns who have postnatal contact with a health provider within two days of delivery	Global Strategy
Percentage of children fully immunized	Global Strategy
Proportion of children with suspected pneumonia taken to an ap-propriate health-care provider	Global Strategy
Percentage of children with diarrhoea receiving oral rehydration salts (ORS)	Global Strategy
Adequate nutrition	
Prevalence of stunting (height for age <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years old	SDG 2.2.1
Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years old, by type (wasting or overweight)	SDG 2.2.2
Prevalence of anaemia in women aged 15–49, disaggregated by age and pregnancy status	Global Strategy
Percentage of infants under 6 months old who are fed exclusively with breast milk	Global Strategy
Proportion of children aged 6–23 months who receive a minimum acceptable diet	Global Strategy
Responsive caregiving	
Proportion of children under 5 years old who are developmentally on track in health, learning and psychosocial well-being, by sex	SDG 4.2.1
Percentage of children aged 0–59 months left alone, or in the care of another child under 10 years old, for more than an hour at least once in the past week	MICS
Opportunities for early learning	
Percentage of children aged 0–59 months who have three or more children's books at home	MICS
Percentage of children aged 0–59 months who play with two or more of the playthings at home	MICS
Security and safety	
Proportion of population living below the national poverty line, by sex and age	SDG 1.2.1
Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month	SDG 16.2.1
Proportion of children under 5 years old whose births have been registered with a civil authority	SDG 16.9.1
Percentage of population using safely managed drinking water services	SDG 6.1.1
Percentage of population using safely managed sanitation services, including a hand-washing facility with soap and water	SDG 6.2.1

References

1. Christakis D. Media and children [video]. City: Publisher; 2011 (https://www.youtube.com/watch?v=BoT7qH_uVNo, accessed 2 May 2018).

2. Survive, Thrive, Transform – The Global Strategy for Women's, Children's and Adolescents' Health (2016 – 2030). New York: United Nations; 2015.

3. Transforming our World: The 2030 Agenda for Sustainable Development. New York: United Nations; 2015.

4. The United Nations Convention of the Rights of the Child. New York: United Nations; 1989.

5. Shonkoff JP, Garner AS, Committee on Psychosocial Aspects of, Child Family, Health et al. The lifelong effects of early childhood adversity and toxic stress. Pediatrics. 2012;129(1):e232–46.

6. Black MM, Walker SP, Fernald LCH, et al. Early childhood development coming of age: science through the life course. Lancet. 2017;389(10064):77–90.

7. Richter LM, Daelmans B, Lombardi J, et al. Investing in the foundation of sustainable development: pathways to scale up for early childhood development. Lancet. 2017;389(10064):103–18.

8. Britto PR, Lye SJ, Proulx K, et al. Nurturing care: promoting early childhood development. Lancet. 2017;389(10064):91–102.

9. Gertler P, Heckman J, Pinto R, et al. Labor market returns to an early childhood stimulation intervention in Jamaica. Science. 2014;344(6187):998–1001.

10. Hoddinott J, Maluccio JA, Behrman JR, Flores R, Martorell R. Effect of a nutrition intervention during early childhood on economic productivity in Guatemalan adults. Lancet. 2008;371(9610):411–6.

11. Heckman JJ. Skill formation and the economics of investing in disadvantaged children. Science. 2006;312(5782):1900–2.

12. The State of the World's Children 2017: Children in a digital world. New York: UNICEF; 2017.

13. Chan M, Lake A, Hansen K. The early years: silent emergency or unique opportunity? Lancet. 2017;389(10064):11–3.

14. Lagercrantz H. Infant brain development: Formation of the mind and the emergence of consciousness. Switzerland: Springer International Publishing; 2016.

15. Hepper P. Behavior during the prenatal period: Adaptive for development and survival. Child Development Perspectives. 2015;9(1):38–43.

16. van IJzendoorn MH, Bakermans?Kranenburg MJ, Ebstein RP. Methylation matters in child development: Toward developmental behavioral epigenetics. Child Development Perspectives. 2011;5(4):305–10.

17. Campbell F, Conti G, Heckman JJ, et al. Early childhood investments substantially boost adult health. Science. 2014;343(6178):1478–85.

