

Strategic action 1

Lead and invest



How to do
governance, planning,
and financing



NURTURING CARE
FOR EARLY CHILDHOOD DEVELOPMENT

This document is a working draft of the *Nurturing care handbook* that will be finalized in the second quarter of 2021. We hope you find it useful in guiding your efforts to implement the *Nurturing care framework*.

The handbook is unlikely to respond to all your needs and therefore, we welcome your questions, feedback and suggestions. Do not hesitate to contact us at NurturingCare@who.int or complete the online questionnaire at <https://nurturing-care.org/handbook>

We look forward to hearing from you.


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Users may read all, or parts of the handbook, depending on their needs. It is recommended to read *Start here* before going to any of the other guides.

The handbook is meant to be a living document with guidance and resources that will be regularly updated as more experiences are gained in the implementation of the *Nurturing care framework*.

The use of this handbook is supported by the nurturing care website, a vibrant portal with country experiences, thematic briefs, tools, news items, and expert voices. Always consult <https://nurturing-care.org> for new information that can be relevant to the issues that you like to address.

The development of this handbook was led by the World Health Organization (WHO). WHO is grateful to all those who contributed. WHO also expresses gratitude to the authors of the Lancet series *Advancing early childhood development: from science to scale* (2017) who lay the foundation for the *Nurturing care framework* that underpins this handbook. A special word of thanks goes to colleagues at the Institute for Life Course Health Research at Stellenbosch University in South Africa, for their support in the development of this handbook.

This handbook is part of a set of resources for implementing the *Nurturing care framework*. Partners continue to collaborate in global working groups to expand this set, facilitated by staff at WHO, UNICEF, the World Bank Group, the Partnership for Maternal, Newborn, and Child Health (PMNCH) and the Early Childhood Development Action Network (ECDAN).

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Contents



01	Using this handbook
02	Understanding <i>Lead and invest</i>
02	What is <i>Lead and invest</i> ?
02	What will this strategic action enable me to do?
03	Governance
03	Suggested actions
09	Three ways to coordinate sectors and stakeholders
11	Overcoming the barriers
12	Planning
12	Suggested actions
16	Overcoming the barriers
17	Financing
17	Suggested actions
20	Overcoming the barriers
21	Signs that you are making progress
22	References. Tools, case studies and further reading
25	Annex 1. Policies and interventions to build enabling environments for nurturing care
26	Annex 2. Template for national orientation meeting



Using this handbook

This is part of the *Nurturing care handbook*, a practical guide to using the *Nurturing care framework* to improve early childhood development.

If you have not already, you will probably find it helpful to take a quick look at the first part of the handbook: **Start here**. This explains in more detail how the handbook works, what nurturing care is, and how to get started. It also includes practical advice on working in programme cycles, engaging all stakeholders, and doing advocacy.

After **Start here**, the handbook is divided into five strategic actions, each explained in a separate guide:

- 1 Lead and invest
- 2 Focus on families and their communities
- 3 Strengthen services
- 4 Monitor progress
- 5 Scale up and innovate

You can find out more and download the rest of the handbook at <https://nurturing-care.org/handbook>

STRATEGIC ACTIONS

1



LEAD
AND INVEST

2



FOCUS ON FAMILIES AND
THEIR COMMUNITIES

3



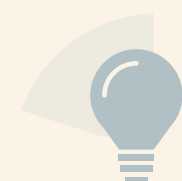
STRENGTHEN
SERVICES

4



MONITOR
PROGRESS

5



USE DATA AND
INNOVATE

Understanding *Lead and invest*

What is *Lead and invest*?

Lead and invest is all about the institutional support that families need to improve early childhood development. That includes financial investment, as well as laws, policies and coordination.



The funding can be public, private or a mixture, but it must be equitable and sustainable. And the laws, policies and coordination must include all sectors and levels of government, helping stakeholders collaborate at local, national and international levels.

All of this needs to be based on the local situation – taking account of who needs most help, and what practices and beliefs can be built on. Countries are also at different stages when it comes to investing to improve early childhood development. That means it is important to remember what is already in place, to identify which policies and services can be strengthened, and to see where there are gaps and where to add new interventions, policies or services.

The other four strategic actions depend on *Lead and invest*, making it essential for any national initiative that supports nurturing care.

What will this strategic action enable me to do?

The *Nurturing care framework* describes five outputs for this strategic action:

- Establish a high-level mechanism for coordinating different sectors.
- Assess the current situation and opportunities.
- Develop a common vision, goals, targets and action plan.
- Assign roles and responsibilities at national, sub-national and local levels.
- Put in place a sustainable financing strategy.

Although there are five outputs, it is most helpful to divide the work required into three areas:

Governance

How to coordinate decision-makers, at national and local levels, as they try to develop and achieve national policy objectives.

Planning

How to translate policy objectives into concrete activities.

Finance

How to fund the expansion and strengthening of services, and how to add interventions in an equitable and sustainable way, working through the appropriate ministries.

What follows is a collection of suggestions and advice, based on our experts' knowledge of what has worked in countries around the world.

Governance

Governance covers all the functions of decision-makers, local and national, as they develop policy objectives and achieve them. These functions are wide-ranging and inter-related, and they need effective coordination mechanisms for all the sectors and stakeholders involved. Formulating policy objectives provides direction, and can help make sure stakeholders advocate for resources and are committed to the outcomes.

Suggested actions

Engage all relevant stakeholders in a dialogue

To begin the process of coordinating decision-makers, you need to engage them in a dialogue. That dialogue should, at an early stage, involve relevant government sectors, civil society, professional associations, academia, and partners in implementation and funding. The voices of mayors, local leaders and community members must also be heard (see box *Brazil - local government prioritizes children*). And, where appropriate, private-sector organizations can contribute as well. [Start here](#) has useful advice on how to do this, in its section on multistakeholder engagement and advocacy.



Nurturing care advocacy toolkit

The online *Nurturing care advocacy toolkit* (1) gives you practical tools and resources to help you advocate for early childhood development, working with and through health systems. It includes key messages, frequently asked questions, thematic briefs, country experiences, quote cards, and much else. This will help you explain nurturing care, learn from what has happened in other countries, and develop your own material. It is being updated with new information all the time.

