During February and March 2018, country leadership and stakeholders participated in in-person consultations, both at the national level (South Africa, Kenya, Zambia, India, Panama, and Côte d’Ivoire) and at the regional level (AMRO in Panama and EMRO in Jordan), in addition to a global online consultation from the 14th of March to the 28th of March to receive feedback and inputs on the second draft of the Nurturing Care Framework (NCF). The online consultation was conducted in English, Spanish, Portuguese, Russian, French and Chinese.

Over 1000 individuals from 111 countries, and from all WHO regions participated in this consultative process. Approximately, governments from 48 countries were represented (including sectors other than health and education), and over 500 organizations across foundations, civil society, academia, business, multi-lateral and bi-lateral agencies participated.

Overall response to the second draft
Reviewers that had participated in both consultative processes commented that the second draft was better structured, more compelling, and user-friendly. Some spontaneously expressed a strong appreciation for this Framework document: they stated that this is the first time such a high level document is validating, supporting, and advocating with high level politicians and decision-makers the work they have been engaged in throughout their professional lives. The NCF is seen as a document that will assist in bringing stakeholders from different sectors and agencies together around the holistic development and wellbeing needs of the youngest age group. By advocating for more effective programming for all families, but particularly for those with challenges to provide nurturing care, this Framework is seen as contributing to positive outcomes for children and investing in long-term social and economic capital.

Many reviewers articulated a strong need for concrete implementation guidance. This Framework, however, is intended to be “a high-level document providing strategic direction to policy and decision-makers at all levels of government and partners who can contribute to make nurturing care a reality.” A web-based guidance tool, however, is under preparation and will serve to meet the demand for concrete guidance and tools.

Main Issues to Address:
1. **Clarifying roles of families and governments in providing nurturing care**: Some reviewers emphasized that the NCF must ensure a good balance between looking at families as the sole source of nurturing care vs. advocating for government and societal duty bearers to ensure the necessary enabling environments for families are in place through integrated policies, services, and a well-trained and well-resourced workforce. They pointed out that some families facing severe and/or multiple disadvantages can manage or may overcome such adversities, however others may need more intensive individualized services. Such services may include access to adequate housing and sanitation, community environments that are safe and allow young children to explore and learn, and social protection, such as parental leave policies and workplace protection for pregnant and breastfeeding mothers.

2. **Strengthen gender perspective**: The NCF must make a stronger case for gender equality as a guiding principle throughout the document. On one hand reviewers pointed out that gender discrimination is linked to women’s role in child bearing and caring for infants and young children, often affecting women’s physical and mental health. Also, many societies continue to have a strong son preference, influencing the levels of nurturing care received by boys and girls. On the other hand, reviewers pointed to the growing evidence that fathers have strong innate hormonal and neurobiological capacities to bond with and care for their children. The common exclusion of fathers and males from the “female business” of giving birth and nurturing the young, deprives them from the opportunity to share in all aspects of caregiving which can have a significant life-long impact on children’s development.

3. **Strengthen acknowledgement of ethnic, linguistic and cultural diversity** in nurturing care. This refers both to different types of family structures (grandparents, parents of the same gender, etc.), as well as minorities and indigenous groups. The “Whole-of-Society-Approach” section and “Strategic Action 2” provide opportunities to expand on this topic.

4. **Acknowledge explicitly the contributions of the preconception period**. Interventions during adolescence that enhance adolescent health, nutrition, and wellbeing, that support their educational achievement, promote delays in early pregnancies, and teach adolescents about the importance of nurturing care as part of their education will increase the chances that later on in their lives, this generation will be better prepared to provide nurturing care to their own children.

5. **Children in special circumstances need more attention**. These include infants and young children in institutional settings, i.e., in neonatal intensive care or hospitals; living with their mothers in prisons; infants and young children that have been abandoned, relinquished or that have medical and developmental needs that cannot be met by their families in their communities; children that have been left behind by caregivers who migrate for work; or children “on-the move,” displaced by war or disaster situations. While there has been more focus on children with disabilities and/or “developmental
difficulties” in the second draft of the NCF, the international debate on the most adequate descriptor of this group of children with very diverse needs was also reflected in this consultation and will probably not be resolved to everybody’s satisfaction. In addition, reviewers recommended a stronger ICF-CY approach, focusing on the fact that these are children first and rights-holders that have to be provided with the necessary services (i.e., earliest identification and accessible and affordable quality early intervention services) to be able to reach their potentials in an inclusive society. It was emphasized that this group is at particularly high risk because it is often facing multiple disadvantages, including poverty and stigma and discrimination. Reviewers, also mentioned that in some situations, caregivers will need additional support to provide nurturing care to young children that are limited in their ability to be responsive to the caregiver.

6. **Include more information about the workforce** that will be involved:
   - what will be the training, particularly given the need that frontline workers from different sectors should have a shared understanding of what NC is and how it should be provided and promoted; and
   - how will these workers engage families, particularly those from different ethnic and linguistic groups, or families facing different challenges.

Additionally, there is an important opportunity for the NCF to acknowledge the importance and value of NC provided by frontline workers. This includes those frontline workers, almost exclusively women, who provide care to infants and young children in formal and informal crèches and daycare, often with limited education, supervision, and support, and with low status and pay.

7. **Include important child development concepts**, i.e., the role of play, learning through relationships, attachment, and the child as an active participant in shaping his/her development and environment should be included in the relevant sections.

8. **Include themes of industrialization, migration**, the opportunities afforded by digital solutions and social media, and the importance of a child-friendly “built environment” in the discussion.

**Sections of the NCF that elicited most comments**

1. While the table on “**Enabling Environments and Services and Interventions**” was to be illustrative, reviewers recommended that relevant policies, services, and interventions should be added. Also, it was stated that this table should consider different resource settings (reviewers from LMIC found the table to be very “ambitious”) and implementation opportunities in countries.
2. The section on “Implementation Approaches” needs some further clarification, including potentially changing the title and infographic. In addition, more detail was requested on the “indicated approach” as it relates to families with identified additional needs in the universal and targeted population.

3. For the “Strategic Actions” – while perceived as much improved from the first draft, reviewers recommended:
   – to sharpen the role of caregivers and communities in Strategic Action 2 and to reduce some overlap in the proposed country-level actions with Strategic Action 1;
   – to focus fully on the services, the workforce, and the inter-sectoral approach in Strategic Action 3; and
   – to reflect the importance of an implementation research approach that is also fully inclusive of all groups of children in Strategic Action 5.

4. For the section on “Roles and Responsibilities”, reviewers suggested that family and communities were not included in the discussion. In addition, some coverage should be given in this section on the roles and responsibilities of sectors, agencies, and partners (civil societies, private sector, etc.) not covered in detail below and on inter-sectoral collaboration. In addition, several issues should be mentioned in the role of the sectors highlighted, i.e., that the prevention and response to child maltreatment is clearly a responsibility of all sectors; that the education sector has a critical role in preservice training of frontline workers supporting NC and that this will require changes in curricula and training approaches; and that the trend of placing infants and young children in day care or crèches is increasing and requires special recommendations and actions to ensure the holistic health, development and wellbeing needs of this group.

5. With respect to “Milestones”, comments ranged from including midterm milestones to assessing impact by 2030. Reviewers from countries with serious resource constraints and “infant survival issues” expressed some hesitation of the level of progress that could be made.

**Next Steps**

The Management Team will address the comments and issues raised by the reviewers to produce a final document. In addition, the Framework will be launched at a special side-event on 23 May 2018 during the 71st World Health Assembly, supported by multiple partners who have come together in the production of the Framework and accompanying products.