

# Start here



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**How to use the handbook,  
understand nurturing care,  
and take action**



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Nurturing care handbook. Start here: how to use the handbook, understand nurturing care and take action (Nurturing care handbook. Start here: how to use the handbook, understand nurturing care and take action – Strategic action 1: lead and invest. How to do governance, planning and financing – Strategic action 2: focus on families and communities. How to listen to families, encourage communities and use the media – Strategic action 3: strengthen services. How to build systems, improve the workforce and provide three-level support – Strategic action 4: monitor progress. How to monitor populations, implementation and individual children’s development – Strategic action 5: scale up and innovate. How to expand programmes, engage with the private sector and use digital solutions)

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## Overview

**This handbook is composed of 6 guides. Each of the five strategic actions of the *Nurturing care framework* has a guide dedicated to it, and the *Start here* guide provides a general orientation to the handbook.**

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 the nurturing care website for new information that can be relevant to the issues that you like to address.

The Nurturing care handbook is available at <https://nurturing-care.org/handbook>



### FOR MORE INFORMATION

[nurturing-care.org](https://nurturing-care.org)

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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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# Using this handbook

## What is this handbook?

This handbook is to help you put the *Nurturing care framework* into practice. The *Framework* sets out what children need to reach their full potential, along with the policies, services and public awareness necessary to support them.

The guide you are reading – *Start here* – is the first part of the *Nurturing care handbook*. It gives an introduction to nurturing care, and explains how to get started on putting it into action.

Like the *Nurturing care framework* itself, the handbook is organized around five strategic actions. There is a separate guide for each, and *Start here* is designed to work in combination with any – or all – of them.

They are:

- 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



SCALE UP AND  
INNOVATE\*

## Who is the handbook for?

If you are reading this, the handbook is probably for you. It is intended to help anyone who wants to take action to help children survive and thrive.

Users of the handbook can include:

- policy-makers and legislators;
- programme managers and technical staff at multiple levels and across sectors;
- local and international implementation partners including civil society, private sector, media, and faith-based organizations;
- frontline workers, supervisors and other cadres working with families and children;
- funders including the private sector;
- researchers and programme evaluators;
- advocates and champions.

## How was this handbook developed?

We have put this handbook together with care, and it is the result of a great deal of collaboration, consultation and reflection. It includes contributions from more than 60 experts in the fields of child development, public health, education, nutrition, psychology, social protection, disability, health systems planning, policy and financing.

To make this handbook as comprehensive, practical and reliable as possible, we:

- consulted informally with global experts at a meeting held at WHO, Geneva in January 2019;
- conducted an innovation survey;
- convened more than 80 experts to discuss the issues at a two-day meeting in Geneva, in June 2019;
- consulted members of the advocacy, implementation, and monitoring and evaluation working groups for nurturing care;
- asked experts to contribute content in their specialist areas;
- conducted a public online consultation.

## How do I use the handbook?

Do not feel you have to read the handbook from cover to cover. Skim over the headings and just read whatever is relevant to your situation.

Keep in mind that advancing nurturing care requires making progress against all five strategic actions. However, it is impossible to give all five strategic actions equal attention. Which strategic action(s) you choose to focus on and what you prioritize within each will depend on your context.

Here is what you will find in the guides to each strategic action:

- **overviews**, breaking down big tasks and topics into more manageable chunks;
- **suggested actions**, to give you inspiration;
- **common barriers**, with ways to overcome them;
- **tools and checklists** for common tasks;
- **indicators** for monitoring progress;
- **links to helpful articles and websites**;
- **case studies**, showing how organizations around the world have put nurturing care into practice.

Every part of the handbook is designed to work as a printed book, as well as digitally. The PDFs have clickable links, which are also given in full at the end, so that you can type them into a browser if you are using the printed version. And the handbook is designed to stand on its own, so you will not miss anything essential if you do not have access to the Internet.

To make the guide easier to read, we often address the reader as “you”. But not every part is equally relevant to every reader. Some parts are more relevant to policy-makers, for example, and some to programme managers. This is usually clear from the context; if not, we have tried to say who will find it most relevant.

See the Table for an overview of the content covered in each guide and the relevant audiences for each.

**Table.** An overview of relevant audiences and thematic areas in the *Nurturing care handbook*

STRATEGIC ACTION	RELEVANT AUDIENCES	THEMATIC AREAS
<p><b>Strategic action 1.</b> Lead and invest</p>	<ul style="list-style-type: none"> <li>• Policy-makers and legislators;</li> <li>• National and district programme managers;</li> <li>• National champions;</li> <li>• Local and international implementation partners;</li> <li>• Funders, including the private sector.</li> </ul>	<p><b>Governance – whole-of-government</b></p> <ul style="list-style-type: none"> <li>• Establishment of multisectoral coordination mechanism</li> <li>• Development of national multisectoral policy objectives and roadmap</li> <li>• Accountability for results</li> </ul> <p><b>Planning – coordinated between sectors</b></p> <ul style="list-style-type: none"> <li>• Translation of policy objectives into sector-specific action plans</li> <li>• Identification of specific targets by sector</li> <li>• Allocation of roles and responsibilities by sector</li> </ul> <p><b>Financing – whole-of-government and coordinated between sectors</b></p> <ul style="list-style-type: none"> <li>• National budget line for the action plans</li> <li>• Costed and budgeted sector-specific actions plans</li> <li>• Donor alignment and accountability for results</li> </ul>
<p><b>Strategic action 2.</b> Focus on families and communities</p>	<ul style="list-style-type: none"> <li>• National and district programme managers;</li> <li>• Local leaders, advocates and champions;</li> <li>• Local and international Implementation partners;</li> <li>• Media partners;</li> <li>• Frontline workers, supervisors and other cadres working with families and children;</li> <li>• Researchers and programme evaluators.</li> </ul>	<p><b>Community engagement</b></p> <ul style="list-style-type: none"> <li>• Understanding of family and community values</li> <li>• Community participation in planning and implementation</li> <li>• Use of community networks and services</li> </ul> <p><b>Community accountability</b></p> <ul style="list-style-type: none"> <li>• Population knowledge of their rights</li> <li>• Community participation in monitoring implementation</li> <li>• Using results for community-led action</li> </ul> <p><b>Using media</b></p> <ul style="list-style-type: none"> <li>• Understanding the target population</li> <li>• Developing the right messages</li> <li>• Monitoring reach</li> </ul>