BRAZIL - LOCAL GOVERNMENT PRIORITIZES CHILDREN

Boa Vista is a small city in the north of Brazil, far from the country's major centres of population. With many poor migrants from the countryside, poverty and inequality are big problems.

Teresa Surita, the city's mayor, believed that the way to tackle these problems was through children's issues. Surita began a programme called *Família que Acolhe* (meaning "welcoming family"), providing health checks, parenting classes and day care. This led to the launch of a national home-visiting programme, and put the spotlight on early childhood development as a national issue. She also participated in the first of [Harvard University's executive leadership programmes](#) in early childhood development.

In 2017, she turned to a programme called [Urban95](#) (2). Through it, young children and their families became the city's top priority. Services such as parks, clinics and transport routes were to be aligned with their needs. Progress so far is encouraging. The non-profit organization managing the grant said the city was on track in all its goals – despite problems including a major refugee crisis. To find out more, [read the full case study](#) (3).

Discuss scientific advances

Discuss scientific advances in the fields of neuroscience and early childhood growth and development. Tell or remind stakeholders of the importance of the period from conception to age three, which lays the foundations for a healthy childhood and a productive adult life, and affects the health and well-being of future generations (see box *The ECD policy-makers' workshop*).

Use the key messages from the *Nurturing care framework* (4), the *Nurturing care advocacy toolkit* (1), (see the box) and *The Lancet's series Advancing early childhood development: from science to scale* (5). The findings of this series are built on by UNICEF's *Early Moments Matter campaign and report* (6). Another useful resource for influencing policy is the WHO's guideline *Improving early childhood development* (7). It synthesizes state-of-the-art evidence in support of responsive caregiving, early learning activities and the importance of addressing caregivers' mental health.

THE ECD POLICY-MAKERS' WORKSHOP

The ECD Policy-Makers' Workshop was developed by the Aga Khan University's Institute for Human Development and the Aga Khan Foundation, with support and collaboration from WHO, UNICEF, the Conrad N. Hilton Foundation, Lego Foundation, and others.

The Workshop is a course that integrates the science of early childhood development with the *Nurturing care framework*. It aims to fill a critical gap by supporting government policy-makers as they begin to operationalize the *Nurturing care framework*. The course does this by deepening policy-makers' understanding of the science around early childhood development. It also helps them reflect on what they are already doing to improve early child development, what more they could do, and how they can make it happen within their policies and budgets.

The course material can be used in different ways and is offered in-person and virtually. For high-level government officials with little time, it can be a 2–3 hour session on advocacy and awareness. Or, for mid-level policy-makers in charge of operationalizing government policies, it can be a 3-day face-to-face workshop. The virtual approach allows a cohort of policy-makers to work over a few weeks at their own pace and then meet either through a webinar or half day in-person workshop. By the end of the workshop, each group has an action plan for nurturing care, for the youngest children and their families.

For more information, contact
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Use national commitments to justify investment

In framing the arguments about why to invest, build on the national commitments made in national development plans, and refer to the Sustainable Development Goals (SDG) and the Convention on the Rights of the Child. For example, SDG target 4.2.1 requires governments to ensure that children under 5 years old are developmentally on track in health, learning and psychosocial well-being. You could also refer to the [World Bank's Human Capital Project \(8\)](#) (see box), an effort to spur economic growth and equity by investing in people. But remember that policies do not always turn into budget commitments.

THE HUMAN CAPITAL PROJECT

Human capital consists of the knowledge, skills, and health that people accumulate throughout their lives, enabling them to realize their potential as productive members of society. Its foundations are built in the early years. The [World Bank's Human Capital Project \(8\)](#) aims to help develop it.

In early 2020, 77 countries at all income levels are working with the World Bank Group on strategic approaches to transform their outcomes for human capital. In sub-Saharan Africa there is a strong focus on women's empowerment, while in the Middle East and North Africa, investments in early childhood are prioritized. This is key to ending extreme poverty and creating more inclusive societies.

Implementing the *Nurturing care framework* to achieve the Sustainable Development Goals

The *Nurturing care framework* highlights five SDG targets to guide national programming and investment in support of nurturing care. Other goals are also important, such as SDG 5 on gender equality, SDG 6 on clean water and sanitation, and SDG 7 on affordable and clean energy. Governments – collaborating with all concerned stakeholders – must create action plans that address these top priorities in an integrated way.

1 NO POVERTY



Goal 1 (target 1.2)

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

2 ZERO HUNGER



Goal 2 (target 2.2)

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

3 GOOD HEALTH AND WELL-BEING



Goal 3 (target 3.2)

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

4 QUALITY EDUCATION



Goal 4 (target 4.2)

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

16 PEACE, JUSTICE AND STRONG INSTITUTIONS



Goal 16 (target 16.2)

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

Find evidence about the current situation in the country

Provide compelling evidence about the country's current situation and its inequities. For this, you might find Countdown to 2030's *Country profiles for early childhood development* (9) useful (see the box). There is also a situational assessment tool that you can use to gather more detailed information. This is called *Rapid assessment of national preparedness for implementing nurturing care for early childhood development* (10). There is more information about it in the Planning section.



Countdown to 2030 – Country profiles for early childhood development (ECD)

Countdown to 2030's *Country profiles for early childhood development* (9) cover 197 high, middle and low-income countries. They highlight progress in relation to different aspects of the *Nurturing care framework* and provide estimates of children's developmental status. The profiles also look at the significant gaps remaining, especially in collecting data on the youngest children and measuring services intended to improve nurturing care. The data are regularly updated and allow for making comparisons over time and they can be used for advocacy and accountability.



Discuss practical policy options

Discuss policy options to illustrate what investing in nurturing care means in practice. Use local experience and data, if they are available. You can also take inspiration from approaches used in comparable settings in other countries. We provide short summaries of effective implementation approaches throughout this handbook. You can also find more stories at <https://nurturing-care.org> and <https://ecdan.org>.

Discuss existing policies and strategies

Discuss existing laws, policies and strategies and how they could support an overall national strategy on early childhood development. Annex 1 summarizes policies that have a direct impact on families' and other caregivers' capacity to provide nurturing care. Information on the status of these policies in countries can be found in the Countdown to 2030 *Country profiles for early childhood development* (9).

Globally, more than 68 countries have a comprehensive national policy instrument for early childhood development. But this does not always translate into budget commitments (11). And existing policies may not give enough attention to the early years, from pregnancy to age 3. This is when parents and other caregivers are at the forefront of providing nurturing care, and need support.

