SUMMARY
November 2025

Strengthening Primary Health Care

to Promote Early Childhood Development

The Challenge

Primary health care systems have made life-saving progress in improving health and nutrition outcomes for children globally. However, there are still 250 million children under the age of 5 in low- and middle-income countries (LMICs) who are at risk of not reaching their full developmental potential due to poverty and stunting. Moreover, while 86 percent of children aged 2 to 5 in LMICs have a healthy weight, fewer than one in three of these children receives adequate developmental stimulation or is protected from physical punishment (Draper et al., 2024). This not only hinders children's early childhood development (ECD) across cognitive, linguistic, physical, and socioemotional domains but also has lifetime consequences for health and economic outcomes.

Growing evidence shows that **nurturing care** can support improvements in ECD. The Nurturing Care Framework shares five critical and inter-related components needed for infants and young children to reach their full potential: (1) good health, (2) adequate nutrition, (3) responsive caregiving, (4) opportunities for early learning, and (5) safety and security. Primary health care (PHC) systems, which are already delivering key health and nutrition interventions to children ages 0 to 3, can be further strengthened to provide more comprehensive services that promote nurturing care for ECD and have traditionally fallen outside the scope of PHC.

Why does nurturing care matter for PHC?

PHC systems are an important and trusted first contact for children and families, with existing contact points such as well-child visits that are well-positioned to promote nurturing care for ECD. There is growing experience and evidence on the value of leveraging these contact points to strengthen developmental monitoring and counseling and promote responsive caregiving, early learning, and safety and security including significant improvements in the cognitive and motor development of young children (e.g., Hirve et. al., 2023).

Promoting nurturing care can spur progress for PHC goals, too. There is evidence that when health services also deliver developmental monitoring and counseling and promote responsive caregiving, safety and security, and early learning, caregivers' utilization and perception of the quality of PHC services improves (e.g., Dunlap et al., 2021). This is essential for identifying and addressing health and developmental risks while promoting positive health behaviors that can improve health outcomes across the life course. In this way, PHC can mitigate developmental challenges, continue to promote strong health and well-being across the life course, and support achievement of Sustainable Development Goal (SDG) 3 to ensure health and well-being for all, including universal health coverage (UHC).

Example 1

Promoting Nurturing Care Interventions in Ethiopia's Primary Health System

In 2019, the Federal Ministry of Health revised Ethiopia's national policy framework on Early Childhood Care and Education and launched a National Health Sector Strategic Plan (NHSP) to operationalize the framework.

The National Health Sector Strategic Plan for ECD…

- Was informed by a comprehensive situational analysis
- Provides a detailed roadmap and framework for implementing programs that promote nurturing care within the health system
- Emphasizes promoting missing components of nurturing care (early learning, responsive caregiving, and safety and security) in health packages across the continuum
- Promotes activities such as responsive caregiving and early stimulation, setting up play areas in health facilities, and conducting hands-on training for health workers on nurturing care
- Identifies roles and responsibilities of all relevant stakeholders

Since its launch, significant efforts have been made toward national scale up, including developing implementation guidelines, revising training materials, and training and deploying 5,000 parental coaches in Addis Ababa.

Example 2

Prescription to Play in Bhutan: Incorporating playful parenting in the pre-service training of health assistants

Prescription to Play (P2P) was launched to help improve the playful parenting skills of caregivers and enable children to reach their full potential.

The program helps health assistants nationwide deliver group and individual parenting sessions to caregivers on responsive caregiving, playful parenting, and adequate nutrition. P2P partnered with medical schools to ensure health assistants receive training in delivering parenting sessions and monitoring developmental milestones before assuming their roles. The health assistants also receive in-service and refresher training adapted to their on-the-job experiences.

The P2P team has identified substantial impact after just three group sessions, including improved caregiver understanding of playful parenting and child development, more play materials in homes, and increased engagement of fathers in caregiving and stimulation.