18. Nofziger S, Rosen NL. Building self-control to prevent crime. In: Teasdale B, Bradley M, editors. Preventing crime and violence. Basel, Switzerland: Springer International Publishing; 2017:43–56.

19. Murray L, Andrews E. The social baby. London: The Children's Project; 2002.

20. Tomlinson M, Cooper P, Murray L. The mother-infant relationship and infant attachment in a South African peri-urban settlement. Child Dev. 2005;76(5):1044–54.

21. Vally Z, Murray L, Tomlinson M, Cooper PJ. The impact of dialogic book-sharing training on infant language and attention: a randomized controlled trial in a deprived South African community. J Child Psychol Psychiatry. 2015;56(8):865–73.

22. Muller-Nix C, Forcada-Guex M, Pierrehumbert B, Jaunin L, Borghini A, Ansermet F. Prematurity, maternal stress and mother-child interactions. Early human development. 2004;79(2):145–58.

23. Spittle AJ, Treyvaud K, Doyle LW, et al. Early emergence of behavior and social-emotional problems in very preterm infants. Journal of the American Academy of Child & Adolescent Psychiatry. 2009;48(9):909–18.

24. Charpak N, Tessier R, Ruiz JG, et al. Twenty-year follow-up of kangaroo mother care versus traditional care. Pediatrics. 2017;139(1).

25. Rollins NC, Bhandari N, Hajeebhoy N, et al. Why invest, and what it will take to improve breastfeeding practices? Lancet. 2016; 387(10017):491–504.

26. Heckman JJ. The economics, technology, and neuroscience of human capability formation. Proc Natl Acad Sci U S A. 2007;104(33):13250–5.

27. Yousafzai AK, Rasheed MA, Rizvi A, Armstrong R, Bhutta ZA. Effect of integrated responsive stimulation and nutrition interventions in the Lady Health Worker programme in Pakistan on child development, growth, and health outcomes: a cluster-randomised factorial effectiveness trial. Lancet. 2014;384(9950):1282–93.

28. Grantham-McGregor SM, Fernald LC, Kagawa RM, Walker S. Effects of integrated child development and nutrition interventions on child development and nutritional status. Ann N Y Acad Sci. 2014;1308:11–32.

29. Stephenson J, Heslehurst N, Hall J, et al. Before the beginning: nutrition and lifestyle in the preconception period and its importance for future health. Lancet. 2018.

30. Fleming TP, Watkins A, Velazquez MA, et al. Origins of lifetime health around the time of conception: causes and consequences. Lancet. 2018.

31. Chan JC, Nugent BM, Bale TL. Parental advisory: Maternal and paternal stress can impact offspring neurodevelopment. Biol Psychiatry. 2017.

32. Li J, Tsuprykov O, Yang X, Hocher B. Paternal programming of offspring cardiometabolic diseases in later life. J Hypertens. 2016;34(11):2111–26.

33. Barker M, Colbourn T, Dombrowkski SU, et al. Intervention strategies to improve nutrition and health behaviours before conception. Lancet. 2018.

34. Lytton H, Romney DM. Parents' differential socialization of boys and girls: A meta-analysis. Psychological Bulletin. 1991;109(2):267.

35. Jordans MJD, Tol WA. Mental health and psychosocial support for children in areas of armed conflict: call for a systems approach. BJPsych Int. 2015;12(3):72–5.

36. Sameroff A. A unified theory of development: a dialectic integration of nature and nurture. Child Dev. 2010;81(1):6–22.

37. Murphy KM, Rodrigues K, Costigan J, Annan J. Raising children in conflict: An integrative model of parenting in war. Peace and Conflict: Journal of Peace Psychology. 2017;23:46.

38. Murphy KM, Yoshikawa H, Wuermli A. Implementation research for early childhood development programming in humanitarian contexts. Annals of the New York Academy of Science. 2018; 1419: 218-229

39. Bouchane K, Yoshikawa H, Murphy KM, Lombardi J. Early childhood programs for refugees. Paris: UNESCO. 2018.

40. Black RE, Allen LH, Bhutta ZA, et al. Maternal and child undernutrition: global and regional exposures and health consequences. Lancet. 2008;371(9608):243–60.