Develop a common vision, goals and targets

A country's actions should serve the population as a whole, and particularly the most vulnerable communities, families and children. Doing this requires a common vision with achievable goals and targets. This is worth discussing even in countries that have already adopted a comprehensive national policy instrument in support of early childhood development.

The overall aim is to create enabling environments that help caregivers to provide nurturing care to young children. That means, among other things, a minimum wage and household food security, access to quality health care services, clean and safe environments, services for children with special needs, and universal support for parents and other caregivers to promote responsive caregiving and early learning activities.

When thinking about goals and targets, it is helpful to take a family-centred, lifecycle perspective, starting in pregnancy or even before. For each part of the lifecycle, identify the policies and services that most need strengthening to support young children's development and achieve the greatest cumulative impact over time.

Examples of vision and goals

These are adapted from *Planning policies for early childhood development: guidelines for action* (12).

Vision:

“It is the policy of (nation’s name) that all children will achieve their full developmental potential, will be healthy, well-nourished and safe, and will be prepared for achieving success in school and life. This vision and the policy strategies presented below will be reflected in all related policies, plans and decrees of government and in all collaborations with institutions of civil society and the private sector for poverty reduction to benefit vulnerable children and their families.”

Goal 1:

“The government will work with all health providers to ensure that women receive quality antenatal care starting from the first trimester, give birth with a skilled provider and receive postnatal care to support them and their newborn infant, in the first 24 hours after birth followed by at least three additional postnatal contacts, on day 3 (48–72 hours), between days 7–14 after birth, and six weeks after birth.”

Goal 2:

“The government will ensure that all children zero to three years of age will be registered at birth and receive regular health care and well-child check-ups, timely and complete immunizations, adequate nutrition, and responsive caregiving with early learning opportunities through community-based parent education and support.”



Formulate or update policy

A national policy, or policy framework, is a high-level plan that is officially adopted, grounded in local reality, and proposes a way forward to address gaps. The policy specifies the role that different sectors play in implementation, and identifies the different sources of funding. See the boxes for more on the policy's principles and minimum components.

Policy principles

The policy should follow a consistent set of principles, including:

- being informed by political concerns about poverty, equity and social exclusion;
- being based on scientific and economic evidence, and a thorough assessment of the situation;
- articulating a national vision for comprehensive and integrated services;
- using different sectoral entry points to support families;
- starting investment early – during pregnancy or even before conception;
- being founded by statute;
- being led by government;
- being funded by government, as far as possible.

These are taken from *Investing in the foundation of sustainable development: pathways to scale up for early childhood development* (13).

Policy components

The policy should include these basic components:

- a situational analysis of the status, problems and needs of children and families;
- a national vision for supporting early childhood development and reducing inequities;
- goals and objectives that respond to identified problems and needs;
- a statement of leading strategies, programme development areas, and desired results (or targets) in terms of indicators that will guide activities and help to meet goals;
- administration, coordination and organizational structures at all levels;
- training systems and activities;
- an investment strategy and provision for the mobilization and allocation of resources – human, institutional, financial and material;
- policy advocacy and social communications;
- donor and partnership coordination;
- a policy monitoring and evaluation system, and a system of accountability to measure the attainment of policy results.

These are taken from *Planning policies for early childhood development: guidelines for action* (14).

Three ways to coordinate sectors and stakeholders

Coordination of stakeholders' roles and responsibilities is essential – between sectors and at national and local levels. There is no single best model for this, but three different approaches emerge as most effective.

Effective approaches to coordinate sectors and stakeholders

- 1 High-level leadership
- 2 Intersectoral leadership
- 3 Sector-specific leadership

High-level leadership

In this approach, a high-level unit is created, often sitting in the prime minister's or president's office, and not belonging to any particular sector. The unit is responsible for overall national policy and it channels funding to the different sectors and stakeholders, ensuring accountability and making sure implementation is coordinated nationally and locally. An example is [Chile Crece Contigo \(15\)](#) (see the box).



CHILE CRECE CONTIGO

Chile Crece Contigo means “Chile grows with you”. It is a comprehensive system for protecting children – from the prenatal period to the age of four. It takes advantage of every encounter between children and health services, and provides coordinated services from across the public sector.

Chile Crece Contigo has its roots in 2006, when President Bachelet established the Presidential Advisory Council for Child Policy Reform. This council reviewed international evidence and local data, and conducted hearings with experts from all sectors. Separate hearings were held in regional capitals to discuss issues including the resources needed for childbirth, housing and social services, access to education, and services for indigenous groups. They also heard from more than 7000 children.

The result was Chile Crece Contigo, which is financed entirely by the public sector, with agreements governing the transfer of funds to sectoral ministries, local governments, and private stakeholders. A budget line was established for the programme through the Ministry of Social Development, a non-sectoral coordination body. Resources are allocated to the ministries of health and education through resource transfer agreements, and to local government through direct transfer agreements. Institutionalizing Chile Crece Contigo in law has guaranteed consistent and increasing budget allocations, as well as multisectoral coordination.

For more information see [Scaling up an early childhood development programme through a national multisectoral approach to social protection: lessons learned from Chile Crece Contigo \(15\)](#).

Intersectoral leadership

Here, a particular sector is given leadership, making it responsible for coordination and action across sectors. The great advantage of this model is that it builds on existing structures, though it can be difficult to engage all sectors and stakeholders equally. An example is India's Integrated Child Development Services (see box). This shows a nation-wide initiative led by one sector, the Ministry of Women and Child Development, with leadership then extending to include other sectors.

INDIA'S INTEGRATED CHILD DEVELOPMENT SERVICES

Launched in 1975, Integrated Child Development Services (ICDS) is one of the Indian government's flagship programmes, and a symbol of the country's commitment to children under 6 and their mothers.

Anganwadi – meaning “courtyard shelter” in Hindi and other Indian languages – is a rural childcare centre. The Anganwadi worker is a woman from the local community, based in the community and part of the ICDS programme. She is an agent of social change, mobilizing community support for better care of young children, girls and women.

