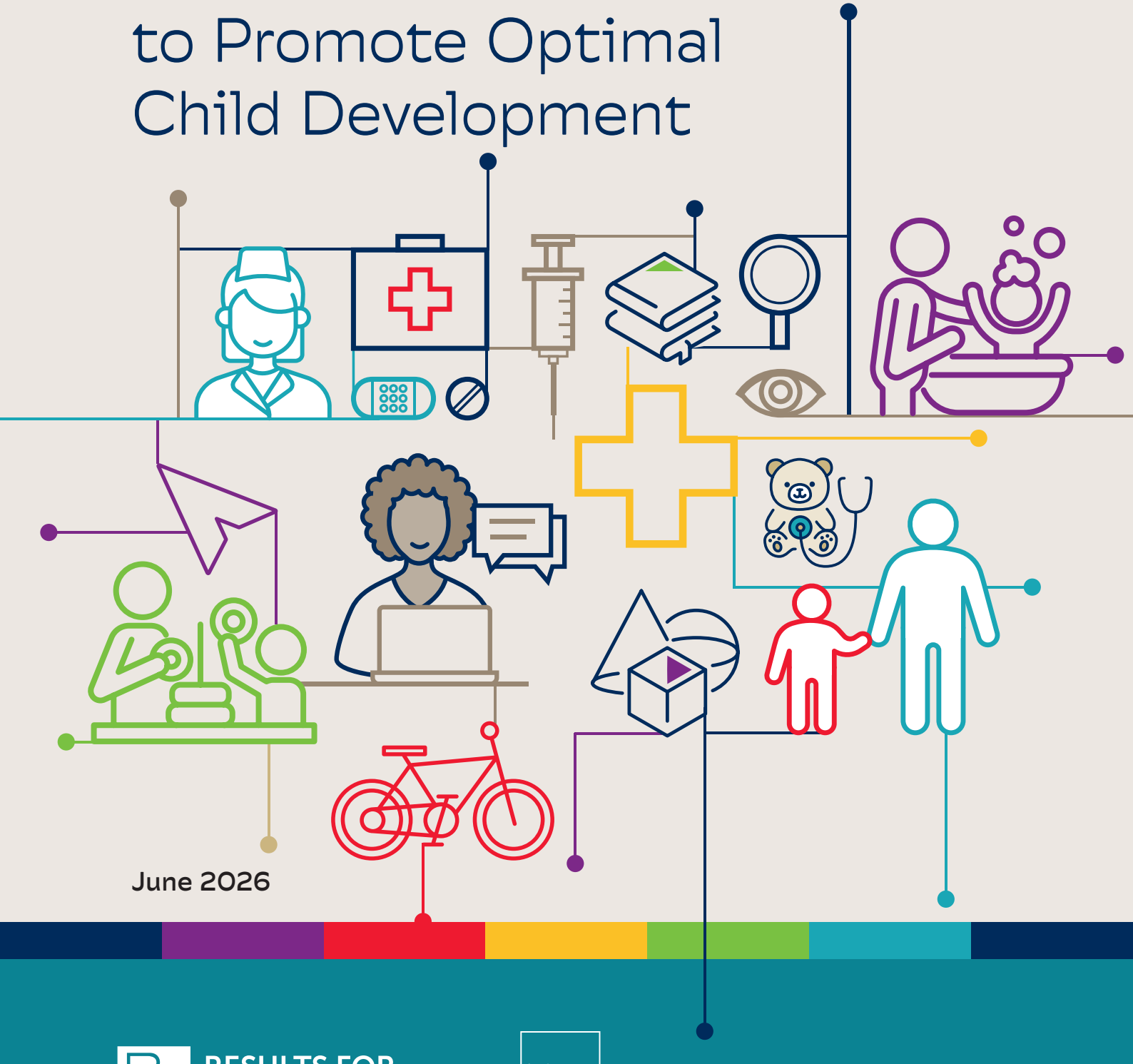
GLOBAL TOOLKIT

Strengthening Primary Health Care

to Promote Optimal Child Development



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Executive Summary

The Challenge

Primary health care systems have made important strides 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.[1] This not only hinders children's optimal development — reflecting linguistic, cognitive, physical, motor, and socioemotional outcomes — but has consequences for their health and economic success in adulthood.

Growing evidence shows that nurturing care can protect young children from the worst effects of adversity and promote their optimal development. According to the Nurturing Care Framework, nurturing care refers to the environments and practices that support infants and young children in reaching their full potential: (1) good health, (2) adequate nutrition, (3) responsive caregiving, (4) opportunities for early learning, and (5) safety and security.[2] 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 address all five components of nurturing care, including those that have traditionally fallen outside the scope of PHC.[3]

Why does promoting nurturing care for optimal child development 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. There is growing experience and evidence on the value of leveraging these contact points to significantly improve young children's development.[4]

Promoting nurturing care can spur progress for PHC goals, too, by focusing on both health promotion and disease prevention. There is evidence that when health services also deliver developmental monitoring and counselling and promote responsive caregiving, early learning, safety and security, and caregiver well-being, caregivers' utilization and perception of the quality of PHC services improves.[5] 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, promote strong health and well-being across the life course, and support achievement of universal health coverage (UHC) and Sustainable Development Goal (SDG) 3.

The purpose and scope of the global toolkit

Given progress already made in health and nutrition, this toolkit seeks to support governments to take the next step to focus on responsive caregiving, early learning, safety and security, in addition to developmental monitoring and counseling and caregiver well-being as cross-cutting intervention areas. The toolkit focuses on children ages 0 to 3 because those years are a critical window of development – one in which the PHC system is uniquely positioned to support given existing points of contact. [i]

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 children's optimal development and a well-functioning health workforce, availability of sustainable financing and effective information systems provide an enabling environment to ultimately facilitate high quality, accessible, and equitable service delivery. Given that actions to promote nurturing care can take place across the entire PHC system or within specific health systems building blocks (e.g., leadership and governance, health workforce), structuring the resource by building blocks allows users to access and engage with the most relevant information for their context.

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.[6]

The National Health Sector Strategic Plan for ECD…

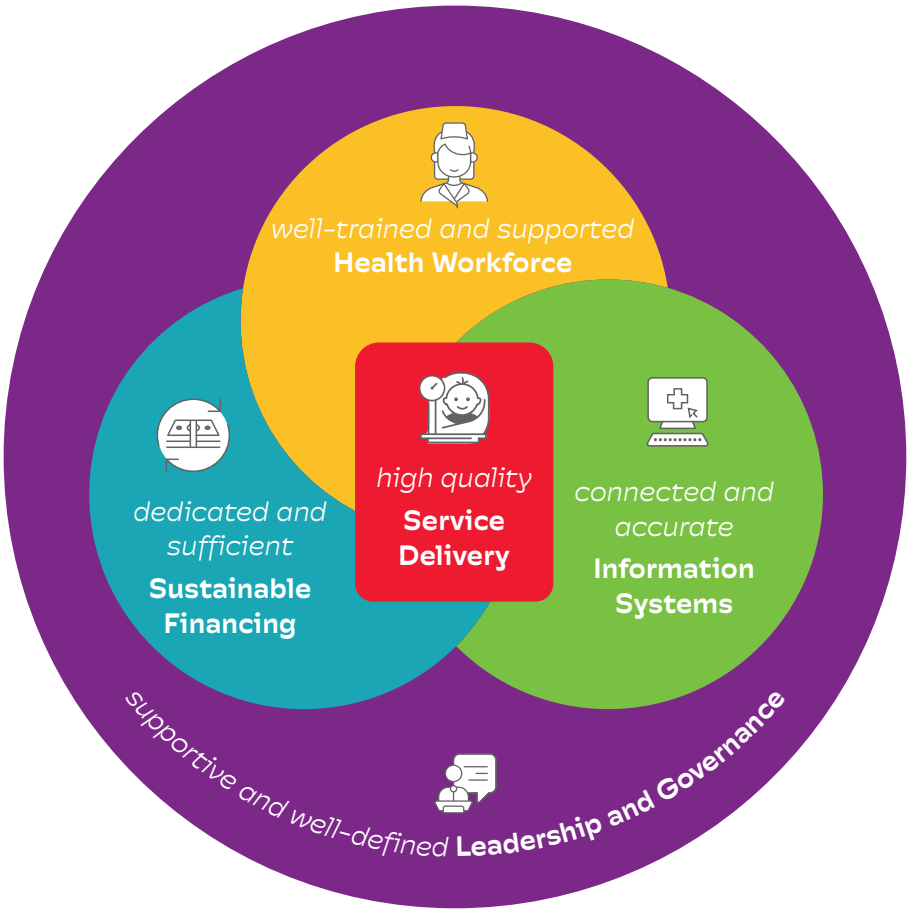
- Was informed by a comprehensive situational analysis
- Provides a detailed roadmap and framework for implementing programs that promote nurturing care within the health system
- Emphasizes promoting missing components of nurturing care (early learning, responsive caregiving, and safety and security) 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.

i This resource addresses caregiver well-being to the extent that it is essential for caregivers' successful interaction with the health system to promote nurturing care for optimal child development.

PHC decision-makers can use this global toolkit to:

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



How to Strengthen PHC to Promote Nurturing Care for Optimal Child Development in Each Health System Building Block

Service Delivery

Between ages 0 and 3, young children and their caregivers may access PHC services through multiple contact points (e.g., ante- and post-natal care contacts and well-child visits). These health services offer opportunities for health workers to strengthen caregivers' capacities to care for their children and themselves, identify and address concerns regarding health and development, and conduct developmental monitoring and counseling. For example, well-child visits offer an opportunity to support the strengthening of caregiver-child relationships by providing guidance and demonstrations on developmentally-appropriate play, such as talking and singing to a child.

These contact points should include community-based programs or services to ensure caregivers and children who face difficulty accessing facilities can still be reached. Health providers must also ensure that guidance provided to caregivers on promoting nurturing care is reinforced across different contact points 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 put these conditions in place include:

- **Identifying high-priority contact points for further attention to promote nurturing care.**
- **Providing targeted support to at-risk and vulnerable children through home visits.**
- **Leveraging mass media such as radio or television to broadcast messages that promote nurturing care.**
- **Leveraging community-based programs to provide specialized services to children with additional needs where there is insufficient capacity.**

Leadership and Governance

Effective leadership and governance is essential for creating a supportive environment that enables optimal child development to be prioritized and promoted within PHC. To promote strong leadership and governance within the health sector, PHC's role in delivering interventions that promote child development should be clarified in PHC action plans, health sector action plans, and the basic benefit package for UHC. Additionally, having mechanisms in place to monitor implementation of policies and plans that promote optimal child development in PHC is important to track progress and foster accountability. Lastly, the roles of PHC actors can be defined in multisectoral policy frameworks for ECD, contributing to greater coordination across multiple sectors, as well as government and non-governmental organizations.

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

- **Hosting learning and sensitization sessions for health leadership on PHC's role in promoting optimal child development.**
- **Incorporating interventions that promote child development in existing national health plans, policies, and guidelines.**
- **Including indicators around nurturing care and child development outcomes in health sector reviews.**

Health Workforce

The health workforce — particularly maternal and child health staff, nurses, midwives, and community health workers (CHWs) — 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. To ensure the health workforce is equipped to successfully deliver developmental monitoring and counseling and interventions that promote responsive caregiving, safety and security, early learning, and caregiver well-being alongside standard child health interventions, health workers should receive comprehensive training and supportive supervision and be provided with job aids that help them carry out their work. There also needs to be consideration for existing staff capacity and how to incentivize the workforce to nurture optimal child development.

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

- **Incorporating content on interventions that promote nurturing care into pre-service training curricula.**
- **Creating opportunities for on-the-job coaching and peer mentoring particularly where supervision systems are limited.**
- **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, efficiently allocate scarce resources, and track progress against country and global health and development goals. Robust information on how nurturing care is being promoted alongside child development outcomes is currently lacking. Incorporating relevant indicators into existing HIS can help address these gaps in data collection and decision-making.

To realize this information opportunity, there is a need for clear consensus and guidance on what nurturing care and child development outcome indicators should be monitored, and when and how to monitor them. Health leadership should ensure that existing HIS are adequately resourced to fill critical information gaps and that there is robust coordination between sectors and ministries. 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 put these conditions in place include:

- Establishing and articulating consensus on the indicators that can be used to monitor interventions that promote optimal child development.
- 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 other stakeholders.

Sustainable Financing

Health financing encompasses mobilizing and managing financial resources to ensure affordable access to high-quality health care services. In LMICs domestic financing for health services has been inadequate to meet the needs of young children and their families. Consequently, these countries have relied heavily on donor funding to finance their PHC systems. However, as donor funding decreases, sustainable domestic financing has become more important than ever for ensuring the availability and accessibility of quality services that promote optimal child development. PHC decision-makers may consider leveraging scarce resources to support services that nurture children's optimal development, which can potentially improve PHC service quality and utilization, potentially reducing the costs of care in the future.

To more sustainably finance health services that promote child development, PHC decision makers need access to robust data on costs and cost-effectiveness to better inform planning and decision making. PHC decision makers should consider varied and innovative financing strategies while also urging donors to increase their financial investments and better coordinate with one another.

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

- Partnering with research institutions to collect and analyze data on costs and cost-effectiveness of strengthening PHC services to promote optimal child development.
- Implementing budget tagging to track and monitor spending on services that promote optimal child development.
- Incorporate the health services that promote nurturing care into health insurance benefit packages as reimbursable services.
- Transitioning from disjointed, off-budget donor funding to funding that is coordinated and aligned with health policies and domestic public expenditure.

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.

Glossary

Early childhood: The phase of life between conception and up to age 8 with three phases: 1) Ages 0 – 3 and the focus of this toolkit; 2) ages 4-5 and typically when children attend early childhood education; and 3) ages 6-8 years when children typically attend the early years of primary school.

Early childhood development (ECD): An outcome which encompasses the physical, cognitive, motor, language, and socio- emotional development of children in the early years.

Contact points: Opportunities for interactions between health providers and families through existing services. From conception through the first three years (the focus of this toolkit), there are several PHC contact points for children and caregivers. These include antenatal care; birth and post-natal care; well-child visits (immunizations, growth monitoring); sick child visits (IMCI, nutritional rehab, HIV PMTCT); and community-based interventions.

Health system: All "activities whose primary purpose is to promote, restore, and/or maintain health" and the arrangement of "people, institutions, and resources" in accordance with policies to improve overall health.[7]

Health system building blocks:[8] An analytical framework used by the WHO to describe health systems, disaggregating them into six core components:

- leadership and governance;
- service delivery;
- health system financing;
- health workforce;
- medical products, vaccines, and technologies, and
- health information systems.

Nurturing care: An environment created by caregivers that ensures children's good health and nutrition, protections from threats, and opportunities for early learning, through emotionally supportive and responsive interactions. The Nurturing Care Framework defines five interrelated components that are required for young children's optimal growth and development:[9]

- **Good health:** Refers to the physical and mental "health and well-being of children and their caregivers," including essential newborn care and growth monitoring and counseling.
- **Adequate nutrition:** Refers to maternal and child nutrition. Includes services such as maternal nutrition and breastfeeding.
- **Opportunities for early learning:** Refers to any opportunity for a baby, toddler, or child to interact with a person, place or object which influences a child's brain development. Includes activities in the home and in childcare settings such as storytelling and age-appropriate play.
- **Responsive caregiving:** Considered to be foundational for other components as it focuses on caregivers and their ability to support all areas. Refers to "the ability of the parent/caregiver to notice, understand and respond to their child's signals in a timely and appropriate manner." Includes, for example, encouraging caregivers to notice their child's cues and respond appropriately.
- **Safety and security:** Refers to environments where physical dangers, environmental risks, and emotional stress are mitigated and access to water is available. Includes, for example, birth registration and protection of children from abuse and neglect.

Primary health care (PHC): According to the WHO, "PHC is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment."[10] Delivered primarily through health clinics and community-based initiatives, it includes critical services[11] such as health promotion, maternal and child health services, routine immunizations, and treatment for common illnesses across the life course.

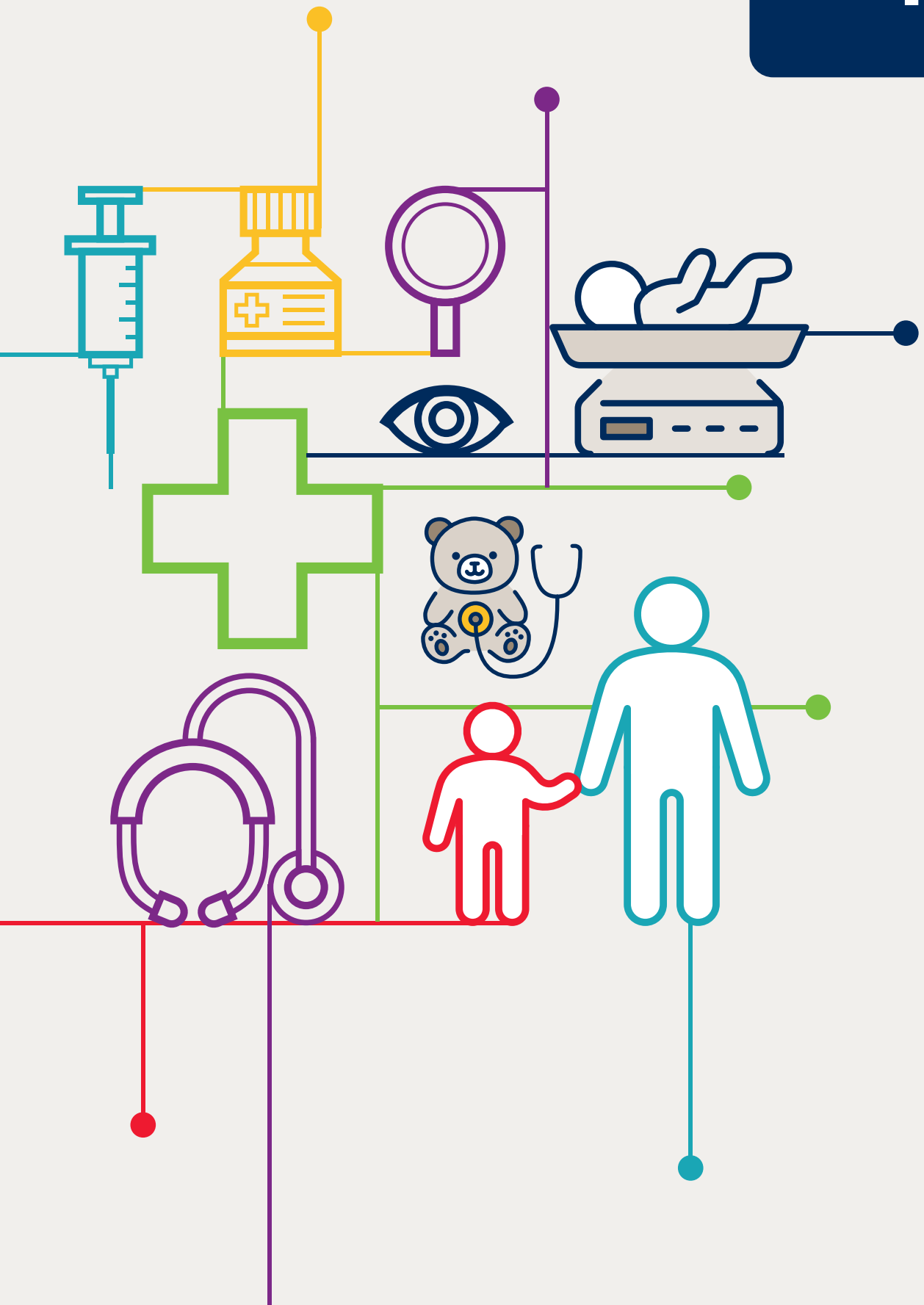
Service delivery settings: Location where services are delivered, including facilities and communities.

Universal health coverage (UHC): Affordable access for all people to the full range of essential quality health services when and where they need them. These essential health services include health promotion, prevention, treatment, rehabilitation, and palliative care and require a strong PHC system as a foundation for delivery.[12]

PART

1

Setting the Stage



Introduction

Background and rationale

Primary health care (PHC)[ii] systems have made life-saving progress in improving health and nutrition outcomes for children globally. Since 1990, the global under-5 mortality rate has dropped by nearly 60 percent[iii,13], stunting prevalence has declined from 33 to 22 percent[14] between 2000 and 2022, exclusive breastfeeding rates have risen by 10 percent[15], and 86.2% of children aged 2-5 in low- and middle-income countries[16] have a healthy weight. In spite of these successes in improving maternal and child health behaviors and outcomes, fewer than one in three of children ages 2-5 in LMICs that have a healthy weight receives adequate developmental stimulation or is protected from physical punishment.[17] This not only hinders optimal child development —reflecting linguistic, cognitive, physical, motor, and socioemotional outcomes — but has consequences for health and economic success in adulthood.

PHC systems, which are already delivering key interventions like growth monitoring and immunizations, can be further optimized to promote nurturing care, a set of conditions that provide for children's health, nutrition, safety and security, responsive caregiving and opportunities for early learning.[18] In promoting nurturing care, PHC can mitigate developmental challenges, continue to promote strong health across the life course, and support achievement of SDG 3 to ensure health and well-being for all, including universal health coverage (UHC). This aligns with new global guidance, including WHO and UNICEF's recommendations for strengthening developmental monitoring and counseling, and incorporating messages on responsive care and early learning in well-child visits.[19]

Given that children ages 0-3 and their caregivers access PHC services through multiple consistent and standardized contact points — such as antenatal care, postnatal care, and well-child visits — and have trusted relationships with health care providers, PHC systems are well-positioned to promote holistic child development. There is growing experience and evidence on the value of leveraging these contact points to promote three components of nurturing care that have traditionally been outside the scope of the PHC system: responsive caregiving, safety and security and early learning. In Bangladesh, for example, a study found that government health workers could support significant improvements in cognitive, language and motor performance by play and interactions with mothers and their young children.[20] This is further confirmed by evidence at the global level: a systematic review of health interventions to promote early learning and responsive care found evidence of positive impact on cognitive and motor development.[21]

Furthermore, there is emerging evidence that programs which deliver developmental monitoring and counseling, and promote responsive caregiving, safety and security, and early learning through PHC can increase utilization and perception of the quality of PHC services, including well-child visit attendance.[22] Regular use of PHC services is important for identifying and addressing children's health and developmental risks, and promoting positive health behaviors which can improve health outcomes across the life course.

ii We value the importance of community health systems and believe that these are an important feature of primary health care. Throughout this resource, when we refer to primary health care (PHC), we are also including community health care.

iii After several decades of progress, the global under-5 mortality rate was projected to increase in 2025 amid steep reductions in global health funding. Given the current funding landscape and its potential negative impacts on child health and development if current trends persist, it is essential to sustain investments in health and nutrition interventions while also investing in PHC services that promote responsive caregiving, early learning, and safety and security, thereby ensuring that all children are able to reach their full developmental potential.

Purpose of this Toolkit

This global toolkit builds off several recent efforts that elevate the importance of young children's development and articulate the role of the health sector in promoting nurturing care.[iv] It takes the next step to focus on how governments and ministries can identify actions to strengthen developmental monitoring and counseling, and promote responsive caregiving, early learning, and safety and security across health system building block to act on that mandate.

- This toolkit provides practical guidance to national and sub-national health sector decision makers, with a focus on LMICs, to better support optimal child development within primary health care. The suggested actions, case studies, and tools are designed to support countries across the spectrum of experience and priorities.
- It 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, consistent with the **Nurturing Care Framework (NCF)**.
- It focuses on children aged 0 to 3 because it is a critical window of child development and a period in which the health system, as the first point of contact, is uniquely positioned to provide support given existing points of contact.
- For children to survive and thrive, they need all five components of nurturing care. PHC already offers a range of interventions to ensure children are in good health and adequately nourished. This toolkit focuses on how to support the other three components of nurturing care — responsive caregiving, safety and security, and early learning — as well as caregiver well-being and developmental monitoring and counseling as cross-cutting intervention areas.
- Greater attention to developmental monitoring and counseling is foundational to the health system's role in nurturing care. Responsive caregiving, safety and security, and early learning are areas where the health sector has less experience though there is potential for greater impact.

Enhancing child development outcomes requires a multisectoral approach to service delivery and monitoring. Thus, this toolkit seeks to inform the health sector's role within the multisectoral landscape and highlight opportunities to improve sectoral collaboration, such as through referral linkages. These connections have the potential to improve young children's development more than a single sector could on its own.

iv This toolkit builds off critical guidance from a number of resources, namely the *Nurturing Care Handbook*, *Nurturing Care Practice Guide*, the *Operationalizing Nurturing Care for Early Childhood Development*, *Checklist for Promoting Nurturing Care in PHC Facilities*, *and ECDAN Early Childhood Development Financing Toolkit*.