STRATEGIC ACTION	RELEVANT AUDIENCES	THEMATIC AREAS
<p><b>Strategic action 3.</b> Strengthen services</p>	<ul style="list-style-type: none"> <li>• National and district programme managers and supervisors;</li> <li>• Managers and faculty at educational institutions;</li> <li>• Local and international implementation partners;</li> <li>• Funders, including the private sector;</li> <li>• Researchers and programme evaluators.</li> </ul>	<p><b>Systems</b></p> <ul style="list-style-type: none"> <li>• Understanding system(s) requirements</li> <li>• Adaptation of generic interventions to local contexts</li> <li>• Linkage with community networks and platforms</li> </ul> <p><b>Workforce</b></p> <ul style="list-style-type: none"> <li>• Understanding the workforce who will deliver</li> <li>• Competency building and quality improvement</li> <li>• Motivation, remuneration and incentives</li> </ul> <p><b>Three-levels of support</b></p> <ul style="list-style-type: none"> <li>• Universal: interventions for all</li> <li>• Targeted: additional interventions for those at risk</li> <li>• Indicated: additional specialized services</li> </ul>
<p><b>Strategic action 4.</b> Monitor progress</p>	<ul style="list-style-type: none"> <li>• National and district programme managers;</li> <li>• National and district statistics offices;</li> <li>• Health facility managers;</li> <li>• Local and international implementation partners;</li> <li>• Researchers and programme evaluators.</li> </ul>	<p><b>Population monitoring</b></p> <ul style="list-style-type: none"> <li>• Identification of outcome and impact indicators</li> <li>• Integration of indicators in population-based surveys</li> <li>• Use of results to improve access, coverage and equity</li> </ul> <p><b>Programme monitoring</b></p> <ul style="list-style-type: none"> <li>• The logical pathway</li> <li>• Input, output, outcomes and impact indicators</li> <li>• Routine data collection with regular review and use of data</li> </ul> <p><b>Individual monitoring</b></p> <ul style="list-style-type: none"> <li>• Developmental monitoring and screening</li> <li>• Family-centred approach to supporting children's development</li> <li>• Referral pathways and continuum of care</li> </ul>
<p><b>Strategic action 5.</b> Scale up and innovate</p>	<ul style="list-style-type: none"> <li>• National policy-makers and legislators;</li> <li>• National and district programme managers and technical staff;</li> <li>• Local and international implementation partners;</li> <li>• Funders including the private sector;</li> <li>• Researchers and programme evaluators.</li> </ul>	<p><b>Scaling up</b></p> <ul style="list-style-type: none"> <li>• From efficacious to effective programming</li> <li>• Working in cycles to learn and adapt</li> <li>• Demonstration of impact before going to scale</li> </ul> <p><b>Engaging with the private sector</b></p> <ul style="list-style-type: none"> <li>• Understanding private sector interests</li> <li>• Collaborating with the private sector</li> <li>• Family-friendly policies in the workplace</li> </ul> <p><b>Using digital solutions</b></p> <ul style="list-style-type: none"> <li>• Target population and digital access</li> <li>• Choice and design of digital solutions</li> <li>• Hybrid programming including digital technology</li> </ul>

# Understanding nurturing care

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Nurturing care is described in full detail in the report *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential (1)*. The *Framework* was launched in May 2018, at the seventy-first World Health Assembly in Geneva.

Here is a quick summary of its most essential points.

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**While the *Framework* focuses on nurturing care from pregnancy to age 3, the concept of nurturing care extends throughout childhood and the lifecourse.**



## What do we know about early childhood development?

### We know the most critical period for children's development

The foundations for lifelong health, well-being and productivity are built in pregnancy and the first three years after birth. For healthy brain development, children need a safe, secure and loving environment, with the right nutrition, and responsive care and early learning activities provided by their parents or other caregivers. The benefits last a lifetime, and carry into the next generation.

### We know the biggest threats to early childhood development

Extreme poverty, insecurity, gender inequities, violence, environmental toxins, and poor mental health – all these drastically reduce caregivers' capacity to support young children's development.