The ICDS programme seeks to break the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality. It does this by offering supplementary foods, pre-school education, nutrition and health education, immunization, health check-ups and referral services. Those last three services, related to health, are provided by the Ministry of Health and Family Welfare through the National Rural Health Mission, established in 2005. Medical personnel operate as a team with the ICDS frontline workers. Their roles and responsibilities have been clearly defined under the joint authority of the secretaries of the Ministry of Women and Child Development, and of Health and Family Welfare.

You can find out more in the [full case study in Child: Care, Health and Development \(16\)](#), and from the [ICDS page on the Indian government's website \(17\)](#).

Sector-specific leadership

This approach builds on activities within one sector, often health, to strengthen its contribution to early childhood development and put nurturing care on the political agenda. Siaya county in Kenya is a good example of where different units in the health sector have come together to strengthen services, starting with antenatal care (see box). This has catalyzed multisectoral engagement and action. The collaboration addresses issues including nutrition, play, communication, and caregivers' mental health.

SIAYA COUNTY, KENYA

In 2013, Siaya county's health ministry began integrating nurturing care into facility-based health services. Since then, it has expanded interventions to include play sessions in health facilities' waiting areas. And home visits by community health workers now provide counselling on responsive caregiving and early learning, as well as developmental monitoring.

In 2018, Siaya's governor, Cornel Rasanga Amoth, endorsed the need for new nurturing care policies and undertook to lead the work. He created a committee, chaired by a member of the governor's staff, to coordinate all sectors involved in child development – including health, finance, social protection, education, agriculture, civil society and the private sector. The aim was to align priorities and plan together in order to increase services' coverage and quality. Siaya's first lady, Rosella Rasanga, is the patron of nurturing care.

Under this leadership structure, great advances have been made: nurturing care has been enshrined in law, a county-wide campaign has begun, and integrated nurturing care services now cover all the county's health facilities and its network of community health workers. Intersectoral collaboration has also shown great results, including significantly increasing birth registration. Siaya is now a centre of excellence for nurturing care, and its model is being expanded across the 14 counties of Western Kenya, working through the Lake Region Economic Bloc.

For the full case study, see [Scaling up nurturing care in Siaya county, Kenya \(18\)](#).

Overcoming the barriers

Competition between sectors

Since resources are limited and the formulation of the national budget is a political process, it is important to promote budget coordination. Otherwise, different sectors compete for limited resources, which becomes a problem – especially when they have limited knowledge about the contribution each can make to the nurturing care agenda. The antidote is consultation and inclusive decision-making, along with joint planning and monitoring.

No quick wins

The effects of policies and interventions are felt over a lifetime. A key challenge, and one which takes time, is to embed activities that promote nurturing care into sectoral budgets and plans. Prepare for the long haul by keeping advocacy and stakeholder dialogues going, and make sure decision-makers have a realistic understanding of the complexity and the time needed for scaling up.

Lack of support from local decision-makers

If local decision-makers do not support implementation, it is likely to fail. Make sure you involve them early and help them to understand and engage with early childhood development. This may take time, as the Mexico case study shows (see the box). There, the development of a national strategy for early childhood care was the result of a sustained process of advocacy and political will under two governments. The crucial factors included the evidence presented in *Advancing early childhood development: from science to scale*, as well as the *Nurturing care framework* and the Sustainable Development Goals.



MEXICO'S NATIONAL STRATEGY FOR EARLY CHILDHOOD CARE

In 2019, Mexico changed its constitution to make early education a right for all its children, and then launched a National Strategy for Early Childhood Care – ENAPI being its Spanish acronym. This is a huge achievement, and one much needed in a country where over half of all children under 6 live in poverty.

The political will for ENAPI, which has been developed under two very different governments, was built on previous international commitments by Mexico, including its endorsement of the UN's Declaration of the Rights of the Child. Advocacy – by the Pact for Early Childhood, Save the Children and UNICEF, among others – has also made a huge difference, disseminating scientific proof of the importance of early childhood. The most influential proof was *The Lancet's* series *Advancing early childhood development: from science to scale*, along with the *Nurturing care framework* and the Sustainable Development Goals. Direct national consultations also played a big role, as did successes in other countries, such as Chile *Crece Contigo*.

Naturally, there are many obstacles to overcome in implementing ENAPI. The biggest is the lack of a separate budget allocation – the money is meant to come from all sectors' existing budgets, despite the expense of building and staffing the management and evaluation systems required. Another potential obstacle is that ENAPI is owned by the education ministry rather than the president's office.

But many obstacles have already been overcome, and many good decisions made. ENAPI was created by a commission that included several sectors of government (health, education, social protection, and the treasury, among others), along with national and international non-governmental organizations, academia and civil society. Crucially, this also included the national network of state governors, essential for getting it working on the ground.

Implementation will begin in the poorest areas, where the need is greatest. And expectations have been set realistically about how long it will take to scale up these efforts to cover the whole of this large and complex country. Still, there is good reason to believe that every child in Mexico will one day receive every aspect of nurturing care.

Planning

Managing programmes to improve early childhood development involves two levels of planning: strategic and implementation (19).

Strategic planning is usually done every 5 to 10 years, and at the national level – though it is sometimes also done at other levels, especially regionally. Strategic plans are used to advocate for resources and to make sure stakeholders are committed. The strategic plan gives you a framework for developing an implementation plan.

Implementation planning usually takes place every 1 to 2 years. It aligns with the strategic plan and/or national policy for early childhood development. Implementation planning helps managers at national and sub-national level work out how to deliver interventions most effectively, as well as what activities and resources will be required.

The guidance below is relevant whether you are planning for the short or medium term.



Suggested actions

Do not wait for a national policy

Ideally, planning for implementation – by means of different sector plans – begins after a comprehensive national policy for improving young children's development has been created. In practice, this does not always happen. In fact, planning and implementation are often catalysts for confirming policy objectives.

Plan together, implement by sector

Multisectoral action is most effective when stakeholders plan together but implement by sector in a coordinated way. Facilitate this by making sure each sector is fully engaged in planning and that each will be allocated the resources to implement the activities for which they are responsible. As a next step, monitor and interpret results together, as this will help forge strong alliances and create joined-up actions.

Work in cycles

Whether you are developing a short-term implementation plan or a longer-term strategic plan, you will assess the current situation, review progress towards targets, define the interventions and service delivery packages, and seek to strengthen existing services to better support families and young children. Throughout the cycle, advocacy and engagement are essential.