How to Use this Global Toolkit

Part 1 presents the rationale for why nurturing care is important to PHC, strategies to help health leaders understand its value, and a process for PHC decision-makers to **develop an action plan** to strengthen the health system to promote early childhood development via nurturing care. Part 2 articulates how PHC decision-makers can **promote nurturing care for optimal child development across each health sector building block** and shares existing tools, resources, and case studies to inform efforts to do so.

PHC decision-makers can use this toolkit to:

» Identify, prioritize, and plan actions to strengthen developmental monitoring and counseling and promote responsive caregiving, safety and security, early learning, and caregiver well-being throughout one or more health system building blocks.

» Access existing tools, resources, and training packages to promote nurturing care.

» Learn from country experiences across the health systems building blocks from featured case studies.

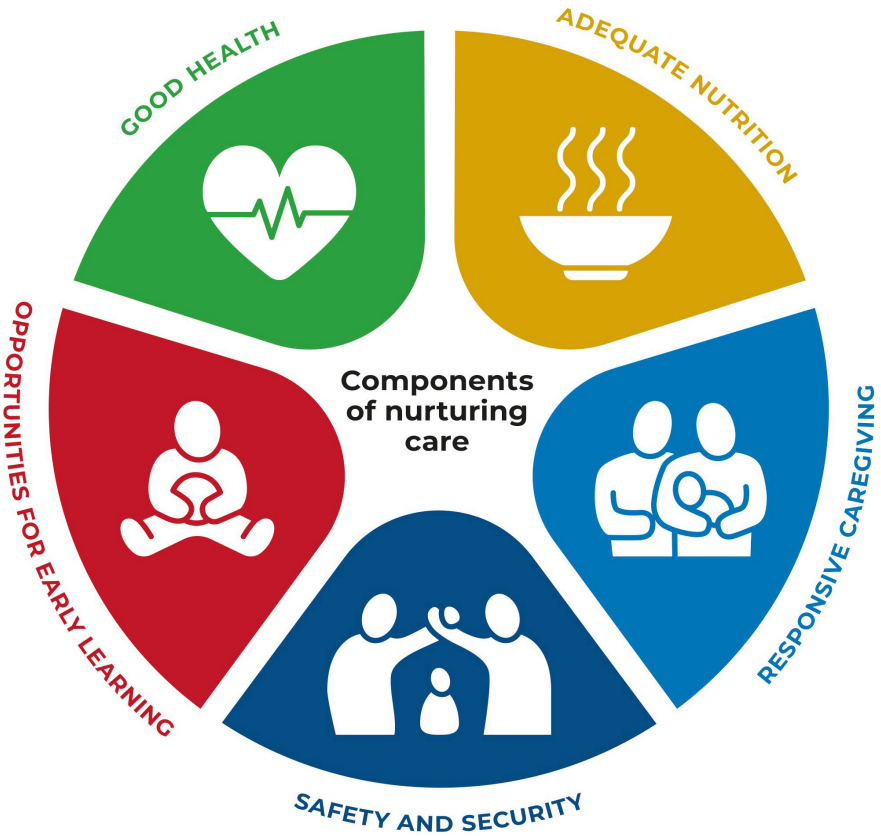
This toolkit can be used in whole or in parts, depending on country needs and priorities. For example, PHC decision-makers can focus on recommendations in specific building blocks based on ongoing conversations and areas of interest.

Framework

Nurturing Care Framework

The Nurturing Care Framework (NCF) for Early Childhood Development was published in 2018 to share effective policies and services that enable caregivers to provide nurturing care for infants and young children.[23] Nurturing care has five components: (1) good health, (2) adequate nutrition, (3) responsive caregiving, (4) opportunities for early learning, and (5) safety and security.

Figure 1. Components of Nurturing Care[24]



The resource focuses on responsive caregiving, opportunities for early learning, and safety and security. It also addresses cross-cutting areas including caregiver well-being and developmental monitoring and counseling.

In practice, health workers can strengthen caregiver capacity to build consistent responsive relationships with young children by:

» **Recognizing and responding to children's cues** (hunger, distress, curiosity, fatigue)

» **Engaging in back-and-forth interaction** (talking, singing, eye contact, play)

» **Providing emotional warmth and reassurance**

» **Using positive discipline** rather than harsh punishment[25]

The Service Delivery chapter provides more examples and case studies of how these components of nurturing care can be promoted in primary health care contact points.

A closer look...

- **Responsive Caregiving** is the ability of a parent or caregiver to notice, understand, and respond to their child's signals in a timely and appropriate manner. Examples of responsive caregiving include caregivers making eye contact, smiling, cuddling, or praising the child; noticing their child's cues and responding appropriately; identifying everyday moments to communicate and play with their child; and developing safe and mutually rewarding relationships with their child.[26] Responsive caregivers are better able to support the other four components. It is critical to meet the health and well-being needs of the caregivers to ensure they can provide this level of attention and care for their children.
- **Opportunities for Early Learning** include any opportunity for the child to interact with a person, place, or object in their environment. Every interaction (positive or negative) or absence of an interaction contributes to the child's brain development and lays the foundation for later learning. Examples of early learning opportunities include activities that encourage young children to move their bodies, activate their senses, hear and use language, or explore; activities that encourage interaction between the child and caregiver such as exploring and reading books together; talking to and with the child; smiling, imitating, and simple games like peekaboo; and age-appropriate play with household objects and people.[27]
- **Safety and security** refers to environments where children are protected from physical, emotional and environmental risks and have access to safe water, clean air, and nutritious food. Safety and security can be promoted through financial assistance such as cash transfers, efforts to reduce exposure to air pollution and harmful chemicals, protection against sharp, small or unsafe objects in the home, and protection against abuse neglect, or harsh disciplinary practices.[28]
- **Developmental Monitoring and Counseling** cuts across all domains of nurturing care. It involves tracking a child's growth and development across domains over the course of time in a participatory manner which involves caregivers. This can be facilitated through the use of contextually relevant multi-domain assessment tools.[29, 30] Developmental monitoring and counseling are essential for early identification and intervention for developmental conditions that may affect children's holistic development.
- **Caregiver Well-Being** refers to the mental health and well-being of caregivers which impacts their ability to build nurturing relationships with their children, especially in resource-constrained settings where they face multiple stressors with limited support. Frontline workers can support caregiver well-being through counseling and emotional support that improves their confidence, strengthens their stress management and self-care skills, and identifies sources of additional support, where needed.[31]

Health System Building Blocks

The toolkit utilizes the WHO's Health Systems Building Blocks as an organizing and analytical framework to complement and align with health systems thinking and planning. The building blocks include:

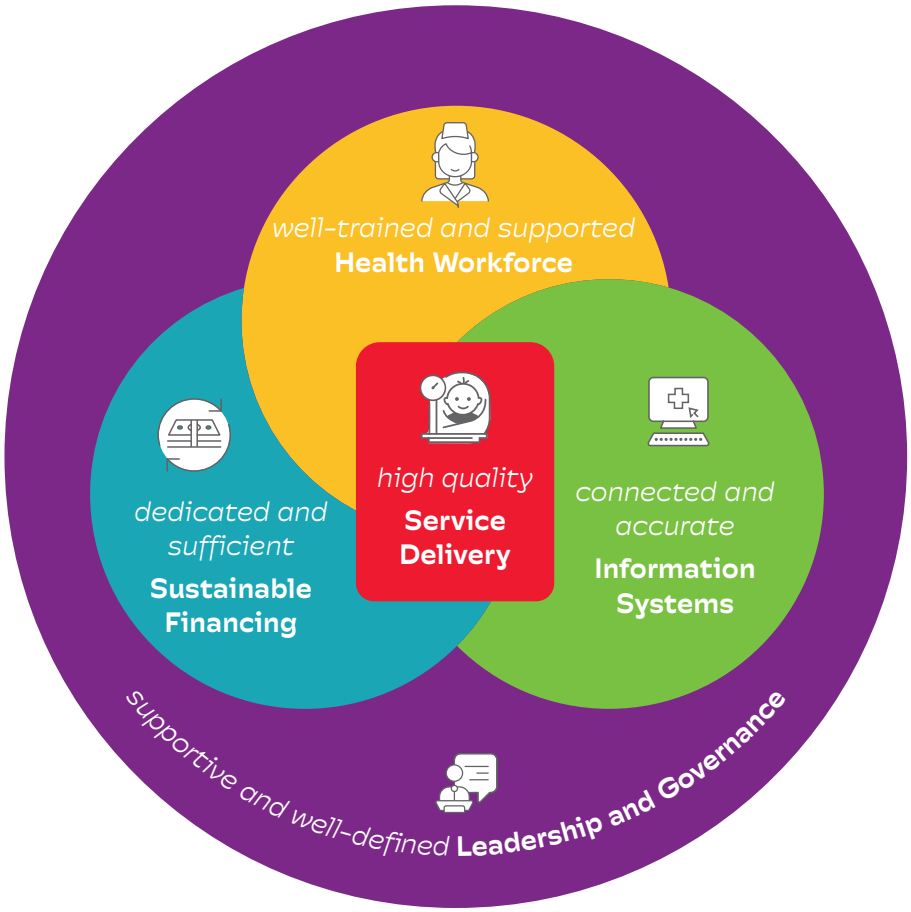
- **Leadership and governance:** Relates to the presence of policy frameworks, oversight, incentives, and system design and accountability.[32]
- **Health workforce:** Refers to recruitment, training, and ongoing support of health workforce cadres, as well as how they are supported and remunerated to deliver health services.
- **Sustainable financing:** Relates to management and mobilization of resources for financing health services including financial protection to households to ensure affordability.
- **Information systems:** Refers to how data are systematically collected, analyzed, and used to monitor and improve system performance.

» **Medical products, vaccines and technologies:** Refers to medical products, vaccines and technologies which are of high quality, safe, efficacious, cost- effective, and scientifically sound. (This is not a focus given the scope and relevance to areas of nurturing care addressed in the toolkit.)

» **Service delivery:** Relates to the provision of high quality and widely accessible health services.

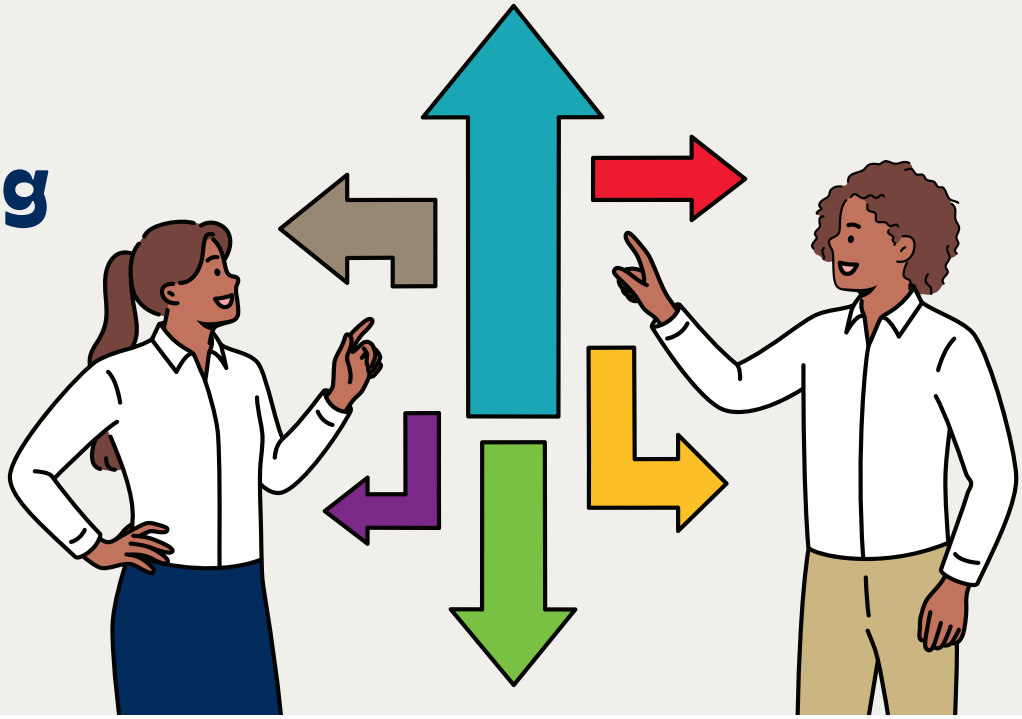
It is important to acknowledge the interactions between these components (see ***Figure 2*** below).[33] Leadership and governance is foundational to a health system supportive of nurturing care. A well-functioning health workforce, the availability of sustainable financing, and effective information systems provide a supportive environment to ultimately facilitate high quality, accessible, and equitable service delivery. These intersections are referred to across the toolkit.

Figure 2. The WHO health system building blocks as an analytical framework



Community health systems are an important part of promoting optimal child development within PHC. Although the WHO Building Blocks Framework does not give explicit attention to community health services, actors, and partnerships,[34] where feasible, the toolkit addresses elements of community health systems in related building blocks, such as service delivery and health workforce.

Action Planning



This section proposes a step-by-step process for PHC leaders to identify challenges and determine actionable steps to achieve program goals for strengthening primary health care to promote optimal child development. It offers detailed guidance on each step of the process while allowing flexibility for countries to adapt the process to their specific needs.

Summary of steps:

1. Raise awareness of PHC's role in nurturing care for optimal child development
2. Convene a working group to take leadership for the action planning process
3. Conduct a stocktaking process
4. Convene a participatory workshop to develop an action plan
5. Cost the action plan
6. Support uptake of action plan

STEP

1

Raise awareness of PHC's role in promoting nurturing care for optimal child development

Decision makers may not be familiar with the entirety of the Nurturing Care Framework and how it contributes to optimal childhood development. Raising awareness of the role that PHC can play in delivering key interventions to promote nurturing care is an important step in gaining support across relevant PHC teams and departments. This can set the foundation for and segue into further efforts to develop an action plan.

A workshop or series of presentations which touches on the science of early childhood development, basics of the Nurturing Care Framework and examples of how PHC can promote responsive caregiving, early learning, safety and security, caregiver well-being and developmental monitoring and counseling may be one way of achieving this. Resources that may be useful for reinforcing the need to promote child development outcomes includes the Countdown to 2030 Country Profiles developed by UNICEF in collaboration with Countdown to 2030 Women's, Children's and Adolescent's Health.[35] The Nurturing Care Practice Guide[36] and forthcoming UNICEF and WHO guidance around a package of interventions that promote nurturing care in PHC may also help build an understanding of what promoting nurturing care looks like in practice in PHC.[37] Where possible, encouraging PHC decision-makers to observe relevant activities in community and facility settings may also further their understanding of how nurturing care can be promoted in PHC services. ***Resource 1*** provides a presentation template that can be adapted to help raise awareness of PHC's role in promoting nurturing care among decision-makers.

STEP

2

Convene a country working group to take leadership for the action planning process

Once there is greater understanding of the role of nurturing care for optimal child development in PHC, a working group should be formed to coordinate the development and implementation of an action plan. Ideally, this working group utilizes an existing coordination mechanism such as a Technical Working Group. This working group should be led by a focal point or other designated leader within the Ministry of Health with representation across relevant departments including primary health, community health, newborn and child health, maternal health, family health, nutrition and others.

Given the multisectoral nature of child development, it may be worthwhile to include representatives of other Ministries which include, but are not limited to, the Ministries of Education, Social Welfare, Planning, and Finance. It is also recommended to include diverse representation from non-government actors, including international NGOs, national and sub-national civil society organizations (CSOs), early childhood development (ECD) networks, organizations experienced in implementing interventions that promote nurturing care within PHC, as well as applied researchers.

The working group's initial task is establishing the overarching vision for the work, identifying areas of focus, and creating an aligned workplan and timeline. This group will also set the structure and cadence for the initial meetings.

STEP

3

Conduct a stocktaking process

The next recommended step in the action planning process is to conduct a stocktaking of the current landscape of nurturing care in PHC. This stocktaking may focus on understanding the current policy landscape, lessons learned from previous initiatives around nurturing care in PHC, and opportunities and challenges for promoting nurturing care for optimal child development in PHC services. This may include a review of recent health sector assessments, relevant policies and programs, and current initiatives and activities in PHC. It will ideally build on related knowledge and evidence surfaced in other work led by the Ministry of Health and key partners like UNICEF and WHO. Contingent on the working group's resources and capacity, a desk review can be conducted alongside facility and community observations and key informant interviews with national- and sub-national-level PHC leaders and health workers. In decentralized systems, a deeper dive into a subset of counties can generate lessons from diverse experiences across the country. Sample guidance for a stocktaking process can be found in ***Resource 2***.

The findings from this stocktaking can help identify priority areas in the action planning process. While the exact scope and length of time dedicated to the stocktaking may vary depending on availability of existing data, a rapid approach (e.g., 2-3 months) is recommended since the objective is to collect insights for the action planning process rather than conduct a comprehensive review.

Box 1

Reflections from Mozambique's Stocktaking Process[38]

Between November and December 2024, the Ministry of Health in Mozambique, with support from Results for Development (R4D) conducted a stocktaking exercise on the promotion of nurturing care for optimal child development in PHC.

The exercise utilized a qualitative approach including document review, key informant interviews (KIIs), focus group discussions (FGDs), and observations of interventions that promote nurturing care within health centers. Across three provinces in the country, the team visited six health facilities, conducted 40 key informant interviews, and spoke with 72 people across FGDs. The three provinces were selected based on previous experience with implementation of efforts to promote nurturing care. Below is a summary of some of the key success factors and challenges of the stocktaking exercise:

Success factors:

» Leadership from the Ministry of Health for the process.

» Guidance from the Ministry of Health's Technical Working Group for ECD which includes representatives from the Ministry, UNICEF, WHO, and other partners.

» Availability of technical support to conduct data collection, analysis, and report writing.

Challenges:

» Respondents in focus group discussion and key informant interviews were not always clear about the terms "nurturing care" or "ECD" which created limitations for data collection.

» There was also limited available data in areas such as workforce and financing.

» The team found it difficult to consistently understand quality of service delivery during data collection.

These reflections were adapted from this blog post

STEP

4

Convene a participatory workshop to develop an action plan

Once the stocktaking process is complete, the working group can convene a participatory workshop to further reflect on the findings and identify priority areas for an action plan. One suggested approach is to invite a broader range of stakeholders (e.g., civil society organizations, sub-national focal points) for a portion of the workshop explicitly focused on sensitizing and validating the findings. A smaller subset may be invited for the portion focused on priority setting (e.g., key representatives from Departments and Ministries of Health). This may involve identifying actions that can be taken across health system building blocks to promote optimal child development in PHC. A sample agenda for this type of workshop is included in ***Resource 3***.

The working group is encouraged to identify a range of actions in small group discussions that could be organized by health system building blocks (i.e., service delivery, leadership and governance, health workforce, information systems, sustainable financing). After identifying a wider set of possible actions, they are encouraged to prioritize those with high feasibility and potential for impact. For example, priority should be given to actions that (a) have fewer cost inputs and (b) build on existing infrastructure and activities such as training. Following this workshop, the working group can refine the ideas surfaced into a coherent action plan, sharing widely to collect feedback and validate. The working group is encouraged to be as detailed as possible in elaborating actions to inform cost estimations and next steps in implementation. These details include the necessary inputs to put the action in place, as well as the workforce cadres who might be involved, geographies where interventions may be prioritized, and how many children and families will be reached. Guidance for elaborating actions, a sample action plan template, and a theory of change for optimal child development in PHC that can be used to spur discussion can be found in ***Resource 3***.

Box 2

Workshop sessions and a core group in Tanzania

In Tanzania, Benjamin Mkapa Foundation supported the Ministry of Health, Ministry of Community Development, Gender, Women and Special Groups (MoCDGWSG), and the Prime Minister's Office, Regional Administration and Local Government Tanzania (PMO-RALG) to develop an action plan.

While participatory and inclusive workshops were critical for getting buy-in across stakeholder groups, it was also important to balance intensive work in a small, core group to detail elements of the action plan. In between larger workshop sessions, three representatives from the three key government agencies met to flesh out the larger priorities that came to the fore in the workshops. They discussed how the priorities would be achieved and the various inputs that would be required.

STEP

5

Cost the action plan

Once the action plan has been developed, the working group should conduct a costing exercise to help in understanding the required resources for implementation. This exercise also supports advocacy efforts for additional funding within the health sector budget and from external sources. A sample costing template can be found in ***Resource 4***. This template helps decision-makers to identify whether additional activities are absorbable or whether they incur new costs, and if so, how much. It supports users in disaggregating costs by intervention and related health system building blocks to enable further analysis and prioritization. Completed costing will provide an overall picture of what is needed to implement the action plan. Costs can then be compared to available resources, and further analyses can be conducted to develop a resource mobilization plan.

STEP

6

Support uptake of action plan

Once the plan has been validated and costed, the working group can continue to meet on a regular basis to monitor progress of actions elaborated in the plan. Importantly, they can also take steps to ensure that the action plan is aligned with and feeding into other sector-wide planning processes, including for example, community health and health sector strategies. ***Box 3*** includes an example from Kenya on how the action plan can be used to inform other sector-wide policy and planning documents.

Box 3

Using the action plan to inform county work planning in Kenya

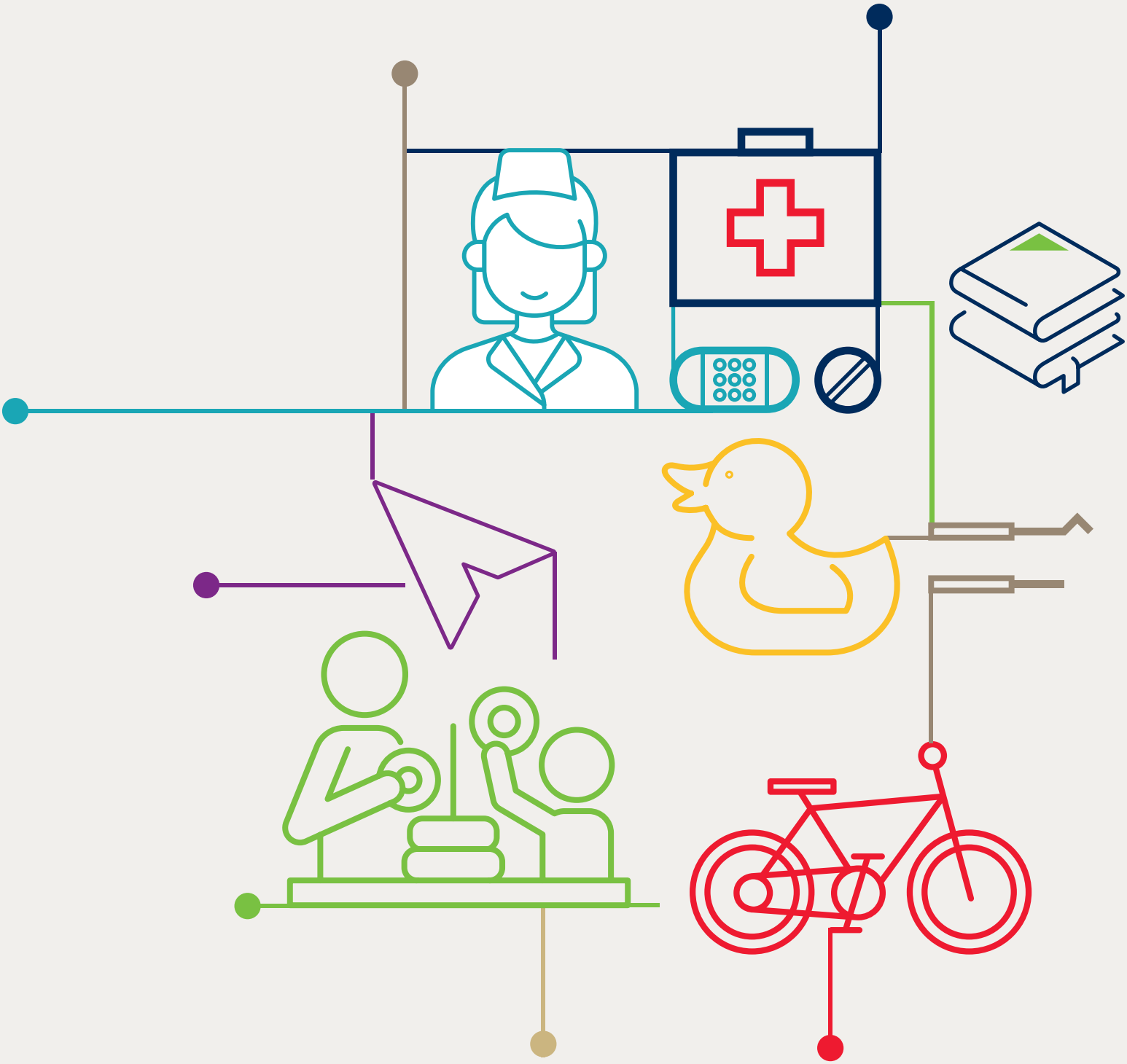
A working group led by the County Executive Committee Member for Health in Nyamira County, Kenya, developed an action plan that informed the County's Annual Work Plan (AWP). The AWP serves as a comprehensive framework outlining health priorities, supporting the prioritization of interventions, promoting efficient use of resources, and strengthening accountability across all levels of service delivery.

