

Meeting Report

Innovating for early childhood development: what have we learned to strengthen programming for nurturing care?

June 13 – 14, 2019



Meeting Report

Innovating for early childhood development: what have we learned to strengthen programming for nurturing care?

June 13 – 14, 2019



© World Health Organization 2019

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”.

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. Innovating for early childhood development: what have we learned to strengthen programming for nurturing care? Meeting Report: June 13 – 14, 2019. Geneva: World Health Organization; 2019. Licence: [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

This publication contains the report of the Innovating for early childhood development: what have we learned to strengthen programming for nurturing care meeting and does not necessarily represent the decisions or policies of WHO.

Design and layout: Annovi Design.

Table of contents

iv	Acknowledgements
iv	Acronyms
v	Executive summary
1	1. Introduction
3	2. The global landscape to support nurturing care and maximize opportunities for investment
5	3. Dissemination and uptake of the <i>Framework</i>
5	Highlights
5	Country spotlights
6	Regional ECD networks
7	Recommended starting points in countries
9	4. Innovating for nurturing care
9	Innovating for effective programming at scale
10	Lessons from research
12	Promising approaches - from research to implementation
14	Nurturing care for the most vulnerable populations
16	Available and forthcoming resources to support implementation
16	Monitoring and evaluation
18	Financing
21	5. Advancing the strategic actions
25	6. Keeping the momentum and addressing priority needs
25	Learning from others
26	Guidelines to inform policy and programming
26	Contributions from the private sector and professional associations
27	Working Groups to advance the uptake of the <i>Framework</i>
29	7. Conclusions
31	References
32	Annex 1 List of participants
36	Annex 2 Agenda, 13-14 June 2019

Acknowledgements

This document is the report of the technical meeting convened by the World Health Organization (WHO) in collaboration with the United Nations Children’s Fund (UNICEF), the World Bank Group, the Partnership for Maternal, Newborn and Child Health (PMNCH) and the ECD Action Network (ECDAN), on the theme of ‘Innovating for early childhood development: what have we learned to strengthen programming for nurturing care?’. The meeting was part of an initiative to develop implementation resources to accompany *Nurturing care for early childhood development: a framework for helping children to survive and thrive to transform health and human potential*. The partners are thankful for the invaluable contributions of participants in the preparation of the meeting. WHO acknowledges the financial contributions to this work of the Children’s Investment Fund Foundation, the Conrad N Hilton Foundation and the King Baudouin Foundation, United States of America. Christina Laurenzi and Bettina Schwethelm prepared the first draft of the report, and their contributions are gratefully acknowledged.

Acronyms

AfECN	Africa Early Childhood Network	MoH	Ministry of Health
ANECD	Arab Network for Early Childhood Development	NGO	Nongovernmental organization
ARNEC	Asia-Pacific Network for Early Childhood	PMNCH	The Partnership for Maternal, Newborn and Child Health
CHW	Community health worker	R4D	Results for Development
ECD	Early childhood development	SDG	Sustainable Development Goals
ECDAN	Early Childhood Development Action Network	SPRING	Sustainable Programme Incorporating Nutrition and Games
ISSA	International Step by Step Association	TTC	Timed Targeted Counseling
MCA	Department of Maternal, Newborn, Child and Adolescent Health	UNICEF	United Nations Children’s Fund
		WHO	World Health Organization

Executive summary

In follow-up of the launch of *Nurturing care for early childhood development: a framework for helping children to survive and thrive to transform health and human potential* (referred to in this document as the *Framework*) (1) in May 2018, the World Health Organization (WHO) in collaboration with the United Nations Children's Fund (UNICEF), the World Bank Group, the Partnership for Maternal, Newborn and Child Health (PMNCH) and the Early Childhood Development Action Network (ECDAN) convened a meeting in June 2019 to take stock of implementation and define future strategic directions, implementation guidance, and partnerships for accelerated actions in support of nurturing care in countries.

A rapid assessment revealed that events have been held in over 30 countries to sensitize policy-makers and other stakeholders on the *Framework*. In many countries, entry points for action were identified and workplans developed to take the *Framework* forward within the health sector and beyond. Common steps included local adaptation, integration of missing elements in services, system strengthening and communication for development.

Results from an innovation survey and research portfolio analysis showed a diverse set of interventions and approaches being implemented to strengthen young children's development. Most included attention to responsive caregiving and opportunities for early learning, and community-based delivery platforms were commonly used. As proposed reporting guidelines for implementation were only recently published, (2) the findings from the survey did not permit firm conclusions on effective programming attributes nor on costs of implementation. However, during the meeting several issues were highlighted repeatedly as factors for success (see **Box 1**).

To address the current gaps in knowledge, it is no longer sufficient to invest in small-scale or efficacy research. Effectiveness trials are now more commonly carried out, but implementation research embedded in national programming is needed to elicit information on the factors that influence effectiveness, scalability and sustainability of interventions for nurturing care in real-life systems.

The universal progressive approach promoted in the *Framework* sets an ambitious agenda. Incremental investment in doable actions is a practical way forward. Vulnerable populations will benefit the most, and efforts should focus on reaching them from the beginning, while maintaining a broad vision of the policies, services and information needed to create enabling environments for all.

To maintain the current momentum and ensure timely responses to country needs for technical assistance, informal working groups are being formed to address advocacy, implementation, knowledge and learning exchange, and monitoring and evaluation. Each working group will develop a time-bound workplan to build the tools and support the processes that are needed to ensure that every child is able to develop to his/her full potential, leaving no child behind.

Box 1. Factors for success in implementing the Framework

- High-level political commitment
- Multisector engagement
- Coordination mechanisms that transcend sectors
- Community engagement and ownership
- Adaptation to local contexts
- Building on available systems and services
- Incremental scaling-up of do-able actions
- Enabling policies
- Predictable financing



1. Introduction

Building on the evidence presented in the Lancet series *Advancing early childhood development: from science to scale* (2016), (3) the *Framework* was launched during the time of the 71st World Health Assembly in May 2018. Since then, multiple governments and other stakeholders have shown a keen interest in applying the *Framework*, building upon ongoing efforts in the areas of maternal, newborn and child health and related programmes to strengthen population health and well-being. The Sustainable Development Goals (SDGs) and the Global Strategy for Women's, Children's and Adolescents' Health (4) provide an impetus for this work and are complemented by the World Bank's Human Capital Project (5) and the G20ⁱ commitment to Early Childhood Development (6).

WHO, in close collaboration with UNICEF, the World Bank Group, the PMNCH and ECDAN convened the meeting in Geneva on 13-14 June 2019 with the overarching objectives of:

- taking stock of progress in implementation of the *Framework* in countries;
- defining future strategic directions, implementation guidance, and partnerships for accelerated actions in support of nurturing care in countries.

During the two-day meeting, more than 80 participants representing academia, ministries of health, implementation partners, regional networks, professional associations, foundations, bilateral donors and United Nations agencies discussed:

- principles and enablers for effective implementation of interventions that support nurturing care in different contexts based on country experiences;
- findings of an innovation survey managed by WHO and future approaches for sharing innovations feasible for implementation at scale in a variety of contexts;
- development of implementation resources and a guidance platform to facilitate knowledge exchange and joint learning;
- future strategy and processes for co-production of tools and alignment of technical assistance to countries.

As part of the meeting, participants were invited to bring relevant materials and prepare brief speaking notes to illustrate support for country programming for nurturing care.