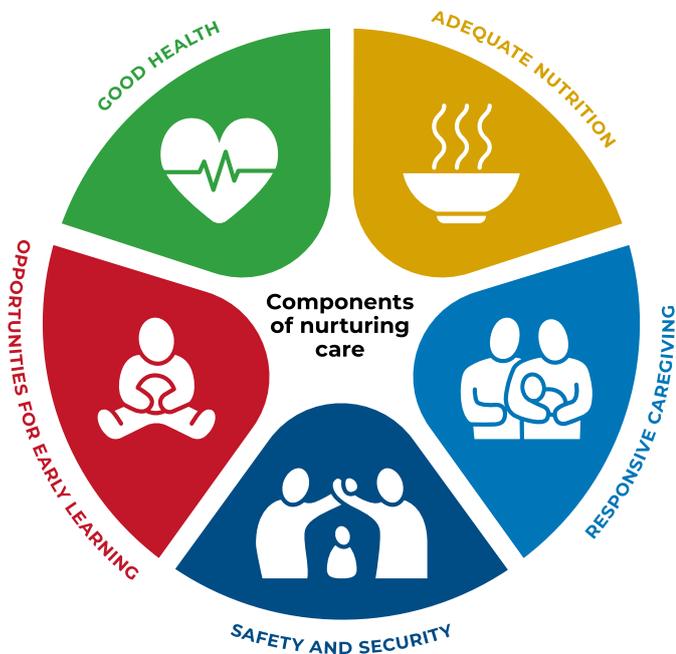
### We know what helps caregivers support young children

Families and other caregivers need environments that enable them to put children first. They need the knowledge, resources and opportunities to provide nurturing care for their young children. Policies, programmes and services can provide those things.

### We know what children need to develop their full potential

Children need nurturing care – the conditions that promote health, nutrition, security and safety, responsive caregiving, and opportunities for early learning. Nurturing care is about children, their families and other caregivers, and the places where they interact.

## The five components of nurturing care



### 1

#### Good health

This is about the health and well-being of children and their caregivers. Why both? Because we know that caregivers' physical and mental health can affect their ability to care for a child.

For good health, young children need caregivers to:

- respond affectionately and well to their daily needs;
- be hygienic and minimize infections;
- protect them from danger at home and outside;
- use health services, both promotive and preventive;
- give them the right treatment when they are ill;
- monitor how they are, physically and emotionally;
- make sure they get enough physical activity and sleep.

### 2

#### Adequate nutrition

Again, this is not just about children, but mothers too. That is because we know that the mother's nutritional status during pregnancy affects her unborn child's health and well-being, as well as her own. And after the birth, the mother's nutritional status affects her ability to provide adequate care. From birth to the age of 6 months, babies flourish on exclusive breastfeeding. After that, they need complementary foods, diverse and often, containing the micronutrients to support their rapidly growing bodies and brains.

For good nutrition, young children need caregivers to:

- breastfeed exclusively for the first 6 months;
- after that, provide appropriate complementary foods in adequate amounts while continuing the breastfeed, up to at least the age of 2;
- help them during meals by supporting responsive feeding;
- give micronutrients, such as vitamin A or zinc, when they are needed;
- help them make the transition to eating nutritious family foods.

Equally it is important to pay attention to maternal nutrition before, during, and after pregnancy.

To learn more about the components of nurturing care, read [What is nurturing care? \(2\)](#) and [A closer look at the nurturing care components \(3\)](#).

### 3 Safety and security

This is about safe and secure environments for children and their families. It addresses physical dangers, emotional stress, environmental risks, and access to food and water.

To feel secure and safe, young children need:

- access to nutritious food;
- access to clean water and sanitation;
- clean indoor and outdoor air;
- good hygiene;
- safe spaces to play;
- protection from physical punishment, mental or emotional abuse, and neglect.

The biggest risks to children are extreme poverty, financial hardship, air pollution, toxic chemicals, unsafe play environments, harsh punishment and violence. Social and child protection services are critical, securing financial and other support for the most vulnerable households. Other services and community networks also help to prevent and detect maltreatment, and create safe communities.

### 4 Opportunities for early learning

This is about any chance for the baby, toddler or child to interact with a person, place, or object in their environment. It recognizes that every interaction (whether positive, negative or absent) contributes to the development of the child's brain and lays the foundations for later learning.

Learning begins at conception, and as soon as babies are born they begin to acquire skills socially, through their interactions with other people – smiling and eye contact, talking and singing, modelling and imitation, and simple games like “wave bye-bye”.

To support early learning, young children need caregivers to:

- use their daily routines to talk to, play, and interact with the child;
- tell stories and explore books;
- engage in activities that encourage young children to move their bodies, activate their five senses, hear and use language, and explore.

Early learning opportunities that support children's knowledge, curiosity, knowledge, imagination and creativity, includes a wide range of experiences such as playing with everyday objects like cups and pots, having a conversation about what they would like to do the next day, or reading a book, naming things and talking about them.

### 5 Responsive caregiving

This is about the parent or caregiver's ability to notice, understand, and respond to their child's signals appropriately and at the right time. This is the fundamental component, because it enables responsive caregivers to be better at providing the other four components.

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

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

Before young children learn to speak, their engagement with their caregivers is expressed through cuddling, eye contact, smiles, vocalizations and gestures. These mutually enjoyable interactions create an emotional bond, which helps young children to understand the world around them and to learn about people, relationships and language. These social interactions also stimulate connections in the brain. Responsive caregiving interacts with all other components and is essential for achieving good health, adequate nutrition, security and safety, and early learning. It includes responsive feeding, which is especially important for low-weight or sick infants.



## The three levels of support that families need

The *Nurturing care framework* sets out three levels of support, depending on caregivers' and communities' needs. These are universal support, targeted support, and indicated support.

### Universal support

This is for everyone, provided through the services that families of young children use most. It is designed to benefit all families, caregivers and children in a country or district, regardless of their risk or financial means.