The purpose and scope of the toolkit

This Executive Summary highlights the main content of the full Toolkit (forthcoming), which seeks to support governments to realize this opportunity by identifying actions PHC decision-makers can take to strengthen developmental monitoring and counseling, and promote responsive caregiving, early learning, and safety and security in PHC for children ages 0 to 3. The focus is on children aged 0 to 3 years-old because it is a critical window of development and one in which the PHC system is uniquely positioned to support given existing points of contact.

Given progress already made in health and nutrition, the next step is to focus on responsive caregiving, safety and security, and early learning, in addition to developmental monitoring and counseling as a cross-cutting intervention area.[1]

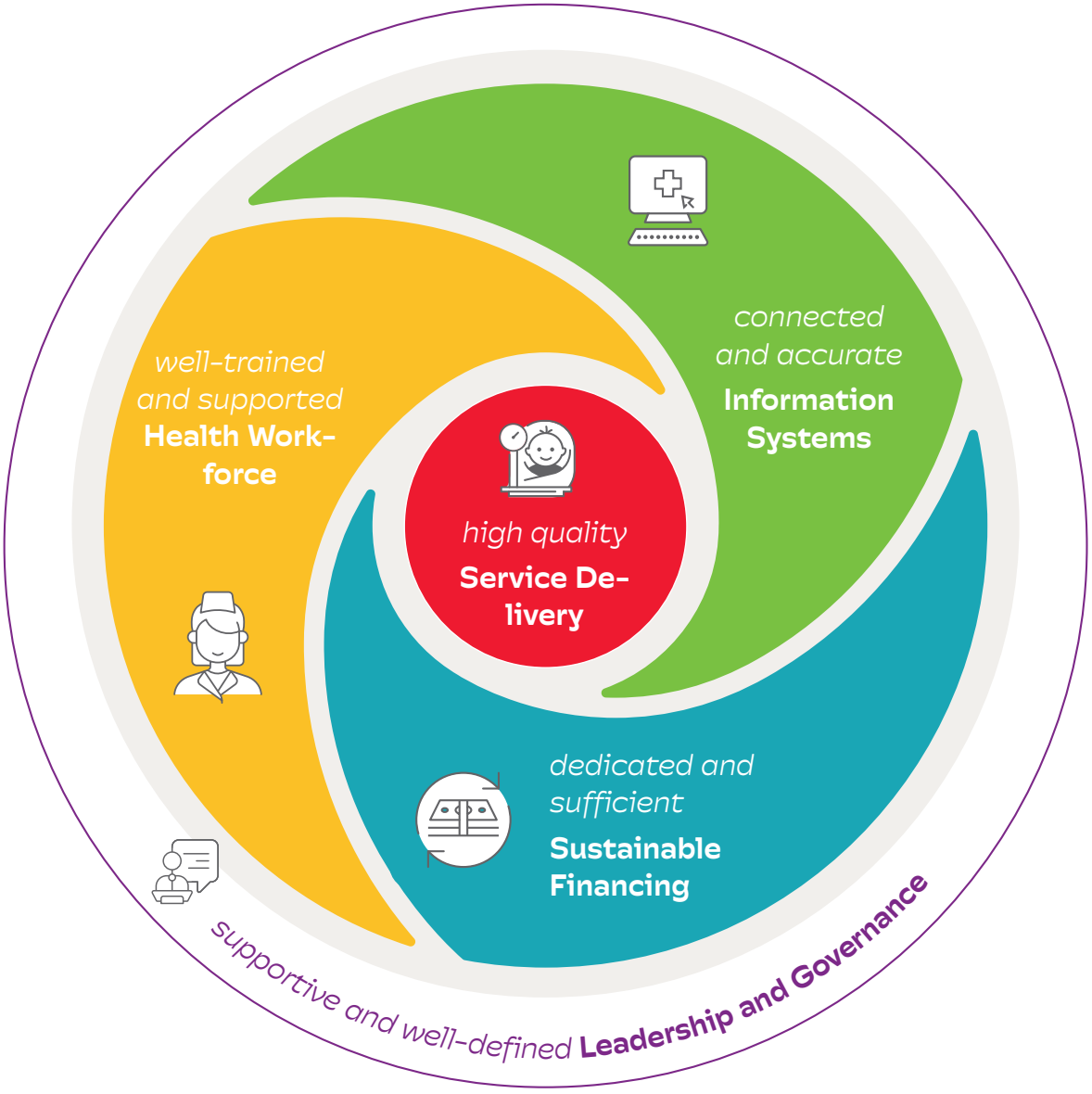
The toolkit is organized by the WHO's Health System Building Blocks to identify where and how to strengthen PHC in support of young children's development. The Health System Building Blocks interact with one another: where leadership and governance is foundational to a health system supportive of nurturing care and a well-functioning health workforce, availability of sustainable financing and effective information systems provide a supportive environment to ultimately facilitate high quality, accessible, and equitable service delivery. Given that actions to promote nurturing care for ECD can take place across the entire PHC system or within specific health systems building blocks (e.g., leadership and governance, health workforce), structuring the toolkit by building blocks allows users to access and engage with the most relevant information for their context.