This report synthesizes the presentations, discussions and working group results of the meeting and distills priorities for the way forward. It covers areas of advocacy and implementation support for nurturing care through the health and other sectors at national, regional and global levels, as well as creation of informal working mechanisms for continued partner engagement to move the agenda forward. The list of participants is in **Annex 1**, and the provisional agenda in **Annex 2**.

i. An international forum for governments and central bank governors from 19 countries and the European Union.



2. The global landscape to support nurturing care and maximize opportunities for investment

At present, there is a unique convergence between evidence and political commitment for early childhood development (ECD). The SDGs provide the incentive to invest in early childhood while national efforts towards universal health coverage and primary health care build the platforms through which caregivers of the youngest children can be reached with effective interventions.

While children's need for nurturing care is universal, the mechanisms by which this can be achieved are context specific. Community empowerment, supportive services and policies all play a role in creating the enabling environments that caregivers and families require to provide nurturing care. Attention to indigenous practices is important as this will provide information on local realities that are conducive or harmful for nurturing care.

Effective interventions span multiple stages of the life course and address the caregiver and the child. Family-centred care starts with the parents and, rather than relying on defined 'expert' models, is oriented around the specific needs and preferences of caregivers, using their concerns as an entry point. Trusted relationships between health workers and children's caregivers are essential and provide the basis for behavioural change. To complement individually-targeted interventions, advocacy and communication for development through multiple media are important. Participants agreed that programming for nurturing care can be incremental and progressive, and that the "perfect" should not be the enemy of the "good".

*“If you are doing nothing, do something.
If you are doing a little, do more.
If you are doing a lot, do better.”*

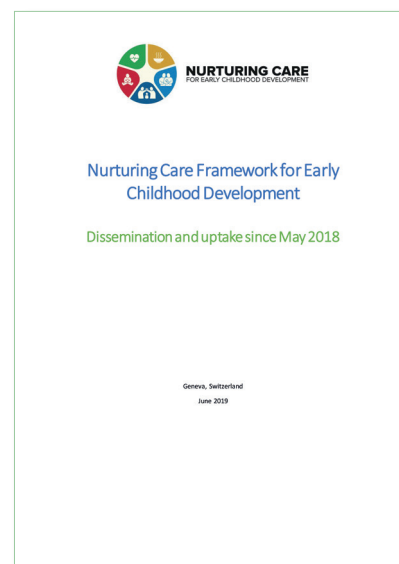


3. Dissemination and uptake of the *Framework*

In preparation for this meeting, a review of actions taken to sensitize diverse stakeholders and advance uptake of the *Framework* at national, regional, and global levels since May 2018 was undertaken with the support of WHO, UNICEF and regional ECD networks. A detailed list of all events included in this review is available. (7)

Highlights

- Over 30 countries have made concerted efforts to sensitize stakeholders at multiple levels on the *Framework*. Many of these countries have also identified entry points and developed action plans to take the *Framework* forward within the health sector and beyond.
- Conveners of events spanned a range of stakeholder groups including academic institutions, professional associations, regional networks, national governments, civil society organizations, foundations and United Nations agencies.
- WHO and UNICEF, in collaboration with the World Bank Group, PMNCH, ECDAN and other partners, convened multi-country meetings in Eastern and Southern Africa, the Americas and the Middle East. There are plans to conduct more multi-country meetings including in West and Central Africa and in Asia.
- In follow-up to these meetings, country teams have developed action plans and partners have formed collaboration mechanisms to respond to needs for technical support.
- Translations of the *Framework* into French, Portuguese and Spanish became available.



Country spotlights

Representatives from Ethiopia, Kenya and Senegal discussed the application of the *Framework* in their countries.

Kenya: Government leadership at county and national level has enabled the development of an implementation model in Siaya County to serve as an example for nationwide scale-up. At the centre of the approach have been efforts to strengthen the health system, by integrating support for nurturing care in counselling materials and job aids used in health services, and in the health information system and pre-service education of health professionals. A county policy in support of ECD is in place, and Siaya County's First Lady serves as a local and national champion for nurturing care. Facilitated by PATH, collaboration between relevant stakeholders has enabled local government to refine the approaches, including use of mobile applications. Within Kenya's decentralized governance structure, uptake of the initiative in other counties still poses challenges. However, Siaya County's advocacy and leadership, and the government's drive towards universal health coverage through primary health care, provide clear opportunities for nationwide scale-up. Two ECD indicators have been approved by the Ministry of Health (MoH) for inclusion into District Health Information Software:

- number of newborns with birth defects; and
- number of children 0 – 5 with suspected delayed milestones referred for further management.

Ethiopia: The government hosted a high-level sensitization workshop on children’s development in the early years in December 2018 bringing together relevant government departments and stakeholders. A research advisory council and thematic working group for ECD were established, and follow-up actions for the health, education and social sectors agreed. The aim is to develop a national roadmap that brings together the contributions of all relevant sectors and ensures that activities are aligned well. Within the health sector, an assessment of policies, services and entry points for system strengthening was commissioned, and a training of trainers’ course on *Care for child development* held for senior staff from national government, universities, regional health bureaus and partners. A survey on parenting practices is planned, and consideration is being given to integrating support for nurturing care in the “pay for work” programme in the most remote rural areas. Work is in progress to update existing training materials and counselling tools for health extension workers and other professionals. The efforts are coordinated in the office of the Prime Minister as Ethiopia is one of the frontline countries of the World Bank’s Human Capital Project.

Senegal: The government has based its framework *Investing in the early childhood years* on three pillars: good nutrition, stimulation from birth, and protection of the young child from adverse and stressful conditions. A multi-sectoral approach to strengthen systems is being implemented in seven priority zones with a focus on the most disadvantaged. The country has successfully integrated activities for ECD in funding agreements with the World Bank Group over several cycles, and through this approach has generated substantive resources for scaling-up effective interventions including for nutrition and early childhood care and education.

Regional ECD networks

Representatives from four regional ECD networks shared updates on current and planned activities to advance the ECD agenda in countries.

Africa Early Childhood Network (AfECN) (8)

- Advocate at regional and national levels including through the African Union Early Childhood Education and Development cluster.
- Support country platforms including through civil society groups, forge partnerships across actors and sectors and facilitate effective governance and coordination.
- Develop technical resources, support adaptations of generic tools, and build country capacities.
- Facilitate cross-country learning and share models of care that have proven to be effective.

Arab Network for Early Childhood Development (ANECD) (9)

- Contribute to the WHO/UNICEF regional ECD cluster and the WHO/UNICEF/ANECD regional working group.
- Provide support to national ECD networks.
- Work with governments, academia and communities in the design of ECD activities.
- Develop regionally-appropriate instruments, such as the *Playful Parenting Programme*, and facilitate their implementation including in countries in humanitarian crisis.

Asia-Pacific Regional Network for Early Childhood (ARNEC)

- Orient country focal points on nurturing care and facilitate uptake in countries.
- Finalize a set of advocacy briefs on nurturing care.
- Document noteworthy practices for ECD in countries and facilitate cross-country learning.
- Prepare for the next regional ECD conference to be held in Hanoi, Viet Nam, in December 2019, focusing on the physical environment of young children.