Prepare people

Prepare for planning by identifying the core planning team and its coordinator. Involve all stakeholders and run orientations so they agree on what they are trying to achieve at each step. In Annex 2, we have proposed an agenda for a 2-day orientation meeting about the *Nurturing care framework*.

Assess where you are now

Do a situational analysis for your country. This should assess the impact of current policies and interventions, covering all aspects of the *Nurturing care framework*. Sectors may already have assessment tools, and the relevant components of nurturing care can be integrated in them. Alternatively, the *Rapid assessment of national preparedness for implementing nurturing care for early childhood development tool* (10) (see the box) can help you identify what is already in place to support nurturing care and where systems can be strengthened, or new interventions added.

RAPID ASSESSMENT OF NATIONAL PREPAREDNESS FOR IMPLEMENTING THE NURTURING CARE FRAMEWORK IN SOUTH-EAST ASIA

Countries in South-East Asia have supported early childhood development for some time, but the *Nurturing care framework* gave them an opportunity to review and strengthen their investments.

In 2019–2020, teams in seven countries used a [rapid assessment tool \(10\)](#), as a prelude to multistakeholder dialogue and planning. This was a desk review, looking at data, policy and programme documents as well as administrative reports. It was complemented by interviews with key stakeholders.

The teams mapped out their laws, policies and programmes, assessed their interventions and implementation, and used stakeholder analysis to understand success factors and challenges – including coordination among sectors.

They used this assessment to update national sector plans for health, education and social protection, with a focus on children in the early years. Because the process involved all stakeholders, including ministries and partner agencies, it built commitment and ownership. This helped them move towards consensus, which meant the process was as important as its results.

Run consensus-building workshops

These workshops should look at the findings from your assessment and prepare possible solutions to fill the gaps. Formulate arguments to frame nurturing care services in the right way and build the case for them. Tailor these for your audience, rather than using generic messages.

The next few suggested actions can help with the consensus-building process. And the [Start here](#) guide has more advice on multistakeholder engagement and dialogue.

Look for opportunities to scale up in different sectors

The best ways to scale up vary by sector. In health, for example, make sure that basic benefit packages for universal health coverage include effective interventions for nurturing care. In education, focus on access to day-care services and pre-school education, and their quality (see box *Investing in childcare*). And in social protection, make sure strategies for cash benefits include measures and incentives for nurturing care. The guide to [Strategic action 5. Scale up and innovate](#) has more details of how to scale up, particularly in the health sector.

INVESTING IN CHILDCARE

Lack of affordable childcare often keeps women out of the workforce or from re-entering the workforce after childbirth. It also limits the quality of employment and income earning opportunities that women can pursue. In the absence of other options, many working parents are forced to leave their children in unsuitable or even dangerous environments. Children may be left alone, with a sibling, or accompany their parents to work in unsafe conditions. This lack of quality care is detrimental to children's development and can have lifelong negative consequences. The gap in access is particularly acute for children below the age of 3. It is not just a question of access; the quality of childcare that children receive is often too poor to realize the potential benefits, and may even have harmful effects.

To ensure that childcare is available, affordable, of decent quality and meets the needs of all families, governments should focus on five goals: (i) expand access to childcare by promoting diverse types of provision; (ii) prioritize coverage for the most vulnerable families and ensure low cost and free options are available; (iii) allocate sufficient financing to make quality childcare affordable for families; (iv) define clear, workable institutional arrangements and build system coherence; and, (v) ensure that children are in safe and stimulating environments through a robust quality assurance system and a supported and capable workforce.

Read the World Bank report *Better jobs and brighter futures: investing in childcare to build human capital (20)* to learn more.

Build on what already exists

Plan solutions that include all five components of nurturing care and pay attention to all the strategic actions. Align them with existing policies and plans, find opportunities to strengthen or top up existing services, identify entry points for strengthening the policy environment, and then agree on indicators and set targets for implementation.

Use a life-cycle approach when thinking about strengthening health systems. Many interventions that are essential for child survival also contribute to early childhood development. Aim to implement them with quality and at a high level of coverage.

THREE PRINCIPLES: REMEMBER, STRENGTHEN AND ADD

Remember

In all countries, activities that support nurturing care are already underway in health, education, child and social protection, and other sectors.

Strengthen

Existing policies and interventions may not be implemented with equitable coverage or adequate quality. There is usually considerable room for strengthening them so that they reach the whole population, especially the most vulnerable families and children.

Add

Services often do not support certain components of nurturing care, such as responsive caregiving, early learning activities, and safety and security. Adding interventions can lead to more holistic support for caregivers and young children.

You should also plan to optimize the contact that caregivers already have with services. You could add other interventions, such as counselling in responsive caregiving and early-learning activities. The forthcoming practice guide by UNICEF and WHO will provide suggestions on how to utilize existing touch points in health and nutrition services to support nurturing care (see the box).



Strengthening nurturing care in health and nutrition services: practice guide (21)

Developed by UNICEF and WHO, this guide is for managers of health and nutrition services, whether public, private or NGO managers. It is for those who are interested in integrating support for nurturing care into their services, but have difficulty knowing where to begin. This guide supports their efforts to develop integrated services and strengthen nurturing care for the child's optimal health, growth and development. It includes examples of interventions that frontline workers can try, especially regarding responsive caregiving and early learning, as they serve families and their young children. It is expected to be available in the second quarter of 2021 at <https://nurturing-care.org>.

Remember that creating enabling environments goes beyond services. These environments call for policies that ensure food security and access to health care, alleviate poverty, allow for affordable childcare, create safe environments, and protect caregivers who are in employment, whether formal or not.

Set realistic and measurable targets

Choose a limited number of targets for activities and coverage. Select targets that are feasible to assess, as well as being useful for planning activities and resource needs.

Activity targets describe the expected improvements in services' availability, access, demand and quality, or improvements in families' and communities' knowledge. These targets should be achieved as the plan is implemented, and are often short term (1–2 years).

Coverage targets measure how much of the target population is reached by the intervention, and they may take 2–3 years to achieve.

EXAMPLES OF TARGETS

Example activity target:

“By the end of 2021, all health facilities in the district will have at least one staff member who is trained in counselling on responsive caregiving and early learning activities.”

Example coverage target:

“By the end of 2023, at least 50% of children aged 1–3 will be engaged in weekly reading activities with their caregivers at home.”