The draft action plan was presented during the County's 2025–2026 AWP development meetings and subsequently integrated into the final plan. Participants included the county's multisectoral ECD technical working group and partners implementing interventions that promote nurturing care, who also shared their proposed programmes for the year. Through these discussions, participants identified opportunities for synergy across programmes, prioritized key activities, and incorporated them into the AWP with clear timelines for implementation.

PART

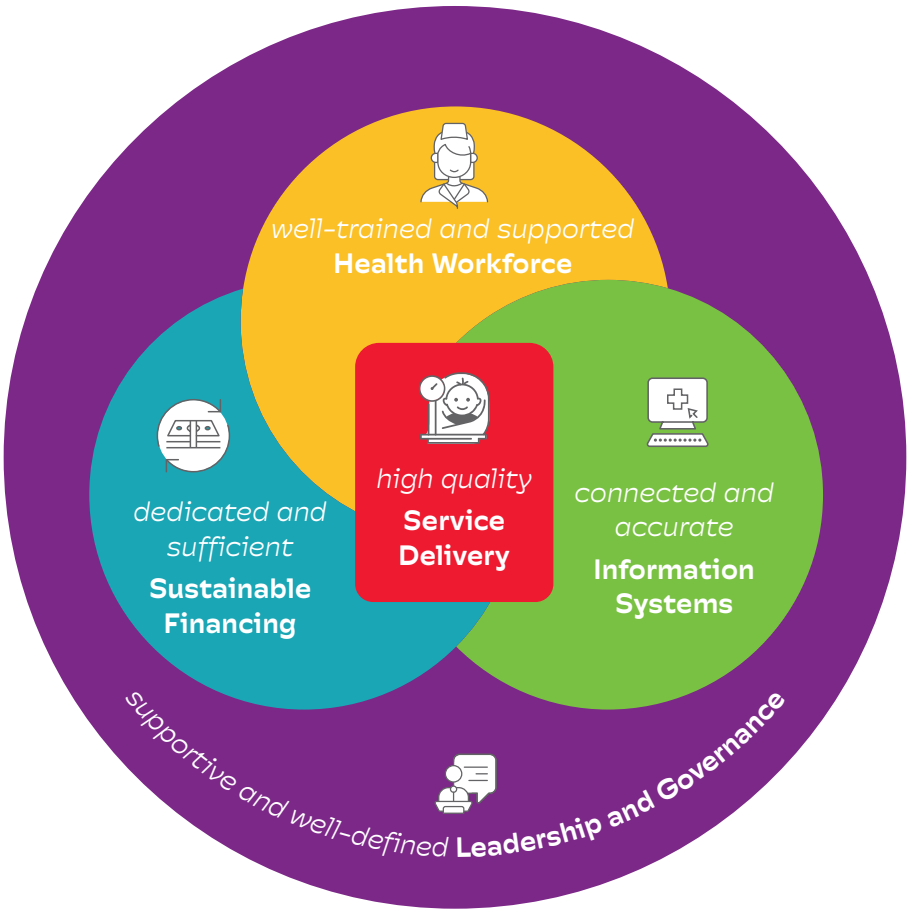
2

Health System Building Blocks

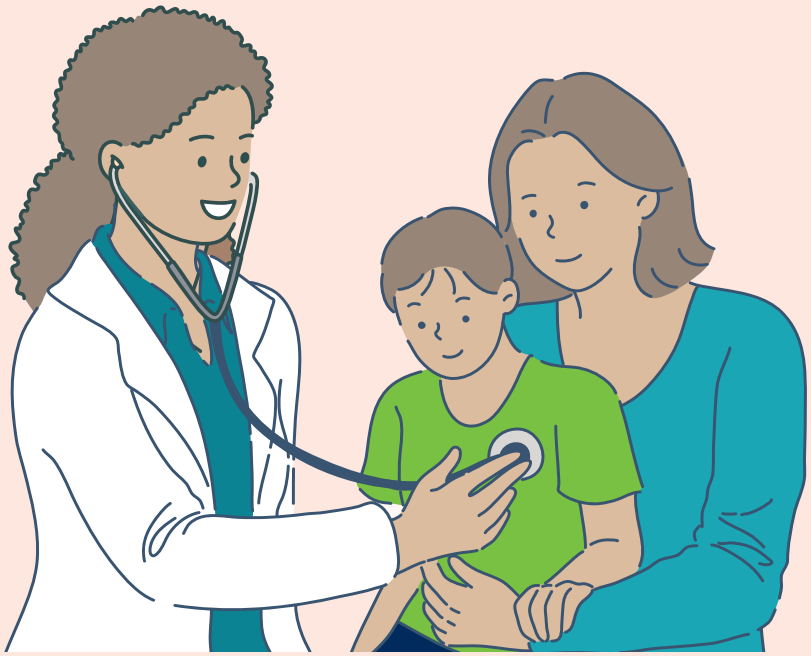


The following sections focus on the health system building blocks and their role in supporting nurturing care for optimal child development. Each section begins with background on the respective building block and its purpose and is followed by a description of enabling factors which strengthen it. A set of proposed actions are then detailed alongside each of these enabling factors, as well as recommended tools and resources.

Figure 3. The WHO health system building blocks as an analytical framework



Service Delivery



Introduction

Service delivery encompasses the provision of high quality, accessible, and equitable health services to individuals and communities. Within the PHC system, this typically includes administration of medical treatment, health monitoring, and counseling or coaching delivered by a health worker in facilities during scheduled health care visits, or within community settings, and patient support groups. Health service delivery is further supported by health information that is disseminated to communities through digital and printed materials. Successful health service delivery is enabled and facilitated by the outputs of other building blocks: health workforce, information systems, sustainable financing, and coordinated health leadership and governance.

Caregivers and young children receive health services through contact points that span from the earliest stages of pregnancy into the first three years of life. These health services offer opportunities for health workers to monitor child development and counsel caregivers about responsive caregiving, early learning, and safety and security to further strengthen child development outcomes.[39] However, there can be several challenges to implementing interventions that promote nurturing care. Health providers often attend to a large number of patients and may not have enough time to incorporate additional[40] interventions in the limited window they have with each caregiver.[41] Physical health concerns such as nutrition, growth monitoring, and illness management often take priority in these interactions, and there is less focus on supporting responsive caregiving, providing early learning opportunities, and addressing safety and security issues. Caregivers, especially those living in remote settings, may find it hard to access health services at facilities and rely on the community health system to receive care.[42] While some health systems use community health workers and task-shifting to supplement service delivery, community health workers are also impeded by heavy, unsustainable workloads.[43] And while developmental monitoring

helps identify children needing extra support, referral pathways to connect them with targeted services are not always established.

Actions can be taken to better promote optimal child development within the PHC system. Interventions that promote responsive caregiving, early learning, safety and security, and caregiver well-being as well as developmental monitoring and counseling can be adapted to align with different contact points and incorporated into routine health services, with guidance consistently reiterated outside visits to support caregiver understanding and community awareness. ***Table 1*** provides an overview of interventions that are relevant for PHC and promote optimal child development. (Further details for these interventions are provided in ***Resource 5***).

Table 1: ***Interventions to promote nurturing care in PHC***

Skin-to-skin contact and Kangaroo Care
Rooming-in for mothers and young infants
Responsive Feeding
» Information, support, and counseling on responsive feeding
Responsive Caregiving
» Information, support, and counseling to promote caregiver sensitivity and responsiveness to children's cues
Caregiver Well-being
» Support and/or referral for caregiver depression and other mental health concerns and assessment of caregiver mental health
Early Learning
» Information, support, and counseling to encourage play and communication activities of caregiver with the child and promote early learning
Play, reading, and storytelling groups
Book sharing with a caregiver, older sibling, or health worker
Safety and Security
» Information, support, and counseling on maintaining safe family and play spaces and positive discipline » Assessment, referrals, and follow up for risks of violence, neglect, and abuse
Developmental monitoring and counseling

The following section presents factors that enable PHC service delivery to promote nurturing care for optimal child development. It then makes recommendations for potential actions to put these enabling factors in place.

Enabling Factors and Actions

Services must be accessible, equitable, and high quality to ensure that all caregivers and children receive the nurturing care and support that they need. Five enabling factors are essential to strengthening service delivery in the health system to promote nurturing care for optimal child development and a number of actions can be taken to put them in place.

1. A selection of existing contact points is prioritized for promoting nurturing care by their potential for high impact.

A range of existing contact points within facilities, homes, and communities offers avenues to promote optimal child development effectively within PHC including ante and postnatal contacts, well-child visits, nutritional counseling, and growth monitoring. It is important to consider where caregiver capacities can be strengthened and developmental monitoring can be included, while considering the real time and logistical constraints facing both health providers and caregivers. ***Table 2*** provides a summary of these contact points at facility and community levels, along with examples of how interventions that promote nurturing care have been incorporated in different contexts.

Identifying which contact points and interventions to prioritize depend on several factors:

» There is a need for realistic assessment of **sufficient capacity among providers including knowledge and time** to deliver guidance to caregivers, address questions, and provide demonstrations where possible.

» In addition, **opportunities for follow-up with the caregiver** can help to reinforce and build upon the caregiver's capacities to support their child's development and where to go for further assistance. For example, the WHO's and UNICEF's guidance on scheduled child and adolescent well-child visits suggests that well-child visits can be an effective entry point for monitoring development and promoting responsive caregiving, early learning, safety and security through frequent, scheduled contacts.[44]

» Another consideration is the **opportunity to create efficiencies in existing service delivery**. For instance, in an intervention in the United States aimed at enhancing language development and school readiness in infants, pediatricians provided guidance for reading activities in routine well-child visits.[45] Rather than adding to the responsibilities of the providers, the pediatricians found the interventions made the visit more efficient and productive by enabling them to form effective connections with the caregiver, gather information, and deliver advice.[46] Refer to ***Table 2*** for suggestions for how interventions promoting responsive caregiving, early learning, safety and security and developmental monitoring can be tailored to each contact point.

» **Caregiver and family receptivity** is also an important consideration. For example, a PATH and UNICEF-supported assessment related to adaptation of the Care for Child Development package in Mozambique found that pregnant caregivers were highly receptive to learning how to care for their child during antenatal contacts, while postnatal contacts offered opportunities to engage male caregivers and other family members and to provide demonstration on responding and talking to the infant during feeding.[47]

Once there is an understanding of which providers can support the effort, the contact points at which they can promote interventions, and the specific interventions to be prioritized based on existing coverage and needs, an adaptation process can begin. This adaptation process may involve pretesting content and incorporating feedback into intervention design. For example, in an intervention in South Africa, messages on fetal and infant development, maternal well-being, partner support, breastfeeding, and parenting preparedness were pretested for alignment and relevance, enabling a streamlined delivery of the content to pregnant mothers during ultrasound visits.[48]

Several comprehensive packages have been developed to promote nurturing care in existing contact points and platforms within the health system. ***Resource 8*** compiles a selection of these existing packages, tools, and resources. **Before adopting any standardized packages, it is important to take stock of a country's existing curricula and training modules and build upon approaches grounded in the local context.**

Enabling Factor 1

A selection of existing contact points is prioritized for promoting nurturing care by their potential for high impact.

Action ☐	**Map existing health platforms and contact points to identify where caregivers and children have the most frequent and intensive interactions with providers at the facility and community levels.**
Action ☐	**Identify high-priority contact points for further attention to support promotion of responsive caregiving, early learning, safety and security, and developmental monitoring and counseling.**
Action ☐	**Adapt available guidance, curricula and tools to high-priority contact points to promote responsive caregiving, early learning, safety and security, and developmental monitoring and counseling in collaboration with health workers and caregivers.**

2. Community-based programs are optimized to extend reach for promoting optimal child development.

Community-based programs extend service accessibility to caregivers and children who may face challenges visiting facilities due to distance, transportation, time, or fear of stigma.[49] This is especially true for rural and remote areas where traveling to a facility may be more challenging. Community-based programs focused on nurturing care include individual and group interventions,[50] or supplement guidance provided in facilities with a community-based component. Most programs use a combination of individual and group interventions.[51] There are also examples of adapting community-based programs to support caregivers and families in emergency contexts (see ***Box 4*** on Baby Friendly Spaces).[52]

Community-based programs often rely on paraprofessionals hired from the local community who understand the context including familiarity with local customs, beliefs, and challenges faced by caregivers. As a result, they can personalize interventions to suit the caregiver's needs, making the guidance more relevant and applicable to a caregiver's specific situation.[53] Home visits are especially well placed to deliver interventions that promote nurturing care. They reduce the burden for family travel, allow the health worker to observe the child and caregiver in the context of their home environment, and provide an opportunity to gain a better understanding of the caregiver's experience.

Group sessions held in community spaces such as churches, school classrooms, or ECD centers provide social support and opportunities for peer learning for caregivers who are in attendance. A meta-analysis of various adaptations of Reach Up and Learn, a program for home-visiting and group sessions that provides caregivers with skills to support children's growth and learning in low-resource settings through nutrition, health, stimulation, and responsive caregiving practices (see ***Box 6***), found that peer interactions between caregivers in group sessions were beneficial to learning and receptiveness to program content.[54] Larger community-based programs, such as vaccination campaigns that reach a wider community audience, also enable opportunities to educate the public about the importance of nurturing care.

Box 4

Service delivery in complex humanitarian emergency settings

Baby Friendly Spaces is a program by Action Against Hunger that creates "safe places" in refugee camps in Cameroon for pregnant and lactating mothers.[55]

The purpose of the program was to address the lack of support services for pregnant and lactating women and their young children in complex humanitarian emergencies. Separate spaces (6 square meters) were set up near women's shelters in the camp providing interventions for strengthening parental skills, psychomotor development for babies, and psychosocial support and emotional well-being for both women and babies. Activities included anticipatory guidance for pregnancy and delivery, counseling on breastfeeding and complementary feeding, mother-child play sessions, contextualized psychosocial support, group discussion, home visits, and community awareness activities.

The Baby Friendly Spaces program saw significant improvements for mothers and children, specifically in the areas of mother-child interaction, breastfeeding practices, child development and responsive care knowledge, and maternal psychological well-being and sense of social support. The following aspects of the program enabled successful service delivery in a refugee camp setting.

- **Contextualized content:** The Baby Friendly Spaces program tailored its curriculum and activities to the background and experiences of the Central African refugee mothers in Cameroon. For example, separate discussion groups were held for first-time mothers who faced challenges speaking up in the presence of older, more experienced women. As the program progressed, creative activities such as making traditional toys were included. Additionally, the program provided counseling that addressed cultural beliefs, such as illness being attributed to mystical causes like witchcraft or God's will, and worked to reorient refugees towards self-efficacy to promote health-seeking behaviors.
- **Adapted program design to suit needs:** The Baby Friendly Spaces were strategically located next to the women's shelters in the refugee camps, making them easy to access. Session schedules remained flexible to accommodate the realities of women's limited time and availability. Providing structure through scheduled activities was also essential to help participants make sense of a chaotic, unfamiliar environment, especially in the initial crisis phase.
- **Integrated services across sectors into one space:** The Baby Friendly Spaces provided a "one-stop-shop" where women could access a comprehensive package of services to support their own well-being and their children's development. Integrating mental health support, parenting sessions, child stimulation activities, breastfeeding counseling and more allowed the program to efficiently address families' holistic needs in a single location.
- **Group delivery:** Bringing women together for group activities fostered a powerful sense of solidarity, reassurance, and mutual support among the refugees. Mothers were able to share experiences, challenges and coping strategies with each other, helping to reduce feelings of isolation. The group format also enabled the program to reach more participants efficiently than through individual sessions alone.
- **Follow up and referral:** The Baby Friendly Spaces established a strong referral system through coordination with partner agencies in the camps. This helped expand access to services to meet any needs that couldn't be directly addressed. Following up on referrals improved continuity of care.
- **Diverse team with supervision and continued training:** The Baby Friendly Spaces recruited a diverse team of both professional and paraprofessional staff, including psychologists and community psychosocial workers. This enabled the team to provide coordinated and multidisciplinary mental health and psychosocial support. Program managers provided ongoing supervision and continued training opportunities, which strengthened the team's capacity to deliver quality services.

Enabling Factor 2

Community-based programs are optimized to extend reach for promoting optimal child development

Action ☐	**Strengthen capacity of community health workforce cadres to deliver interventions promoting responsive caregiving, early learning, and safety and security through recruiting, training and supervision. (Refer to *Health Workforce* for more information)**
Action ☐	**Provide targeted support to at-risk and vulnerable children and families through home visits.**
Action ☐	**Adapt interventions that promote nurturing care to align with community contexts.**
Action ☐	**Leverage digital solutions to support delivery of interventions that promote nurturing care in community settings.**

3. Interventions that promote nurturing care are delivered across different contact points within the PHC system using a range of light- to heavy-touch approaches based on need and available resources.

Because ANC and PNC contacts and routine child health consultations serve as the primary point of contact between caregivers, children, and the health system, improving the guidance delivered during these consultations should be prioritized. This can be achieved by enhancing the provider's service delivery or enabling the caregiver to better understand the guidance. Messaging that is supported with materials such as visual aids, counseling cards, or home-based records during provider visits facilitates the conversation between provider and caregiver.[56] This strengthens provider-caregiver interactions and supports caregiver understanding of children's development.[57]

In addition, there are multiple opportunities to reach caregivers outside ANC and PNC contacts and child health consultations. This guidance supports and reinforces the messages provided during contacts and can serve as reminders or build upon the guidance from providers. Provider counseling can be reinforced outside consultations using a range of approaches varying in intensity based on the available resources. For example, waiting areas of facilities offer a favorable opportunity to engage caregivers before their visits through demonstrations of developmentally appropriate play, modelling how to play and talk to children, or designating a play area with toys that offer caregivers the opportunity to engage their children in play and learning.[58] Growing experience with digital tools also show promise for reaching caregivers. For example, a study of an AI-enabled chatbot providing parenting support in Peru found that it was more cost-effective than a home visiting program, though in-person home-visiting contributed to greater gains in child development.[59]

Waiting areas of facilities offer a favorable opportunity to engage caregivers before their visits through demonstrations of developmentally appropriate play, modelling how to play and talk to children, or designating a play area with toys that offer caregivers the opportunity to engage their children in play and learning

Enabling Factor 3

Interventions that promote nurturing care are delivered across different contact points within the PHC system using a range of light- to heavy-touch approaches based on need and available resources.

Action ☐	**Supply providers with materials such as visual aids, counseling cards, or home-based records to utilize during ANC and PNC contacts and child health consultations. (Providers should be trained to use materials. See *Health Workforce* chapter.)**
Action ☐	**Through task shifting and leveraging of waiting areas within facilities, engage caregivers through additional guidance, demonstrations, and play materials for use during wait times.**
Action ☐	**Broadcast messages on mass media, such as radio and television, and community channels such as local events to engage community-wide audiences.**
Action ☐	**Distribute posters, pamphlets, calendars, and other visual aids that communicate what nurturing care looks like. Partner with local communities to ensure resources are accessible, relevant, and culturally appropriate.**

4. Ongoing developmental monitoring and counseling sets the foundation for fostering caregiver-provider conversations about the child's development that can enable nurturing care.

Developmental monitoring is essential for supporting young children's development as it identifies children who are at risk of not reaching their full developmental potential and informs timely delivery of interventions to support the child's needs.[60] WHO guidance advocates for an approach to developmental monitoring that moves away from focusing only on milestone-based screening and toward a continuous, participatory, and family-centered model.[61] Screening based solely on developmental milestones is not accurate in detecting children at risk of delay because it does not account for the wide variation of development and may not consider child's environment and influences.[62] Expanding developmental monitoring to consider familial and environmental factors, such as maternal mental health and caregiver interaction, provides a more accurate picture of a child's developmental progress. Monitoring child development should be an ongoing process that invites caregivers to participate by sharing their observations and concerns with providers, painting a more holistic picture of the child's developmental progress and potential risk. While integrating monitoring into PHC is often opportunistic and often takes place during immunization visits clustered in the first year of life, it is important for developmental monitoring to continue throughout the early years.

The Guide for Monitoring Child Development (GMCD) is a comprehensive package for developmental monitoring developed in Turkey that has been standardized, validated across low- and middle-income contexts, and implemented in 25 countries. It emphasizes asking caregivers open-ended questions about their child's development across different domains, enabling the GMCD to provide individualized support based on the child and family's specific needs.[63]

Enabling Factor 4

Ongoing developmental monitoring and counseling sets the foundation for fostering caregiver-provider conversations about the child's development that can enable nurturing care.

Action ☐	**Shift developmental monitoring to a family-centered participatory approach that invites caregivers to share their observations and concerns with providers, painting a more holistic picture of the child's development.**
Action ☐	**Contextualize developmental monitoring tools to the child's environment by assessing behavioral skills and risk factors of health that may impact child development, including parental mental health, food insecurity, poverty, discrimination, and lack of access to resources.**
Action ☐	**Routinely verify that providers who are performing developmental monitoring are adequately trained and supervised. (See *Health Workforce*)**

5. Targeted services, follow-up, and support are provided to children where needed.

A tiered model of health service delivery enables a structured approach for delivering interventions based on need. Universal services, such as developmental monitoring and counseling, should be delivered to all children during routine well-child visits. Children who are identified to be at-risk are referred to targeted services that provide additional support, such as follow-up care and additional monitoring. This could include home visits to provide caregivers with effective strategies to support their children's growth and development.[64] For example, the Smart Beginnings model in the U.S. includes a universal primary prevention component delivered during well-child visits, as well as a secondary targeted home-visiting program for families identified as having increased needs.[65] Indicated services are provided to children and families who require specialized services and could include referrals to mental health, social,[66] and Early Childhood Intervention (ECI) services. ECI services support children who are at risk of or who have developmental delays or disabilities and emphasize an individualized, family-centered approach (often conducted by professionals in the home). This is delivered by a trans-disciplinary team including professionals such as doctors, nurses, speech and occupational therapists, nutritionists, and early childhood interventionists.[67] They include a range of services to improve child development outcomes and to strengthen caregivers' abilities to address their children's physical and developmental needs.[68]

Chile Crece Contigo, Chile's comprehensive protection system for children under 4, has demonstrated the effectiveness of utilizing a tiered approach.[69] An evaluation found that between 2006 and 2017, the proportion of children under 5 with developmental delay declined nationally from 14% to 10%, with the most dramatic reductions in developmental delay noted in children aged 2 (from 11.6% to 6.2%) and aged 3 (from 25.1% to 11.4%). Chile Crece Contigo's system provides free education and social protection to all children and targets children assessed with developmental delays with home visiting interventions promoting stimulation, as well as extra support from child development specialists.[70]

Chile Crece Contigo, Chile's comprehensive protection system for children under 4, has demonstrated the effectiveness of utilizing a tiered approach. An evaluation found that between 2006 and 2017, the proportion of children under 5 with developmental delay declined nationally from 14% to 10%.

In contexts where specialized services are limited, transdisciplinary care, through which primary health care providers who are additionally trained in mental health and psychosocial care needs of vulnerable children are able to provide targeted care without referral, may be an option.[71] Some community-based programs outside the PHC system can support case management and be leveraged as referral linkages to provide support to vulnerable families. For example, in Mozambique, PATH and the Association of Disabled People in Mozambique (ADEMO) designed an enhanced, community-based rehabilitation model which included among other areas of support, home visits to identify and follow-up on children with developmental delays and disabilities, specialized outreach to children unable to travel to referral facilities, and transport funds for families to travel to receive specialized services from tertiary facilities.[72]

Enabling Factor 5

Targeted services, follow-up, and support are provided to children identified as vulnerable and children who have developmental delays or are at risk of developmental delay.