Information and resources are tailored to the child's age and the family's circumstances. When there are problems, universal support identifies them early and refers caregivers and children to the right service. And it gives guidance in times of change, such as when mothers return to work, or when day care is needed.

### Targeted support

This focuses on families or communities who are affected by risks such as poverty, undernutrition, adolescent pregnancy, HIV, violence, displacement and humanitarian emergencies. The aim is to reduce the damaging effects of stress and deprivation, and strengthen individuals' capacity to cope.

These families and caregivers still need access to universal support. But they also need extra help from trained care workers (professional or non-professional), whether in facilities, their community, or at home. They may also need extra resources, such as financial benefits. And they need continuous assessment to spot when they are ready to stop getting targeted support – or to move on to more specialized, indicated support.

### Indicated support

This provides extra services and help to families or children with greater needs, including young children without caregivers, or those living with depressed mothers or in violent homes. It also covers children whose birthweight was very low, or who have a disability, developmental difficulty or severe malnutrition.

## Support for people with vulnerabilities

In all societies, there are communities, families and children who have vulnerabilities which mean they need extra attention and support. These vulnerabilities are increased by adversity, displacement, migration and discrimination. And children in institutions or alternative care face a higher risk of compromised safety and security.

Five vulnerabilities are called out below; they are further addressed in the guides on each strategic action.

### Disability

As with all children, nurturing care is essential for children with disabilities to thrive. Caring for children with disabling conditions is demanding, especially where infrastructure and support are inadequate. The most common challenges are stigma, identifying the condition early on, availability of and referral to early childhood intervention services, and social and financial support.

There are training programmes that help caregivers interact well with young children who have disabilities. These programmes improve the way caregivers play, their home routines, and their communication, as well as their ability to manage challenging behaviours, knowledge of the child's condition, and strategies for problem-solving and coping.

### Caregivers' mental health

Caregivers need good mental health and strong motivation to empathize with their child's experiences, recognize their needs and respond appropriately – as well as to manage their own emotions and their reaction to the child's dependence. For women, mental health problems are among the most common causes of pregnancy-related morbidity. And for men, fatherhood can trigger struggles with mental health.

But there are [effective interventions \(4\)](#) – tested in low- and middle-income countries where there are very few mental health specialists – for reducing depression and promoting mothers' mental health. These interventions are also good for infants' health and development, which has a further positive effect on mothers' moods. In fact, any interventions that help children flourish tend to make mothers feel better.

## Violence against children

Violence against infants and younger children is mainly by parents and other primary caregivers, and can involve physical, sexual and emotional abuse and neglect. Responding to this, and preventing it, means systematically addressing risks and protective factors at four levels: individual, relationship, community and society.

The [INSPIRE strategy \(5\)](#), and its [handbook \(6\)](#), recommends seven evidence-based approaches to preventing and reducing violence against children. These include physical, economic, social and cultural changes to unsafe environments, as well as adopting policies that prohibit all forms of violence against children. INSPIRE highlights the importance of creating safe, sustainable and nurturing family environments that support good parenting.

## Women working in the informal sector

Globally, more than 60% of the employed population work in the informal economy – including 88% in India and at least 34% in South Africa. In these places, employed women, particularly those in the informal economy, are a key population often missed by early childhood development programmes.

These women must support their families and nurture their children despite their own vulnerability to social, economic and structural disadvantages, environmental hazards, and discriminatory gender norms. The informal economy offers no maternity leave, nor compensation for time lost to childcare. These women need help from civil society and social enterprises, working towards local solutions that provide affordable, quality child care while women are at work.

## Emergencies

There are many things that can cause an emergency: conflict, an outbreak of disease (such as COVID-19), large-scale food contamination, chemical or radioactive spills, or extreme weather and natural disasters. Any emergency is likely to have bad effects on caregivers – especially mothers – and their children. These can include limited access to health services, as well as malnutrition, insecurity, violence, stress and poverty.

Even before the COVID-19 pandemic, emergencies were already affecting women and children on an unprecedented scale. In 2018, more than 29 million children were born in areas affected by conflict. In these situations, young children’s development is often threatened by forced displacement, migration and resettlement, whether in a refugee camp or in a host community. Now, COVID-19 is affecting millions more families, directly and indirectly, adding new challenges to their lives and livelihoods.

When it comes to investing in the responses to emergencies, the needs of children and their caregivers are often not given a high priority. But in the long term, giving children what they need to develop is the only way for a society to become more resilient to adversity, and for its people to achieve their human potential. Amid the uncertainty and instability of crisis and displacement, investing in early childhood development programmes lays the foundations for successful, resilient, sustainable and peaceful societies.

The actions we suggest in this handbook are relevant for programmes in emergencies and humanitarian settings. To learn more about how different stakeholders can contribute, read the brief [Nurturing care for children living in humanitarian settings \(7\)](#).



# Taking action

## Starting out

### Start small, but take a broad view

The family is a central part of all human societies, so there is very little that does not affect young children and their caregivers in some way. For that reason, supporting families to provide nurturing care can seem to involve everything, and taking action to advance it can seem overwhelming.

That is one of the reasons behind splitting this handbook into six parts, and tackling each strategic action separately. We recommend beginning with one of them, and starting out by recognising what you are already doing.

As you begin to take action, it becomes a good idea to bear in mind that efforts in each area work together, and that the ultimate goal is to take a coordinated, multisectoral, and system-wide approach.

### Have a shared understanding of context, and work across sectors

It is important to understand the context you are working in. Understanding the factors at play in your setting helps make your work sustainable. If you are working as part of a team, make sure everyone has the same understanding.