Keep everyone accountable

When you have achieved consensus, assign all stakeholders clear roles and responsibilities, decide on procedures for implementing a coordinated action plan, and use regular monitoring and coordination to sustain commitment. The Ethiopia case study (see the box) shows how the government strengthened its national policy and expanded sector plans to include actions to implement the *Nurturing care framework*.

HOW ETHIOPIA EMBRACED THE NURTURING CARE AGENDA

Since 1990, Ethiopia’s Ministry of Health has made steady progress to improve child survival. The Sustainable Development Goals and the attention to human capital created political will at the highest level. This also created an enabling environment for the ministry of health to consider ways to expand its mandate – beyond promoting survival and towards supporting children’s development.

It collaborated with other ministries – Education, Labour and Social Affairs, and Women, Children and Youth Affairs – and with a range of stakeholder groups and other partners in diverse sectors. To strengthen support for nurturing care, they began a systematic process of raising awareness, assessing the local situation, and enhancing sector-specific action plans.

The partners also developed the capacity of national and regional staff, to include responsive caregiving and early learning interventions. This enabled the country to start implementation while the federal policy, sector-specific action plans and monitoring framework were still being finalized.

For the full case study, see *Leadership in action: how Ethiopia embraced the nurturing care agenda* (22).

Overcoming the barriers

Alienated stakeholders

Any stakeholders can be left feeling disrespected and unengaged unless the planning process is well facilitated and organized. Share information openly and never keep facts to yourself. This kind of transparency ensures that people buy in to the process and leave with a clear understanding of their role. See the box for an example of using participatory approaches to develop and adopt policies in Rwanda.

Lack of cooperation between sectors

Some people may find it difficult to work with colleagues from other sectors. To overcome this, find champions and work with them in advance, using advocacy techniques and evidence to demonstrate the benefits of collaboration for them and their sector, as well as how to take the next step.

Losing momentum and commitment

Activities and commitment can slow or stall if the planning process is not well managed. Even when a national vision, goals and targets have been agreed, it can be time-consuming to integrate relevant activities in sector plans. Before you begin, make sure you have the authority and resources to manage a process that, though iterative, will lead to concrete agreements and action.

PARTICIPATORY APPROACHES TO POLICY DEVELOPMENT IN RWANDA

In Rwanda, the window of opportunity towards the development and adoption of a policy and strategy for implementing integrated early childhood development (IECD) opened when the government consulted on its plans for socioeconomic development and transformation in the late 1990s. International actors, including the UNICEF, international NGOs, the National Women's Council and Rwandan civil society raised attention to the poor health and low educational attainment of children. Initially, there were two separate areas of policy development. The health sector prioritized the health of infants and young children and the education sector a preschool year to prepare children for primary school. By the 2010s it became clear that the wellbeing of young children called for an integrated approach to ECD. By 2019, Rwanda had an IECD policy and a unit responsible for coordinating its implementation.

Read the [full case study](#) (23) that highlights how, with determination and partnership, the country made progress in the adoption and the implementation of a policy for IECD.



Financing

Having policies and implementation plans is a big step towards getting budget commitments. That is because they provide budgeting parameters such as scope of services, financing principles, target populations and mechanisms for coordinating different sectors. However, while having a policy helps, it is not enough to ensure adequate and sustainable finances for implementation.

You can begin to put together a finance strategy by building on sectors' existing finance streams and set out the marginal costs of doing more and better. Public financing alone may not be enough, but it is very important for future sustainability.

The *UNICEF global resource guide on public finance for children in early childhood development* (24) is very useful, with tips on costing and budgeting, as well as practical examples of how to influence domestic budget allocations. Many of the points below are derived from it.

Suggested actions

Understand the politics of financing for early childhood development

Apportioning public resources in the national budget is a highly political process, so you should understand the political economy around investing in early childhood development (see the box), including the budget process and the key participants. This will help you develop effective, targeted advocacy messages.

UNDERSTANDING POLITICAL ECONOMY

Political economy is about how power and resources are distributed and contested in different countries and sectors, and the implications for development. Michael Reich's *Political economy analysis for health* (25) is useful for more detail on the subject.

Choose the right targets for your advocacy

Target advocacy at the right audience, speak the right language and use appropriate evidence (see box *Cambodia - a cost benefit analysis leads to more spending on nutrition*). Getting policy commitments may not be enough. Decision-makers on national budgets have their own logic, procedures and timetables, dictated by hard constraints. [Start here](#), with its section on advocacy, has more ideas on how to do this.

CAMBODIA - A COST-BENEFIT ANALYSIS LEADS TO MORE SPENDING ON NUTRITION

In 2014, 33 per cent of Cambodia's children under five were stunted, 25 per cent were seriously underweight, and one in 10 suffered from severe acute malnutrition (SAM). Each year, nearly a third of all child deaths were caused by malnutrition: 4500 children.

Budget allocations for nutrition were not big enough to address the problem. So UNICEF and its partners presented the evidence of under-investment in nutrition, especially in terms of child deaths and cognitive underdevelopment. They also ran a cost-benefit analysis for buying ready-to-use therapeutic food (RUTF) for severe acute malnutrition.

This increased awareness in the ministries of finance and health. In July 2016, they allocated budget for RUTF and included it in the list of essential drugs for procurement. Nutrition was added to the budget policy priority list, and funding for it increased by 30% for 2018.

For more on this, see the *UNICEF Global resource guide on public finance for children in early childhood development* (24).

Involve everyone who influences budget allocations

Health, education and other social ministries are core partners, but you also need to involve the finance ministry, parliamentarians (see box *Harnessing the power of parliamentarians*) and anyone else who influences budget allocations. You should also engage with bilateral and multilateral development partners, who may provide additional resources that are off-budget. Think both nationally and more locally, especially in countries with decentralized decision-making.

HARNESSING THE POWER OF PARLIAMENTARIANS

Members of parliament around the world have a responsibility for improving human capital and play an important role in it. They enact legislation, approve budgets, mobilize resources, encourage multisectoral action, make sure global commitments are implemented nationally, and provide oversight to keep governments accountable and transparent.

A particularly useful article is *Harnessing the power of parliamentarians to improve the health and well-being of women, children and adolescents* (26). It shows how parliamentarians are helping to improve health, not least by strengthening the health workforce, one of the pillars of the health system.

