



# Nurturing Care for ECD: Progress and learnings from the WHO South-East Asia Region

Day 3

Global, regional, national and sub-national perspectives

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**Nurturing the Future**

**Technical Meeting to Enhance Nurturing Care for Early Childhood  
Development in the Health Sector**

25-28 February

Nairobi, Kenya



World Health  
Organization

African Region



for every child

# OVERVIEW OF THE PRESENTATION

- 
- South-East Asia Region (SEAR)
    - Progress towards SDG targets, intervention coverages
  - Nurturing Care for Early Childhood Development in SEAR
    - key actions and progress
  - Case study from Nepal
    - From Multi-sectoral strategy to Health sector leadership
  - Reflections and Learnings

# South-East Asia Region (SEAR): At a Glance

Demographic profile	Value
Population	<b>2.06 billion</b> (2,056,471,000)
Under-5 population (%)	<b>166.7 million</b> (8.1%)
Population 5-9 years (%)	<b>174.0 million</b> (8.5%)
Adolescent population (%) (10–19 years)	<b>362.7 million</b> (17.6%)
Women in reproductive age group (15–49 years)	<b>540.0 million</b> (26.2%)
Adolescent birth rate (per 1000 women aged 15–19 years)	<b>50</b>
Births registered (%)	<b>83</b>
GNI (PPP) per capita	<b>7,871</b>
Percentage of population below international poverty line	<b>17</b>

## Demographic characteristics of SEAR

- **SEAR comprises 11 countries:** Bangladesh, Bhutan, Democratic People's Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, and Timor-Leste.
- Region contributes to **26% of world's total population**, 25% of total annual births, 25% of under-5 population, and 28% of the adolescent population
- **8 out of 11 countries are LMICs**, 1 is LIC and 2 are **UMICs**;
- Levels of **poverty and disease burden** are disproportionately high
- Economic development impacted adversely by 4 Cs (COVID, conflict, cash crisis, climate change)

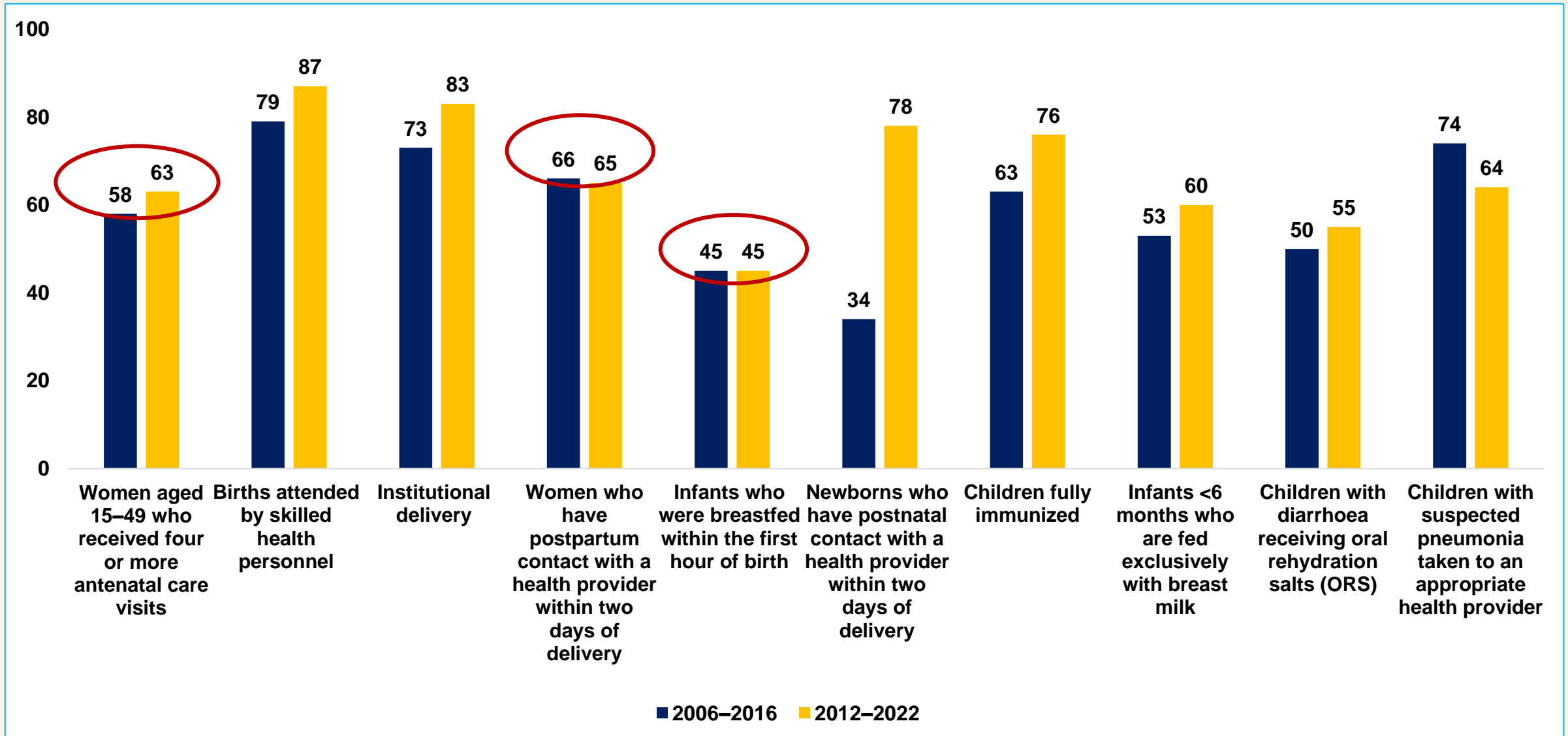
# Current status of mortality with country projections to 2030