Because nurturing care is so broad, every sector has an important role to play. That makes it vital to coordinate the work of organizations from all sectors (trans-sectoral coordination). It also means that actions that affect a particular community or family need to involve several sectors (making them multisectoral actions), including both state and non-state actors.

If you are working as a group, make sure that there are representatives from as many relevant sectors and stakeholder groups as possible (there is more on multistakeholder engagement later). And understand how every member of your group can contribute to the process of implementing activities that support nurturing care in your setting.

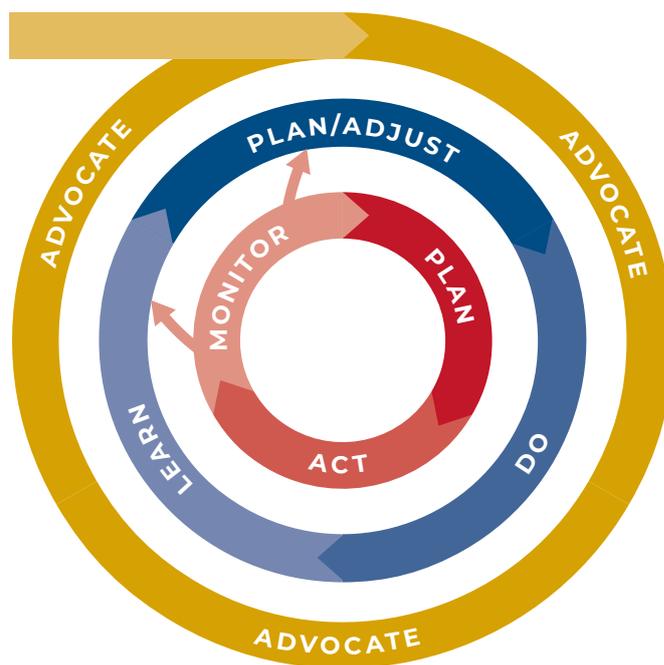
## Work in cycles of planning, doing and learning

The activities in this handbook are meant to be part of a programme cycle, like the one shown in the Figure. Working in cycles of planning, doing and learning – all supported by data – helps to make your strategies effective, scalable and sustainable.

Start small, try things out, make adjustments and gradually expand, based on local evidence about what works. This is usually more effective than immediately doing things on a large scale. The handbook has tools to help you do this, listed at the end of each guide.

Advocacy – making the argument for change, and for the interests of the people you are trying to help – is essential. As the diagram shows, it is usually best to start this before any other work, and to continue it alongside the rest of the programme. (There is more on advocacy later too.)

Figure. The programme cycle



Source: Adapted from *Operationalizing nurturing care for early childhood development* (8).

## Multistakeholder engagement

Creating enabling environments for nurturing care requires a lot of different people and organizations to participate. All the stakeholders who are relevant need to join in the conversation. That includes organizations from many different parts of government, as well as civil society, professional associations, academia, implementation partners and funding partners.

You might also need to include stakeholders who have not traditionally been part of the dialogue, such as faith-based organizations and the private sector. Working with local authorities and community members early on helps to tailor interventions to their context and gives people a sense of ownership.

### Different groups of stakeholders

Stakeholders to consider involving are:

- caregivers and their families;
- policy-makers and programme managers in ministries of health, nutrition, education, child protection, social protection, finance, and other sectors, at national and local level;
- local government representatives, mayors and parliamentarians;
- civil-society groups;
- development partners;
- professional associations;
- academic institutions, such as training institutes, colleges and universities;
- funding initiatives, both global and national;
- private-sector organizations including corporations and social enterprises;
- local radio and newspaper journalists and other media;
- local law enforcement;
- representatives of socially excluded groups, families and their associations, essential partners and stakeholders.

Many of the examples in this handbook illustrate the roles of these different stakeholders. When you are responsible for helping to operationalize the *Nurturing care framework* in your own setting, think creatively about who to involve and try to go beyond the usual actors. There's more on what different stakeholders can contribute in [Operationalizing nurturing care for early childhood development: the role of the health sector alongside other sectors and actors \(8\)](#).

## How to get stakeholders together and help them agree

Getting a diverse group of stakeholders around a table requires meticulous planning and good consensus-building skills. Remember that everyone has their own motivations, agendas, constituencies and constraints (especially budgets). You need to find out about all of these things, and be open about your own motives.

The most powerful action comes from many stakeholders working together. But in order to bring them all to a big meeting, you will need to prepare by getting to know everyone individually or in small groups first. Network, go to events and get introductions to make sure this happens.

You will also need to link action on early childhood development to other local and national policies, agendas, and budgets. What initiatives have recently been announced? What is in the news?

When you do manage to get people together – that is, convene a multistakeholder dialogue (MSD) – you will need to make the case for action based on relevant local examples and data. Make sure that working together gets all participants something they want. For example, a mental health organization and a food-focused organization will both benefit if they work on the link between mothers' depression and their babies' undernutrition.

Finally, everyone involved will have to agree on some house rules. Will you make decisions by consensus? Will you have a permanent chairperson, or will it rotate? Who will communicate with higher authorities? How will stakeholders share information? How will you make sure everyone does what they say, ensuring accountability? If you agree all this from the outset, it will be much easier to maintain trust.



### Multistakeholder dialogue (MSD)

[Multistakeholder dialogues for women's and children's health: a guide for conveners and facilitators \(9\)](#).