1 This toolkit also addresses caregiver well-being to the extent that it is essential for caregivers' successful interaction with the health system to promote nurturing care for ECD.

PHC decision-makers can use the toolkit to:

1. Identify, prioritize, and plan actions to strengthen developmental monitoring and counseling and promote responsive caregiving, safety and security, and early learning throughout one or more health system building blocks,
2. Identify existing tools, resources, and training packages to promote nurturing care in PHC, and
3. Learn from country experiences across the health system building blocks from provided case studies.

This Executive Summary presents an overview of how decision-makers can strengthen PHC for nurturing care by building block.



How to Strengthen PHC for Nurturing Care by Health System Building Block

Leadership & Governance

Effective leadership and governance is essential for creating a supportive environment that enables nurturing care to be prioritized and promoted within PHC. Nurturing care should feature prominently in health sector policy planning documents, including relevant action plans and the basic benefit package for UHC. A multisectoral policy framework for nurturing care, which clearly outlines the roles of PHC actors, can contribute to greater coordination across the multiple sectors and government and non-governmental organizations that promote nurturing care. Lastly, having mechanisms in place to monitor implementation of policies and plans that promote nurturing care for ECD is important to track progress and foster accountability.

Examples of specific actions that PHC decision-makers can take to realize these conditions include:

- **Hosting learning and sensitization sessions for health leadership on PHC's role in promoting nurturing care for ECD**
- **Incorporating interventions that promote nurturing care in existing national health plans, policies, and guidelines**
- **Tracking progress toward the implementation of policies and plans that promote nurturing care for ECD**

Service Delivery

Between the ages of 0 to 3, young children and their caregivers may access primary health care services through multiple contact points at the facility level (e.g., ante- and post-natal care and sick- and well-child visits). These health services offer opportunities for health workers to incorporate critical interventions supporting responsive caregiving, opportunities for early learning, safety and security, and developmental monitoring and counseling (like delivering messages and conducting assessments) into existing contact points. For example, well-child visits offer an opportunity for additional guidance and demonstrations to caregivers on age-appropriate play and talking and singing to a child.

These contact points should also include community-based programs or services to ensure caregivers and children who face difficulty accessing facilities can still be reached (e.g., facilitated parenting sessions, home visits, and public health promotion materials). Health providers also need to ensure that guidance provided to caregivers on nurturing care is reinforced across different touchpoints and that targeted services, follow-ups, and support are provided to children who have additional needs.