International Step by Step Association (ISSA) (10)

- Support cross-sectoral work and promotion of peer learning, following a five-year plan.
- Convene international conferences on ECD, i.e. on nurturing environments in Leiden, the Netherlands, in June 2019, and in Belgrade, Serbia, in September 2020.
- Manage the Early Childhood Workforce Initiative in collaboration with Results for Development (R4D).
- Embed the key principles and messages of the *Framework* in the ECD campaign targeted at European policy-makers.

Recommended starting points in countries

The experiences shared highlighted common steps that countries can take to strengthen programming for nurturing care and ECD for the youngest children (pregnancy through three years).

- Conduct multisectoral sensitization of high-level policy-makers and all relevant stakeholders.
- Establish a national, multisectoral governance mechanism with decision-making authority, possibly at the level of the Prime Minister's or President's Office.
- Involve all relevant stakeholders in the development of a national roadmap that addresses child development in the early years.
- Assess the local situation and identify assets and strengths that are already in place.
- Develop sector-specific workplans aligned with the national roadmap.
- Update relevant training, counselling and communication materials.
- Strengthen workforce capacity through pre-service and in-service training, supervision, and by providing effective incentives.
- Invest in advocacy and communication for development and include public and private sector audiences.
- Strengthen information systems to track inputs, outputs and outcomes related to nurturing care.

Gaps in evidence-based guidance were also highlighted.

- Methodology and tools for costing of interventions.
- Frequency, duration and intensity of interventions including for children with additional needs.
- Feasibility and effectiveness of the role of community health workers (CHWs), volunteers and peer caregivers in supporting caregivers to provide nurturing care.
- Multisectoral collaboration and development of whole-of-government and whole-of-community approaches.
- Effective ways for engaging the private sector.



4. Innovating for nurturing care

Innovating for effective programming at scale

Innovation survey

In late 2018, WHO's Department of Maternal, Newborn, Child and Adolescent Health (MCA) contacted more than 50 partners to share up to three innovations with demonstrated impact on developmental outcomes among children in the first 3 years of life. Innovations were defined as being an intervention or a delivery approach.

Thirty organizations and individuals responded and submitted more than 60 abstracts. The submissions were analysed using a standard template, including descriptive information, components of the innovation (both content and activities), and information about implementation and scale-up. The innovations were coded according to the strength of evidence presented.

While the evidence for developmental outcomes varied, all respondents were invited in a follow-up contact to provide further information about the context, delivery characteristics, scaling-up efforts and costing of their submissions. Information related to enabling factors and barriers for implementation at scale was also solicited.

The innovations thus captured serve as a diverse, illustrative set of current activities focused on promoting ECD in the early years across the globe. Summaries were made available to participants prior to and during the meeting, and discussions were held on the best use of the information to inform implementation guidance and facilitate knowledge exchange. Several gaps were identified, notably the absence of interventions related to engagement of fathers and other caregivers inside or outside the home, as well as the limited focus on gender equity and transformative parenting essential to change social norms.

Several suggestions were made for the way forward.

- Organize the innovations based on strength of evidence and distill common elements and key ingredients for success to enable adaptation in other contexts.
- Collate and publish good or promising practice examples, in line with the approach taken in the INSPIRE handbook (11).
- Support country teams to access the information, facilitate dialogue, and stimulate implementation and scaling-up.
- Continue to track and curate innovations and disseminate them as living resources using an online platform.

Saving Brains portfolio analysis

A group of partners coordinated by the London School of Hygiene and Tropical Medicine conducted an analysis of the Saving Brains portfolio supported by Grand Challenges Canada, published in a special supplement of the [Archives of Disease in Childhood](#) in March 2019 (12). The analysis focused on distilling key lessons for facilitating the transition from innovation to implementation at scale (see **Box 2**). It identified that south-south partnerships are a major source of learning, and that incentives must be part of support systems to engage and motivate the workforce to deliver effectively and with fairness. Adaptation is important and more complex than for traditional health interventions. Responding to the local context is essential for achieving results.

Lessons from research

The *Sustainable Programme Incorporating Nutrition and Games* (SPRING) trial was implemented concurrently in two sites: in Pakistan in collaboration with the existing Lady Health Worker programme and in India by a nongovernmental organization (NGO) using newly-recruited community counsellors. The interventions consisted of monthly home visits from pregnancy to 2 years of age. The visits did not focus specifically on the most deprived families. The content of the counselling was derived from the *Care for child development* training materials and included aspects of cognitive behavioural therapy. The theory of change postulated that the interventions would lead to improved responsive caregiving, improved feeding practices and reduced maternal stress which in turn would have a positive impact on children's development and growth. Results showed that the differences in effect size on these outcomes between the intervention and control groups at 18 months were very small and mostly statistically non-significant. Discussions focused on factors that might have contributed to these results and what can be learned from them.

While visits were generally appreciated, recipient families cited time constraints to enacting recommended behaviours. They also found "nothing new" as they already played with children and wanted more ideas for child self-play. Caregivers were unwilling to repeat activities that did not seem to help, and activities were not always considered age-appropriate. Grandmothers, who were central to caregiving, were often not very engaged with the intervention. Across the two sites, there were variations in acceptability of implementation by CHWs, emphasis on specific activities and family engagement.

Box 2.

Key messages from the Saving Brains portfolio analysis

Accelerating progress requires structured tools for situation analyses and design decisions, including how to integrate care of children with disabilities and/or in humanitarian settings. Implementation research to understand impact on a much larger scale, over longer time frames and including cost-effectiveness data needs to be embedded in such tools.

Intervention quality is crucial but inconsistently defined and measured. Lessons from approaches used in early childhood education may inform efforts to improve quality metrics in ECD intervention programming through the health and other sectors.

Accuracy and feasibility of tools. Few existing tools are both accurate (i.e. valid, reliable) and feasible for training and routine use (because of time, cost, accessibility, etc.) in low- and middle-income country contexts. Responsive caregiving is a complex area that needs to be more precisely defined to allow for appropriate indicators and measurement tools.

Relative investment. Donor investment for ECD is dominated by health and nutrition, with security and safety, responsive care, early learning and disability following. According to estimates calculated for the Archives of Disease in Childhood series, health-related interventions represented 78% of all relevant investments from 2007 to 2016.

Data to drive and monitor scale-up. Moving to scale requires data to track coverage and enable course correction; data for programming at scale are often different to those needed for research studies. In addition, measuring and then tracking costs and expenditures are critical for accountability.

Need for more effectiveness and implementation studies

A commentary by Linda Richter during the meeting highlighted that the pathway from innovation to scale needs to be carefully navigated. In an ideal world, intervention programming would follow the trajectory of efficacy studies (*Does it work?*), to effectiveness studies (*Does it work in a real-life setting?*), to implementation studies (*Does it work in the real-life setting?*).

To support nurturing care, particularly responsive caregiving and early learning, efficacy studies provide evidence including from Bangladesh, Jamaica and Pakistan. There are fewer effectiveness trials, such as the Pakistan Early Childhood Development Scale-up (PEDS) trial in Pakistan and the SPRING trial in India and Pakistan, and even fewer pragmatic studies with implementation information for programming at scale, such as Criança Feliz in Brazil.

Future investments should focus on effectiveness and implementation studies, and not on more efficacy studies (see **Box 3**). Standards for reporting should comply with the [reporting guidelines](#) proposed by Yousafzai and colleagues in a special issue of the *Annals of the New York Academy of Sciences*. (2, 13) Individually-targeted interventions need to be expanded within the “ecology” of implementation to also address policy, communication and behavioural change strategies. Studies with negative results are as important as those with positive results as they enable analysis of the critical pathways and assessment of implications when certain elements are not fulfilled.