Action ☐	**Map existing universal, targeted, and indicated services to identify gaps and prioritize the establishment of specialized services where needed.**
Action ☐	**Develop and validate clear referral pathways between each tier to ensure children and families can access the appropriate level of care based on their needs.**
Action ☐	**In contexts with limited specialized services, leverage non-specialized providers including through community-based programs (e.g., home visits, group sessions for caregivers, community-based rehabilitation) providing targeted support across multiple domains.**

Table 2. Examples of promoting nurturing care through PHC contact points

FACILITY		
Contact Point	Description	Example of interventions that promote nurturing care
Existing session: ANC	A series of eight medical checkups from weeks 12-40 that a pregnant person attends to monitor their health and the health of the developing fetus.	The Healthy Pregnancy, Healthy Baby study in South Africa tested an intervention to promote nurturing care during a mother's ultrasound visit. The mother received a small baby book with information for fetal and infant development, maternal wellbeing, partner support, breastfeeding, and parenting preparedness, as well as an ultrasound image and photo of the mother (and father, if present) to include in the baby book. Sonographers were trained to deliver the appropriate messages during the standard ultrasound procedures. Learn more: An Opportunity During Antenatal Services to Strengthen Nurturing Care
Existing session: PNC	Contacts during the postnatal period, starting immediately after birth through six weeks after birth. These visits help monitor and improve maternal and child health and well-being.	Nurses and other health workers can be trained to integrate ECD counseling and screening during standard immunization visits, as demonstrated by a study by PATH and APHRC delivering this intervention package in Siaya County, Kenya. Learn more: Evaluation of the Feasibility and Effectiveness of a Health Facility-based and Home-based ECD Intervention in Siaya County, Kenya
Existing session: Well child	Regular check-ups with a pediatrician or primary care provider that focus on preventive care and monitoring health and development.	A study in India trained health workers to promote nurturing care during growth monitoring and promotion sessions at facilities. The health workers were equipped with a participant's manual, facilitator's guide, counseling cards, flip charts for health education, and videos for advocacy and training. Learn more: Nurturing Care Interventions for Realizing the Development Potential of Every Child

FACILITY		
Contact Point	Description	Example of interventions that promote nurturing care
1:1 parenting session	Additional sessions with a health provider to receive individual coaching or support for parenting, potentially offered after a well-child visit.	One component of the Smart Beginnings Model in the U.S. includes an opportunity for families to meet with coaches who record interactions between parents and children and provide feedback on improvement on the sides of well-child visits. Learn more: Promoting Cognitive Stimulation in Parents Across Infancy and Toddlerhood: A Randomized Clinical Trial
Group parenting sessions	Health workers deliver counseling and supportive messages to multiple caregivers at once.	A study in Bangladesh tested an intervention to provide pairs of mothers and children with a set of 25 biweekly play sessions led by health workers at government clinics. Health workers shared local songs, activities with picture books and developmentally appropriate toys, language activities, nutritional messages, and a review of activities to be continued at home. Learn more: Integrating an early childhood development programme into Bangladeshi primary health care services: an open-label, cluster randomized control trial
Play boxes: Waiting areas	Allow children and their caregivers to play with provided toys while health workers provide information, support, and counseling on opportunities for early learning. This can include using household objects for play and making toys. The health worker can observe interactions between the child and caregiver and provide counseling and supportive messages based on the observed interactions.	PATH worked with implementing partners in both Kenya and Mozambique to incorporate play boxes in facility waiting areas. The goal was to improve caregiver and child experience during long wait times and use the opportunity to promote responsive caregiving and early learning. Play boxes with handmade and age-appropriate play and learning materials were placed in waiting areas, and health staff were present to facilitate play sessions, providing counseling on responsive caregiving and age-appropriate play and communication. The intervention improved perception of service quality and increased service utilization in these facilities. Learn more: LEGO Foundation Play Box Study: A Retrospective Assessment of Practices
Public health promotion materials: Digital tools	Digital methods to communicate with caregivers to share messages and support that can be established during facility visits, including via text-based chatbots, text messages, or phone applications.	UNICEF's Bebbo parenting app provides information to parents about nutrition, play, and emotions. It guides parents through various stages in early development years until age 6. The app is free and shares information including expert guidance, messages, and interactive tools. It is available in 15 countries in Europe and Central Asia. Learn more: UNICEF Bebbo parenting app
Public health promotion materials: Printed materials	Printed materials which promote nurturing care and hang within facility spaces (posters, flyers, calendars) or can be taken home by caregivers (booklets, pamphlets).	In Indonesia, the Sungai Burung Village Health Center displayed posters that provided messages and guidance about growth monitoring. A study of their effectiveness to monitor and stimulate children's growth and development found that the posters positively impacted parent knowledge, attitudes, and behavior related to growth, development, and stimulation, and motivated parents to monitor development independently at home. Learn more: The Effectiveness of Posters as a Media for Monitoring and Stimulation of Children's Growth and Development

COMMUNITY		
Contact Point	Description	Example of interventions that promote nurturing care
Group parenting session	Session during which community health workers can deliver counselling and supportive messages to multiple caregivers at once from within their own community spaces, facilitating connections between caregivers and shared learning. These groups may include sharing books, toys, or other play and learning materials with community members to use with their children.	A study in Indonesia integrated an intervention to promote nurturing care with nutrition rehabilitation. Twice weekly, caregivers came to early childhood education centers in their community to receive shredded liver, fish, and anchovy for their children. During those sessions, nutritionists from public health centers delivered messages on complementary feeding and ECE teachers delivered messages about parenting, child welfare and protection and psychosocial stimulation. The study found that caregivers participating in these sessions had lower maternal stress and morbidity and dietary diversity was higher among children under 2 than the group that received the nutrition rehabilitation without the nurturing care messages Learn more: Effectiveness of an Integrated Rehabilitation on Growth and Development of Children under Five Post 2018 Earthquake in East Lombok, Indonesia
Home visits	Community health worker or other health volunteer visiting caregivers at their home instead of a facility or community center; this allows the community health worker to spend dedicated time with a child and his or her caregiver to provide more tailored support and counseling based on observations of caregiver-child interactions and the caregivers' own questions and concerns.	Through the Reach Up and Learn home visiting program, trained community health workers make regular home visits to coach caregivers in building responsive caregiving skills to promote optimal child development. The program is based on the Jamaica Home Visit intervention and has been successfully adapted in Bangladesh and Colombia. Learn more: Reach Up and Learn
Public health promotion materials: Mass media	Mass media messages relevant to nurturing care that are aired via radio or television within the community.	In 2015, the National Department of Health in South Africa launched the Side-by-Side Campaign to emphasize the central role of caregivers in promoting young children's development through nurturing care (See Case Study 1). The Campaign included: » Road to Health booklet, given to families at birth and used by CHWs to track growth and immunization. » Radio drama broadcast on regional stations in nine of the country's 11 official languages. » MomConnect, an SMS-based platform providing health and development messages to pregnant women and new mothers. » Printed materials with guidance on promoting nurturing care in all the official languages. Learn more: South African Messaging Wonder MomConnect Launches on WhatsApp
Public health promotion materials: Digital tools	Digital methods to communicate with caregivers to share messages and support that can be established during community worker visits, including via text-based chatbots, text messages, or phone applications.	
Public health promotion materials: Printed materials	Printed materials that are displayed within community spaces (posters, flyers, calendars) or can be taken home by caregivers (booklets, pamphlets) and promote nurturing care.	

Case Study 1

Side-by-Side Campaign in South Africa: Empowering Caregivers through Multiple Communication Channels

Despite a decline in under-5 mortality rates in South Africa, many children are still not reaching their full developmental potential, as indicated by high levels of stunting and suboptimal early learning outcomes.

The most recent estimates show that 38% of South African children under the age of 5 are at risk of poor development.[73] Recognizing the need to shift focus from ensuring that children survive to ensuring that they also thrive, the South African Cabinet approved the National Integrated Early Childhood Development Policy in 2015. Under this policy, the Department of Health was tasked with providing a comprehensive package of nurturing care for children aged 0-2, including support for responsive caregiving and early learning.[74] To implement this policy, the National Department of Health launched the Side-by-Side Campaign. Although the campaign is under the leadership of the National Department of Health, it is collectively owned by national, provincial, and local departments, NGOs, community-based organizations, and other partners engaged in the care and well-being of children.[75] The core message of this campaign is that caregivers play a central role in supporting young children's development through nurturing care, and all stakeholders that provide components of care, including health workers, are available to provide support and guidance to caregivers.[76]

Central to the campaign is the Road to Health booklet. This booklet is given to families when a baby is born and is used by community health workers to track child growth and immunization. It also contains important information about breastfeeding, child development milestones, and how to interact with children. The booklet outlines specific time points that are mandated for developmental screening from ages 0-6. These designated time points serve as an important mechanism to institutionalize routine monitoring and encourage caregivers to bring children to health facilities for well-child visits beyond the first year of immunization. In 2018, the National Department of Health revised the booklet to take a more holistic approach to child development by including important guidance on promoting nurturing care. The latest version of the booklet is organized around five main themes: Nutrition, Love, Protection, Healthcare, and Extra Care.[77] In addition to the revised booklet, the Side-by-Side campaign includes several components: a radio drama broadcast on regional radio stations in nine of the country's 11 official languages; MomConnect, an SMS-based intervention delivering health and developmental information to pregnant women and new mothers of children aged 0-1, and the distribution of printed materials with guidance on how to promote nurturing care in all official languages.[78]

More than 1 million copies of the Road to Health booklet have been printed and distributed across South Africa's nine provinces and shared with healthcare workers in all 52 districts.[79] Despite these important efforts, there are still considerable challenges affecting the effective implementation of the booklet. For instance, although some interventions outlined in the booklet (e.g., immunization) are provided at scale, others (e.g., tracking developmental milestones) are less widespread.[80] Additionally, recent studies have found that on average only 40% of the booklet is adequately completed.[81] Factors such as inadequate retraining of health care workers, staff shortages, and language barriers have also impacted the optimal use of the booklet.[82] Nonetheless, South Africa's experience provides valuable insights into promoting interventions for nurturing care for young children within existing health systems.

cont. →

Key Lessons

As policymakers look to strengthen the delivery of interventions that promote nurturing care to young children and their families, the following are key lessons from South Africa's Side-by-Side campaign.

» **Leverage multiple communication channels to reinforce key guidance.** Using a combination of interventions, such as the Road to Health booklet, MomConnect, and a radio drama, has been useful for reaching and engaging caregivers during different stages of their child's development. The multi-channel approach allows for repetition and reinforcement of key guidance, making it more likely for caregivers to act on the information provided and create nurturing environments for young children.

» **Provide additional training and support to ensure that interventions are effectively delivered and sustained.** Incorporating new interventions need not require hiring new workers and can be made possible by providing additional support for the existing health workforce. Training, upskilling, and continued supportive supervision are necessary to ensure that new interventions are delivered effectively (see ***Health Workforce***).

Tools & Resources

- ***Resource 5*** includes an illustrative list of interventions that promote nurturing care in PHC.
- ***Resource 6*** includes a table with the full list of enabling factors and corresponding actions for Service Delivery.
- ***Resource 7*** includes reflection questions to support discussion and planning related to Service Delivery.
- ***Resource 8*** features a description of evidence-based training packages to equip providers with skills to promote nurturing care.

Leadership and Governance

Introduction

According to the WHO, strong leadership and governance in the health system support the development of strategic policy frameworks, regulations, and incentives, and enable effective oversight and accountability for achieving performance objectives.[83] Strong leadership and governance for nurturing care creates an opportunity to catalyze investments within PHC and promote accountability for realizing these commitments, giving voice to community members and providing transparency in implementation of policies. It is therefore foundational for the success of other building blocks – health workforce, information systems, and sustainable financing – which in turn influence high quality service delivery.

The following section examines factors that enable strong leadership and governance to promote nurturing care within PHC and the next outlines potential actions to realize these enabling factors.

Enabling Factors

Four enabling factors are essential to promote strong leadership and governance within the health sector for improved child development outcomes[v] and a number of actions can be taken to put them in place.

1. Health sector policies and plans clarify the role of PHC in nurturing care.

Clarifying how nurturing care fits within the PHC system can catalyze action. This may require building awareness for what nurturing care means among decision makers in PHC and across the health sector (see ***Box 5***). With shared awareness of what nurturing care is and how PHC can promote it, nurturing care can be mainstreamed within

v These factors draw on the eight essential elements for building strong ECD systems described in Emily Vargas-Barón, "Building and Strengthening National Systems for Early Childhood Development," in *Handbook of Early Childhood Development Research and Its Impact on Global Policy*, ed. Pia Rebello Britto, C. M Super, and P. L., 2013, 443–66, https://doi.org/10.1093/acprof:oso/9780199922994.003.0024.

existing PHC policy documents and guidelines. Defining the role of nurturing care within PHC can ensure all essential components for promoting ECD are included in the basic benefit packages for UHC and in health sector strategies, which can collectively inform guidance and resource allocation.[84] Activities should be costed to identify where additional resources are needed (See ***Sustainable Financing***). After mainstreaming components of nurturing care in key policy documents, PHC leaders can dedicate resources for activities such as training and supervision, and there can be opportunities to promote accountability for high quality service delivery. In Kenya, the Ministry of Health's Nurturing Care for ECD Technical Working Group is working to articulate guidance for its 47 counties on a prioritized package of interventions that promote nurturing care for PHC. Once these guidelines are developed, they will be reviewed for endorsement by the PHC and Community Health Technical Working Groups with the ultimate aim of informing the country's updated PHC Strategic Framework.

In Kenya, the Ministry of Health's Nurturing Care for ECD Technical Working Group is working to articulate guidance for counties on a prioritized package of interventions that promote nurturing care for PHC

Enabling Factor 1

Sector-wide policies and plans clarify the role of PHC in nurturing care.

Action ☐	**Generate recognition and acceptance of the role of PHC in providing the full spectrum of interventions that promote nurturing care by, for example:**
☐	Hosting a high-level advocacy meeting to highlight PHC's role to generate common understanding and buy-in.
☐	Convening learning and sensitization sessions for government leadership.
☐	Identifying political champions for nurturing care.
☐	Devising a social behavioral change communication plan for PHC with links to other sectors.
Action ☐	**Clarify PHC's role in providing the full spectrum of interventions that promote nurturing care by, for example:**
☐	Including developmental monitoring and counseling and interventions supporting responsive caregiving, early learning, safety and security, and caregiver well-being in the essential package of health services.
☐	Incorporating developmental monitoring and counseling and interventions for responsive caregiving, early learning, safety and security, and caregiver well-being into existing national health plans, policies and guidelines, and annual health sector budgeting processes.

2. Roles for primary health system actors to implement policies and plans that promote nurturing care are clear across all levels of government.

Successful implementation of both multisectoral and health-specific policies and plans requires clarity on roles for the actors involved.[85] Vertical coordination from national to community levels within the health sector is equally important to ensure technical guidance is relevant and effectively implemented at the local level, specifically in health facilities.[86] Coordination structures within the health sector can ensure collaboration between different departments and levels of health facilities to promote nurturing care across domains and increase accountability. This enables strong leaders to make informed decisions, take appropriate actions, and allocate the necessary resources to drive progress within the PHC system to promote optimal child development. For example, Ethiopia's National Health Sector Plan for Early Childhood Development provides a roadmap and framework for the Ministry of Health to implement the national ECD policy framework (see ***Case Study 2***).[87] It elaborates roles for the Ministry of Health at the national level, Regional Health Bureaus, and woreda and zonal health offices sub-nationally.

Box 5

Advocacy Strategies for PHC Decision-Makers

Considering the potential benefits and the important role that the health system can play in promoting optimal child development, raising awareness and support—particularly among PHC decision-makers and caregivers—is critical. Advocacy is needed for policies to better reflect nurturing care and resources that can be allocated to support delivery.

Advocacy strategies that may be useful to gain support among PHC decision-makers include:

» **Strategic messaging around developmental science, evidence from interventions, and benefits for health system goals such as UHC.** Sharing program evidence on the impact of nurturing care for health, education, and economic outcomes is important to convey the value of investments. Connecting this with health system goals such as UHC is also important and can be done by highlighting the potential benefits, including increased utilization of health services, perceptions of quality, and costs savings.

» **Cultivating champions at national and sub-national level.** Identifying and supporting champions for promoting nurturing care within PHC and the Ministry of Finance can ensure the successful institutionalization and financing of PHC services that promote child development outcomes. These champions, who may be leaders within the system or those who have influence on those leaders, can advocate for interventions that promote nurturing care, develop robust investment cases to support the expansion of these interventions, and establish dedicated teams within Ministries of Health to oversee services that promote nurturing care within the broader primary health agendas.

» **Raising awareness and demand for nurturing care in communities.** Sharing information about the importance of nurturing care can encourage community demand for government programs that support young children and families. This community demand can in turn increase accountability for PHC decision-makers.

Enabling Factor 2

Roles for primary health system actors to implement policies and plans that promote nurturing care are clear across all levels of government.

Action	
☐	**Ensure strong vertical collaboration within the health sector (including within PHC) between national- and local-government bodies, including providing support for local implementing and monitoring activities.**
☐	Clarify roles for PHC stakeholders for promoting nurturing care at various levels of government within relevant policy and planning documents.
☐	Ensure that promoting nurturing care is an area of focus within existing mechanisms that facilitate coordination across different levels of government.

3. Mechanisms are in place to monitor implementation of policies and plans which promote nurturing care.

Government commitment to delivering widely accessible and high-quality interventions that promote nurturing care should be reflected in relevant health sector policies and plans. However, this is merely a starting point. Effective implementation and delivery of services will be necessary to achieve the ultimate objective of improving child health and well-being. Tracking progress toward these goals (see ***Health Information Systems***) is one way to foster accountability and transparency, understanding whether policies and plans are being implemented. Collecting feedback from caregivers through community health workers to understand their experiences in service delivery and gaps in policy implementation can also promote accountability and transparency.

Enabling Factor 3

Mechanisms are in place to monitor implementation of policies and plans which promote nurturing care.

Action	
☐	**Track progress toward implementation of policies and plans that promote nurturing care.**
☐	Include indicators around responsive caregiving, early learning, safety and security, caregiver well-being and developmental monitoring and counseling in health sector reviews (e.g., proportion of clinics with play areas).
☐	Collect feedback from caregivers and families through CHWs on current interventions, perceptions of quality, and areas of need.

4. A multisectoral policy framework for nurturing care facilitates coordination across sectors.

Interventions that promote nurturing care are provided across multiple sectors and through government, civil society, and private-sector organizations. Currently, many countries rely on a patchwork of different frameworks and strategic plans to cover all aspects of nurturing care. Thus, multisectoral policy adoption and implementation help establish a supportive environment.[88] Almost 100 countries and territories have adopted multisectoral policy instruments to promote early childhood development.[89] These policies, particularly when costed, are crucial to harmonize various elements of sectoral policies and services and facilitate greater coordination and collaboration among sectors. The role of the Ministry of Health and related ministries should be clearly articulated within the multisectoral policy to leverage its potential to promote nurturing care.[90 91]

Following the adoption of a multisectoral policy, effective coordination and communication through established mechanisms are essential to ensure accountability. In Colombia, for example, the Intersectoral Commission for Early Childhood (CIPI) was established to support the implementation of De Cero a Siempre.[92] Other strategies for coordination include, for example, aligning annual plans and budgets across sectors.

Although multisectoral policy development is important for a strong enabling environment and coordination, PHC decision-makers should prioritize mainstreaming of nurturing care within health sector strategies and planning.

Enabling Factor 4

A multisectoral policy framework for nurturing care facilitates coordination across sectors.6

Action ☐	**Ensure strong horizontal collaboration with other sectors relevant to nurturing care by, for example:**
	☐ Convening a working group including representatives from across sectors to take stock of what is currently being done and make plans for improved coordination.
	☐ Establishing MoUs across sectors to clarify each agency's roles.
	☐ Over time, establishing an official multisectoral coordinating body with clear roles and responsibilities.
	☐ Maintaining consistent health sector representation and leadership within multisectoral coordinating bodies.
	☐ Incentivizing and supporting health sector representatives to collaborate with other sectors, including by embedding multisectoral activities into job descriptions and performance reviews.
	☐ Sharing annual plans and budgets across sectors in national fora while more actively coordinating these to reduce overlap and maximize synergies at local levels.
Action ☐	**Ensure strong external collaboration with non-governmental partners relevant to research and programming around nurturing care (e.g., academia, pediatric associations, civil society networks, private sector).**

Tools & Resources

- ***Resource 6*** includes a table with the full list of enabling factors and corresponding actions for Leadership and Governance.
- ***Resource 7*** includes reflection questions to support discussion and planning related to Leadership and Governance.
- ***Resource 8*** features a list of resources for health sector leadership with guidance on what nurturing care is and how it can be operationalized.

Case Study 2

Promoting nurturing care in Ethiopia's primary health care system

With strong and consistent leadership and investment, Ethiopia has made significant progress in reducing infant and child mortality rates and advancing nurturing care within and through the health sector.

With a recognition that more than half of children under the age of 5 are at risk of not reaching their full developmental potential, the Government of Ethiopia has undertaken significant efforts to ensure that young children are given a nurturing environment conducive to their optimal growth and development.

In 2010, the Government of Ethiopia developed the first cross-sectoral national policy framework for Early Childhood Care and Education (ECCE), demonstrating its commitment to strong child development outcomes.[93] This policy framework was later revised in 2019 by the Federal Ministry of Health (MoH) in collaboration with the Ministries of Education, Labour and Social Affairs, and Women, Children, and Youth Affairs. That same year, the Ministry of Health finalized the National Health Sector Strategic Plan (NHSP) for Early Childhood Development (ECD) (2020/1 - 2024/5) to operationalize the policy framework within the health system.[94] The revision and NHSP followed a 2019 situational analysis, which revealed that implementation of the ECCE framework was weak, and there was a need to revise the policy framework and develop a MoH sector-specific plan to facilitate effective implementation of the framework.[95] The situational analysis also revealed that most services for young children promoted by the health sector were focused on health and nutrition, and counselling/messaging on responsive caregiving and opportunities for early learning were lacking.[96] Additionally, they found that cross-sectoral coordination among relevant ministries was limited, and knowledge and awareness of nurturing care among health providers and workers was insufficient, hindering the delivery of high-quality services that promote nurturing care to young children and their caregivers.

Building on the findings from the situational analysis, the NHSP provides a detailed roadmap and framework for designing and implementing programs to ensure that all children have a stable, nurturing environment that promotes physical, social, and cognitive development.[97] The implementation approach is to integrate missing components of nurturing care (early learning opportunities, responsive caregiving, and safety and security) into health packages across the continuum of care, including the maternal and child health care package. To achieve this integration, the NHSP emphasizes activities such as counselling parents and caregivers to engage in responsive caregiving and early stimulation, setting up play areas in health facilities and child-care centers, and conducting hands-on training to increase capacity of health care professionals.[98] It is worth noting that implementation began before the NHSP was formally developed, allowing lessons learned from the process to inform the planning decisions.

The NHSP also identifies the roles and responsibilities of all relevant stakeholders and calls for hands-on training to empower health workers and enable them to promote nurturing care within the health system. Finally, it identifies priority activities for the next five years, including streamlining and strengthening multisectoral coordination at the national and sub-national levels to facilitate integrated, holistic service delivery.[99] Since its launch, significant efforts have been made toward national scale-up, developing implementation guidelines, revising training materials, and training and deploying 5000 parental coaches in Addis Ababa.[100]

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In Ethiopia, champions within government have played a crucial role in facilitating the development of key policy frameworks and implementation plans related to promoting nurturing care. Focal persons such as the Prime Minister, Minister of Health, the State Minister, the Maternal and Child Health Director and the Child Health Case Team Coordinator have spearheaded efforts in expanding the mandates of different ministries to promote the nurturing care agenda.[101] Their efforts have also been instrumental in driving national sensitization campaigns, fostering cross-sectoral collaboration, and facilitating opportunities for learning and exchange.[102]

Key Lessons

As policymakers look to promote young children's development through health sector leadership, governance, and multisectoral coordination, the following are key lessons from Ethiopia's experience:

» **Cultivate champions at all levels of government.** Ethiopia's ongoing success in operationalizing the nurturing care agenda emphasizes the necessity of strong and consistent political commitment and leadership. This achievement can be attributed mainly to the deliberate cultivation of champions across key ministries, particularly the Ministry of Health, and at all levels of government, starting with executive leadership.[103] By creating a network of champions, Ethiopia has been able to translate the Nurturing Care Framework into comprehensive and coordinated multisectoral policies, sector-specific implementation plans, and programs aimed at promoting the holistic development of young children.[104]

» **Conduct a situational analysis to inform strategic planning and act on it.** Ethiopia's experience shows the importance of conducting a situational analysis to understand strengths and identify gaps or challenges in the provision of interventions that promote nurturing care. The situational analysis carried out by the Ministry of Health revealed weaknesses in the implementation of the national Early Childhood Care and Education policy framework, explicitly highlighting the lack of interventions that promote responsive caregiving, early learning, and safety and security within the health sector. This led to a comprehensive revision of the policy framework in 2019 and the development of the National Health Sector Strategic Plan for ECD, which provides a detailed roadmap for the health sector on how best to integrate interventions that promote nurturing care.[105]

» **Clearly define the roles of all health system actors.** To ensure effective implementation of the multisectoral and health-specific policies and plans, it is essential to clearly define the roles and responsibilities of all stakeholders involved. Ethiopia's new national Early Childhood Development, Care and Education policy framework clearly outlines the roles and responsibilities of each sector relevant to advancing child development. Similarly, the National Health Sector Strategic Plan for ECD identifies and outlines the responsibilities of health sector stakeholders and collaborators, ranging from the Ministry of Health to the Regional Health Bureaus, district-level health offices, health facilities, collaborating ministries, universities, research centers, mass media, and development partners. This clarity in defining the health sector's role in interventions that promote responsive caregiving, early learning, and safety and security lays the foundation for efficient coordination, collaboration, and service delivery, which, in turn, empowers leaders to make informed decisions and allocate resources strategically to support child development outcomes.