41. Victora CG, Adair L, Fall C, et al. Maternal and child undernutrition: consequences for adult health and human capital. Lancet. 2008;371(9609):340–57.

42. Rollins NC, Bhandari N, Hajeebhoy N, et al. Why invest, and what it will take to improve breastfeeding practices? Lancet. 2016;387(10017):491–504.

43. Engle PL, Pelto GH. Responsive feeding: implications for policy and program implementation. J Nutr. 2011;141(3):508–11.

44. Tomlinson M, Cooper P, Murray L. The mother-infant relationship and infant attachment in a South African peri-urban settlement. Child Dev. 2005;76(5):1044–54.

45. Lucas JE, Richter LM, Daelmans B. Care for child development: an intervention in support of responsive caregiving and early child development. Child Care Health Dev. 2018;44(1):41–9.

46. Shonkoff JP. Leveraging the biology of adversity to address the roots of disparities in health and development. Proc Natl Acad Sci U S A. 2012;109 Suppl 2:17302–7.

47. Walque, Damien de, Lia Fernald, Paul Gertler, and Melissa Hidrobo. 2017. "Cash Transfers and Child and Adolescent Development." In *Disease Control Priorities*, Third Edition, 325–41. Washington DC: World Bank. http://dcp-3.org/chapter/2472/cash-transfers-and-child-and-adolescent-development

48. Maulik PK, Darmstadt G. Childhood disability in low- and middle-income countries: overview of screening, prevention, services, legislation, and epidemiology. Pediatrics. 2007;120(Supplement 1):S1–S55.

49. Green S, Davis C, Karshmer E, Marsh P, Straight B. Living stigma: The impact of labeling, stereotyping, separation, status loss, and discrimination in the lives of individuals with disabilities and their families. Sociological Inquiry. 2005;75(2):197–215.

50. The International classification of functioning, disability and health. Geneva: World Health Organization; 2001.

51. Yousafzai AK, Lynch P, Gladstone M. Moving beyond prevalence studies: screening and interventions for children with disabilities in low-income and middle-income countries. Arch Dis Child. 2014;99(9):840–8.

52. Reichow B, Servili C, Yasamy MT, Barbui C, Saxena S. Non-specialist psychosocial interventions for children and adolescents with intellectual disability or lower-functioning autism spectrum disorders: a systematic review. PLoS Med. 2013;10(12):e1001572;discussion e.

53. Hamdani SU, Akhtar P, Zill EH, et al. WHO Parents Skills Training (PST) programme for children with developmental disorders and delays delivered by Family Volunteers in rural Pakistan: study protocol for effectiveness implementation hybrid cluster randomized controlled trial. Global Mental Health. 2017;4:e11.

54. Inheriting a sustainable world? Atlas on children's health and the environment. Geneva: World Health Organization; 2017.

55. Progress on drinking water, sanitation and hygiene. Geneva: World Health Organization; 2017.

56. Burning opportunity: clean household energy for health, sustainable development, and wellbeing of women and children. Geneva: World Health Organization; 2016.

57. Don't pollute my future! The impact of the environment on children's health. Geneva: World Health Organization; 2017.

58. National Department of Health. National Antenatal Sentinel HIV and Syphilis Survey Report 2015. Pretoria, South Africa: National Department of Health; 2017.

59. Richter LM, Sherr L, Adato M, et al. Strengthening families to support children affected by HIV and AIDS. AIDS Care. 2009;21 Suppl1:3–12.

60. Sherr L, Cluver L. World Health Day focus on HIV and depression – a comorbidity with specific challenges. J Int AIDS Soc. 2017;20(1):21956.

61. Williams PL, Marino M, Malee K, et al. Neurodevelopment and in utero antiretroviral exposure of HIV-exposed uninfected infants. Pediatrics. 2010;125(2):e250–60.

62. UNAIDS. Ending AIDS: Progress towards the 90-90-90 targets. Geneva: UNAIDS; 2017.

63. Cooper PJ, Tomlinson M, Swartz L, Woolgar M, Murray L, Molteno C. Post-partum depression and the mother-infant relationship in a South African peri-urban settlement. Br J Psychiatry. 1999;175:554–8.