Box 3.

The case for intensifying implementation research

*“What do we want for our children?
How will we get that?
What is standing in the way or facilitating it?
What do we consider success?”*

As pointed out by participants, we know much about what works (i.e. efficacy), but less about the critical processes at system and implementation levels, the core ingredients of programming that must be maintained when scaling-up, and the essential elements to achieve outcomes and impact after programming has gone to scale. Therefore, the emphasis should shift to implementation research at local level, with the involvement of implementers and beneficiaries in the process, and a quick turnaround to answer important questions.

Participants recommended that the following questions should be addressed:

- What intervention dosage is needed for at-risk populations so that what is provided is proportionate to need?
- How to sustain quality and achieve outcomes when scaling-up, in the immediate and longer term?
- What do parents want for their children? Better understanding of parental demand for services is needed.
- How to improve the quality of the workforce and reduce turnover and burnout?
- How to task-shift and task-share effectively?
- How to better integrate social and behavioural change approaches?
- How to support implementation when countries are going through decentralization.
- How to address uneven distribution of technical capacity at lower levels?

Promising approaches - from research to implementation

Spark talks (two-minute summaries of key points) based on participants' extensive and varied experiences in the promotion and implementation of nurturing care further informed and enriched discussions on how to move the five strategic actions of the *Framework* forward (see **Table 1**).

Table 1.
Sparkling imagination and commitment to nurturing care

GENERATING EVIDENCE	
<i>Reach Up and Learn</i> , Bangladesh, Jena Hamadani	A series of rigorous research studies using locally-adapted versions of the <i>Reach-Up and Learn</i> training curriculum identified feasible and scalable interventions that can be integrated into the service infrastructure and cultural context of Bangladesh. Interventions delivered in home visits and in group sessions to support responsive caregiving and early learning alongside infant and young child nutrition obtained significantly positive results for child cognitive, language, and motor development, as well as improvements in family care indicators and reduction in maternal depressive symptoms. Careful attention to quality of training, supervision and monitoring and the leveraging of several implementation platforms is contributing to the scaling-up of this programme.
<i>Universal Baby</i> , USA, Peru and other countries, Martha Vibbert	<i>Universal Baby</i> supports the “serve and return” interactions between caregivers and children harnessing the power of video, social media and mobile technology. Via rapid-cycle local implementation research and development of tools and approaches with beneficiaries, engaging, culturally relevant and strength-based video materials are locally produced, widely disseminated and assessed for behaviour change. In Peru, this approach has shown significant improvements in maternal behaviours in the intervention group, supported by significantly higher scores on Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) scores. The vision is to create a global data repository of video materials that can be widely used to support responsive parenting.
<i>Learning Clubs for Women’s Health and Infants’ Health and Development</i> , Vietnam, Jane Fisher	Focusing on the first 1000 days, this randomized controlled trial in rural Vietnam adapted evidence-based packages (i.e. <i>Thinking healthy</i> , <i>Care for child development</i> , <i>What were we thinking?</i>) into a visual package for low-literacy populations. Led by Women’s Union staff, 19 group sessions and one home visit engage mothers in active learning and responsive caregiving activities. Grandmothers and fathers are involved for greater empathy. Print materials and videos are accessible at commune health stations. First results on the impact on child development and maternal wellbeing will be forthcoming in late 2019.
<i>Responsive stimulation and caregiving</i> , Kenya, Frances Aboud	Trainers and supervisors of CHWs in Kenya were trained in a 12-session group parenting programme aligned with the Home Observation for Measurement of the Environment (HOME) inventory of responsive stimulation. Parents learned to play and talk responsively with their child through demonstrations and coaching. Additional sessions for fathers focused on child care, nonviolent conflict resolution, and respect for mother and child. There were also several home visits and two or three booster sessions. Implementation and outcome data are being gathered.
ADVOCACY FOR NURTURING CARE	
<i>The science of ECD for policy-makers</i> , Kenya, Sweta Shah	The Aga Khan Foundation has developed a package of materials to facilitate workshops for policy-makers (taillored from 2-3 hours to 2-3 days) on the science of ECD. The aim is to raise awareness and promote investments in enabling policies, programmes and funding. These workshops can serve as an entry point for high-level discussions and planning. The Foundation has already used this approach in one county in Kenya with success, increasing the commitment of the local governor to ECD. The workshop format can be adapted and made suitable for different contexts.
USING EXISTING TOUCHPOINTS	
<i>Immunization, an important platform for nurturing care</i> , global, Shalini Desai	Nurturing care approaches and immunization activities have opportunities for synergy, utilizing the contacts that caregivers and children have with the health system for vaccinations for also modelling nurturing care. Other nurturing care contacts with families of young children can be used to promote vaccinations.

MULTI-COUNTRY NGO PROGRAMMING

<p><i>Timed Targeted Counseling (TTC) and Go Baby Go</i>, multiple countries, Dan Irvine</p>	<p>With access to significant donor funding and more than 200 000 CHWs, World Vision promotes nurturing care through low-cost, high coverage, and equity-driven programming. The NGO builds on its successful TTC platforms with demonstrated impact on child survival, health and nutrition to integrate <i>Go Baby Go</i> and is exploring the <i>Care Group Approach</i> to integrate components of nurturing care in a holistic manner. Additionally, World Vision supports task shifting from CHWs to volunteers who work with and empower parent groups for more effective behaviour change. Programmes have contributed to a reduction in parental depression (93%), increased uptake of positive parenting (60%), as well as improved attachment and increased communication, and cognitive and motor skills). Integrated approaches (<i>TTC, Psychosocial First Aid</i> and <i>Go Baby Go</i>) have even been implemented with some success in fragile settings, such as in Palestine. Partnerships with researchers have strengthened these models.</p>
<p><i>Program P - Engaging men, fathers</i>, multiple countries, Melanie Swan & Margaret Green</p>	<p>Engaging fathers and other men has demonstrated benefits for increased partner support, paternal engagement in responsive caregiving, support to early learning, as well as to reductions in violence against children and women. <i>Program P</i>, developed and implemented by Promundo and adapted by Plan International, reduces barriers to male engagement in maternal and child health services, promotes policy change and supports social and behaviour change, gender equality, and prevention of violence. The programme is implemented in eight countries.</p>
<p><i>Building Brains</i>, multiple countries, Romilla Karnati</p>	<p><i>Building Brains</i>, implemented in Bangladesh, Bhutan, Ghana, Nepal and Rwanda uses a systematic approach (situation analysis, influencing policies), existing platforms (e.g. health services, mother-to-mother support groups, child welfare clinics, feeding programmes, nurseries), and delivery modalities (parent groups, home visiting, counselling sessions) to deliver three core messages on early communication, learning through play and responsive care. Implementation is strengthened with supportive supervision and pre- and post-intervention monitoring.</p>