Name of the Countries	MMR 2020 * (deaths per 100,000 LB)	MMR 2030 projection **	NMR 2022 (deaths per 1000 LB)	NMR 2030 projection #	U5MR 2022 (deaths per 1000 LB)	U5MR 2030 projection #	SBR 2021 (deaths per 1000 total births)
Bangladesh	123	38	17	12	29	21	20.5
Bhutan	60	47	13	10	24	18	9.0
DPR Korea	107	102	9	7	17	13	8.3
India	103	68	18 <sup>^</sup>	12	29 <sup>^</sup>	18	12.2
Indonesia	173	130	11	8	21	16	9.1
Maldives	57	74	4	2	6	3	4.8
Myanmar	179	84	21	17	40	30	14.5
Nepal	174	93	17	12	27	19	15.7
Sri Lanka	29	27	4	3	6	5	6.0
Thailand	29	28	4	3	8	6	5.5
Timor-Leste	204	108	22	19	49	37	14.4
SEA Region	117	73	17	12	28	19	12.5
	Achieved country SDG global target for NMR or U5MR in the reported year and ENAP SB targets for 2030						
	Countries are below the upper level of MMR in 2030 (no country should be more than 140/100000 LB)						
	Expected to achieve country MMR target or the SDG global target for NMR or U5MR by 2030						
	Need to increase efforts to achieve country MMR targets or the SDG global target for NMR or U5MR by 2030						
*	Trends in maternal mortality 2000 to 2020						
**	The MMR 2030 projections have been made using the ARR between 2016–2020 and applied to 2021–2030						
#	The NMR, and U5MR 2030 projections have been made using the ARR between 2016–2022 and applied to 2023–2030						

- **Seven countries** below upper limit of **MMR** and **four countries** (**BAN, MMR, NEP, TLS**) on track to achieve SDG target.
- **Five countries** have achieved SDG target for **NMR** (**DPRK, INO, MAL SRL, THA**), **four more on track** to achieve by 2030 (**BAN, BHU, IND, NEP**)
- **Six countries** achieved SDG target for U5MR (**BHU, DPRK, INO, MAL SRL, THA**), **three more on track** (**BAN, IND, NEP**)
- **Six countries** achieved the national ENAP target on SBR

<sup>^</sup> Mortality rates and estimates are made using UNIGME as the source; SRS 2020 in India shows NMR of 20 and U5MR of 32