Health Workforce

Introduction

The health workforce plays a crucial role in supporting the development of young children due to their frequent interactions with caregivers and their children during pregnancy and the early years of life. These interactions provide valuable opportunities for health workers to build caregiver capacities to support nurturing care alongside standard child health and nutrition interventions. With adequate training, supervision, and support, the health workforce can maximize these opportunities to improve early childhood development outcomes.

Who makes up the primary health care workforce?

This chapter focuses on the health workers who interact directly with caregivers and their young children, and those who train, supervise, and mentor these frontline workers. While the chapter aims to be inclusive of different profiles and roles within PHC, it focuses particularly on pediatricians, OBGYNs, nurses, midwives, community health workers/volunteers and paraprofessionals as they have the most regular contact with families during the first 1,000 days, along with those serving as managers, supervisors, and trainers who are critical to ensuring quality of care. (see ***Service Delivery*** for more information on how the workforce affects delivery of interventions).

The specific health workforce cadres supporting young children's development vary significantly based on the context. In publicly managed settings, health care provision is often led by a range of professionals employed directly by the government, such as doctors, nurses, and paraprofessionals. Non-governmental organizations (NGOs), private health care providers, and partner organizations may supplement government efforts by deploying their own cadre of health workers, including volunteers and specialized staff. The specific roles undertaken by different cadres also vary.[106]

The health workforce is well-positioned to support young children's development.

Embedding support for developmental monitoring and counseling, as well as interventions that promote responsive caregiving, early learning, safety and security, and caregiver well-being into the roles and responsibilities of PHC workers can be beneficial for caregivers and children. It provides caregivers with opportunities to receive information, counseling, and support from trusted health workers often as part of their routine health care. Given that health workers are in regular contact with caregivers from pregnancy through age 3, they are well positioned to provide guidance and support to families. Both the WHO and the American Academy of Pediatrics have recommended that pediatricians and other frontline health workers promote nurturing care through health and nutrition and provide ongoing developmental monitoring.[107] [108]

Despite being well placed to support children in their early years, health workers encounter significant challenges in promoting nurturing care alongside routine health interventions. There is often a shortage of workers, leading to high workloads which hinder quality of care and can discourage caregivers from seeking care. Additionally, pre-service training programs often lack specific training for how to promote responsive caregiving, early learning, safety and security and developmental monitoring, leaving health workers lacking the essential skills and knowledge needed to effectively support caregivers. Even with more comprehensive pre-service training, knowledge and skills need to be refreshed and updated frequently through in-service training and supportive supervision systems. Resource constraints such as lack of job aids or materials and insufficient financing further exacerbate these challenges.

This section examines factors that enable the health workforce to promote responsive caregiving, early learning, safety and security and developmental monitoring within standard health provision practices, focusing specifically on recruitment, training, supervision and resources. Following this, it outlines potential actions to realize these enabling factors.

Enabling Factors

The health workforce plays a crucial role in building caregiver capacities to promote nurturing care within PHC systems. To achieve this, health workers require proper training, support, and resources to effectively support responsive caregiving, early learning, safety and security, and developmental monitoring. Three enabling factors are critical to enhancing the capacity of the health workforce to promote nurturing care and several actions can be taken to put them in place.

1. Health workers receive adequate and contextualized training, and supportive supervision

Pre-service training with modules on nurturing care

Health workers across the system need to be equipped with the knowledge to answer common caregiver questions and concerns about their children's development, as well as the skills to promote nurturing relationships with their children. However, current medical school curricula and residency training do not cover many aspects of child development and developmental interventions, including screening for developmental delays.[109] Similarly, continuing medical education training focuses more on theories of child development than practice-based skills.[110]

Training modules that cover the science of early childhood development and the delivery of interventions supporting responsive care and early learning, safety and security, and developmental monitoring can be added to existing health provider training curricula to better prepare health workers to help caregivers promote their child's development. Save the Children is currently implementing this in Guyana by leveraging existing courses and adding sessions, presentations, and readings on responsive caregiving and early learning.[111] Pre-service training for

workforce cadres that work with caregivers and children can be further strengthened by fostering collaborations between academic pediatric departments, medical training and education programs, and national pediatric associations. Additionally, these partnerships can develop child development-related guidelines, ensuring better adoption among primary health care personnel.[112]

In-service training to provide support and further improve skills and knowledge

In-service training provides an opportunity to fill gaps not covered during pre-service training and reinforce knowledge and skills to improve the quality of health workers' interactions with caregivers. A study of group-based and home-visiting programs in Kenya found that responsive caregiving was not a familiar concept among CHWs. The study also found it was difficult for CHWs to facilitate discussions with caregivers without being overly didactic, indicating a lack of familiarity with the topics. [113]

In-service training can also assist health workers in guiding parents to support opportunities for early learning, especially during routine household activities.[114] For example, a needs assessment for a nurses and midwives training program in health centers in Jordan found that the nurses and midwives lacked training in addressing caregivers' cognitive and social-emotional development concerns. They were also not trained to support caregivers in handling behavioral challenges such as tantrums, fights with siblings or peers, and child discipline. This meant that during visits, caregivers often asked questions that the nurses and midwives did not feel equipped to answer.[115]

Videos can be effective to support training on nurturing care concepts. The Malezi Project in the Tabora Region of Tanzania found that using videos to supplement CHW training improved CHW counseling skills and male caregiver engagement, particularly in home settings.[116] Similarly, a series of videos developed by Global Health depict a standard counseling session demonstrating the three steps from the Infant and Young Child Feeding (IYCF) package that can be used in training for health workers to learn more about nurturing care.[117]

In-service training can boost health workers' overall motivation and job satisfaction. A systematic review on intervention design factors that influence CHW performance in LMICs found that training was a positive influence for CHW motivation, job satisfaction, and performance.[118] In addition, while there are several in-service training packages that include modules on how to listen, ask for information, praise, advise and solve problems with caregivers, they are not yet implemented at scale. Emphasizing these counseling skills for health workers enables positive interactions with caregivers and encourages caregivers to continue to seek care from health providers.

While training can be beneficial, the quality and intensity of existing opportunities need to be strengthened. A meta-analysis of parenting programs delivered by health workers in group sessions and home visits found that training sessions tend to be as short as 3 days with some offering 5 days.[119]

Virtual training offers a way to address cost limitations by expanding reach while maintaining learning outcomes for health workers.[120] Recorded videos delivered over messaging platforms like WhatsApp can offer a way to deliver and reinforce knowledge for health worker trainees. Adding accreditation or certifications to training programs can provide health workers with incentives to continue their professional development.

Supportive supervision and on-the-job coaching provide critical support

Supervisors are critical to ensuring that frontline workers have the capacity and ongoing support to deliver interventions that support nurturing care over time.[121] For example, it took a year for at least 70% of Lady Health Workers in a nutrition and psychosocial stimulation intervention in Pakistan to demonstrate a satisfactory level of competencies; continuous supportive supervision and problem-solving were needed to overcome implementation challenges.[122] The presence of a supportive supervision system with on-the-job workforce coaching is a strong contributing factor for how well the workforce delivers interventions to promote nurturing care.[123] A systematic review of parenting support programs identified several promising quality assurance

> Incorporating a focus on nurturing care into existing PHC supportive supervision systems is a potential strategy that can mitigate costs of implementation while ensuring providers have the necessary support.

techniques, including: (1) process monitoring using designed quality monitoring tools like fidelity checklists; (2) supporting supervision and on-the-job mentoring; and (3) maintaining ongoing open feedback and process learning.[124] Incorporating a focus on nurturing care into existing PHC supportive supervision systems is a potential strategy that can mitigate costs of implementation while ensuring providers have the necessary support.

Supportive supervision and on-the-job coaching are particularly important to ensure that lay workers have guidance to promote high quality programs. However, the limited number of health workers with technical expertise in nurturing care means that supervisors do not always have content knowledge or skills to observe and provide feedback to frontline health workers.[125] [126] In some cases, a cascade training model is used to provide content knowledge and skills to health workers and supervisors. Alternative approaches such as peer-to-peer mentoring and coaching may also mitigate the absence of dedicated and trained supervisors and coaches.

Enabling Factor 1

Health workers receive adequate and contextualized training and supportive supervision.

Action ☐	**Expand pre-service training to include workforce knowledge and skills in delivering interventions that promote responsive caregiving, early learning, safety and security and developmental monitoring.**
☐	Incorporate child development, developmental monitoring, and responsive caregiving, early learning, and safety and security content into pre-service training curriculum and monitor its delivery.
☐	Train PHC workers to provide guidance to caregivers, observe child-caregiver interactions, and respond to common questions/concerns through training, mentorship, and coaching.
☐	Establish collaborations between academic pediatric departments, medical training and education programs, and national pediatric associations.
Action ☐	**Provide support and further improve workforce skills and knowledge through in-service training.**
☐	Expand in-service training to refresh key messages and skills taught in pre-service training, address knowledge gaps, and update continuously to reflect emerging information and best practices.
☐	Include in-service training modules on soft skills, including providing support by listening and asking for information, praising, advising, and problem-solving with caregivers and extend length of in-service training to include these modules, where appropriate.
☐	Provide virtual training options and digital materials where feasible.
Action ☐	**Strengthen supportive supervision and on-the-job coaching.**
☐	Use a cascade training model to ensure that supervisors have content knowledge and skills to observe and provide feedback to frontline health workers.
☐	Implement supportive supervision systems that include on-the-job coaching, quality monitoring tools like fidelity checklists, ongoing open feedback and process learning.
☐	Create opportunities for on-the-job coaching and peer mentoring particularly where supervision systems are limited.
☐	Create opportunities for ongoing professional development and certification.
☐	Increase the number of supervisors by promoting relevant health facility and community staff.

2. Tools and job aids are readily available and accurately used

Job aids include any tools, visuals, prompts, or suggestions that help health workers carry out their work with caregivers and children.[127] Integrating job aids can help standardize interventions across programs, improve program quality, and bridge knowledge gaps for caregivers. For health workers, job aids such as decision trees, scripts, and manuals provide support by streamlining communication, supporting decision making, and providing references during their interactions with caregivers. The use of digital job aids in an evaluation of CHW counseling skills was found to improve workflow, completeness, and consistency of information delivered by CHWs during counseling.[128]

Other job aids, such as counseling cards, facilitate the interaction between health workers and caregivers by helping to bridge gaps in caregivers' knowledge. A workforce development intervention in Bhutan using counseling cards had a significant impact on caregiver understanding of playful parenting, caregiver knowledge of child development and their role in nurturing it, the availability of play materials in the home, the observed quality of caregiver-child interactions, quality of the home environment, and engagement of fathers in caregiving and stimulation (See ***Case Study 3***).[129]

While job aids have proven effective in supporting health workers and caregivers, their effectiveness is limited when there are not enough materials provided for health workers to use, or when the health workers are unable to use the tools as intended. A U.S. adaptation of the Reach Out and Read program, which provides books to caregivers and encourages reading to infants, found that while clinicians appreciated the intervention, the limited supply of books available negatively affected their view of the program as a whole.[130] The positive impact of job aids is also compromised when they are not used as intended. In an adaptation of the Reach Up and Learn parenting program in Bangladesh, health workers received manuals containing the curriculum and activities for the parents but struggled to use the manuals because they were too complex.[131] As a result, workers focused more on reading the manuals than interacting with the caregivers, which negatively impacted caregiver engagement and the quality of the sessions.[132] The manuals were later adapted into laminated summary cards, which were easier for health workers to use. In Siaya County, Kenya, PATH supported the government to introduce job aids to support health workers at the facility and community levels in promoting developmental monitoring and counseling. After finding that these were not utilized regularly, PATH and the government pivoted to encouraging health workers to utilize the existing Mother-Child Handbook which led to increased delivery of developmental monitoring and counseling. This underscores the importance of adapting job aids to suit the needs of both health workers and caregivers, and also utilizing existing materials where possible.[133]

Similarly, many health workers, including pediatricians, are not trained to use available tools for developmental monitoring,[134] and existing tools covering 0-3 year-olds are not always valid, reliable, and appropriate for use in routine health systems in LMIC contexts.[135] It is necessary to develop tools that can effectively monitor development during routine maternal, newborn, and child health interactions. These tools should not only consider individual factors but also consider the broader spectrum of risks and protective factors that affect families (refer to ***Health Information Systems*** for more information on developing data collection systems). Additionally, it is important for guidelines to acknowledge the practical challenges faced in low-resource settings, such as time, cost, and training constraints. Equipping frontline health workers with practical guidance on interpreting and responding to results of developmental assessments within the constraints of low-resource contexts is essential to the quality of interventions they deliver. (See ***Service Delivery*** for more information on developmental monitoring.)

Enabling Factor 2

Tools and job aids are readily available and accurately used.

- *Action* ☐ **Encourage and support use of existing tools and job aids where aligned (e.g., child health booklets).**
- *Action* ☐ **Design and validate tools and accompanying materials to reflect local contexts and are inclusive of all caregivers, such as male caregivers and extended family members.**
  - ☐ Ensure that items, people, communities, and stories depicted are relatable to caregivers and health workers.
  - ☐ Adapt text and scripts to local languages.
  - ☐ Provide descriptive visuals and informative text to accommodate varying levels of literacy.
- *Action* ☐ **Implement training on usage of job aids such as scripts, manuals, and counseling cards in health worker trainings.**
- *Action* ☐ **Produce and distribute enough tools and job aids to health workers and monitor their availability and usage.**

3. Design of interventions to promote nurturing care consider existing staff capacity and ways to incentivize the workforce.

Staff shortages - particularly in rural and remote areas - lead to high workloads and high staff turnover. Adaptations to Reach Up and Learn found high staff turnover among CHWs.[136] In addition, CHWs prioritized traditional health concerns, such as dengue fever and immunization promotion, which limited the time dedicated to the parenting intervention. In a home-visiting program in Brazil where caregivers learned about positive parenting practices and providing a stimulating home environment, most trained CHWs quit within a few weeks of training due to heavy workloads, despite being offered higher pay. As a result, over 80% of participating families received no home visits.[137] Increasing recruitment is a potential strategy to mitigate this.[138] In a home visiting program adapted for refugee camps in Lebanon, Jordan and Syria, the program anticipated high staff turnover by recruiting more health workers than needed, mitigating the risk of understaffing (Refer to ***Box 6*** on the Reach Up and Learn).[139] A systematic review of determinants for scaling CHW programs in LMICs found that in addition to competitive stipends, incorporating material and social incentives such as social recognition and preferential access to services, helps to maintain morale and motivation. [140]

Alternatively, some health systems alleviate health provider workload through task-shifting which involves training paraprofessionals or health volunteers to carry out tasks typically held by traditional health workers.[141] Another approach is to deliver coaching or demonstrations to multiple caregivers at once through group parenting sessions or health facility waiting areas, which reduces the total number of staff needed.[142] (See ***Service Delivery*** for more information on group sessions and other activities in waiting areas).

While adding to the responsibilities of CHWs and similar staff is feasible in some contexts, it may not be effective or sustainable over time. There are risks of diluted guidance and services, poor quality delivery, staff burnout, and poor staff retention. Some parenting interventions are still feasible and effective when delivered by workforce cadres who are not as formally trained.[143] In fact, several studies from countries like Brazil[144] and Malawi[145] suggest that either an expansion of existing health personnel or the establishment of a new cadre of staff may be necessary to promote nurturing care effectively, with CHWs serving in a more supervisory role. As roles evolve, it is important to define core competencies[146] and create clear, updated job descriptions.[147]

Enabling Factor 3

Design of interventions to promote nurturing care considers existing staff capacity and ways to incentivize the workforce.

Action ☐	**Identify workforce cadres who may be able to deliver interventions that promote nurturing care.**
Action ☐	**Task-shift more time-intensive interventions to workforce cadres that are trained to deliver them and have enough time.**
Action ☐	**If new cadre of staff is added for task-shifting, define core competencies and job descriptions for shifting roles.**
Action ☐	**Leverage waiting areas and group settings to deliver guidance and demonstrations for nurturing care to multiple caregivers at a time.**
Action ☐	**Deploy additional staff to remote and rural areas that tend to have extra challenges with staff availability.**

Box 6

Strengthening Health Workforce in Emergency Settings

Reach Up and Learn in the Syria Response: Adapting and implementing an evidence-based home visiting program in Lebanon, Jordan and Syria[148]

Millions of caregivers and children who were displaced by the Syrian crisis and are now living in internally displaced persons camps in Syria or refugee camps in Jordan and Lebanon. In situations of conflict and crisis, high levels of stress, trauma, and instability hinder the nurturing environments that children need for healthy growth and development. In response, the International Rescue Committee (IRC) in Syria, Lebanon, and Jordan adapted and implemented the Reach Up and Learn program, an early childhood home-visiting program that equips caregivers with the skills to stimulate their child's development through talking, playing, and interacting with their children.

Lessons for recruiting, training, and supervising health workforce in conflict settings include:

» The program trained more staff than needed. In conflict settings where there is high turnover due to instability, this strategy ensured that there was always sufficient staff to carry out home visits.

» Curriculum content, and program activities were adapted to address the specific needs of the Syrian refugees. This included incorporating stories and pictures that reflected the realities of caregivers' lives, adapting the language of the content, and using songs chosen by Syrian volunteers. Home visitors were also trained in how to adapt the curriculum to local contexts and needs.

» Home visitors were equipped with additional information to support caregivers in conflict settings, including up-to-date referral information to help address caregivers' other needs like healthcare, counseling, legal aid, case management, financial assistance, and job skills training. Being able to assist caregivers in their basic needs helped home visitors build meaningful relationships.

Case Study 3

Contributors: Karma Dyenka (Save the Children) and Madam Sangay Zam (Faculty of Nursing and Public Health, Khesar Gyelpo University of Medical Sciences in Bhutan)

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

Bhutan has made significant progress in maternal and child health, successfully meeting Millennium Development Goals (MDGs) associated with poverty reduction, maternal and child mortality, and the prevalence of underweight children.[149]

While research has shown the importance of playful and responsive interactions for young children's development, a considerable number of them, particularly those from the most vulnerable and disadvantaged backgrounds, still do not have access to such opportunities because their caregivers lack the necessary skills.[150] To address these challenges, the Ministry of Health, in collaboration with Save the Children and the LEGO Foundation, launched Prescription to Play (P2P) for children ages 0 to 3 to improve the playful parenting practices of caregivers and enable children to reach their full developmental potential. Through Prescription to Play, health assistants in health centers and outreach clinics nationwide delivered group and individual parenting sessions to caregivers on responsive caregiving, playful parenting, and adequate nutrition. Additionally, sessions included child development screening to ensure early identification of any developmental delays. The program's implementation stage included individual and group sessions using the Building Brains package. Health assistants provided counseling during well-child visits using play cards and ideas for developmentally appropriate activities. They also led group sessions that taught games that incorporated behavioral strategies and used household items.

By partnering with the medical school, the Prescription to Play program ensured that new health assistants received comprehensive training in delivering playful parenting sessions and monitoring developmental milestones before resuming their roles. Health assistants also received in-service and refresher training adapted to their on-the-job experiences. For instance, one refresher training module incorporated the Plan-Do-Study-Act framework, empowering health assistants to devise specific, evidence-based, and relevant solutions for common challenges encountered during service delivery. The Prescription to Play team identified substantial impact after just three group sessions, including improved caregiver understanding of playful parenting, enhanced knowledge of child development, greater availability of play materials in homes, and increased engagement of fathers in caregiving and stimulation. Notably, participants who attended more group sessions experienced more significant changes.

Key Lessons

As policymakers look to support the health professionals who deliver interventions to young children and their families, the following are key lessons from Bhutan's Prescription to Play project:

» **Implement pre-service training for health care professionals.** Bhutan's experience highlights the importance of pre-service training in ensuring health care workers are adequately prepared to deliver high-quality interventions that promote nurturing care from the outset of their careers. When medical school curricula and training programs include components on various aspects of child development, such as screening for developmental delays and promoting responsive caregiving, health professionals are better equipped to foster nurturing relationships between caregivers and their children. It also allows in-service training to focus on reinforcing existing knowledge and skills, rather than introducing new concepts that may overwhelm workers already facing heavy workloads.

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» **Establish strong partnerships with academic institutions.** Building solid partnerships with academic institutions, as exemplified by the collaboration between Bhutan's Ministry of Health and Khesar Gyelpo University of Medical Sciences Faculty of Nursing and Public Health, has proven to be instrumental in integrating nurturing care concepts into pre-service training. Policymakers should consider seeking collaborations with universities and engaging closely with professors to design and implement meaningful and locally relevant curricula that include coursework on responsive caregiving, opportunities for early learning, and safety and security concepts.

» **Prioritize practical training for healthcare professionals.** Prescription to Play's strategy of incorporating a practicum into pre-service training ensures that healthcare professionals acquire not only theoretical knowledge but the practical skills essential for engaging with caregivers and young children. Moreover, the implementation of in-service and refresher training, focused on addressing the specific challenges health assistants encounter in their roles, can play a crucial role in ensuring that healthcare providers stay current and effective in promoting the holistic development of young children.

Tools & Resources

➥ ***Resource 6*** includes a table with the full list of enabling factors and corresponding actions for Health Workforce.

➥ ***Resource 7*** includes reflection questions to support discussion and planning related to Health Workforce.

➥ ***Resource 8*** features a description of evidence-based training packages to equip providers with skills to promote nurturing care.

Health Information Systems

What are Health Information Systems and how do they relate to nurturing care?

A health information system (HIS) encompasses the process of collecting, analyzing, and reporting data to inform decision-making to improve health and human development outcomes. When effective, an information system can be used to design and improve programs and interventions, develop policies that target appropriate groups, allocate scarce resources efficiently, and track progress against country and global health and development goals. Effective use of this information to inform decision-making can ultimately improve young children's development. Essentially, gathering this information helps implementers answer critical questions: "Are we doing what we planned to do? Does it lead us to the expected results?"

Currently, however, information is lacking on child development outcomes (including cognitive, physical, and language development, literacy and numeracy, executive functioning, and socio-emotional competencies) and home, health, and childcare environments. Most data collection efforts, therefore, fail to capture whether children are receiving all components of nurturing care and are developmentally on track. Both literature and experience suggest that the data available are insufficient and poorly organized. The data gaps are evident in Countdown to 2030 country profiles on ECD, for example, which are completed annually for countries. While these profiles provide an important contribution to tracking progress against SDG indicators globally, many fields are consistently marked with "no data."[151]

This lack of data is driven by insufficient tools to collect the data accurately, affordably, and consistently. A review of tools to measure child development outcomes used in routine health services in LMICs found that no measurement tools adequately covered all measurement domains and were accurate and feasible.[152] This results in a significant underestimation of the loss of developmental potential globally,[153] and a deficit of information about developmental risks and service coverage nationally. Where these tools do exist, there can be challenges related to staff time, training, and capacity to use them. There is untapped potential for existing HIS to help fill these critical gaps.

Strengthening existing HIS can help address these gaps in data collection and understanding. Fortunately, progress is being made to develop tools and frameworks to improve data collection and monitor developmental outcomes for children under 3. This chapter focuses on this opportunity in the health sector, providing an overview of existing

HIS and monitoring levels, factors that enable the health sector to integrate measurement of child development outcomes into those existing systems, and actions to realize those enabling factors. The section also shares examples of where this integration has happened in specific countries.

Existing health information systems and levels of monitoring

Monitoring happens at three levels: (1) the individual child, to detect his or her health status and potential development concerns to address; (2) population, to identify overall prevalence estimates and assess and compare progress to inform policy and program decisions; and (3) program, to assess and improve performance of specific programs and services. Existing HIS operate across all three of these levels and include:

1. **Developmental monitoring data collection** *(individual child level)*: This refers to data collected during PHC visits to monitor and track a child's development and growth. This information sheds light on individual child development, monitoring infant and young children's development and progress in different domains, identifying individual children at risk of or exhibiting developmental delays or disabilities, and connecting identified children with appropriate resources and diagnostics for improved development. (See ***Service Delivery*** for more information on growth and developmental monitoring for individual children)
2. **Program evaluations** *(program level)*: This refers to data collected about specific programs or services to assess their efficacy and efficiency, often done through monitoring, evaluation, and learning (MEL) frameworks. These evaluations may assess processes and implementation and often gauge program reach, outcomes, and areas for improvement. This information can be critical to improve program design and training, scale successful service delivery approaches, and generate knowledge to share with similar programs. Data from NGOs and civil society implementing these programs can provide valuable insights to broader government monitoring and information systems, learning from how NGOs are currently collecting and using the data before scaling to national monitoring. The WHO Nurturing Care Framework has provided templates for logic frameworks, theories of change, and MEL design that can support health projects to collect information about services that promote nurturing care to report more comprehensively on child development outcomes.[154]
3. **Administrative and survey data collection** *(population level)*: Administrative data is collected routinely through a country's HIS, often by local clinics or health facilities. More than 100 low- and middle-income countries use DHIS2 to collect and share administrative data, though some countries may use unique systems.[155] This information is collected from routine visits with individual children, but the aggregate data can inform population and systems level information and decisions. See ***Case Study 4*** to learn about Kenya's experience integrating relevant indicators into routine data collection platforms.