The *Road map for action on women's, children's and adolescents' health* (27) is also helpful, providing an action-oriented framework to support parliamentarians in their decision-making process.

Assess current financing for early childhood development

Look at how much funding there is, what kind, and how much fiscal space – or room in the budget – there is. This will help you understand the priorities given to different outcomes, in health, education and other sectors, such as social protection. Better tracking of spending for strategies and activities that lead to improved early childhood development must be part of a push for better multisectoral coordination, rather than an afterthought. Your assessment will also give you baseline information for advocacy.

Consider all sources of funding

Financing approaches vary significantly, depending on the type of service. Support for early childhood development in health services, for example, can be funded by social insurance schemes (see box *The Philippines - better insurance costing benefits premature babies*), and community services can be funded by central government capitation grants to districts and municipalities. All these can be entry points for securing investment.

THE PHILIPPINES – BETTER INSURANCE COSTING BENEFITS PREMATURE BABIES

In 2010, the Philippine government adopted universal health care. Its national health insurance programme, PhilHealth, gives people access to health care with financial risk protection. In 2015, the government increased taxes on alcohol and tobacco and used the proceeds to significantly boost its health budget, mainly to pay health insurance for people living below the poverty line.

Newborns account for half of all infant deaths in the Philippines, mainly because of preterm birth and low birthweight. An estimated three quarters of these babies could survive if they had access to cost-effective interventions, but PhilHealth's budgets for premature and small newborns were based on a single cost-per-child figure.

In 2016, the government changed this, introducing two pathways: one for lower-cost outcomes and one for higher. This made the cost structure more efficient, enabling PhilHealth to expand coverage of interventions for these high-risk babies without significant increases in funding. This change could help 350 000 children a year.

For more on this, see the *UNICEF Global resource guide on public finance for children in early childhood development* (24).



Better tracking of spending for strategies and activities that lead to improved early childhood development must be part of a push for better multisectoral coordination, rather than an afterthought.

Clearly define inputs and outputs

Everything to be delivered needs clearly defined inputs and outputs. These can then be integrated into action plans and budget lines, nationally and more locally.

Help prepare sectoral budget plans

Support the preparation of sectoral budget plans for approval by the finance ministry. Be aware of the medium-term expenditure framework which sets out the spending priorities on which annual budgets are based. Align with annual sector planning cycles, and be ready with details to make the case for budgetary support in these plans.

Take a staged approach

Take a staged approach, so that you can gradually build up financing for children's healthy growth and development. Help to make sure that budgets submitted to parliament take account of the way development partners are already supporting programme design and sector planning.

Whatever the budget, it needs to be local

In some countries, governments commit a large share of the domestic budget to support early childhood development, as part of a whole-of-government approach to building human capital. In others, investments are more limited and can at first depend on developmental assistance funds and out-of-pocket spending.

Whether the starting budget is big or small, remember that local government is closest to where implementation happens. For action to be taken, enough resources need to be available at the local level (see box *Malawi - budget analysis informs advocacy*).

MALAWI – BUDGET ANALYSIS INFORMS ADVOCACY

Focusing on the early years is a priority for Malawi's government, which has committed to good-quality services for all children by 2030. These services will be delivered in different ways, including community-based care centres, specialized centres focussing on the early years, and health facilities and homes across the country. This was guided by the National Early Childhood Development Policy (2017) and the Growth and Development Strategy.

But underinvestment was hampering the scaling up of interventions, preventing them reaching the children and families in greatest need. So UNICEF supported an analysis of district councils' budgets for 2019/20, to identify gaps and propose solutions. This showed that 24 out of 25 district councils committed resources to child protection and other aspects of early childhood development, but with big discrepancies in budgets.

As a result, budgetary recommendations for 2020/21 aim to increase support for primary child protection services, expand WASH provisions (water, sanitation and hygiene in health care), and strengthen services for improving nutrition, responsive caregiving and early learning.

A full case study on decentralized financing in Malawi is forthcoming. More information on using budget briefs for advocacy in Malawi can be found in the [UNICEF Global resource guide on public finance for children in early childhood development](#) (24).

Establish accountability mechanisms

These make sure money transferred to local governments and service providers is used effectively and transparently. There are more details on effective social accountability mechanisms in the guide to [Strategic action 2. Focus on families and their communities](#).



Overcoming the barriers

Inaccurate estimates of costs

If nurturing care interventions are not adequately integrated in sectoral policies and implementation plans then costing will be inaccurate. This is a problem, as are inadequate mechanisms for transferring funds to lower levels. It can affect the workforce's motivation and lead to missed targets. So, make sure costing estimates for nurturing care are accurate, and always be realistic about how costs compare to resources.

Higher spending does not always produce better outcomes

Emphasize better spending, so that resources are used efficiently, complementing existing investment to reach the vulnerable populations in greatest need. Achieving results is the best way to get more funding in future.

Fear of losing funding to other sectors

In government organizations there is often a fear of losing funding to other sectors. This fear can only be eased by open dialogue and giving stakeholders evidence-based information. With financing to improve early child development, the key to making it viable is to understand the political economy and the interests and incentives of the different stakeholders.

Lack of preparation

Knowing the government's budget cycle helps you to prepare in advance everything you need to influence investment priorities. Be ready to talk about funding opportunities provided by the World Bank, bilateral development assistance and regional development banks, as well as financing initiatives such as the Global Financing Facility, and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Signs that you are making progress

You can work on the activities in this strategic action in many different ways, and it is natural that progress in some will be faster than others.

The aim is for programming that is effective, scalable and sustainable. This will require a national policy, strategy, action plans, a funding mechanism and well-coordinated implementation.

Here are some signs of progress and targets to aim for:

- A national coordination mechanism is in place and functioning, addressing nurturing care in a holistic way, and involving a wide range of stakeholders.
- There are champions for nurturing care in all sectors and relevant bodies. Ideally, they are at a high level, including the ministries of finance and planning, the president's office, and local government.
- Comprehensive policy objectives have been adopted for early childhood development, with due attention to the early years and to nurturing care for early childhood development.
- A national roadmap or strategy for early childhood development has been developed and costed. This informs planning in many sectors, with due attention to the early years and support for nurturing care.
- Sector plans and budgets – both national and sub-national – include interventions for supporting nurturing care. They are being implemented by health, nutrition, education, child protection and other sectors.
- Government spending and action on nurturing care for early childhood development is equitable and properly tracked.