64. Fisher J, Cabral de Mello M, Patel V, et al. Prevalence and determinants of common perinatal mental disorders in women in low- and lower-middle-income countries: a systematic review. Bull World Health Organ. 2012;90(2):139G–49G.

65. Ramchandani P, Stein A, Evans J, O'Connor TG, team As. Paternal depression in the postnatal period and child development: a prospective population study. Lancet. 2005;365(9478):2201–5.

66. Howard LM, Molyneaux E, Dennis CL, Rochat T, Stein A, Milgrom J. Non-psychotic mental disorders in the perinatal period. Lancet. 2014;384(9956):1775–88.

67. Murray L. The impact of postnatal depression on infant development. J Child Psychol Psychiatry. 1992;33(3):543–61.

68. Rahman A, Iqbal Z, Bunn J, Lovel H, Harrington R. Impact of maternal depression on infant nutritional status and illness: a cohort study. Arch Gen Psychiatry. 2004;61(9): 946–52.

69. Rahman A, Malik A, Sikander S, Roberts C, Creed F. Cognitive behaviour therapy-based intervention by community health workers for mothers with depression and their infants in rural Pakistan: a cluster-randomised controlled trial. Lancet. 2008;372(9642):902–9.

70. Rahman A, Fisher J, Bower P, et al. Interventions for common perinatal mental disorders in women in low- and middle-income countries: a systematic review and meta-analysis. Bull World Health Organ. 2013;91(8):593–601l.

71. Barlow J, Coren E, Stewart-Brown S. Meta-analysis of the effectiveness of parenting programmes in improving maternal psychosocial health. Br J Gen Pract. 2002;52(476):223–33.

72. Stoltenborgh M, Bakermans-Kranenburg MJ, van Ijzendoorn MH. The neglect of child neglect: a meta-analytic review of the prevalence of neglect. Soc Psychiatry Psychiatr Epidemiol. 2013;48(3):345–55.

73. Danese A, Moffitt TE, Harrington H, et al. Adverse childhood experiences and adult risk factors for age-related disease: depression, inflammation, and clustering of metabolic risk markers. Arch Pediatr Adolesc Med. 2009;163(12):1135–43.

74. Norman RE, Byambaa M, De R, Butchart A, Scott J, Vos T. The long-term health consequences of child physical abuse, emotional abuse, and neglect: a systematic review and meta-analysis. PLoS Med. 2012;9(11):e1001349.

75. Burrows S, Butchart A, Butler N, Quigg Z, Bellis MA, Mikton C. New WHO Violence Prevention Information System, an interactive knowledge platform of scientific findings on violence. Inj Prev. 2018;24(2):155–6.

76. Butchart A, Mikton C, Dahlberg LL, Krug EG. Global status report on violence prevention 2014. Inj Prev. 2015;21(3):213.

77. Marmot, M. Promoting intersectoral and interagency action for health and well-being in the WHO European Region: working together for better health and well-being. High-level Conference. Paris, France. 7–8 December 2016.

78. Financing early childhood development: an analysis of international and domestic sources in low- and middle-income countries vol 1. Washington, DC: Results for Development Institute; 2016.

79. Shekar M, Kakietek J, D'Alimonte M, et al. Investing in nutrition: the foundation for development – an investment framework to reach the global nutrition targets. Washington, DC: World Bank; 2016.

80. Gustafsson-Wright E, Gardiner S, Smith K. Ensuring effective outcome-based financing in early childhood development. Washington, DC: Center for Universal Education at Brookings; 2016.

81. Ertem IO, Dogan DG, Gok CG, et al. A guide for monitoring child development in low- and middle-income countries. Pediatrics. 2008;121(3):e581–9.

82. Ertem IO, Krishnamurthy V, Mulaudzi MC, et al. Similarities and differences in child development from birth to age 3 years by sex and across four countries: a cross-sectional, observational study. Lancet Glob Health. 2018;6(3):e279–e91.

83. Every Women Every Child. Indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescent's Health (2016-2030). New York: United Nations; 2016.

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