   Survey data is collected via regular or ad hoc population-level surveys (from a representative sample of the population). Population surveys that include information on young children's development include the Demographic and Health Survey's (DHS) optional module on child well-being and household structure, and the Multiple Indicator Cluster Survey (MICS) questionnaire for children under five and questionnaire for child functioning under five (see ***Resource 8***). This information provides incidence data and is critical to target services appropriately, inform research on developmental delays and disabilities and risk factors, track and compare progress within and across regions or countries and against national and global goals, like the SDGs.

   There are opportunities to incorporate indicators to track nurturing care into these existing population surveys. Modules like the Early Childhood Development Index 2030 (ECDI2030) and Global Scales for Early Development (GSED) have been developed to assess children's development from birth to 59 months. See ***Resource 8*** for more information about both modules.

Enabling factors and actions

Four enabling factors are foundational to successfully strengthening HIS for promoting nurturing care for optimal child development, and several actions can be taken to put these in place.

1. Clear consensus and guidance on what child development indicators and outcomes should be monitored, and when and how to monitor them.

Given the multisectoral and multidimensional nature of young children's development, measuring child development outcomes is complex and varied. PHC decision-makers, service providers, and data specialists need a clear understanding of indicators the health sector should be measuring and the process to do so in a standardized, ethical, and comparable way.[vi] Few indicators exist to assess responsive caregiving and early learning and general discrepancies even in basic terminology (e.g., "monitoring" versus "screening") can cause confusion between programs and information systems.[156] Clear definitions and guidance are necessary to address this variability and characterize, develop, and compare interventions that promote nurturing care and child development outcomes through the health sector, as well as to track government budget allocations and donor contributions to services that promote nurturing care.

Actions are being taken now to develop tools and measurement systems that PHC decision-makers can use to inform and establish this consensus (see ***Resource 8***).[vii] The World Bank Toolkit for Measuring ECD in LMICs, for example, provides information on measurable development skills and assessment tools that cut across the levels of monitoring. The next necessary step is for country health sectors and implementing partners to adopt these tools, fund their implementation, and bring them together as part of a cohesive HIS.

Enabling Factor 1

Clear consensus and guidance on child development indicators and measurement: *what* to monitor, *when*, and *how*.

Action ☐	**Improve consistency and clarity on which health interventions that contribute to early childhood development the health sector should track, and how they can do so by, for example:**
☐	Develop consensus on (a) interventions promote nurturing care for optimal child development within the health system[viii] and (b) indicators that can be used to monitor those interventions and related outcomes.
☐	Map data across data collection systems to understand who collects this information, who uses it, how it is disaggregated, and gaps in information.
☐	Develop consensus on when and how to track those indicators.
Action ☐	**Develop standardized guidance, tools, and resources that health personnel and data collectors can use within resource-constrained settings, or adapt existing tools where they are already available.**

vi The health sector's role in young children's development will be directly shaped and impacted by the formal role outlined in policies and sector plans; see ***Leadership and Governance*** for more information here.

vii Ideally, a comprehensive information system should also include tools or processes to track funding for these nurturing care services as well, to inform budgeting and allocation decisions and track progress against set goals. See ***Sustainable Financing*** for more information on financing these services through health.

viii See ***Service Delivery*** for more information on the interventions for nurturing care that can be delivered through PHC, including forthcoming work on the minimum package of interventions from UNICEF and WHO.

2. Existing HIS are adequately resourced to collect and use agreed indicators

There is currently untapped potential for HIS to help fill the critical information gaps, but doing so will require additions to existing systems. For example:

» **Administrative data collection (population level)**: National routine HMIS (e.g., DHIS2) do not collect sufficient information on nurturing care.[157] Collecting additional indicators at facilities and in communities may require additional resources up front. In many countries, this routine visit information is collected in paper registers and then transferred into digital formats; adding indicators will require re-printing paper registers to be distributed across the country, as well as revising guidance documents and re-training health workers to ensure the data is collected correctly and consistently across the country. Once these up-front costs are covered, however, recurring costs should be minimal as the health workforce cadres that monitor and screen children are already in place. Participating in period reviews of HMIS registers through participation in relevant technical working groups may help identify opportunities to collect this additional information efficiently.

» **Population survey data (population level)**: Researchers have recently developed tools to assess responsive caregiving and early learning activities in population surveys, but these tools are relatively new and not yet widely adopted.[158] Incorporating these tools (such as the ECDI2030 and GSED) into existing population surveys will have up-front resource and financial costs to train enumerators and data analysis teams on the new questionnaires and tabulation procedures but are more cost effective than conducting a stand-alone survey for responsive caregiving or early learning opportunities alone. Robust resources exist to guide health decision-makers to incorporate these tools into existing population surveys.

» **Program evaluations (program level)**: As mentioned earlier, evaluating programs to gauge their reach, outcomes, and areas for improvement is critical to improve program implementation and ultimate impact. Developing disaggregated, responsive, and sustainable MEL systems requires sufficient time, finances, and expertise to be built into and protected in project budgets intentionally. Ensuring program budgets and plans include these resources for nurturing care measurement from project onset can help HIS fill this critical need.

Enabling Factor 2

Existing HIS are adequately resourced to collect and use agreed indicators.

Action ☐	**Advocate for costing of and increased health financing for information systems (both data collection and dissemination) from domestic and external sources to collect and use appropriate child development indicators.**
Action ☐	**Prioritize data that PHC decision-makers want to inform decision-making.**
Action ☐	**Strengthen existing information systems to collect the indicators agreed above by, for example:**
	☐ Regularly train and mentor health managers and data collectors in data literacy and standard methods for robust data collection and documentation.
	☐ Assess relevant information available across existing information systems, including by conducting periodic reviews of administrative data collected via HIS.
	☐ Add new indicators and tools into existing systems (e.g., including ECDI2030 or GSED in DHS or MICS survey design).
	☐ Partner with research institutions to conduct rigorous impact evaluations to assess programs and services that promote optimal child development and are delivered through PHC.

3. Robust coordination between sectors and ministries allows for data sharing and aggregation to show a comprehensive picture of child development outcomes and how nurturing care is being promoted.

In many countries, policies and services to promote optimal child development are developed and implemented by multiple sectors and ministries, including health, nutrition, education, social protection, and community development, for example. This means that information about the services provided within the health sector is only telling part of the story, usually limited to health and nutrition alone. Strong coordination and collaboration between these sectors can ensure that the necessary data is shared across ministries and programs to improve holistic and comprehensive decision-making.

Some countries have pioneered a data dashboard approach to support coordination and aggregate critical information. In both Tanzania and Rwanda, for example, government actors have developed comprehensive data dashboards to aggregate and report information collected by multiple sectors. In Rwanda, this is called the Integrated Child Development (ICD) Dashboard and it aggregates data collected across multiple existing information systems and provides data analytics, including from health.[159] In Tanzania, the government and UNICEF are working together to develop a national dashboard that reports information across all five domains of nurturing care (health, nutrition, responsive caregiving, early learning, and safety and security).[160] Both countries emphasize the importance of using existing information systems to report a comprehensive picture, rather than creating yet another separate system. Lessons from these dashboard pioneers can inform other countries along a similar process of sectoral coordination and data use.

In Rwanda, this is called the Integrated Child Development (ICD) Dashboard and it aggregates data collected across multiple existing information systems and provides data analytics, including from health.

Although developing comprehensive dashboards to aggregate cross-sector data is essential, it is equally important to ensure the collection and reporting of disaggregated data (e.g., by gender, geographic location, socio-economic status, and disability) to better identify disparities in child development outcomes. This will help ensure that resources can be directed to the populations and communities who need them most.

Enabling Factor 3

Robust coordination between sectors and ministries allows for data sharing and aggregation to show a comprehensive picture of child development outcomes and how nurturing care is being promoted.

Action ☐ **Coordinate with relevant ministries (e.g., Finance and Planning, Education, Social Protection, Community Development) to align with a shared goal for early childhood development in information systems. This can be done through new or existing coordination mechanisms, as feasible and appropriate.**

Action ☐ **Develop appropriate architecture to support sharing between health systems and other relevant sector systems,[ix] with the goal of creating an aggregate data dashboard over time.**

ix This may be facilitated through the committee convened in ***Action Planning***.

4. Data is accessible and available to PHC decision-makers and caregivers in a user-friendly format.

Quality data is not the end itself; its potential to improve child development outcomes depends on its use to inform policy and programming through a data feedback loop. Once data is collected, an effective information system should facilitate easy and accurate interpretation and use of the results. Ideally, this health data should inform actions—connecting specific children to necessary services (individual level), improving program design and service delivery (program level), and identifying areas with higher risk or incidence of developmental delays and tracking progress against national or global child development commitments and funding goals (population level). The information can also be used to hold PHC decision-makers and service providers accountable to stated goals by measuring progress against them, and help lead to behavior change in caregivers based on the newly available information on nurturing care.

Sharing this data accessibly with health policymakers, program implementers, researchers, and caregivers is a critical step in the data value chain and feedback loop, but the data collected at the facility and population level is often not visualized in an accessible way for non-data experts. Bridging this gap in data accessibility and usability via HIS is critical for planning, accountability, and maintaining community trust to improve young children's development in the long term. Both Rwanda and Tanzania, for example, are making the nurturing care data available via their aggregate dashboards by creating accessible scorecards for decision-makers. See ***Box 7*** for more information on Tanzania's scorecard experience.

Enabling Factor 4

Data is accessible and available to PHC decision-makers and caregivers in a user-friendly format.

Action ☐	**Make data accessible and user friendly for PHC decision-makers (including at health facilities and health units/districts) and caregivers, potentially through a scorecard.**
Action ☐	**Train PHC decision-makers to improve data literacy to support correct interpretation and use in health decisions.**
Action ☐	**Make data available so third parties (e.g., NGOs or advocacy partners) can analyze and share the data for decision making, progress tracking, community information, and accountability.**

Box 7

Lessons from Tanzania's ECD Scorecard[161]

In 2021, Tanzania launched its National Multisectoral ECD Program (NMECDP) 2021 – 2026 to provide an organizing framework for the promotion of nurturing care.

The NMECDP encourages a unified, multisectoral approach to delivering interventions that promote nurturing care and includes a costed implementation plan to identify specific actions to achieve this goal. Additionally, to assess progress against this strategic plan, the NMECDP Secretariat and TECDEN developed the National Multisectoral ECD Scorecard to review performance on key activities and processes on a quarterly basis, ensuring that there was continued alignment with the NMECDP. The ECD Scorecard includes 14 key indicators drawn from the five domains of nurturing care: good health, adequate nutrition, early learning, responsive caregiving, and safety and security.

The ECD Scorecard was launched in December 2025 after several years of dedicated development. Through a three-day national training program, the ECD Scorecard was introduced to Council Social Welfare Officers from all 184 Councils and 26 regions across the country. Representatives from the Ministry of Health, Ministry of Education, Science and Technology, Ministry of Community Development, Gender, Women and Special Groups, and the Prime Minister's Office were present at the launch of the tool, reflecting strong leadership and multisectoral collaboration across key ministries. The tool aims to strengthen coordination, accountability, and delivery of quality services that promote nurturing care for young children and emphasis has been placed on its value in supporting evidence-based planning and budgeting at national and subnational levels, enabling the government to assess progress in promoting child development outcomes.

Tools & Resources

- ***Resource 6*** includes a table with the full list of enabling factors and corresponding actions for Health Information Systems.
- ***Resource 7*** includes reflection questions to support discussion and planning related to Health Information Systems.
- ***Resource 8*** features a sample of population-level measures of child development that can be integrated into national surveys along with tools and resources to support nurturing care data collection through HIS.

Case Study 4

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Kenya's experience integrating nurturing care and child development indicators into routine health information system data collection via the DHIS2

With technical support from UNICEF and funding from the Conrad N. Hilton Foundation, Kenya's Ministry of Health explicitly incorporated nurturing care indicators into the existing DHIS2 register in 2020-2021.

This integration was necessary to capture information about the many existing interventions that promote nurturing care that were already being provided through mother-child health clinics around the country in a single, standardized way. The Ministry of Health wanted the ability to track developmental milestone delays, referrals, and linkages to other services in a centralized and reliable way. As a result, the DHIS2 data capture and reporting tools now include the following indicators:

- Delayed developmental milestones new cases
- Delayed developmental milestones old cases
- Children with delayed developmental milestones referred
- Number of children under 5 with delayed developmental milestones
- Children with delayed developmental milestones receiving therapeutic play services
- Proportion of children under 5 with delayed developmental milestones

Why incorporate indicators into administrative data specifically?

The routine health information data collected at the county level via the DHIS2 registers is uniquely beneficial for effective monitoring of health situations and trends, developing policies and plans, allocating resources, and identifying areas for research at all levels of the health system. National, country governments and development partners rely heavily on the data to improve the delivery of health services.

The 2022 Demographic and Health Survey (DHS) in Kenya included the ECD module to provide valuable population-level data that can aid long-term monitoring,[x] but routine health information is critical to providing more frequent and disaggregated information for decision-makers. Especially in Kenya's devolved government, decisions happen at the county level; incorporating nurturing care-relevant data in DHIS2 registers allows decision-makers to see variations by sub-districts or wards, which can be more valuable than national level data to inform investments and prioritization locally.

Building this data collection into routine health information data systems has the added benefit of leveraging more sustainable, domestic funding. Kenya has fully embraced its own KHMIS, funding it completely with domestic financing and not relying on any external donors to fund the administrative data system.

What was the process of incorporating these indicators into DHIS2?

This was a substantial undertaking and started with concerted advocacy to make the case for including these indicators. Together, the MOH Newborn and Child Health Section (NCH) and UNICEF held meetings with the Division of Health Informatics to advocate for the inclusion of ECD data elements and indicators into the routine health information system. The government also established the Nurturing Care for Early Childhood Development (NCfECD) National Technical Working Group and held a series of meetings to understand the service delivery and data needs for nurturing care. UNICEF facilitated field trips for the MOH team in Nairobi to Siaya County to showcase strong examples of interventions promoting nurturing care delivered

x Kenya is also conducting a 2025/2026 mini Demographic Health Survey that includes the GSED.

cont. →

in PHC settings, many of which were supported by PATH. These visits allowed national MOH officials to see both the immense potential and data needs for interventions promoting nurturing care, and witness service providers in Siaya County using their own local tools without a standardized system for data collection. This information gathering reinforced the need to revise the DHIS2 registers to collect and consolidate the information centrally going forward.

Updating the DHIS2 registers also required revising job aids and standard operating procedures, testing and revising tools, and eventually printing and distributing the updated materials to all 3000+ health facilities across the country. Tally sheets and summary forms also had to be updated to reflect the register changes and eventually uploaded into Kenya's HMIS. Finally, the Ministry of Health and UNICEF trained Health Records and Information Officers in counties and sub-counties and Medical Record Officers in Level 4 or 5 hospitals to use these updated tools and materials. The process was iterative and collaborative and was bolstered by the strong foundations for PHC and information systems already in place in Kenya.

What challenges have counties faced in using the updated registers?

As a national tool, the intent is for all counties to use the updated register with ECD indicators. Some counties are indeed still using it, including Nairobi and Siaya Counties. Unfortunately, many counties have since reverted to the previous register due to challenges with printing costs, staff turnover, interoperability issues between DHIS-2 and counties' electronic medical record (EMR) systems, and varying levels of available support.

What lessons have emerged from this process in Kenya?

The Kenyan Government's experience revising the DHIS2 data capture and reporting tools with support from UNICEF reveals several lessons for other countries interested to do the same.

» **Importance of a supportive foundation to promote nurturing care in PHC systems**. The Kenyan government intentionally reflected Kenya's global commitments to nurturing care into national policies and sectoral plans, and partners like UNICEF, WHO, and Aga Khan University supported advocacy and provided technical assistance to sensitize government officers and PHC decision-makers on the science of ECD, trained health workers and rejuvenated the Care for Child Development (CCD) training package, and tested materials in multiple counties to generate a base level of knowledge and demand for interventions that promote nurturing care. This effort set the stage for the DHIS-2 data capture and reporting tools revision.

» **Training updates are minimal.** The PHC workforce can develop the skills needed to collect additional nurturing care information through minimal training and mentorship. The updates do not require extensive changes to in-service training to complete just three additional elements in the register, as staff are already familiar with the register and data collection process as a whole. Issues with staff turnover can complicate these training needs, but the updates in general can be minimal.

» **Digital information systems may be better suited to revisions than paper-based systems.** This is largely motivated by the high costs of printing reporting tools and keeping them in stock consistently. Skilled staff cannot collect the data if they do not have the necessary tools to do so, and prolonged stock outs have a significant impact on the roll out of new indicators.

» **A coalition of champions to advocate for nurturing care and child development indicators is critical.** HIS teams likely face tradeoffs in determining which indicators should be included during register revision periods. Champions within and outside the government can make the case for why nurturing care indicators should be included and support governments to do so effectively and efficiently based on the science of ECD. The champions can also make the case for investing in monitoring and reporting tools to avoid frequent stock outs and printing issues.

Sustainable Financing

What is health financing?

Health financing encompasses mobilizing and managing sufficient financial resources to ensure affordable access to high-quality health care services. It involves various functions, such as revenue collection, resource pooling, budget allocation, and strategic purchasing, aimed at efficiently allocating resources to meet the identified health needs of populations.[162] In this section, we focus, in particular, on **sustainable health financing, which involves establishing long-term funding mechanisms to support and maintain health services over a significant period of time.** Sustainable financing is critical for ensuring the availability and accessibility of quality services that promote nurturing care for young children.

This section begins with an examination of how PHC systems are financed, focusing specifically on low- and lower-middle-income countries. The section then explores factors that enable successful financing of interventions that promote responsive caregiving, early learning, safety and security, and caregiver well-being, as well as developmental monitoring and counseling within PHC and proposes potential actions to realize those enabling factors.

Financing Landscape for Primary Health Care (PHC)

Ensuring adequate financing for PHC is crucial for achieving equitable advancements in health outcomes. PHC financing is characterized by a diverse array of funding sources, each with its own implication for accessibility, quality, and equity. Resources for PHC and interventions that promote nurturing care come from three main channels: **domestic public revenue**, **private households and firms**, and **donor financing**.[163] The composition of health care funding sources varies notably across countries, primarily due to differences in national income levels, fiscal capacity, governance structures, and the level of priority given to the health sector and PHC within the health budget.[164] [165]

In low- and lower-middle-income countries, domestic financing has been inadequate to cover PHC services for young children and their families, which has burdened households with high costs. For instance, in 2018, total expenditure on PHC in low- and lower-middle-income countries amounted to US $24 and US $52 per capita, respectively. Government spending also fell significantly below commonly used benchmarks, with just US $3 allocated in low-income countries and US $16 in lower-middle-income countries, thereby failing to meet the minimum requirement for providing a basic package of health services, which is US $65 per capita in low-income countries and US $59 per capita in lower-middle income countries.[166] [167] Consequently, households have had to play a substantial role in financing PHC through out-of-pocket payments, which are highly regressive and can result in inequitable access to health care.[168]

Furthermore, low- and lower-middle-income countries rely heavily on donor financing for their PHC systems. For instance, community health worker programs are an essential part of delivering PHC services in many low-middle income countries, however, approximately 60% of funding for these programs in sub-Saharan Africa come from external sources. Despite their cost-effectiveness, there has been limited commitment to transitioning to domestic financing for these programs.[169] [170] While external funds can complement domestic resources and support PHC programs in low- and lower-middle-income countries until long-term funding is secured, donor financing presents additional challenges related to its unpredictability, unsustainability, and increased burdens of reporting and accountability.[171] Additionally, donor funding tends to prioritize preventing and treating individual diseases, potentially leading to fragmentation in financing arrangements and PHC service delivery. This fragmentation is particularly evident when externally funded programs operate independently of government planning and budgeting processes.[172]

Given the current PHC financing landscape,[xi] the transition toward more integrated and sustainable financing for PHC services that promote nurturing care will vary significantly based on country context. This transition must navigate fiscal constraints, competing budget priorities, public financing capabilities, feasibility considerations, and levels of decentralization. PHC decision-makers may consider leveraging scarce resources to support interventions that nurture children's optimal development, which can potentially improve PHC service quality and utilization[173] and reduce the costs of care in the future.

The following section delves into factors that facilitate the successful financing of interventions that promote responsive caregiving, early learning, safety and security, caregiver well-being, and support for developmental monitoring and counseling within PHC. In examining these factors, it aims to provide insight into how PHC decision-makers can navigate their current financing landscape to secure and sustainably finance health services that promote nurturing care.

xi The current PHC financing landscape has been characterized by significant reductions in development assistance, thereby increasing fiscal pressure on governments to fill the gap.

Enabling Factors and Actions

Three enabling factors are essential to successfully strengthening financing for health services that promote nurturing care and a number of actions can be taken to realize them.

1. PHC decision-makers have access to robust data on costs and cost effectiveness to inform financing plans.

Data on the costs and cost-effectiveness of interventions that promote nurturing care is essential for increasing funding for PHC services that promote nurturing care. Currently, an estimated 99 countries have developed national early childhood development policies and implementation plans;[174] however, many of these plans still need to be costed to determine the resources necessary. While program cost is not the only consideration when making budget allocations, government stakeholders need this information to support decision-making, identify financing gaps, and secure more sustainable funding for scaling up and improving the quality of services that promote nurturing care.[175]

To support this, most countries still need country-level evidence on the cost-effectiveness of interventions that promote nurturing care, particularly in terms of long-term economic impact.[176] Without such evidence, making a compelling investment case to PHC decision-makers at the national and sub-national levels is difficult. Creating strong investment cases requires data on costs, cost-benefit, cost-effectiveness, and the cost of inaction on nurturing care (see ***Box 8***). In Burundi, for instance, Genesis Analytics and UNICEF developed an *Investment Case for Early Childhood Development*, which included a cost-benefit analysis of scaling up two multisectoral nurturing care packages for children ages 0-8. The analysis demonstrated that for each US $1 invested in support for young children's development, the country would gain US $18 by 2050. So far, the investment case has contributed to the development of a national multisectoral ECD strategy and has also resulted in increased investment.[177] [178]

Creating strong investment cases requires data on costs, cost-benefit, cost-effectiveness, and the cost of inaction on nurturing care.

Box 8

What does it cost to integrate nurturing care into existing health services?[179]

Although more data regarding the costs and benefits of promoting nurturing care in existing health services is needed, current evidence and modeled data suggest that these interventions can be added to existing health systems at little additional cost.

The 2016 Lancet Series, 'Advancing Early Childhood Development: from Science to Scale,' revealed that it could cost as little as US $0.50 per child per year to integrate interventions that promote early learning and responsive caregiving into existing health and nutrition systems.

To determine the affordability of this approach, the series estimated the marginal costs of two different interventions. The first intervention is based on the Care for Child Development approach, and the second is on support for maternal depression. The estimated additional investment needed is US $0.50 per capita in 2030, ranging from US $0.20 in low-income countries to US $0.70 in upper-middle-income countries. The cost estimates should be considered indicative rather than precise figures due to the many assumptions made to assess affordability. Nonetheless, these estimates - combined with the high cost of inaction - demonstrate the affordability and cost-effectiveness of interventions to integrate and promote optimal child development within health systems.

Furthermore, establishing robust monitoring systems is fundamental to generating data for decision-making within PHC systems (see ***Health Information Systems***). Given that the PHC financing landscape is fragmented, and government budgets are not set up to easily identify, track, and manage resources for interventions that promote nurturing care, strong monitoring systems can aid in collecting and analyzing data on spending patterns, service delivery outcomes, and health outcomes related to child development. This helps ensure accessibility to accurate and timely data, which policymakers can use to make informed decisions, identify areas for improvements, and ensure accountability in the use of resources. It will also help guide resource allocation to reach underserved regions and communities.

Enabling Factor 1

PHC decision-makers have access to robust data on costs and cost effectiveness to inform financing plans.