This guide provides best practice and strategies for multistakeholder dialogue in Reproductive, Maternal, Newborn, Child and Adolescent Health. It is aimed at participants as well as conveners and facilitators.

## Advocacy

Advocacy means telling people why early childhood development is important and persuading them of the need for change. It needs to go on constantly, no matter where you are in the programme cycle. Advocacy not only changes the minds of the public and decision-makers, but also helps unite the stakeholders working for ECD.

In 2015, Results for Development Institute (R4D) reviewed 21 national and global campaigns to find out what works. It collected the results in a report: *What can the early childhood field learn from leading advocacy initiatives?* (10). Here are some of the most useful lessons.



### ***Nurturing care advocacy toolkit***

The online *Nurturing care advocacy toolkit* (11) 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.

## Link your advocacy to political commitments, like the SDGs

In the past decade, the science around early childhood development has converged with political commitment to it. The Sustainable Development Goals (SDGs) have been a big incentive for governments and partners to increase investment.

## Tailor your message to where you are

Try to link your advocacy to what other organizations are saying – supporting national shifts in policy, for example. This gives other people reasons to support and include you. Carefully package the evidence, focusing on early childhood development as a human issue.

## Help local organizations run campaigns

No national or international advocacy group can succeed without local buy-in and support, so your approach cannot only be top-down. Give local organizations financial and technical support for their own advocacy campaigns. And help them with implementation, so that there are models for larger-scale action.

## Have a single place to share relevant information

Set up a knowledge-sharing platform, such as a virtual SharePoint or a newsletter. Make sure it contains peer-reviewed and easily digestible evidence. Policy briefs on research are a good source for this. This will help partners agree on critical issues, and allow policy-makers and programme managers know what needs to be done.

## Use case studies to convince decision-makers

Case studies, even from other countries, can demonstrate how successful local programmes can be scaled up to work across a whole country. Pair them with evidence about the economic benefits of investing in early childhood development. This will convince policy-makers and donors their investments will yield results.



**Set up local communities of practice, and connect to global ones**

A community of practice is a place – in-person or online – where people who care about something can interact with, learn from and support each other. It also allows them to connect to experts in the field.

**Learn from colleagues in places that have made progress**

Visit these places – in your country and beyond. This is especially useful for policy- and decision-makers to see how governance, planning and implementation can be done well.

**Find allies to champion the issue, and teach them how**

Find allies in government, civil society, academia and elsewhere, and encourage them to advocate for early childhood development. Help them to use a variety of approaches – including editorials, press releases, letters and calls to influential people – and to select the right issues for the audience.

**Agree on the local interventions you are asking for**

It is important for the stakeholders to agree on the actions they are calling for. Base this on evidence and local knowledge.

**Keep going**

You need to constantly engage with the public and the media, which means having the right team of people – specialists in the subject and in communications. See the box *Workshops for media* for suggestions on how to better equip media to effectively report on issues affecting young children.

**WORKSHOPS FOR MEDIA**

To foster more effective and continuous reporting on issues affecting young children, consider bringing together media practitioners (print, radio, digital) for a workshop on early childhood development. These workshops could be a few hours to a few days. Take them through the science, expose them to research, develop their understanding of what children need to survive and thrive, share what is working and needs attention in your context, and explore their understandings of early childhood development. Such workshops can help cultivate champions in the media, correct misconceptions that often result in misreporting, and align messaging. When these workshops are held just before high-level meetings or conferences they can ensure that the messages you want conveyed are captured through the media coverage.

For more information on what to include in a media workshop, see, for example, the agenda and summary from a four-day workshop organized by the *Dart Center for Journalism and Trauma at Colombia University* (12).



# Useful resources

This handbook is part of a set of resources for implementing the *Nurturing care framework*. Their development is being coordinated by WHO, UNICEF, the World Bank Group, the Partnership for Maternal, Newborn and Child Health, and the Early Childhood Development Action Network.

## ***Nurturing care framework (1)***

The full report presents the evidence for the effectiveness of nurturing care, sets out a vision, targets and principles, and describes a plan for introducing it around the world.

## ***Improving early childhood development: WHO guideline (13)***

Its four recommendations are aimed at caregivers, frontline workers and specialists, as well as policy-makers and other stakeholders in the health sector and in other sectors.

## ***Nurturing care advocacy toolkit (11)***

This gives you practical tools and resources to help you advocate for early childhood development, working with and through health systems. Updated frequently, it includes FAQs and briefs.

## ***Operationalizing nurturing care for early childhood development (8)***

This aims to kickstart dialogue and action in a country, focusing on delivering health services and strengthening systems. It targets the health sector, but also outlines complementary actions by other sectors.

## ***Thematic briefs***

These explore the relevance of nurturing care for specific issues affecting children's development. They outline what is already happening and what can be done better or differently at multiple levels (policy to community) to promote nurturing care.

## ***Care for child development (14)***

This provides training material and counselling cards to guide frontline workers in the health sector and in other sectors, as they help families care for and build stronger relationships with their children.

## ***Caring for the caregiver (15)***

This has training material and counselling cards to guide frontline workers in building caregivers' confidence. It also helps with stress management, self-care and conflict resolution skills, to support caregivers' emotional well-being.

## ***Nurturing care practice guide (16)***

This guide describes what managers and frontline workers can do to strengthen caregivers' capacity to provide nurturing care through existing health and nutrition services.

## ***UNICEF global resource guide on public finance for ECD (17)***

This guide includes tips on costing and budgeting, as well as, practical examples of how to influence domestic budget allocations.