COUNTRY CONTRIBUTIONS

<p><i>Nati per Leggere</i>, Italy, Giorgio Tamburlini</p>	<p>Shared reading is an easily-understandable and evidence-based approach for politicians, parents and implementers that supports responsive parenting. In local partnerships, professional associations, NGOs and businesses work together to promote shared reading with parents, covering 30% of the eligible population, and with documented impact on availability of books and reading frequency of an adult with a child in the home.</p>
<p><i>Integrating early learning and responsive caregiving into health sector activities</i>, Kenya, Mozambique and Tanzania, Svetlana Drivdal</p>	<p>While policy work is important, PATH has learned that good technical work on multisectoral integration is feasible without enabling policies. By unpacking the issues for the government, providing national level indicators, and tackling the integration of nurturing care into various training packages (e.g. on neonatal care) and information, education and communication materials, the government's interest and participation increases. Supportive supervision to strengthen interventions has taken off both in Kenya and Mozambique. In Mozambique, the Global Financing Facility is providing resources for rolling out interventions that support early learning and stimulation.</p>

WORKING WITH VULNERABLE POPULATIONS

<p><i>Early Child Development and Disability Programme</i>, India, Vibha Krishnamurthi</p>	<p><i>Ummeed</i> is strengthening community-based organizations in child development and supporting children with developmental difficulties. The Guide for Monitoring Child Development is used to shift the focus from screening to developmental monitoring and intervention. Because it provides guidance for action, CHWs say they like using the Guide. CHWs may not have experienced responsive caregiving themselves as children. This needs to be addressed during their training so that their own treatment is not a barrier to their role in supporting caregivers of young children.</p>
<p><i>Protection Systems for Vulnerable Children</i>, Guatemala, Kenya and other countries, Melissa Kelly</p>	<p>Child Fund International is strengthening informal and formal protection systems for young children, a critical and often neglected component of nurturing care. Focusing on strengthening the relationship between caregivers and children, and using its strong Monitoring, Evaluation and Learning Framework, the NGO is implementing a <i>Reach Up and Learn</i> randomized controlled trial with partners in Guatemala and using various community platforms to reach caregivers in Gambia and Kenya.</p>

STRENGTHENING THE WORKFORCE

<p><i>Home Visiting Needs Assessment tool</i>, Bulgaria, Liana Ghent</p>	<p>As part of the Early Workforce Initiative, R4D and ISSA developed a home visitor needs assessment tool with seven modules that was piloted recently in Bulgaria. The tool facilitated the first-ever discussion between the MoH and home visiting professionals around workforce conditions, expectations, available curricula, materials and resources, and training, supervision and career development. The tool was helpful in giving a voice to practitioners and guiding the reflection process with the MoH. Strengths and areas for improvement were identified together. Consensus was built around workforce priorities and ways to sustain quality in the expansion phase of Bulgarian home visiting services.</p>
--	--

Nurturing care for the most vulnerable populations

“A world in which every child is able to develop to his/her full potential and no child is left behind”

Children affected by HIV, with developmental difficulties and/or disabilities, living in fragile contexts, born prematurely or with low weight for gestational age, or suffering from illness or malnutrition are specially in need of nurturing care to be able to thrive. Even under the most favourable circumstances, their caregivers are likely to require additional support. Updates on how the *Framework* can help advance care and support for vulnerable populations were provided through the examples below. Key messages are in **Box 4**.

Children of HIV-positive mothers

While maternal transmission rates of HIV during pregnancy are close to zero in many countries due to effective prevention and control, most children of HIV-positive mothers have been exposed to antiretroviral treatment in utero and are affected by maternal self-care practices. Approximately one half of these children are also living in poverty. In some countries of Eastern and Southern Africa, almost one in three newborns is born into an HIV-affected household, and the number of children exposed to HIV who are not infected is increasing steadily. These children and their families need additional support for nurturing care, within health services and through community platforms such as home visits or group sessions. They also may need additional resources such as cash transfers. Contacts for prevention of mother-to-child transmission during antenatal and postnatal care and for treatment present unique opportunities to support children's development while retaining mothers on antiretroviral therapy. A meeting hosted by WHO's Department of HIV/AIDS in collaboration with UNICEF in July 2019 is intended to expand on this topic, and a policy brief focusing on nurturing care for children affected by HIV will be developed.

Box 4.

Nurturing care for the most vulnerable populations – key messages

Children who are exposed to HIV, whether or not they are infected, may face multiple challenges, and they and their families need to receive targeted support for nurturing care, including through regular contacts with a skilled provider and where appropriate, benefits to alleviate the worst effects of poverty.

For **small and sick newborns**, family participatory care is essential and the transition from the maternity into the home and community must be addressed effectively, linking maternities and neonatal intensive care units with post-partum community health personnel. Many of these children need long-term support, and family-centred services will increase the confidence of their caregivers.

Families of **children with developmental difficulties or disabilities** benefit from community-based support systems that address the needs of the child as well as the caregiver. Changing community norms around disability and ensuring multi-disciplinary support in health and other services for children with complex problems is important.

Interventions in **humanitarian settings** for the youngest children should have a strong focus on both children and caregivers. This may have important benefits, as caregivers may feel hopeless and expect little for themselves and their children from the future. First response emergency teams from all relevant sectors need to be educated about the critical importance of supporting nurturing care in other interventions.

Small and sick newborns

The recently-published report *Survive and thrive: transforming care for every small and sick newborn (14)* indicates that there is a lack of information on the care of these newborns. Past strategies have primarily focused on reducing preventable deaths rather than also helping these newborns thrive. The evidence for interventions, such as skin-to-skin contact immediately after birth and kangaroo care for low-birth-weight infants, has been well-established, with important benefits for thermal control, prevention of infection, exclusive breastfeeding and bonding. The potential of participatory interventions to help parents bond with their newborn and gain efficacy in their parenting role by becoming involved in the routine care and development of their infant was not addressed in past technical guidance. The new guidance is inclusive of the nurturing care needs of small and sick newborns and promotes the role of their parents in providing it, such as through zero separation from the mother unless absolutely indicated, and involvement of parents in caregiving of their infant. In addition, the charter for respectful maternity care will be revised, and the emphasis on child rights strengthened.

Young children with disabilities and/or developmental difficulties

Operational guidance on early identification, assessment and intervention for young children with disabilities and/or developmental difficulties emphasizes the need for increasing timely access to services during the period of greatest plasticity of the brain in line with a twin-track approach.ⁱⁱ Addressing the needs of this group of children is an area of close collaboration between WHO and UNICEF. It involves promoting parental bonding and efficacy; preventing placement in residential care; and supporting social inclusion while reducing stigma and discrimination. The emphasis should be on reducing environmental and social barriers to disability; building functional skills that are important for the child and family in daily living using a strengths-based approach; and ensuring integrated and multisectoral support and services provided in, or as close as possible, to the child's home. Attention also needs to be placed on the caregiver's wellbeing considering the changing needs of the child and the family over time. At the request of stakeholders in low- and middle-income countries, a low-intensity caregiver skills training course of nine group sessions and three home visits was developed by WHO for families with children age 2 and older, based on a "shared needs" approach. Using a supportive peer group setting, it addresses the strengthening of caregiver-child relationships through shared engagement in play and daily routines, the promotion of adaptive behaviours and communication, the prevention and reduction of challenging behaviours, and caregiver attention to wellbeing and self-care. Based on the rapid uptake and positive outcomes, the course is currently being adapted for younger children.