Examples of specific actions that PHC decision-makers can take to realize these conditions include:

- **Mapping existing health platforms and contact points**
- **Strengthening the capacity of community health programs to deliver these interventions**
- **Leveraging mass media such as radio or television to broadcast nurturing care messages**
- **Developing clear referral pathways to ensure children and families can access specialized services based on their needs**

Health Workforce

The health workforce—particularly maternal and child health staff, nurses, midwives, and community health workers—plays a crucial role in supporting the development of young children given their frequent interactions with caregivers and their children during pregnancy and the early years of life. Health workers should receive comprehensive training and supportive supervision and be provided with job aids that help them carry out this nurturing care work. There also needs to be enough health workers with manageable workloads to effectively meet the needs of caregivers and children.

Examples of specific actions that PHC decision-makers can take to realize these conditions include:

- **Incorporating interventions that promote responsive caregiving, early learning, and safety and security, as well as developmental monitoring and counseling into pre-service training**
- **Implementing supportive supervision systems that include on-the-job coaching and quality monitoring tools like fidelity checks**
- **Producing and distributing tools and job aids for health workers**
- **Leveraging waiting areas and group settings to deliver guidance and demonstrations for promoting nurturing care to multiple caregivers simultaneously**

Health Information Systems

Effective health information systems (HIS) can be used to design and improve programs and services, develop policies that target population groups, allocate scarce resources efficiently, and track progress against country and global health and development goals. Robust information on ECD is currently lacking but incorporating measures of nurturing care into existing HIS can help address these gaps in data collection and decision- making.

To realize this information opportunity, there is need for clear consensus and guidance on what nurturing care indicators and ECD outcomes should be monitored, and when and how to monitor them. Health leadership should also ensure that existing HIS are adequately resourced to fill critical information gaps and that there is robust coordination between sectors and ministries, allowing data sharing and aggregation to show a comprehensive picture of ECD outcomes. Data should be accessible and available to PHC decision-makers and caregivers in a user-friendly format to support planning and accountability.

Examples of specific actions that PHC decision-makers can take to realize these conditions include:

- Establishing and articulating consensus on the indicators that can be used to monitor interventions that promote nurturing care and related outcomes
- Advocating for costing of and increased health financing for information systems
- Developing appropriate architecture to support data sharing between health and other relevant sector information systems
- Using tools like scorecards to make data accessible and user-friendly for PHC decision-makers and caregivers

Sustainable Financing

Health financing encompasses mobilizing and managing financial resources to ensure affordable access to high quality health care services. Financing for health services that promote nurturing care from all main funding sources (domestic expenditure, donor funding, private sector, individuals) has been inadequate to meet the needs of young children and their families. Low- and lower-middle-income countries have relied heavily on donor funding to finance their PHC systems, however, with decreasing donor financing, sustainable domestic financing is more important than ever for ensuring the availability and accessibility of quality services that promote nurturing care for young children.

To more sustainably finance interventions that promote nurturing care, PHC decision-makers may need access to robust data including on costs and cost effectiveness of interventions that promote nurturing care for ECD in PHC. These data can inform an established financing benchmark for a minimum package of interventions that promote nurturing care in PHC. PHC decision-makers should consider innovative financing strategies while also imploring donors to increase their financial investments and better coordinate with one another.

Examples of specific actions that PHC decision-makers can take to realize these conditions include:

- **Partnering with research institutions to collect and analyze cost and financing data**
- **Implementing budget tagging to track and monitor spending on interventions that promote nurturing care**
- **Defining and costing a minimum package of services that promote nurturing care for ECD**
- **Mobilizing additional financing via innovative finance mechanisms such as impact bonds**
- **Coordinating and aligning donor funding with policies and domestic public expenditure**

ABOUT THE INITIATIVE

RESULTS FOR DEVELOPMENT

CONRAD N. HILTON FOUNDATION

Results for Development is working with ministries of health and partner organizations in Tanzania, Mozambique, and Kenya to strengthen primary health care systems in promoting nurturing care for early childhood development. This executive summary and the full toolkit (forthcoming) will be updated as this work progresses. This work is made possible by funding from the Conrad N. Hilton Foundation.

For more information about this ongoing initiative, visit R4D's website or reach out to R4D Associate Director Vidya Putcha (vputcha@r4d.org) to learn more.