## ***Countdown to 2030 Country profiles for early childhood development (18)***

The country profiles provide data on multiple indicators relevant for advancing nurturing care for early childhood development. Available for over 195 countries and in multiple languages, they are updated annually and are a useful resource to inform advocacy, programming and accountability in countries.

## **FORTHCOMING RESOURCE**

### **Indicator catalogue and measurement guidance (19)**

A menu of indicators and measurement methods for monitoring inputs, outputs and outcomes relating to whether children are developmentally on track in their health, education, social and emotional well-being.

There are many more resources on the nurturing care website [nurturing-care.org](https://nurturing-care.org)





# Useful websites

## GLOBAL

Nurturing Care for Early Childhood Development

<https://nurturing-care.org/>

Designed to support implementation of the *Nurturing care framework*, this website includes toolkits and resources in several languages, as well as updates on how countries are progressing.

Early Childhood Development Action Network (ECDAN)

<https://www.ecdan.org/>

This covers the broad spectrum of early childhood development, up to the age of eight. It brings together a wealth of resources across health, education, child protection and more. It also offers an online community of practice through its platform ECD Connect.

## REGIONAL

Africa Early Childhood Network (AfECN)

<https://africaecnetwork.org/>

This is a platform that champions excellence and collaboration in protecting children's rights. It is intended to influence policy and practice, strengthen partnerships, and share experiences and knowledge of ECD in Africa.

Arab Network for Early Childhood Development (ANECD)

<https://anecd.mawared.org/>

The network raises awareness and builds commitment for early childhood development in Arab countries. Faced with humanitarian challenges, the Network makes resources available to meet people's needs, whether in stable or unstable settings.

Asia Pacific Regional Network for Early Childhood

<https://arnec.net/>

This is a platform for ECD professionals from diverse sectors and professions. These include practitioners, experts, government institutions and NGOs, as well as regional and global agencies and networks in the Asia-Pacific region.

International Step by Step Association

<https://www.issa.nl/>

ISSA aims to unite and support professionals and partners, helping them to deliver high-quality early-years services equitably in Europe and Central Asia. It challenges existing knowledge and practice, co-constructing new approaches and models.

## INSTITUTIONAL

Bernard van Leer Foundation

<https://bernardvanleer.org/>

With resources, country stories and tools, this site covers a wide range of issues related to early childhood development, including Urban95, an initiative to make cities child-friendly. It also hosts the annual publication *Early childhood matters*.

Center on the Developing Child

<https://developingchild.harvard.edu/>

Part of Harvard University, this site has scientific updates, courses and learning opportunities, as well as innovations, applications and resources. You can also subscribe to its mailing list.

Zero to Three

<https://www.zerotothree.org/>

This site has resources on early childhood development, early learning, parenting, policy and advocacy.

Raising Children Australia

<https://raisingchildren.net.au/>

This is a parenting website, with practical tips and resources for parents and other caregivers on a wide range of issues.

The CPC Learning Network

<http://www.cpcnetwork.org/>

CPC promotes innovative research and nurtures learning communities, to help the next generation of researchers and advocates for children and families.

The Human Safety Net

<https://www.thehumansafetynet.org/>

This site shows how the private sector can engage with ECD. It has examples of how people are working in partnership in 25 countries, spread over several regions.

# References

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## Tools and further reading

### 1. Nurturing care framework

WHO, UNICEF, World Bank Group. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/handle/10665/272603>, accessed 15 July 2022).

---

### 2. What is nurturing care?

Nurturing Care Framework Advocacy Working Group. What is nurturing care? Geneva: Partnership for Maternal, Newborn and Child Health; 2020. (<https://nurturing-care.org/what-is-nurturing-care/>, accessed 15 July 2022).

---

### 3. A closer look at the nurturing care components

Nurturing Care Framework Advocacy Working Group. A closer look at the nurturing care components. Geneva: Partnership for Maternal, Newborn and Child Health; 2020 (<https://nurturing-care.org/nurturing-care-components/>, accessed 15 July 2022).

---

### 4. Maternal health innovations

Maternal Health Innovation Network. Innovations. London, England: Centre for Global Mental Health, London School of Hygiene and Tropical Medicine, Geneva: Department for Mental Health and Substance Abuse, World Health Organization; 2020 (<https://www.mhinnovation.net/innovations?mode=default>, accessed 15 July 2022).

---

### 5. Preventing violence against children

Inspire: seven strategies for ending violence against children: Geneva: World Health Organization; 2016 (<https://www.who.int/publications/i/item/inspire-seven-strategies-for-ending-violence-against-children>, accessed 15 July 2022).

---

### 6. Action for implementing seven strategies

Inspire handbook: action for implementing the seven strategies for ending violence against children. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/handle/10665/272996>, accessed 15 July 2022).

---

### 7. Nurturing care for children living in humanitarian settings

Nurturing care for children living in humanitarian settings. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/337762>, accessed 15 July 2022).

---

### 8. Operationalizing the nurturing care framework

Operationalizing nurturing care for early childhood development: the role of the health sector alongside other sectors and actors. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/335708>, accessed 15 July 2022).

---

### 9. Multistakeholder dialogues

PMNCH, WHO. Multistakeholder dialogues for women's and children's health: a guide for conveners and facilitators. Geneva: World Health Organization; 2014 (<https://pmnch.who.int/resources/publications/m/item/multi-stakeholder-dialogues-for-women-s-and-children-s-health-a-guide-for-conveners-and-facilitators>, accessed 15 July 2022).