Displaced children

Of the 68.5 million people displaced worldwide, one half are children and 22 million are under 5 years. This is, however, not reflected in emergency response funding, where less than 2% goes to education and virtually nothing to supporting nurturing care. The different refugee contexts present challenges in developing programming approaches because of diverse cultural practices and attitudes and literacy levels, particularly digital literacy. In a rapid randomized controlled trial, the International Rescue Committee (IRC) determined that the notion of "having smart kids" had more appeal for a group of refugee parents than "supporting child development", illustrating the importance of locally-adapted messaging to communicate the rationale and facilitate community engagement.

IRC's programming is based on the *Reach Up & Learn* curriculum and ranges from universal to intensive interventions. It includes parenting tips and other information provided via mobile devices, play and learning spaces, modular parenting sessions that also address caregiver health and wellbeing issues, pre-school healing classrooms where children can discuss traumatic experiences, and individualized home visiting. For the latter, costing information is available for three different contexts. In a new partnership with Sesame Street, IRC will be working in Iraq, Jordan, Lebanon and Syria to scale up programming for ECD including for the youngest children.

ii. In the twin-track approach, children with disabilities and/or developmental difficulties are mainstreamed in inclusive interventions promoting child development and receive additional targeted interventions as indicated.

Available and forthcoming resources to support implementation

The INSPIRE handbook. Developed by a global partnership of organizations concerned with ending violence against children, the handbook provides a guide to programming for the seven components of the INSPIRE strategy (15). It proposes actions steps, communication tools and indicators, and includes practical examples of interventions with proven effectiveness, including reference to relevant resource persons. To end violence against children, the partnership is prioritizing countries that have completed a survey.

Caring for the Caregiver. UNICEF, in collaboration with partners, is developing materials to address the well-being of caregivers. In line with the 2016 Lancet recommendations and UNICEF's ECD Programme Guidance, the *Caring for the caregiver* training package aims to address the caregiver plus child plus caregiving environment. The materials equip care providers and frontline workers with skills, job aids and practical activities. The package has been tested in Mali and Sierra Leone, and will be finalized through the establishment of an Advisory Group and further testing and adaptation in additional countries. The materials will serve as a complement to the WHO/UNICEF *Care for child development* package, as well as any other package that aims to increase parental skills, and be part of a core set of resources to build workforce capacity for nurturing care.

Tools under development. Updates from regional networks and WHO regional office colleagues included reference to tools.

- Child and Adolescent Health in Humanitarian Settings - Operational guide (WHO Regional Office for the Eastern Mediterranean)
- Playful parenting capacity-building package (Arab Resource Collective/ANECD)
- Comprehensive caregiving toolkit (caregivers' wellbeing and positive discipline, supervisors' and mentors' guide, and parents' kit including development wheel (AfECN)
- Home visitor assessment tool (ISSA with R4D).

The ECD Gateway (ECDAN's online community and information platform) is under development and acts as a site for mutual learning and collaboration (16). It is founded on underlying principles of openness and inclusivity. With its interactive capabilities and user-friendly data repository, the ECD Gateway will represent an innovative opportunity to engage in conversations and disseminate knowledge around how best to promote nurturing care in different contexts. As a practical example, the Gateway will be an entry point through which updated ECD country profiles and their meta data can be accessed.

Monitoring and evaluation

Updates from the ECD Monitoring and Evaluation Working Group

The Monitoring and Evaluation Working Group, co-led by WHO, UNICEF, the World Bank Group and other partners, is collaborating to develop new indicators and tools for monitoring and evaluation of ECD. The approach considers three levels: population, programme and individual (see **Box 5**).

Population-based monitoring: The Early Childhood Development Index that is part of UNICEF's Multiple Indicator Cluster Survey has been revised to improve alignment with SDG indicator 4.2.1 (including age group and developmental domains). The new measure covers children aged 24 to 59 months. It will be used to report with regards to this age group, as the indicator has been reclassified to Tier 2ⁱⁱⁱ by the Inter-agency and Expert Group on SDG Indicators, providing assurance that this ECD-specific indicator will be measured by countries. A complete set of materials to support measurement is expected to be available by September 2019.

iii. Tier 2 are indicators that need some work for implementation but are feasible, in contrast to Tier 1 indicators that are available and already agreed to be measured.

A consortium of scientists coordinated by WHO is working on the Global Scale for Early Childhood Development which will cover children from birth to age 3. There will be a short form based on caregiver report for inclusion in population-based surveys and a long form that also includes direct observation for programme use. Interviews and data collection will be supported by an App with pictures and videos, and the first training courses in its use will take place in Bangladesh, Pakistan and Tanzania. The work on the scales is expected to be completed in 2020, and harmonization between the different measurement options will then take place.

Programme monitoring: Countries have expressed a great demand for a monitoring system to accompany the *Framework*. Meeting participants were provided with a concept note that gives preliminary ideas and proposes a step-wise process to identify the indicators and develop a monitoring system for nurturing care programming that is fully aligned with national health information systems. Further work will take place in 2019 with the intent to complete a first version for use and further refinement in countries, and be part of the deliverables for the Monitoring and Evaluation Working Group.

Individual assessment and monitoring:

Multiple tools are available for individual assessment. The World Bank's Strategic Impact Evaluation Fund toolkit provides useful guidance on different tools and their potential use. WHO and UNICEF are working on a comprehensive review of available instruments and have identified 10 with properties that make them suitable for use in low- and middle-income countries. Work is planned to develop guidance for developmental monitoring by frontline workers including CHWs. The aim is to come up with a streamlined set of recommendations to monitor children's development and take appropriate action.

ECD country profiles

The ECD country profiles that accompanied the launch of the *Framework* have proven to be useful tools to guide dialogue and programming in countries and enable cross-country comparisons. Inspired by and aligned with the [Countdown to 2030](#) country profiles, they present demographic data and information on how the country is progressing against the five nurturing care components (drawing on existing indicators). A Countdown ECD Working Group has been established to guide future data compilation and analysis, and an updated version covering 138 low- and middle-income countries will be released at the time of the United Nations General Assembly in September 2019 (17). Peer-reviewed publications on equity and trends are in preparation, and the working group is mobilizing resources to ensure that the initiative grows in strength. Analysis of available data shows that the burden of children at risk is increasingly clustered in sub-Saharan Africa, and there are significant differences in development outcomes between children living in urban versus rural areas or born to young mothers.

Box 5.

Monitoring and evaluation – key messages

- Different levels of measurement exist for different purposes (global/population, national/programme, individual)
- Monitoring and evaluation should be based on a theory of change or logic model in which positive assessments of inputs, outputs and outcomes precede the measurement of impact.
- UNICEF, WHO, the World Bank Group and partners are making good progress in developing harmonized resources for assessment of ECD in children 0 – 59 months of age at population level.
- Tools are available to assess SDG target 4.2.1, the Early Childhood Development Index in the Multiple Indicator Cluster Survey being the best available option at present.
- Building capacity for collecting, using and reporting on data related to ECD is needed in countries at all levels.

Financing

The questions *What does it cost?* and *Given financial constraints, where will the resources come from?* remain important points of discussion. Financing of policies and interventions for nurturing care should come from a mix of public, private, international and national donor funding, as well as out-of-pocket expenditures of beneficiaries. Costing can build upon investment models that have been successfully developed for reproductive, maternal, newborn, child and adolescent health and nutrition, as new interventions can be added and costed incrementally. Currently, information on costs of implementing interventions by outcome remains limited, and data are mostly from high- or middle-income countries. Given the great diversity of nurturing care interventions and implementation contexts, more work is needed to come up with generic cost estimates.