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Annex 1

Policies and international conventions to build enabling environments for nurturing care.

CONVENTIONS	NOTES
United Nations Convention on the Rights of the Child (CRC) General comment No. 7 on implementing child rights during early childhood	Promotes the rights set forth in the Convention to each child without discrimination of any kind. The CRC is a protective mechanism for all children in countries that sign or ratify the convention.
CRC Optional Protocol on the Sale of Children, child prostitution and child pornography	Protects children and prevention of their exploitation in countries that sign up to or ratify the convention.
United Nations Convention on the Rights of Persons with Disabilities	Ensures that the rights of persons with disabilities are protected.
Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption	Aims to ensure that children are not exploited through intercountry adoption.
POLICIES	NOTES
National minimum wage	Contributes to the reduction of income inequality and general inequity gaps. A minimum wage has been shown to have protective effects on children's well-being as assessed by growth.
Universal health coverage	Ensures access of all people to essential health care services and protects them from suffering financial hardship as a result of using health services.
Maternity protection	Regulates maternal leave during the immediate period before birth and after the baby is born. Provides job protection and salary support to women. Paid maternity leave enables women to prepare for and recover after delivery and to establish exclusive breastfeeding.
Paid paternity leave	Regulates paternal leave, usually for a limited time after the baby is born at full or partial salary. Paid paternity leave enables men to support their partners before, during and after delivery, and to be involved in the care of their children.
Baby-friendly hospital initiative International Code of Marketing of Breastmilk Substitutes	Ensures quality of care during pregnancy, childbirth and in the postnatal period, and supports mothers and babies to establish exclusive breastfeeding. The Code prevents the marketing of breastmilk substitutes that threaten exclusive breastfeeding. Breastfeeding is essential for the nutrition, health, safety and psychological well-being of the baby and has many benefits for the mother as well.
Child and family social protection	Assures medical care, sickness benefits, employment benefits, family benefits, maternity benefits, and survivor benefits. Non-contributory social protection for children and families protects children and their families from destitution and the worse effects of poverty.

Source: The *Nurturing care framework* (4) and the Countdown to 2030 *Country profiles for early childhood development* (9). The Countdown to 2030 full report provides data, definitions and data sources for the selected indicators. For information on family-friendly policies, see (28).

Annex 2

Template for a national orientation meeting

Objectives of the meeting

- Sensitize stakeholders to the concept of nurturing care for early childhood development and its relevance for building human capital in the country.
- Introduce the strategic actions of the *Nurturing care framework* and illustrate how they can be realized, using examples – either from within the country or elsewhere.
- Explore the opportunities in different sectors to strengthen support for nurturing care, as well as challenges that have arisen or may arise.
- Plan for next steps, including the formulation of sector-specific action plans to further integrate and institutionalize support for nurturing care.

Expected outcomes

- Participants are sensitized to the importance and relevance of the *Nurturing care framework* for early childhood development, and to the role that different sectors can play.
- Participants are informed about the local situation, the inequities that persists, and the opportunities for tackling these by strengthening support for nurturing care.
- Commitments have been made for scaling up policies and interventions relevant to nurturing care, including through cross-sectoral coordination and collaboration.

Participants

- senior policy- and decision-makers in relevant ministries, including health, education, social welfare and finance;
- programme managers at national level, including for primary health care, hospital care, nutrition, HIV, child protection, pre-primary education and social protection;
- regional or district managers responsible for health, nutrition, education and social protection and managers of health facilities;
- representatives of:
 - multilateral agencies, such as UNICEF, WHO, UNESCO, UNFPA and the World Bank;
 - partnerships such as the Global Financing Facility or Scaling-up Nutrition;
 - bilateral agencies, civil society organizations and other implementation partners;
 - professional associations;
 - academia and educational institutes.



Agenda (for a 2-day meeting)

Insert breaks as appropriate

Day 1

DURATION	THEME	SPEAKERS
60 minutes	Welcome Objectives and expected outcomes Official opening	Representatives of key ministries UN agencies Key partners
30 minutes	The science of early childhood development: why the early years matter!	Keynote speaker
30 minutes	An overview of children's health and well-being and of policies, plans and activities to support early childhood development in the country	National speaker
30 minutes	Nurturing care to help children survive and thrive to transform health and human potential: the framework	National or international speaker
15 minutes	Video on early childhood development	(See repository on https://nurturing-care.org/tag/videos/)
30 minutes	Reflections	
30 minutes	Introduction to Care for Child Development, to support responsive caregiving and early learning opportunities	National or international speaker
30 minutes	Introduction to Caring for the Caregiver, to support caregivers' mental health and well-being	National or international speaker
30 minutes	Local initiatives that support nurturing care, and their findings	Implementation partner
60 minutes	Opportunities for strengthening support for nurturing care in the country's <ul style="list-style-type: none"> • health services • nutrition services • childcare and education facilities • child protection and social welfare schemes 	Representatives from different ministries
30 minutes	Reflections	
	<i>Facilitators' meeting</i>	



Day 2

15 minutes	Recapitulation of Day 1 and agenda for Day 2	Chairperson
30 minutes	Experiences from at least one country in developing policies and implementing interventions that promote nurturing care. Possible areas of focus: <ul style="list-style-type: none"> • governance • strengthening services • financing 	International or national speaker (See repository of country experiences https://nurturing-care.org/countries/)
30 minutes	<i>Optional:</i> More international or local initiatives that support nurturing care, and their findings	Government or partner
30 minutes	Early identification and interventions for children with developmental delays or disabilities	National or international speaker
30 minutes	Monitoring progress and measuring impact: indicators and tools	National or international speaker
15 minutes	Introduction of group work	
120 minutes	Participants work in small groups to discuss: <ul style="list-style-type: none"> • What is already in place to support nurturing care? • What is missing and how can we address it? • What are touchpoints in services that can be strengthened? • What are opportunities for scaling up and financing policies and interventions? • What are the next steps to develop sector-specific action plans? 	Facilitated group work using a locally relevant worksheet <i>Groups can be organized by sector or they can address different strategic actions of the Nurturing care framework</i>
75 minutes	Feedback from groups Questions and answers	Short presentations by each group
30 minutes	Consolidation of next steps and closing	Senior government official or representative of a key ministry

FOR MORE INFORMATION

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