---

### 10. Advocacy

Josephson K, Neuman M, Hatipoglu K. What can the early childhood field learn from leading advocacy initiatives? Lessons from global advocacy partnerships and national early childhood campaigns. Washington, DC: Results for Development; 2015 (<https://www.r4d.org/wp-content/uploads/EarlyChildhoodFieldLearnfromLeadingAdvocacyInitiatives.pdf>, accessed 15 July 2022).

---

### 11. Tool: Nurturing care advocacy toolkit

Nurturing Care Framework Advocacy Working Group. Nurturing care advocacy toolkit: improving early childhood development with and through the health sector. Geneva: Partnership for Maternal, Newborn and Child Health; 2020 (<https://nurturing-care.org/advocacy-toolkit>, accessed 15 July 2022).

---

**12. Workshops for media**

Reporting institute resources: early childhood trauma, resilience, and the developing brain. New York: Dart Center for Journalism and Trauma, Columbia Journalism School; 2018 (<https://dartcenter.org/events/2018/06/reporting-institute-resources-early-childhood-trauma-resilience-and-developing-brain>, accessed 15 July 2022).

---

**13. WHO guideline on early childhood development**

Improving early childhood development: WHO guideline. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/331306>, accessed 15 July 2022).

---

**14. Care for child development**

WHO, UNICEF. Care for child development: improving the care of young children. Geneva: World Health Organization; 2012 (<https://apps.who.int/iris/handle/10665/75149>, accessed 15 July 2022).

---

**15. Caring for the caregiver**

Rochat TJ, Redinger S, Rozentals-Thresher R, Yousafzai A, Stein A. Caring for the caregiver. New York: United Nations Children's Fund; 2019 (<https://www.unicef.org/documents/caring-caregiver>, accessed 15 July 2022).

---

**16. Nurturing care practice guide**

Nurturing care practice guide: strengthening nurturing care through health and nutrition services (forthcoming). New York, Geneva: United Nations Children's Fund, World Health Organization; 2022 (<https://nurturing-care.org/practice-guide>, accessed 31 July 2022).

---

**17. UNICEF global resource guide on public financing for ECD**

Global resource guide on public finance for children in early childhood development. New York: United Nations Children's Fund; 2019 (<https://www.unicef.org/documents/global-resource-guide-public-finance-children-early-childhood-development>, accessed 15 July 2022).

---

**18. Country profiles for early childhood development**

Countdown to 2030: country profiles on early childhood development. New York: United Nations Children's Fund; 2020 (<https://data.unicef.org/resources/countdown-to-2030-eecd-country-profiles/>, accessed 15 July 2022).

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**19. Indicator catalogue and measurement guidance**

[Work in progress, updates will be available at <https://nurturing-care.org> starting at the end of 2022.]

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## Annex. Glossary

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

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**Childhood disabilities** – these refer to any difficulties experienced in any three areas of functioning – impairment, activity limitation and restricted participation – as a result of a health condition and the interaction of this with the environment. This includes chronic health conditions such as asthma, diabetes, epilepsy and obesity.

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

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**Developmental difficulty** – any condition that puts a child at risk of suboptimal development, or that causes a child to have a developmental deviance, delay, disorder or disability. The term encompasses all children who have limitations in functioning and developing to their full potential. This includes those living in hunger or social deprivation, those who had a low birth weight, and those with cerebral palsy, autism, sensory problems, cognitive impairments (such as Down syndrome), or other physical disabilities, such as spina bifida.

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**Developmental disabilities** – a group of conditions due to an impairment in physical, learning, language or behaviour areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime, e.g. hearing, vision impairments, cerebral palsy.

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**Early childhood development** – refers to the cognitive, physical, language, temperament, socio-emotional, and motor development of children from conception to 8 years of age. Within that, the *Nurturing care framework* focuses on the period from pregnancy to age 3.

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**Early childhood workforce** – used to describe the frontline workers who deliver services to young children and their families, as well as those who directly train and supervise these practitioners. Members of the early childhood workforce are the volunteers, paraprofessionals, and professionals who promote the healthy growth, development, and learning of young children (under age 8) in services provided by the state and/or the private sector. The workforce operates within and across a variety of sectors, including education and care, health and nutrition, sanitation and hygiene, and social and child protection.

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

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**Frontline worker** – refers to care workers who are in direct contact with young children and their caregivers, to provide information, counselling and other services. They include primary health care providers, community workers, social care workers, day care providers, alternative care providers as well as staff who have specialized in various disciplines to support caregivers' and children's health and wellbeing.

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**Nurturing care** – a stable environment that is sensitive to children's health and nutritional needs, with protection from threats, opportunities for early learning, and interactions that are responsive, emotionally supportive, and developmentally stimulating.

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**Transdisciplinary care** – is a model where one clinician, who can be a primary health care provider, takes on primary responsibility for the child and family. This clinician can then seek information about specific aspects of the child's or family's difficulties by consulting written materials or experts in related disciplines and thus work across disciplines to provide care. In early intervention, transdisciplinary, non-fragmented care is regarded as the gold standard. This approach also avoids confusion of families and promotes cost-effective use of resources.

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**Vulnerable** – is used to refer to children, families and communities who are disadvantaged because of factors such as poverty, ethnicity, race, gender, violence or disability. This puts them at risk of not realizing their full potential. An equity approach acknowledges that vulnerable groups and people exist in all communities and in all socio-economic contexts; it seeks to be inclusive and leave no one behind.

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