- ☐ *Action* **Define a package of interventions that promote optimal child development in PHC (see *Leadership and Governance*).**

- ☐ *Action* **Generate data on the costs and cost effectiveness associated with delivering interventions that promote nurturing care in PHC by, for example:**
  - ☐ Conducting research on the costs of delivering the defined package of interventions (see ***Resource 8***).
  - ☐ Calculating the marginal cost of optimizing existing PHC services to deliver interventions that promote responsive caregiving, early learning, and safety and security.
  - ☐ Generating evidence on cost effectiveness of leveraging existing PHC interventions to promote optimal child development.
  - ☐ Incorporating interventions that promote nurturing care into costed health sector and PHC implementation plans to understand the level of financing required for implementation.

- ☐ *Action* **Support advocacy efforts for greater financing for policies and plans that promote nurturing care by, for example:**
  - ☐ Partnering with research institutions or universities to produce country-specific data on the economic benefits of investing in interventions that promote nurturing care, including cost-benefit analysis.
  - ☐ Developing a comprehensive financing framework to deliver interventions that promote nurturing care based on identified costs.

- ☐ *Action* **Ensure robust monitoring and tracking of spending on interventions that promote in PHC by, for example:**
  - ☐ Conducting a comprehensive review of all current and potential domestic, donor, and private financing sources of funding for nurturing care within the health sector.
  - ☐ Implementing budget tagging to systematically track and monitor domestic and donor spending on interventions that promote nurturing care within primary health care.
  - ☐ Integrating financing for interventions that promote nurturing care into government accountability systems.
  - ☐ Make interventions that promote nurturing care explicit in PHC investments by including nurturing care objectives and/or indicators in program plans, budgets, and monitoring frameworks. This will help improve identification and tracking of PHC investments that promote nurturing care.
  - ☐ Training decision-makers to enhance their ability to track and manage financial resources dedicated to interventions that promote nurturing care.

- ☐ *Action* **Ensure adequate tracking of the performance and quality of services that promote nurturing care within PHC to generate evidence that can be used to identify areas that should receive increased financing and advocate for greater funding.**

2. PHC decision-makers explore use of varied resource mobilization strategies.

Given that PHC services are under-resourced, domestic stakeholders, private actors, and external donors are increasingly exploring new sources of financing for interventions that promote nurturing care. One potential avenue is including nurturing care health services as reimbursable services within health insurance benefit packages (see ***Case Study 5***).

In addition to government budgets and external assistance, strategies may include innovative sources of finance (such as lottery, payroll tax, and corporate social responsibility) and innovative financing mechanisms (such as development impact bonds, results-based financing, block grants, and public-private partnerships).[180] In Cameroon, the Ministry of Public Health—in collaboration with the Global Financing Facility and Grand Challenges Canada—launched the Cameroon Kangaroo Mother Care (KMC) Development Impact Bond (DIB) to roll out quality KMC in 10 hospitals with the goal of reducing morbidity and mortality among premature and low-birth-weight infants in five regions in Cameroon. Since 2019, the DIB has supported KMC service delivery in 10 hospitals and trained 47 neonatal clinicians and 121 community health workers to support caregivers in using KMC with low-birth-weight and pre-term babies.[181]

> Since 2019, a Development Impact Bond in Cameroon has supported Kangaroo Mother Care in 10 hospitals and trained 47 neonatal clinicians and 121 community health workers to support caregivers in using KMC with low-birth-weight and pre-term babies.

While innovative funding sources and mechanisms can jump-start investments, address immediate funding gaps, and enhance service delivery, governments should complement them with other resource mobilization efforts to ensure sustainability.

Enabling Factor 2

PHC decision-makers explore use of varied resource mobilization strategies.

Action ☐	**Incorporate the health services that promote nurturing care into health insurance benefit packages as reimbursable services.**
Action ☐	**Incentivize increased private-sector financing for interventions that promote nurturing care potentially through financial, technical, business, tax, or regulatory incentives.**
Action ☐	**Mobilize additional financing via innovative finance mechanisms, such as outcomes-based financing, lotteries, health taxes, and corporate social responsibility initiatives.**

3. Donors increase financing for interventions that promote responsive caregiving, early learning, safety and security, caregiver well-being, and support for developmental monitoring and counseling through PHC and better coordinate investments with one another.

While a growing number of countries have introduced national policies and plans to support young children's health and development, implementation has been hindered, in part, due to chronically insufficient domestic financing. Donor funds can help introduce programming that supports nurturing care and strengthen capacity-building initiatives within PHC in the short-term, but there are risks with relying on these sources given the potential for

changes in allocation.[182] To address this, health care decision-makers should seek to fully incorporate PHC services that promote nurturing care into existing health financing plans in the medium and long-term.

There is also a need for greater coordination around financing between donors, national governments, and key ministries. In many low- and lower-middle-income countries, the financing landscape for services that promote nurturing care is fragmented, with several donors and financing approaches existing within a single country.[183] While donor funding is crucial, the fragmented and often uncoordinated nature of financing arrangements makes it difficult to effectively oversee, coordinate, and track resources for nurturing care.[184] The situation is further exacerbated when donor financing is off-budget, as governments lack a comprehensive view of resources committed and disbursed,[185] which can result in duplication of efforts, fragmentation in service delivery, and inefficiencies in resource allocation.

One way to improve donor coordination and ensure that financing aligns with national plans is to leverage existing health financing platforms, such as the Global Financing Facility. In Mozambique, the Ministry of Health's nutrition department integrated early learning and responsive caregiving into its Nutrition Intervention Package (PIN) in 2018.[186] The PIN was one of the 12 maternal and child health nutrition packages included in Mozambique's five-year RMNCAH-N investment case. This investment case was developed with technical support from the Global Financing Facility and financed jointly by the World Bank, USAID, and UNICEF, mobilizing over $24 million in funding.[187] The expansion of the PIN was strengthened by coordinated engagement among key technical and financing partners.[188] By incorporating early learning and responsive caregiving within the RMNCAH-N investment case, the Ministry of Health was able to leverage large-scale funding opportunities and promote nurturing care within existing service delivery platforms, while also improving donor coordination and alignment with national priorities.[189]

Enabling Factor 3

Donors increase financing for interventions that promote responsive caregiving, early learning, safety and security, and support for developmental monitoring and counseling through PHC and better coordinate investments with one another.

Action ☐	**Request donor funding for PHC services that promote responsive caregiving, early learning, and safety and security, and emphasize the need for funding to align with national policies and plans.**
Action ☐	**Advocate for donor funding to related health services such as maternal and child health, nutrition, and HIV to cover incremental costs of promoting responsive caregiving, early learning, and safety and security within existing PHC services.**
Action ☐	**Leverage existing health funds like the Global Financing Facility to provide grants to promote nurturing care within national primary health care strategies.**
Action ☐	**Transition from off-budget, external funding to donor financing that is channeled through government budgets and financing systems.**

Case Study 5

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Building Sustainable Financing for Promoting Optimal Child Development in PHC: Lessons from Kenya

Kenya's PHC financing landscape leverages both national and county-level mechanisms, including national government allocations, county allocations, health insurance reimbursements, facility-level revenue, and development partner support.

The financing approach in Kenya reflects the country's devolved health system, in which county governments are primarily responsible for PHC service delivery, including planning, budgeting, and operational financing. Recent reforms in the PHC financing landscape, including the Social Health Insurance Act (2023) and the Facility Improvement Fund (FIF), have been introduced in several counties, expanding the mechanisms available to sustain funding for interventions that promote optimal child development.

A noteworthy shift in the country's PHC financing approach has been the inclusion of community health services, including services that promote optimal child development, into the public insurance benefits package. As a result, reimbursable services now include screening for developmental milestones, ANC visits, PNC visits, follow-up on exclusive breastfeeding, and growth monitoring. These are interventions that nurture children's optimal development, and by including them in the package, the government is creating a financial incentive for their delivery at the community level.

At the county level, the Facility Improvement Fund (FIF) provides an important financing avenue for interventions that nurture child development. Under each county's FIF Act, health facilities are authorized to retain and manage revenue received through Social Health Authority reimbursements, giving them direct financing autonomy over how those funds are deployed. Facilities may allocate FIF resources according to local priorities, including budgeting explicitly for interventions that promote optimal child development. In Nyamira County, for example, one facility uses FIF resources to support mother-to-mother support groups.

Despite these promising developments, a significant financing gap remains. The national government has pledged KES 400 million, including to support the benefits package upon full approval; however, the estimated annual resource requirement for the benefits package alone is KES 4.85 billion. Closing this gap will require additional domestic resource mobilization and sustained development partner engagement.

Tools & Resources

- ***Resource 6*** includes a table with the full list of enabling factors and corresponding actions for Sustainable Financing.
- ***Resource 7*** includes reflection questions to support discussion and planning related to Sustainable Financing.
- ***Resource 8*** features tools to support the costing of interventions that promote nurturing care.

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Annex

Illustrative PHC Interventions

RESOURCE 5

Illustrative PHC Interventions to Promote Nurturing Care

Intervention	Definition
Skin-to-skin contact and Kangaroo Care	Skin-to-skin contact is usually referred to as the practice where a baby is dried and laid directly on the mother's bare chest after birth, both of them covered in a warm blanket and left for at least an hour or until after the first feed. Skin-to-skin contact can also take place any time a baby needs comforting or calming and can help boost a mother's milk supply (UNICEF Baby Friendly Resources, Implementing Standards Resources). Kangaroo care is demonstration and/or support to facilitate continuous or prolonged skin-to-skin contact of the baby with the mother, father, or other primary caregiver. It is particularly beneficial for low-birthweight or premature infants (Nurturing Care Practice Guide).
Rooming-in for mothers and young infants	Facilitating rooming-in involves allowing mothers and infants to remain together 24 hours a day, supporting breastfeeding as often as the child wants.
Responsive Feeding: » Information, support, and counseling on responsive feeding	Information sharing on the benefits of responsive feeding, as well as demonstration and coaching on how to put it into practice. Supporting the caregiver to recognize when the child is hungry and feed the child appropriately (as opposed to scheduled feeding) (Nurturing Care Practice Guide). The 3 main components of responsive feeding are: the infant exhibits a cue of hunger or satiety, the parent or caretaker engages with and responds to the infant's cues, and the infant develops an understanding of the parental or caretaker response patterns according to the cue (Pediatrics, Responsive Feeding for Preterm or Low-birthweight).
Responsive Caregiving: » Information, support, and counseling to promote caregiver sensitivity and responsiveness to children's cues	Providing information on the benefits of responsive caregiving, demonstrating good practices, and coaching to promote caregiver sensitivity and responsiveness to cues. For example, health workers may: 1. Observe cues as children interact with caregivers (e.g. expressions of hunger, discomfort, fear, needs or affection and interests) 2. Observe the responses of caregivers to their children's cues 3. Engage caregivers in practicing responsive interactions, starting before the child is born and continuing through the early years 4. Emphasize the importance of responsive caregiving to support children who are acutely ill or have chronic conditions, and help caregivers interpret and respond to their cues 5. Demonstrate responsiveness when asking about caregiver concerns 6. Model responsiveness with the child during the visit while weighing, immunizing or taking the child's temperature 7. Actively engage, explain and respond to the child's cues of fear and curiosity, and encouraging the caregiver's help (Nurturing Care Practice Guide)

Intervention	Definition
Caregiver Well-being: » Support and/or referral for caregiver depression and other mental health concerns and assessment of caregiver mental health	Connecting with caregivers to understand their needs and develop a trusting relationship, and to make an assessment of the situation and provide support during their existing interactions, along with resources and connections for additional support, such as: **1.** Listening to the caregiver(s) and building a trusting confidant relationship **2.** Working together to understand how caregivers feel about their children and identifying stressors the caregiver is facing **3.** Demonstrating relaxation exercises and other practices that can help caregivers cope with stress **4.** Supporting caregivers in problem-solving and developing approaches for dealing with family conflict **5.** Connecting caregivers to peer groups and other community resources to support their own well-being and that of their children (Nurturing Care Practice Guide and Caring for the Caregiver Manual)
Early Learning: » Information, support, and counseling to encourage play and communication activities of caregiver with the child and promote early learning	Providing information on the importance and benefits of play and communication and helping facilitate opportunities for early learning; e.g., sharing information, demonstrating good practices, and coaching to: **1.** Identify existing and missed opportunities for caregivers to play and communicate with their young children at home **2.** Counsel caregivers on how to start very early, even during pregnancy, to play and communicate with their young children **3.** Identify developmentally appropriate learning activities and use them to strengthen caregiver-child interactions **4.** Model ways to praise and encourage caregivers in what they are doing well, and in trying out new tasks with their children (Nurturing Care Practice Guide)
Play, reading, and story-telling groups	Providing facilitated sessions involving play, reading, or storytelling in health facilities (including waiting rooms) or in community settings (referred to in some contexts as "playboxes"). These may involve individual or groups of children and their caregivers and allow an opportunity for health workers to provide information, support and counseling on opportunities for early learning including using household objects for play and making toys.
Book sharing	Distributing developmentally and culturally appropriate books to children and families (can happen anywhere in community, home, facility settings) (Reach out and Read, Book Sharing to Advance Early Childhood Development). This is often an interactive process where caregivers and children explore the books together.

Intervention	Definition
Safety and Security: » Information, support, and counseling on maintaining safe family and play spaces and positive discipline » Assessment, referrals, and follow up for risks of violence, neglect, and abuse	Providing information, support, and counseling on the importance of safe family and play spaces, positive discipline as well as referrals and follow up for children identified to be at risk of violence, neglect and abuse. This may involve: **1.** Helping caregivers identify and correct environmental hazards to the child's health and development in the home and in the community **2.** Modeling positive discipline[xii] and strategies to help children learn appropriate behavior without relying on punishment or control? **3.** Observing signs of potential neglect and abuse of children and their caregivers, and follow reporting protocols when necessary **4.** Helping caregivers stop unhealthy behaviors such as smoking, alcohol or other substance use/abuse **5.** Helping caregivers establish routines for eating and sleeping (Nurturing Care Practice Guide)
Developmental monitoring and counseling	Tracking a child's growth and development across domains over the course of time in a participatory manner with caregivers. This can be facilitated through contextually relevant multi-domain assessment tools. Counseling is an essential part of developmental monitoring and facilitates sharing resources and guidance on supporting a child's growth and development, including tips on how to promote responsive caregiving and identifying opportunities for early learning. It also supports sharing strategies to address minor developmental delays and identifying risk factors and referrals to specialized services as needed (Nurturing Care Practice Guide).

xii Positive discipline emphasizes teaching children appropriate behavior through respectful communication, setting clear expectations, and using constructive consequences. These strategies help children understand their actions and develop their self-discipline, rather than relying on punishment or control.

RESOURCE 6

Enabling Factors and Actions that Support Promotion of Nurturing Care in PHC

Service Delivery Proposed Actions

The table below proposes several actions that can support these enabling factors.

Enabling Factor 1

A selection of existing contact points is prioritized for promoting nurturing care by their potential for high impact.

Action ☐	Map existing health platforms and contact points to identify where caregivers and children have the most frequent and intensive interactions with providers at the facility and community levels.
Action ☐	Identify high-priority contact points for further attention to support promotion of responsive caregiving, early learning, safety and security, and developmental monitoring and counseling.
Action ☐	Adapt available guidance, curricula and tools to high-priority contact points to promote responsive caregiving, early learning, safety and security, and developmental monitoring and counseling in collaboration with health workers and caregivers.

Enabling Factor 2

Community-based programs are optimized to extend reach for promoting optimal child development.

Action ☐	Strengthen capacity of community health workforce cadres to deliver interventions promoting responsive caregiving, early learning, and safety and security through recruiting, training and supervision. (Refer to *Health Workforce* for more information)
Action ☐	Provide targeted support to at-risk and vulnerable children and families through home visits.
Action ☐	Adapt interventions that promote nurturing care to align with community contexts.
Action ☐	Leverage digital solutions to support delivery of interventions that promote nurturing care in community settings.

Enabling Factor 3

Interventions that promote nurturing care are delivered across different contact points within the PHC system using a range of light- to heavy-touch approaches based on need and available resources.

Action ☐	**Supply providers with materials such as visual aids, counseling cards, or home-based records to utilize during ANC and PNC contacts and child health consultations. (Providers should be trained to use materials. See *Health Workforce* chapter.)**
Action ☐	**Through task shifting and leveraging of waiting areas within facilities, engage caregivers through additional guidance, demonstrations, and play materials for use during wait times.**
Action ☐	**Broadcast messages on mass media, such as radio and television, and community channels such as local events to engage community-wide audiences.**
Action ☐	**Distribute posters, pamphlets, calendars, and other visual aids that communicate what nurturing care looks like. Partner with local communities to ensure resources are accessible, relevant, and culturally appropriate.**

Enabling Factor 4

Ongoing developmental monitoring and counseling sets the foundation for fostering caregiver-provider conversations about the child's development that can enable nurturing care.

Action ☐	**Shift developmental monitoring to a family-centered participatory approach that invites caregivers to share their observations and concerns with providers, painting a more holistic picture of the child's development.**
Action ☐	**Contextualize developmental monitoring tools to the child's environment by assessing behavioral skills and risk factors of health that may impact child development, including parental mental health, food insecurity, poverty, discrimination, and lack of access to resources.**
Action ☐	**Routinely verify that providers who are performing developmental monitoring are adequately trained and supervised. (See *Health Workforce*)**

Enabling Factor 5

Targeted services, follow-up, and support are provided to children identified as vulnerable and children who have developmental delays or are at risk of developmental delay.

Action ☐	**Map existing universal, targeted, and indicated services to identify gaps and prioritize the establishment of specialized services where needed.**

Action ☐	**Develop and validate clear referral pathways between each tier to ensure children and families can access the appropriate level of care based on their needs.**
Action ☐	**In contexts with limited specialized services, leverage non-specialized providers including through community-based programs (e.g., home visits, group sessions for caregivers, community-based rehabilitation) providing targeted support across multiple domains.**

Leadership and Governance Proposed Actions

The table below proposes several actions that can support these enabling factors.

Enabling Factor 1

Sector-wide policies and plans clarify the role of PHC in nurturing care.

Action ☐	**Generate recognition and acceptance of the role of PHC in providing the full spectrum of interventions that promote nurturing care by, for example:**
☐	Hosting a high-level advocacy meeting to highlight PHC's role to generate common understanding and buy-in.
☐	Convening learning and sensitization sessions for government leadership.
☐	Identifying political champions for nurturing care.
☐	Devising a social behavioral change communication plan for PHC with links to other sectors.
Action ☐	**Clarify PHC's role in providing the full spectrum of interventions that promote nurturing care by, for example:**
☐	Including developmental monitoring and counseling and interventions supporting responsive caregiving, early learning, safety and security, and caregiver well-being in the essential package of health services.
☐	Incorporating developmental monitoring and counseling and interventions for responsive caregiving, early learning, safety and security, and caregiver well-being into existing national health plans, policies and guidelines, and annual health sector budgeting processes.

Enabling Factor 2

Roles for primary health system actors to implement policies and plans that promote nurturing care are clear across all levels of government.

Action ☐	**Ensure strong vertical collaboration within the health sector (including within PHC) between national- and local-government bodies, including providing support for local implementing and monitoring activities.**
☐	Clarify roles for PHC stakeholders for promoting nurturing care at various levels of government within relevant policy and planning documents.
☐	Ensure that promoting nurturing care is an area of focus within existing mechanisms that facilitate coordination across different levels of government.

Enabling Factor 3

Mechanisms are in place to monitor implementation of policies and plans which promote nurturing care.

Action ☐	**Track progress toward implementation of policies and plans that promote nurturing care.**
☐	Include indicators around responsive caregiving, early learning, safety and security, caregiver well-being and developmental monitoring and counseling in health sector reviews (e.g., proportion of clinics with play areas).
☐	Collect feedback from caregivers and families through CHWs on current interventions, perceptions of quality, and areas of need.

Enabling Factor 4

A multisectoral policy framework for nurturing care facilitates coordination across sectors.

Action ☐	**Ensure strong horizontal collaboration with other sectors relevant to nurturing care by, for example:**
☐	Convening a working group including representatives from across sectors to take stock of what is currently being done and make plans for improved coordination.
☐	Establishing MoUs across sectors to clarify each agency's roles.
☐	Over time, establishing an official multisectoral coordinating body with clear roles and responsibilities.
☐	Maintaining consistent health sector representation and leadership within multisectoral coordinating bodies.
☐	Incentivizing and supporting health sector representatives to collaborate with other sectors, including by embedding multisectoral activities into job descriptions and performance reviews.
☐	Sharing annual plans and budgets across sectors in national fora while more actively coordinating these to reduce overlap and maximize synergies at local levels.
Action ☐	**Ensure strong external collaboration with non-governmental partners relevant to research and programming around nurturing care (e.g., academia, pediatric associations, civil society networks, private sector).**

Health Workforce Proposed Actions

The table below proposes several actions that can support these enabling factors.

Enabling Factor 1

Health workers receive adequate and contextualized training and supportive supervision.

Action ☐	**Expand pre-service training to include workforce knowledge and skills in delivering interventions that promote responsive caregiving, early learning, safety and security and developmental monitoring.**
☐	Incorporate child development, developmental monitoring, and responsive caregiving, early learning, and safety and security content into pre-service training curriculum and monitor its delivery.
☐	Train PHC workers to provide guidance to caregivers, observe child-caregiver interactions, and respond to common questions/concerns through training, mentorship, and coaching.
☐	Establish collaborations between academic pediatric departments, medical training and education programs, and national pediatric associations.
Action ☐	**Provide support and further improve workforce skills and knowledge through in-service training.**
☐	Expand in-service training to refresh key messages and skills taught in pre-service training, address knowledge gaps, and update continuously to reflect emerging information and best practices.
☐	Include in-service training modules on soft skills, including providing support by listening and asking for information, praising, advising, and problem-solving with caregivers and extend length of in-service training to include these modules, where appropriate.
☐	Provide virtual training options and digital materials where feasible.
Action ☐	**Strengthen supportive supervision and on-the-job coaching.**
☐	Use a cascade training model to ensure that supervisors have content knowledge and skills to observe and provide feedback to frontline health workers.
☐	Implement supportive supervision systems that include on-the-job coaching, quality monitoring tools like fidelity checklists, ongoing open feedback and process learning.
☐	Create opportunities for on-the-job coaching and peer mentoring particularly where supervision systems are limited.
☐	Create opportunities for ongoing professional development and certification.
☐	Increase the number of supervisors by promoting relevant health facility and community staff.

Enabling Factor 2

Tools and job aids are readily available and accurately used.

Action ☐	**Encourage and support use of existing tools and job aids where aligned (e.g., child health booklets).**
Action ☐	**Design and validate tools and accompanying materials to reflect local contexts and are inclusive of all caregivers, such as male caregivers and extended family members.**

	☐ Ensure that items, people, communities, and stories depicted are relatable to caregivers and health workers.
	☐ Adapt text and scripts to local languages.
	☐ Provide descriptive visuals and informative text to accommodate varying levels of literacy.
Action ☐	**Implement training on usage of job aids such as scripts, manuals, and counseling cards in health worker trainings.**
Action ☐	**Produce and distribute enough tools and job aids to health workers and monitor their availability and usage.**

Enabling Factor 3

Design of interventions to promote nurturing care considers existing staff capacity and ways to incentivize the workforce.

Action ☐	**Identify workforce cadres who may be able to deliver interventions that promote nurturing care.**
Action ☐	**Task-shift more time-intensive interventions to workforce cadres that are trained to deliver them and have enough time.**
Action ☐	**If new cadre of staff is added for task-shifting, define core competencies and job descriptions for shifting roles.**
Action ☐	**Leverage waiting areas and group settings to deliver guidance and demonstrations for nurturing care to multiple caregivers at a time.**
Action ☐	**Deploy additional staff to remote and rural areas that tend to have extra challenges with staff availability.**

Health Information System Proposed Actions

The table below proposes several actions that can support these enabling factors.

Enabling Factor 1

Clear consensus and guidance on child development indicators and measurement: *what* to monitor, *when*, and *how*.

Action ☐	**Improve consistency and clarity on which health interventions that contribute to early childhood development the health sector should track, and how they can do so by, for example:**
☐	Develop consensus on (a) interventions promote nurturing care for optimal child development within the health system and (b) indicators that can be used to monitor those interventions and related outcomes.
☐	Map data across data collection systems to understand who collects this information, who uses it, how it is disaggregated, and gaps in information.
☐	Develop consensus on when and how to track those indicators.
Action ☐	**Develop standardized guidance, tools, and resources that health personnel and data collectors can use within resource-constrained settings, or adapt existing tools where they are already available.**

Enabling Factor 2

Existing HIS are adequately resourced to collect and use agreed indicators.