Evidence shows that countries can leverage available funding mechanisms effectively and creatively to increase resources for nurturing care programming (see **Box 6**). For example, the World Bank Group's financing mechanisms (International Development Association, International Bank for Reconstruction and Development), the Global Partnership for Education, and the Global Financing Facility for Women, Children and Adolescents have been used with success in Mozambique and Senegal to mobilize funding for scaling-up nurturing care interventions. When such financing opportunities arise, starting the planning early and at a high level is important, as is being ready with an evidence-based investment case. The World Bank Group's Human Capital Project is helping to galvanize the notion that human capital is the biggest asset of countries for further growth. Due to the collective voice of partners (foundations, United Nations and other agencies), the World Bank Group estimates that investment in ECD has tripled over the past decade, including through increased domestic resource mobilization.

Box 6.

Financing for nurturing care programming – key messages

Options for increasing the funding envelope for nurturing care in countries include:

- leveraging current political will around the importance of human capital for sustainable growth and prosperity of nations;
- integrating ECD interventions into the relevant budget components of various sectors (e.g. cash transfers, nutrition platforms, early learning, health, public works, sanitation);
- identifying new sources of funding (e.g. public-private partnerships, innovative financing); and
- creating efficiencies and maximizing gains by leveraging every dollar in smart and creative ways.

5. Advancing the strategic actions

On the second day of the meeting, participants were divided into thematic groups arranged by the five strategic action areas of the *Framework*. The aim of the group work was to reach consensus on a set of high priority actions that can be addressed in the next year. For their action area, groups examined country experiences and tools that they found useful; identified challenges and needs of countries; and formulated priority activities to help countries advance in the strategic area including suggestions for who should act and how this can happen. The conclusions are summarized in **Table 2** below. Recurring themes included:

Identification: articulation of essential elements of nurturing care, definition and clarity on key concepts, steps in the programming process.

Integration: multisectoral coordination, co-design with beneficiaries, addressing missing elements in services, system strengthening, public-private partnerships.

Inclusion: addressing the five components of nurturing care in a balanced way, inclusiveness and equity for the most vulnerable, task delegation and team work.

Innovation: learning by doing, rapid adaptation of approaches, analysing failures, illustrative case reports, identification of common elements for impact at scale.

Local practices: understanding and respecting local context, building on what is conducive and mitigating harmful practices.

Table 2.

Summary of the conclusions of the working groups on strategic action areas

STRATEGIC ACTION AREA	PRIORITY CHALLENGES AND NEEDS	PRIORITY ACTIONS	KEY EXISTING RESOURCES
Lead and invest	<ul style="list-style-type: none"> • Speak the language of decision-makers through careful framing of key messages (i.e. make nurturing care come alive through effective media and communication approaches) • Ensure political ownership for sustainability • Identify champions in government • Disaggregate spending by sector • Create guidance and templates for situation analyses to identify gaps • Provide tailored options informed by country contexts 	<ul style="list-style-type: none"> • Create technical briefs for different audiences • Ensure political sensitization at all levels • Engage top leadership for accountability and multisectoral action • Establish multisectoral national working group at highest level, funded and empowered to make recommendations and begin implementation • Conduct landscape analysis to identify priorities and vulnerable groups • Improve costing information, resource tracking systems, and donor mapping for resource mobilization • Conduct advocacy campaigns 	<ul style="list-style-type: none"> • Take advantage of available funding mechanisms, link to political priorities, build on existing services and coordination platforms • Tap into regional platforms and resources • Engage community groups and respected leadership
Focus on families and communities	<ul style="list-style-type: none"> • Shift the focus from the parent-child dyad to “it takes a village” • Find best approaches for targeting vulnerable populations, do not default to home visits only • Change social norms around nurturing care and ECD • Promote participatory governance, family buy-in and ownership in scaling-up of activities • Address structural issues including siloed or short-term funding, fragmentation in programming and advocacy, lack of coordination or duplication of effort, lack of proper framing and language for specific audiences • Use participatory situation analysis as the basis for planning and implementation, especially in fragile contexts • Leverage the power of the media, including social media 	<ul style="list-style-type: none"> • Provide guidance on the role of CHWs and volunteers in support of ECD • Provide guidance for developing a nurturing care- focused community engagement strategy • Develop tools for situation analysis, and provide options for effective and scalable approaches to reach families using existing systems • Develop social accountability to increase community buy-in and demand for services • Target the most vulnerable households • Use social media to promote messages • Develop materials for day-care settings 	<ul style="list-style-type: none"> • Test existing resources and materials in multiple contexts • Engage local champions early on • Share experiences about effective communication campaigns and cross-sectoral learning from countries with high-level, multisectoral coordination platforms • Monitor implementation using available measures such as the Home Observation for Measurement of the Environment inventory and with reference to the tools discussed in Archives of Diseases in Childhood and the World Bank Group Compendium

STRATEGIC ACTION AREA	PRIORITY CHALLENGES AND NEEDS	PRIORITY ACTIONS	KEY EXISTING RESOURCES
Strengthen services	<ul style="list-style-type: none"> • Use the <i>Framework</i> as a model for achieving quality of care and work towards the objectives of survive, thrive, transform • Develop tools for situation analysis • Provide good practice examples on interdisciplinary and multisectoral collaboration • Give attention to workforce issues and facilitate workers being valued, compensated and capacitated • Identify feasible contact points in health and other sectors and strengthen services by integrating missing components • Refer to successful models of implementation and adapt them to local contexts • Build inclusive and supportive systems that prioritize high-impact interventions • Address the paucity of services where children with developmental difficulties can be referred 	<ul style="list-style-type: none"> • Cultivate champions at all levels and engage influential professionals to facilitate change • Develop a pool of experts to guide programming and invest in centres of excellence • Differentiate and clarify roles and responsibilities within health and across sectors • Develop systems for accountability and define desired outcomes • Systematically address all system components to achieve those outcomes • Develop pre-service and in-service materials for different professionals, building on what is available already • Complement service strengthening with communication and policy guidance • Strengthen efforts to address ECD in fragile settings 	<ul style="list-style-type: none"> • Increase access to the growing pool of country resources through open access platforms • Enhance resources for operationalizing the <i>Framework</i>, including for situation assessments, planning, service provision and monitoring • Develop checklists of messaging and support for nurturing care by age group • Support the integration of missing elements of nurturing care into existing resources • Share best practices and successful models of implementation • Provide coordinated technical support in countries
Monitor progress	<p>Achieve clarity on:</p> <ul style="list-style-type: none"> • what data should be collected at population, programmatic, individual levels • what mechanisms are available in countries to gather the information • how to collect, analyse and utilize data effectively 	<ul style="list-style-type: none"> • Link to other data collection efforts and groups already in this field • Propose a core set of indicators and related measurement tools, develop guidance on how to assess inputs, outputs, outcomes and impact with reference to specific programme components and end-users • Create capacity to build or strengthen information systems and utilize data to make decisions • Ensure that issues pertinent to children with disabilities or developmental difficulties are addressed in monitoring efforts • Identify ‘quick wins’ and use the information for advocacy 	Not included
Use data & innovate	<ul style="list-style-type: none"> • Define the data needed • Agree on the level of data collection and how the data can be used at each level to advance ECD • Increase implementation research • Understand parental demand for ECD services/knowledge • Distill key messages and reduce redundancy • Ensure institutional data collection does not restrict innovation 	<ul style="list-style-type: none"> • Identify salient indicators for responsive caregiving and opportunities for early learning • Use data to create and maintain momentum for ECD including awareness of use of harsh punishment; make use of social comparisons • Ensure local data use and innovation by encouraging community-driven data processes and ownership • Identify and use touchpoints to reach caregivers 	<ul style="list-style-type: none"> • Use results from regular household surveys, service data surveys, knowledge, attitudes and practices data • Mainstream new information in social media and disseminate results