# Regional coverages have improved over time; level of improvement not consistent across MNCH





# Nurturing Care for Early Childhood Development: Key actions taken in SEAR

## Nurturing Care Framework (2018)

Released at WHA in 2018

## Regional assessment (2020)

*done in 7/11 countries; desk review + IDIs*

Gaps identified in national policies, costed plans; services available for H & N but other 3 components with inadequate resources, coverage; challenges in implementation, M&E, coordination, role clarity

## Multisectoral Regional meeting (2021)

*3-day virtual, 11 countries, > 100 participants, with UNICEF*

Countries oriented on NCF, best practices shared; countries make plans for strengthening all 5 strategic areas

## Asia-Pacific Policymakers Course (2022)

with UNICEF ROSA + EAPRO (12 weeks online course by Aga Khan Foundation, Key govt officials oriented from 6 countries (3 from SEAR))

## Follow-up actions + Parent support consultation

Country specific support given for policy/programme

Regional consultation Parenting support for ECD and Adolescent Health (6 countries, GISP)



World Health Organization  
REGIONAL OFFICE FOR South-East Asia

Rapid assessment of national preparedness for implementing Nurturing Care for Early Childhood Development

# Policy situation in SEAR for ECD is favorable, except for few gaps..... (SRMNCAH Policy survey 2022-23)

Countries	BAN	BHU	DPRK	IND	INO	MAV	MMR	NEP	SRL	THA	TLS
Guideline on early childhood development (ECD)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗
Which of the following time periods does the ECD policy/guideline address											
Preconception	✓	✗	✓	✓	✓	✗	✓	✓	✓	✓	Not Applicable
Pregnancy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Not Applicable
0-3 years	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Not Applicable
0-8 years	✗	✓	✓	✗	Unknown	✓	✓	✓	✓	✗	Not Applicable
Other	✓	✓	No response	Unknown	Unknown	Unknown	✗	✗	✗	✓	Not Applicable
Does the ECD policy/guideline include or address any of the following											
Responsive care and early learning (e.g. care for child development)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Not Applicable
Infant and young child nutrition	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Not Applicable
Care for children with developmental difficulties and disabilities?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Not Applicable
Protection of children from violence	✓	✓	No response	✗	✓	✓	✓	✓	✓	✓	Not Applicable
Family social welfare support	✓	✓	✓	✗	Unknown	✓	✓	✓	✗	✓	Not Applicable

# Policy situation in SEAR for ECD is favorable, except few gaps....

(SRMNCAH Policy survey 2022-23)

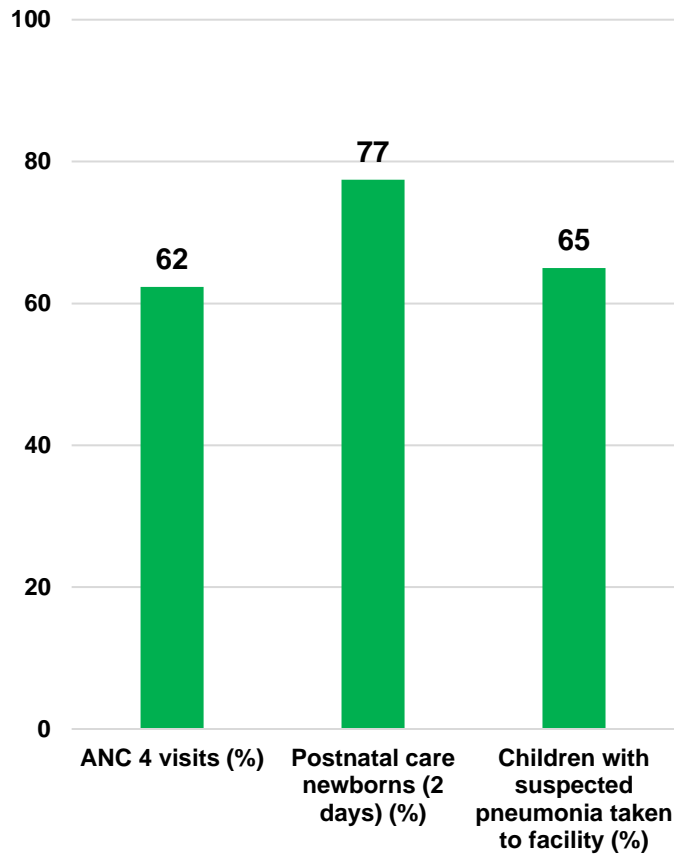
Countries	BAN	BHU	DPRK	IND	INO	MAV	MMR	NEP	SRL	THA	TLS
Is there a national coordination mechanism for early childhood development	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗
Which of the following sectors are involved											
Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Not Applicable
Nutrition	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Not Applicable
Education	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Not Applicable
Social welfare or social protection	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Not Applicable
Child protection	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Not Applicable
Environmental safety and security, including Water and Sanitation	✓	✓	✓	✓	✓	✗	✓	✓	✗	✓	Not Applicable
Other	✗	✓	No response	Unknown	Unknown	✓	✗	✓	✗	✓	Not Applicable