Action ☐	**Advocate for costing of and increased health financing for information systems (both data collection and dissemination) from domestic and external sources to collect and use appropriate child development indicators.**
Action ☐	**Prioritize data that PHC decision-makers want to inform decision-making.**
Action ☐	**Strengthen existing information systems to collect the indicators agreed above by, for example:**
☐	Regularly train and mentor health managers and data collectors in data literacy and standard methods for robust data collection and documentation.
☐	Assess relevant information available across existing information systems, including by conducting periodic reviews of administrative data collected via HIS.
☐	Add new indicators and tools into existing systems (e.g., including ECDI2030 or GSED in DHS or MICS survey design).
☐	Partner with research institutions to conduct rigorous impact evaluations to assess programs and services that promote optimal child development and are delivered through PHC.

Enabling Factor 3

Robust coordination between sectors and ministries allows for data sharing and aggregation to show a comprehensive picture of child development outcomes and how nurturing care is being promoted.

Action ☐	**Coordinate with relevant ministries (e.g., Finance and Planning, Education, Social Protection, Community Development) to align with a shared goal for early childhood development in information systems. This can be done through new or existing coordination mechanisms, as feasible and appropriate.**
Action ☐	**Develop appropriate architecture to support sharing between health systems and other relevant sector systems, with the goal of creating an aggregate data dashboard over time.**

Enabling Factor 4

Data is accessible and available to PHC decision-makers and caregivers in a user-friendly format.

Action ☐	**Make data accessible and user friendly for PHC decision-makers (including at health facilities and health units/districts) and caregivers, potentially through a scorecard.**
Action ☐	**Train PHC decision-makers to improve data literacy to support correct interpretation and use in health decisions.**
Action ☐	**Make data available so third parties (e.g., NGOs or advocacy partners) can analyze and share the data for decision making, progress tracking, community information, and accountability.**

Sustainable Financing Proposed Actions

The table below proposes several actions that can support these enabling factors.

Enabling Factor 1

PHC decision-makers have access to robust data on costs and cost effectiveness to inform financing plans.

Action ☐	**Define a package of interventions that promote optimal child development in PHC (see *Leadership and Governance*).**
Action ☐	**Generate data on the costs and cost effectiveness associated with delivering interventions that promote nurturing care in PHC by, for example:**
☐	Conducting research on the costs of delivering the defined package of interventions (see ***Resource 8***).
☐	Calculating the marginal cost of optimizing existing PHC services to deliver interventions that promote responsive caregiving, early learning, and safety and security.
☐	Generating evidence on cost effectiveness of leveraging existing PHC interventions to promote optimal child development.
☐	Incorporating interventions that promote nurturing care into costed health sector and PHC implementation plans to understand the level of financing required for implementation.
Action ☐	**Support advocacy efforts for greater financing for policies and plans that promote nurturing care by, for example:**
☐	Partnering with research institutions or universities to produce country-specific data on the economic benefits of investing in interventions that promote nurturing care, including cost-benefit analysis.
☐	Developing a comprehensive financing framework to deliver interventions that promote nurturing care based on identified costs.
Action ☐	**Ensure robust monitoring and tracking of spending on interventions that promote in PHC by, for example:**
☐	Conducting a comprehensive review of all current and potential domestic, donor, and private financing sources of funding for nurturing care within the health sector.
☐	Implementing budget tagging to systematically track and monitor domestic and donor spending on interventions that promote nurturing care within primary health care.
☐	Integrating financing for interventions that promote nurturing care into government accountability systems.
☐	Make interventions that promote nurturing care explicit in PHC investments by including nurturing care objectives and/or indicators in program plans, budgets, and monitoring frameworks. This will help improve identification and tracking of PHC investments that promote nurturing care.
☐	Training decision-makers to enhance their ability to track and manage financial resources dedicated to interventions that promote nurturing care.
Action ☐	**Ensure adequate tracking of the performance and quality of services that promote nurturing care within PHC to generate evidence that can be used to identify areas that should receive increased financing and advocate for greater funding.**

Enabling Factor 2

PHC decision-makers explore use of varied resource mobilization strategies.

Action ☐	**Incorporate the health services that promote nurturing care into health insurance benefit packages as reimbursable services.**
Action ☐	**Incentivize increased private-sector financing for interventions that promote nurturing care potentially through financial, technical, business, tax, or regulatory incentives.**
Action ☐	**Mobilize additional financing via innovative finance mechanisms, such as outcomes-based financing, lotteries, health taxes, and corporate social responsibility initiatives.**

Enabling Factor 3

Donors increase financing for interventions that promote responsive caregiving, early learning, safety and security, and support for developmental monitoring and counseling through PHC and better coordinate investments with one another.

Action ☐	**Request donor funding for PHC services that promote responsive caregiving, early learning, and safety and security, and emphasize the need for funding to align with national policies and plans.**
Action ☐	**Advocate for donor funding to related health services such as maternal and child health, nutrition, and HIV to cover incremental costs of promoting responsive caregiving, early learning, and safety and security within existing PHC services.**
Action ☐	**Leverage existing health funds like the Global Financing Facility to provide grants to promote nurturing care within national primary health care strategies.**
Action ☐	**Transition from off-budget, external funding to donor financing that is channeled through government budgets and financing systems.**

Reflection Questions

RESOURCE 7

Service Delivery Reflection Questions

1: A selection of existing contact points are prioritized for promoting nurturing care by their potential for high impact.

- Which existing health service contact points have the most intensive and frequent interaction with caregivers and children?
- How can interventions promoting responsive caregiving, early learning, safety and security, and developmental monitoring be tailored to be most relevant and actionable for caregivers at each of these identified contact points?
- What resources and materials do providers need to effectively incorporate nurturing care into visits at these contact points?

2: Community-based programs are optimized to extend reach for promoting nurturing care.

- Which caregivers and children would benefit most from nurturing care support programs delivered through either home visits or group sessions in community settings? (Answering this question comprehensively may require mapping existing services and resources to identify gaps and areas of greatest need.)
- Are there community platforms, community-based organizations, or partners that can be engaged to expand the reach of nurturing care guidance?
- How can guidance for nurturing care and delivery methods be adapted to be accessible and relevant to different community contexts? (Consider facts such as language, literacy levels, and cultural norms)

3: Interventions that promote nurturing care are delivered across different contact points within the PHC system using a range of light- to heavy-touch approaches based on need and available resources.

- Is the counseling/coaching delivered during provider visits understood and implemented by caregivers outside of visits?
- What tools or resources could further support providers in delivering guidance to caregivers?
- What mass media channels are most accessible, used, and trusted by caregivers and families to broadcast nurturing care guidance and raise broader community awareness?
- How can materials and content be designed and adapted to be interesting, engaging, and memorable for caregivers?
- How will consistency and quality of interventions promoting responsive caregiving, early learning, safety and security, and developmental monitoring be upheld across contact points?

4: Ongoing developmental monitoring sets the foundation for fostering caregiver-provider conversations about the child's development that can enable nurturing care.

- What tools are currently utilized for developmental monitoring? What information do current tools prioritize? How is this information gathered?
- Which existing health contact points and platforms are best suited for incorporating developmental monitoring? (Consider frequency, duration, and timing of contact points)

5: Targeted services, follow-up, and support are provided to children where needed.

- How can existing services, resources, and platforms be leveraged to provide tiered support that matches the level of developmental risk? (Mapping process may be necessary)
- In settings with limited specialized services, what capacity building is needed to enable providers to deliver targeted interventions?

Leadership and Governance Reflection questions

1: Sector-wide policies and plans clarify the role of PHC in nurturing care.

- What is currently acknowledged as the role of PHC across the full range of nurturing care domains in your own country? Is there a shared understanding of responsive caregiving, early learning, safety and security, and developmental monitoring and counseling in particular?
  - » How can advocacy coalitions and civil society organizations contribute to awareness raising of the importance of nurturing care for optimal child development in PHC?
- Are there elements of responsive caregiving, early learning, and safety and security already in existing policies and/or plans? What about developmental monitoring and counseling?
  - » Are there existing health sector policies in which developmental monitoring and counseling and interventions that promote responsive caregiving, early learning, and safety and can be clearly articulated and/or elevated?
- What leadership and coordination structures already exist that can be leveraged to clarify, strengthen, and act on the health sector's role in contributing to child development?
- What are the largest challenges or constraints to recognizing the health sector's role related to nurturing care? What are the challenges the health sector faces in recognizing the value of investing in nurturing care?

2: Roles for primary health system actors to implement policies and plans are clear across all levels of government.

- How is national guidance on promoting nurturing care within the health system shared across levels of government?
- Are there focal points at the sub-national level for nurturing care?
- Are there opportunities for sub-national teams to receive guidance from the MoH on promoting nurturing care services within the health system?
- What mechanisms can be leveraged to increase accountability for the health sector's role in nurturing care?

3: Mechanisms are in place to monitor implementation of policies and plans which promote nurturing care for optimal child development.

- How is progress toward PHC commitments around nurturing care tracked?
  - » Are there ways in which progress can be further monitored to promote accountability?
- How does the PHC system currently collect feedback from caregivers?
  - » Are there opportunities to collect additional feedback through existing mechanisms on their experiences related to interventions that promote responsive caregiving, safety and security and early learning, as well as developmental monitoring and counseling?

4: A multisectoral policy and implementation plan for nurturing care facilitates coordination across sectors.

- Are there existing multi-sectoral policies related to nurturing care in which the health sector's role can be clearly articulated and/or elevated?
- Is there a multi-sectoral plan for delivering nurturing care across sectors?
- Are there mechanisms such as MoUs, standing meetings, and/or assigned focal points in place to facilitate greater collaboration between the MoH and other Ministries related to nurturing care?
- Do relevant MoH staff have job descriptions which include coordination across sectors? Is cross-sectoral collaboration included as criteria for performance reviews and promotions for MoH staff?
- Do MoH staff regularly collaborate with non-governmental partners in research and programming related to nurturing care? What mechanisms exist for collaboration and how do MoH staff contribute?

Health Workforce Reflection questions

1: Health workers receive comprehensive training and supportive supervision.

- Are there well-defined job descriptions and competencies that consider responsive caregiving and early learning, safety and security, and developmental monitoring and counseling?
- Are existing pre- and in-service training opportunities, including refreshers, aligned with competencies?
- What pre- and in-service training opportunities are available, and how are they relevant to the day-to-day work of the workforce? Do these trainings offer practical guidance and opportunities for feedback and coaching?
- Do members of the health workforce have assigned supervisors with whom they regularly meet?
- Are supervisors equipped to observe and provide feedback on health workers' engagement with caregivers with young children?
- In the case of limited supervisors, are there opportunities for peer mentorship and coaching?

2: Tools and job aids are readily available and accurately used.

- Are job aids and tools readily available and contextually relevant? Are they easily understood by health providers? Are they used frequently and appropriately?
- Are tools available and used by health providers for developmental monitoring?
- Have other countries with similar health care contexts successfully implemented tools that can be adapted?

3: Design of interventions to promote nurturing care consider existing staff capacity and ways to incentivize the workforce.

- Are frontline workers assigned reasonable caseloads and group sizes given their other responsibilities?
- Do frontline workers receive guidance to support them in prioritizing varied interventions during visits to caregivers and young children?
- Is there capacity to hire paraprofessionals to task-shift?

Health Information Systems Reflection Questions

1: Clear consensus and guidance on what child development indicators and outcomes should be monitored, and when and how to monitor them.

- What data are already collected on children 0-3 years and how are that data used?
- What data about nurturing care or child development outcomes are needed to inform strategic decisions about the current and desired roles of the health sector in delivery of services that promote nurturing care?
- What are the most pressing questions about young children's development that data can help answer?
- What are the goals related to PHC and child development outcomes that additional data could shed light on?
- How are the delivery and impact of PHC services which promote child development outcomes captured within existing HIS? Via administrative data? Population surveys? Program evaluations?

2: Existing HIS are adequately resourced to incorporate the agreed child development indicators.

- If child development indicators and outcomes are not currently incorporated across all three monitoring levels, what resources are necessary to integrate them into existing systems?
- What is required to make those additional resources available?

3: Robust coordination between sectors and ministries allows for data sharing and aggregation to show a comprehensive picture of child development outcomes.

- How are data currently shared between relevant sectors and ministries?
- Are there existing structures or systems that can support this information sharing?

4: Data are accessible and available to PHC decision-makers and caregivers in a user-friendly format.

- What format would be most useful to PHC decision-makers to review the data, once available?
- How can scorecards and dashboards support stakeholders in accessing data in a user-friendly format?
- How can this data be strategically used to inform programming, funding, and service delivery decisions?
- How can caregivers and civil society be given access to this data this is ultimately collected from and provided by them?

Sustainable Financing Reflection Questions

1: PHC decision-makers have access to robust data on costs and cost effectiveness to inform financing plans.

- Has a minimum package of PHC services that promote nurturing care, including responsive caregiving, early learning, safety and security and developmental monitoring and counseling, been defined for the local context?
- What data are available on the costs and cost-effectiveness of PHC services that promote nurturing care?
- Have health sector and PHC plans that incorporate services that promote nurturing care been costed?
  - » What additional data collection should be prioritized around costs and cost-effectiveness?
- Who and what resources can be leveraged to collect the needed data?
  - » For data that are available, are they easily understood by and available to PHC decision-makers?

2: PHC decision-makers explore the use of varied resource mobilization strategies.

- How do current health care financing priorities align with the goals of promoting nurturing care for optimal child development? Are there opportunities to leverage or expand existing financing mechanisms to better support PHC services that promote responsive caregiving, early learning and safety and security?
- Are there opportunities for innovative sources of funding or financing mechanisms to support PHC services that promote nurturing care? How can these opportunities be leveraged to secure new funding for these services?

3: Donors increase financing for interventions that promote nurturing care within PHC and better coordinate investments with one another.

- How does current donor financing align with national and subnational health sector goals, reforms, or domestic policies?
- What existing mechanisms are in place for coordination and information-sharing between donors, governments, and key ministries on financing for nurturing care services? How effective are these coordination mechanisms? How can they be improved upon?

RESOURCE 8

Tools to Support the Strengthening of PHC to Promote Nurturing Care for Optimal Child Development

Service Delivery Tools

Evidence-based training to equip providers with skills to promote nurturing care

Package	Entry point/ platform	Description
Reach Up and Learn	Community settings and home visits	Reach Up and Learn is a home visiting program that provides caregivers in LMICs with skills to promote responsive care and early learning to their children. The program, which has been adapted to a group session format, has a comprehensive training package for trainers, supervisors, and home visitors. It is based on the Jamaica Home Visit intervention and has been used in several countries. Access here
The Responsive Caregiving and Early Learning (RCEL) Addendum	Child Health and Nutrition platforms	The RCEL consists of a set of counseling cards and accompanying training and implementation materials for incorporating counseling on responsive caregiving and opportunities for early learning into existing child health and nutrition platforms. RCEL has been tested in Ghana and the Kyrgyz Republic. Access here
The Essential Package (EP): Early Stimulation and Responsive Parenting	Community health platforms and home visits. Especially for children affected by HIV/AIDS	The EP is a set of tools and guides for policy makers, program managers, and service providers to use to address unique needs and competencies of young children, particularly those affected by HIV/AIDS. The tools include an implementation guide, M&E framework, data collection checklist, policy brief, and counseling cards and a visual reference guide for home visitors. Access here
Care for Child Development (CCD)	Routine health services and community health settings	CCD is an intervention by WHO and UNICEF that promotes early learning and responsive caregiving by guiding caregivers on play and communication activities that promote motor, cognitive-language, and social-emotional skills and coaching caregivers to observe, interpret and respond to their child's signals. It includes a participant manual, counselling cards, facilitator notes, guidance for clinical practice, M&E framework, and a poster with recommendations for play activities. Access here
Caring for the Caregiver (CFC)	Maternal Child Health services and Community health	Caring for the Caregiver (CFC) is a training module being developed by UNICEF to equip front-line workers with counseling skills to support the emotional well-being of caregivers in resource-constrained low- and middle-income countries, recognizing the importance of caregiver mental health for optimal child development. Access here

Package	Entry point/ platform	Description
Integrated Management of Childhood Illness (IMCI)	Sick-child visits in facilities and homes	IMCI is an approach by the WHO that promotes child health and wellbeing by improving case management, quality of care, and community health practices for health, growth and development. In facility settings, IMCI helps promote identification and treatment of childhood illness, enhance caretaker counselling, and referrals for severely ill children. In home settings, IMCI promotes care seeking behavior, improved nutrition and support for ECD, illness prevention, and treatment adherence. The package includes IMCI training manuals and videos, resources for implementation, and an online course. Access here
Building Brains	Health, nutrition, and community-based programs	Building Brains is an approach by Save the Children that provides a guide for implementing responsive caregiving and stimulation programs using different sector platforms. Key activities include conducting situational analysis, influencing systems and policies, monitoring and evaluation, delivering content on communication, play and responsive care through selected contact points, and building workforce capacity. More information here
Thinking Healthy	Community-based programs	Thinking Healthy is an evidence-based approach that guides community health workers (or other non-specialists) through low-intensity, cognitive-behavioral techniques to address maternal depression as part of their routine work. The Thinking Healthy program consists of 5 modules and 16 sessions and targets mothers experiencing depression during the period from pregnancy to one year postpartum. A digital version is also available (see here). Access manual here

Leadership and Governance Tools

Name	Description
Early Childhood Development: A Critical Investment	This video course was developed to support policymakers in understanding the scientific and economic rationale for investing in optimal child development, the concept of nurturing care and developing policies for young children and families. Access course here
Operationalizing nurturing care for early childhood development: The health sector alongside other sectors and actors (2019)	This guidance note specifically targets the health sector and aims to catalyse country-level dialogue and action focusing on health service delivery and systems strengthening while also outlining complementary actions by other sectors. Access guidance note here.
Scaling What Works for Early Childhood Development: Compendium of Good Practices in ECD Policies and Programmes in Eastern and Southern Africa and beyond (2025)	This compendium documents good practices in scaling ECD policies and programmes across Kenya, Uganda, Tanzania, Mozambique, Rwanda, Zambia, Zimbabwe, and beyond, organised around the five Nurturing Care Framework components and covering multisectoral service delivery, governance, financing, community mobilisation, and M&E — including examples of integrated cash-plus models embedded in primary health care and health-system integration of ECD. Access compendium here.
Nurturing Care Handbook: Lead and Invest (2023)	This guide corresponds to the first strategic action in the Nurturing Care Framework and explores how to do governance, planning, and financing. Access guide here.

Name	Description
WHO Guideline: Improving Early Childhood Development (2020)	This guideline provides direction for strengthening policies and programmes to better address early childhood development, with recommendations for caregivers, health professionals, and policy-makers. Access guideline here.

Health Information Systems Tools

Population-level measures of child development that can be integrated into national surveys

Survey	Relevant Module	Relevant Questions/Measures on Module
Demographic and Health Survey (DHS)	*Optional Module* Child Well-being and Household Structure (link)	» Identify child's primary caregiver » Attendance at school or early childhood education program » Communication with biological mother or father » Money or goods provided or received by biological mother or father
Multiple Indicator Cluster Survey (MICS) (link)	*MICS7 Base Questionnaire* Questionnaire for Children Under Five	» Attendance at early childhood education program » Books available for the child » Things child plays with » Frequency child is left alone or in care of another child » Engaged in specific activities (book reading, telling stories, singing songs/ lullabies, playing, naming things, counting things, drawing things » Physical/cognitive abilities (walk on uneven surface, jump, get dressed, fasten buttons, speak, write, recognize numbers) » Social/emotional abilities (offer help, get along with other children, emotions) » Child discipline » Complementary package for child functioning » Complementary package for breastfeeding and dietary intake » Immunization » Complementary packages for health care seeking treatment (diarrhea, ARI, malaria)
	MICS7 Complementary Questionnaire Child Functioning U5[7]	» Hearing aid use » Equipment or assistance for walking » Glasses/difficulty seeing » Ability to pick up small objects » Ability to understand caregiver » Ability to understand child's speech » Ability to learn things » Ability to play

Tools and resources to support data collection on child development through HIS

Tool	Description
ECDI2030 Technical Manual	This resource explains the ECDI2030 tool to monitor progress against SDG indicator 4.2.1 and the rationale for developing it. It points users to the suite of resources available to use the ECDI2030, including guidance and implementation tools (interviewer guidelines, training materials, syntaxes, tabulation plans, reporting templates) Access the manual here
Global Scales for Early Development (GSED)	WHO is developing the GSED package to provide population and programmatic measures for ECD for 0-3 years. It collects information across all domains of ECD and calculates a D-score and development-for-age score (DAZ) for comparison. Access WHO's technical report introducing the GSED here
ECDAN Countdown to 2030: ECD Country Profiles	UNICEF and Countdown to 2030 Women's, Children's, and Adolescent's Health developed these country profiles with the launch of the Nurturing Care Framework. The profiles are available for 197 countries and were last updated in 2023. The profiles show 40 ECD-relevant indicators and are available in 5 languages (English, Arabic, French, Russian, and Spanish) Access the country profiles here
WHO Nurturing Care Handbook – Section 4: Monitoring Progress	This section of the Nurturing Care Handbook provides information and guidance on how to monitor implementation of the Nurturing Care Framework. It outlines the NCF logic model, provides example indicators via the Countdown to 2030 country profiles, and suggests actions to overcome common barriers to monitoring. The Annex includes the NCF 24 core indicators across the 5 domains of nurturing care and internationally validate milestones for monitoring. Access the Monitoring section here
WHO Nurturing Care Framework – The Logic Model	The Logic Model section of the Nurturing Care Framework provides an overview of inputs, outputs, and outcomes that can support health programs in gathering data on interventions and reporting that promote more comprehensively on ECD outcomes. Access the Logic Model here
Toolkit for Measuring Early Childhood Development in Low- and Middle-income Countries	This World Bank toolkit "provides a practical, "how-to" guide for selection and adaptation of child development measures for use in low- and middle-income countries. Users can follow the proposed step-by-step process to select, adapt, implement, and analyze early childhood development data for diverse purposes and projects. Researchers, evaluators, and program personnel from various disciplines interested in assessing early childhood development in LMICs will find the book useful for planning and evaluating interventions, monitoring development over time, or conducting a situation analysis." Access the toolkit here
ECD Measurement Inventory	Accompanies the Toolkit above and "contains 147 measurement tools for children under 8 years. For each test it reports the domains assessed, age range for which the tool is appropriate, method of administration, purpose of the assessment, origin and locations of use, logistics, and cost." Download the Inventory (Excel) at the bottom of this page
Washington Group / UNICEF Child Functioning Module (CFM)	The CFM is a questionnaire administered to parents or caregivers to identify children aged 2-4 with disability. It assesses difficulties in: vision, hearing, mobility, communication and comprehension, behavior and learning, and dexterity and playing. View and download the CFM here
Responsive Interactions for Learning (RIFL) observation tool	These assessment tools from the University of Toronto support primary care workers to measure interaction quality between a parent or caregiver and his or her child. It assesses responsivity in interactions across family members by measuring three categories of responsive behavior – communicative clarity, mind-reading, and mutuality building. Access the assessment tool here

Tool	Description
UNICEF's Program Guidance for Early Childhood Development	UNICEF's program guidance for early childhood development is available in English, French, and Spanish. It provides a framework to articulate a vision, goals, and indicators linked to commitments for ECD within the SDGs and identify intervention packages, delivery platforms, and implementation strategies. Download the program guidance here

Sustainable Financing Tools

Tools to support the costing of interventions that promote nurturing care

Tool	Description
Brookings Childhood Cost Calculator	The Brookings Institution Childhood Cost Calculator is an online tool that calculates total and unit costs and identifies cost drivers of past, current, or future programs. This tool can be used to cost health sector and PHC implementation plans that incorporate services that promote nurturing care and make an investment case. Access the tool here
Cost of Inaction Tool	The Cost of Inaction (COI) Tool is a simple and accessible program for ex-ante economic evaluations of nurturing care interventions. It calculates the COI, which is the net economic benefits foregone in a country for not investing in specific nurturing care services. These estimates can be used to persuade policymakers and other funding stakeholders of the importance of investing in services that promote nurturing care. Access the tool here
UNICEF ECD Budget Analysis Guide	UNICEF's *Estimating Government Spending on Early Childhood Development: A Methodological Guide* is a technical resource that outlines a stepwise process for analyzing government budgets to determine the scale and composition of public investments in services that promote nurturing care. Its primary aim is to provide policymakers, civil society organizations, and development partners with a clear methodology to measure and report on ECD spending. The guide primarily focuses on evaluating investments by national and local governments, placing less emphasis on off-budget expenditures by private sector providers. Access guide here
JPAL Cost Effectiveness Analysis Tool	The JPAL Cost-Effectiveness Analysis Tool is a resource intended for researchers who are interested in collecting cost data and conducting comparative cost-effectiveness analysis (CEA) for education programs. The resource provides tools and guidelines to help users generate the data needed for CEA (i.e., an estimate of the cost of the program and the program's impact). Access the tool here

RESULTS FOR DEVELOPMENT

CONRAD N. HILTON FOUNDATION