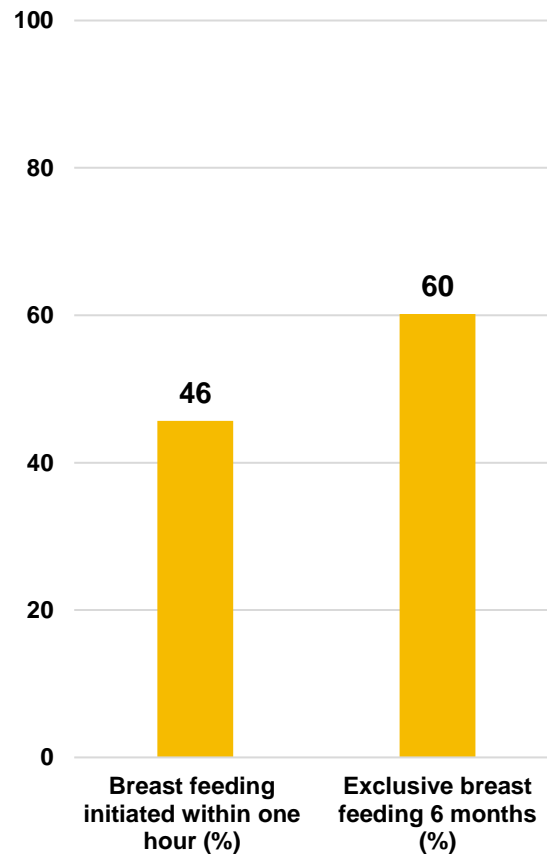
# However, coverage of Nurturing Care interventions is variable (in %)

Inadequate data for responsive caregiving

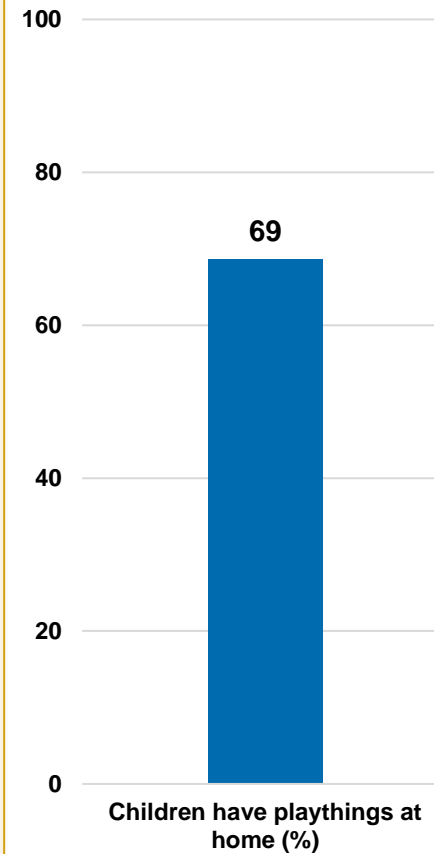
## Health



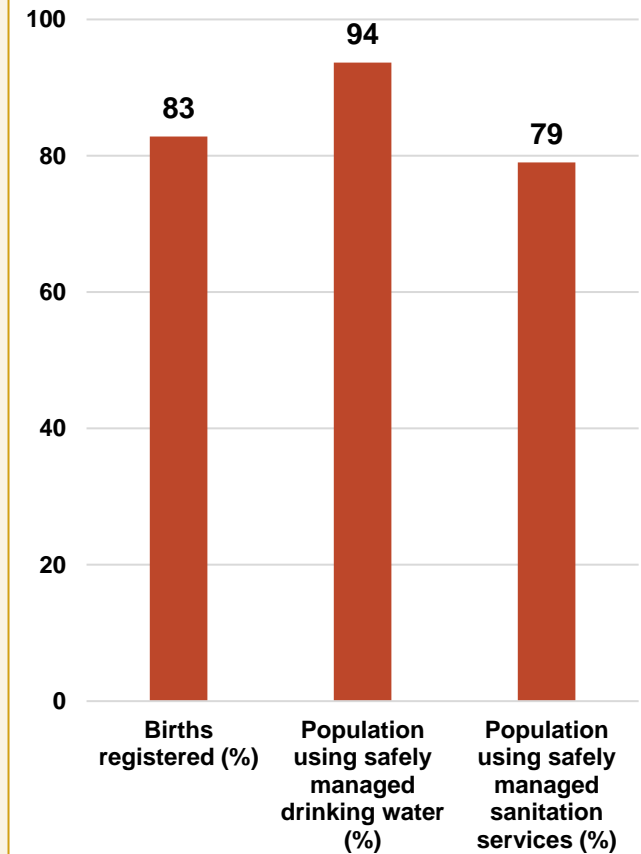
## Nutrition



## Early learning



## Security and safety



### Data Source:

Demographic and Health Survey | Multiple Indicator Cluster Survey | National Family Health Survey (for India only) | WHO-UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene, 2022

# Case study from NEPAL

## Background information:

Nepal's constitution: established ECD as a *fundamental right of children*

National Policy and National Strategic Plan for Early Childhood Development developed in 2004

Earlier plans led by MOE, focused mainly on Early Childhood Education

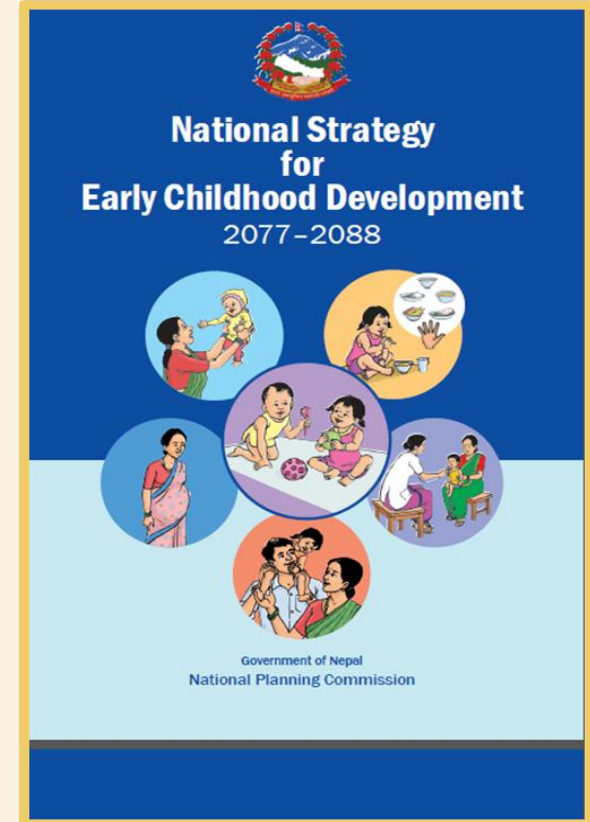


## Key recommendations from the results of Rapid Assessment (in 2020)

- ❖ Set up sectoral coordination mechanism at **federal/national level**
- ❖ Need of coordination among different levels of government (federal, provincial and local)
- ❖ Develop an **independent structure to develop ECD policy** and support for implementation
- ❖ Need for capacity building program for the key ministries
- ❖ Develop **minimum standard of the services** at all the level
- ❖ Need for dedicated resource allocation for program and human resources at all levels

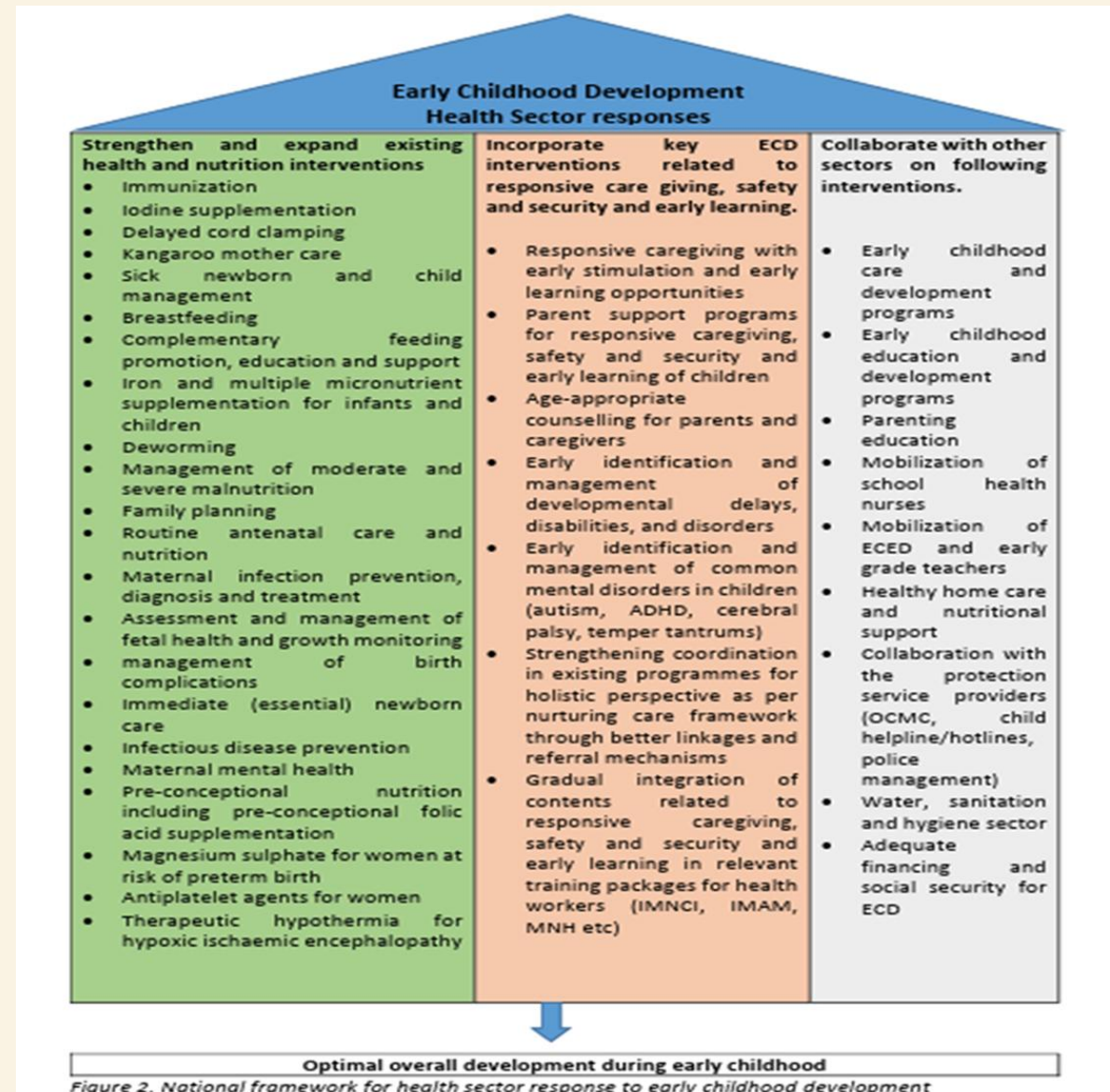
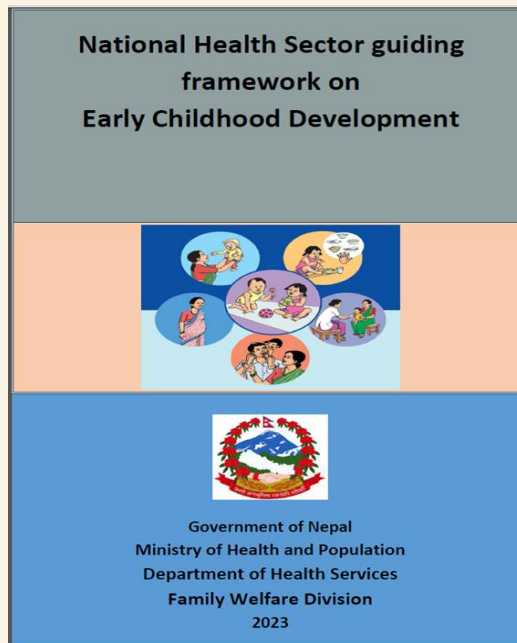
# National Strategy for Early Childhood Development (2021-2031) *adopts the Nurturing Care Framework*

- Led by country's **National Planning Commission**
- NPC facilitates sectoral coordination at national level, with extensive consultations at other 3 levels (local, provincial, federal)
- **Covers 0-8 years, clearly defined responsibilities of Ministries**
  - MO Health & Pop. (0-2 yrs): health focused integrated ECD
  - MO Women, Children & Federal Affairs (2-4 yrs): care focused
  - MO Education, Science & Tech. (4-8 yrs): education focused
- **Other key features**
  - Coordination mechanisms institutionalized at all levels
  - Dedicated resource allocation including HR (Child Development Coord.)
  - Community and family engagement



# Health Sector framework.....shift towards leadership by Health

- Strength health sector response for ECD aligned with National Strategy.
- Focus beyond H & N, integrate 3 remaining components (responsive caregiving, safety and security, opportunity for early learning)



# Strategies defined for implementation of the guideline

## **1. Prepare health facilities to deliver ECD services based on nurturing care framework**

- a. Assess the readiness of health facilities to provide nurturing care services
- b. Strengthen health facilities' readiness to provide nurturing care
- c. Build the capacity of service providers (training/orientation)

## **2. Initiate holistic ECD related services through health facilities**

## **3. Support parents, families and caregivers through existing health services**

- a. Antenatal care
- b. Postnatal care
- c. Well-childcare
- d. Sick-child care and follow-up
- e. Nutrition rehabilitation – recovering from poor growth and development

## **4. Enable communities for ECD services**

# Roles and responsibilities

## Federal Level

A. Ministry of Health and Population

B. Department of Health Service

## Provincial level

A. Provincial health related ministry

B. Provincial Health Directorate

C. Health Offices

## Local Level

A. Municipalities

B. Health Facilities

C. Female Community Health  
Volunteers

# Monitoring Indicators

- Neonatal mortality rate
- U5 mortality rate
- Low birth weight
- Postnatal newborn care
- Early initiation of breastfeeding
- Stunting among under-five children
- Women receiving eight ANC visits
- Institutional delivery
- Health facilities with age-appropriate playing materials for children
- Health facilities providing counselling service to parents and caregivers on responsive caregiving, safety and security, and early learning opportunities
- Health workers trained on ECD
- Proportion of children receiving treatment/ care for pneumonia



# Reflections and Learnings

## ▪ **What has worked?**

- Political commitment, technical support, Evidence-informed advocacy
- Favorable policies, programmes in most countries with Health sector taking lead
- Collaboration with MOH, partners (UN, NGOs, prof. associations), networks (ECDAN, GISP)

## ▪ **What are the challenges and opportunities?**

- Policy implementation gap.....answer 'how' of implementation' (local sub-national models)
- Limited resources and capacity.....dedicated finances, HR capacity building
- Parental/community involvement.....large-scale campaigns, parental support activities
- Competing priorities (4Cs).....sustained advocacy, strengthened partnerships (esp. experts)

***Explore newer/innovative ways of integrating NCfECD.....PHC/UHC approach, NCD prevention,***

Investment for future

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# Thank you

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