6. Keeping the momentum and addressing priority needs

Learning from others

Participants engaged with representatives of the *Every Newborn*, *INSPIRE* and *Scaling Up Nutrition* initiatives who shared their experiences. The launch of their respective major framework documents was only the start of a long and ongoing journey. For example, in the *INSPIRE* community, the process for achieving convergence and alignment was not without complications, and a key lesson has been for a small team to forge ahead on the development of implementation tools while providing the space to the wider community to provide inputs. For all three initiatives, a key feature was that international agencies, governments, NGOs, civil society, academia and others signed on and were eager to be involved. The lessons learned can inform the processes and products for supporting the implementation of the *Framework*.

Globally

- Create a collective vision of the larger stakeholder group and facilitate a global movement to which partners feel they belong and can contribute.
- Form strong partnerships towards realizing the vision between United Nations agencies, academia, NGOs, the for-profit sector, foundations and bilateral donors.
- Develop timebound workplans with responsibilities for multiple stakeholders, enable co-production of global goods, and coordinate support in countries.
- Develop compelling messages that indicate a sense of urgency and are based on scientific evidence with linkage to global commitments such as the SDGs.
- Develop an investment case of what countries could gain in human and financial capital.
- Make available technical materials for operationalization including a theory of change and indicators for assessing progress.

Nationally

- Develop high-level political leadership.
- Appoint a national focal point with power to convene a multisectoral group.
- Adapt to the country/sub-regional context and needs.
- Develop a results framework and action plans informed by global evidence.
- Leverage human and financial resources around a common vision.
- Involve relevant sectors, NGOs, civil society, business and academia.

Summary of tools needed

- Technical briefs to frame the issues for specific target groups.
- Planning and management tools.
- A curated bank of good practice examples and implementation models.
- Tools for service strengthening including for monitoring children's development.
- Tools for communication including generic messaging in home-based records.
- Monitoring and evaluation guidance.
- Costing tools and financial data including investment cases.

Guidelines to inform policy and programming

Each WHO guideline is based on a rigorous review of evidence following a standardized process led by a Guidelines Development Group of independent experts and facilitated by a WHO Secretariat and Steering Group. Governments often refer to WHO guidelines in the development of national policies, and they can be powerful tools for advocacy and action by a range of stakeholders. New guidelines for physical activity, sedentary behaviour, screen time and sleep for children less than 5 years of age were published in 2019. A guideline that addresses responsive caregiving, opportunities for early learning and maternal mental health in relation to ECD is forthcoming. Importantly, this guideline will include a recommendation to combine nutrition and responsive caregiving interventions for synergistic effects.

Contributions from the private sector and professional associations

The **business sector and corporate foundations** have the potential to play an important role in the promotion of and support to nurturing care. Companies can change their core business practices (e.g. establish family-friendly policies), support the participation of the staff in corporate social responsibility activities in their communities (e.g. contribute staff time and technical skills) to community-based efforts; provide grants to civil society organizations for programming; and influence other business leaders.

The participant from the [Human Safety Net Foundation](#) supported by the Generali Group offered some examples.

- Families – promote equal-life chances for children who grow up in poverty by supporting parents during the first six years of their child's life.
- Newborns – work with the medical community and parents to improve prevention and treatment for asphyxia.
- Refugee Start-ups – empower refugees to realize entrepreneurial potential and build livelihoods, directly benefiting their families.

The Foundation is creating a network of expert partners around the world (operating in countries) and activities, spaces and occasions for parents to come together, obtain support and learn skills to offer nurturing care to their children.

Professional associations can promote support for nurturing care among frontline professionals, policy- and other decision-makers. Services increasingly not only focus on the child but also are inclusive of caregiver and family wellbeing. As an example, the American Academy of Pediatrics not only sets standards for good paediatric practices with families of young children in North America via its [Bright Futures Tool and Resource Kit \(18\)](#), but also influences practices more widely through paediatric professional associations abroad.

Working Groups to advance the uptake of the *Framework*

The *Framework* was launched just over one year ago. There is now high demand for ongoing support to countries as they develop and implement roadmaps aligned with the *Framework*. The *Framework* coordinating group (WHO, UNICEF, the World Bank Group, ECDAN and PMNCH) sees value in continuing to work with each other and with the global community to address high priority needs, learn from each other, and leverage each other's experience and expertise.

With this in mind, the *Framework* coordinating group proposed four working groups (see the list and summary of primary functions/priorities in **Table 3**). These groups will be time limited and work on defined deliverables (drawing heavily on the recommendations made during this meeting). The coordination group will share the responsibility of chairing these groups and working with members to prioritize the deliverables, develop a workplan and share responsibilities. Participants were invited to sign up for one or more of the working groups during the meeting.

Table 3.
Proposed working groups to advance the uptake of the *Framework*

WORKING GROUPS	PRIMARY FUNCTIONS/PRIORITIES	
Advocacy	<ul style="list-style-type: none"> • Development of assets to support advocacy (e.g. presentations, conversation guides, frequently asked questions, technical briefs) • Key messages and talking points framed for different stakeholder groups • Content for Nurturing Care website including press releases, media, journal articles 	COUNTRY SUPPORT
Implementation	<ul style="list-style-type: none"> • Positioning the <i>Framework</i> in sector planning and investment • Facilitating family and community engagement • Development of guidance for strengthening systems and service delivery including assessment, planning and adaptation tools, job aids and training materials 	
Knowledge and learning exchange	<ul style="list-style-type: none"> • Development of the knowledge dissemination architecture • Thematic cross-country learning exchanges and communities of practice • Country case studies, and other products documenting the <i>Framework</i> implementation process 	
Monitoring and evaluation	<ul style="list-style-type: none"> • Development of new indicators and indicator repository for monitoring implementation • Capacity building for measurement in countries • Tracking of progress in implementation 	

7. Conclusions

[“Keep things simple and doable”]

The two days of the meeting, filled with rich discussions and exchange around nurturing care, demonstrated steady progress in implementation of the *Framework* across the globe. Efforts are underway in multiple countries to sensitize and orient policy- and decision-makers at the highest level and conduct local situation assessments. In others, work is in progress to strengthen services by updating training materials, job aids and information systems and building local capacities for implementation.

While there is a clear role for the health sector, experiences show that the nurturing care agenda is inspiring governments and stakeholders to work towards alignment of multisectoral responses for addressing ECD. This may involve the creation of a national coordination mechanism that transcends sectors and development of a national roadmap from which sector-specific action plans can be derived.

Generic tools and models of implementation, mostly developed in high- and middle-income countries, are being adapted and applied, and new approaches are being developed to respond to the local realities of caregivers and young children. Formative assessment and local adaptation are important, and the involvement of beneficiaries in design of the interventions is essential for creating shared ownership and sustainability.

Given the breadth of the nurturing care agenda, implementation must focus on doable actions that can be progressively expanded. Introduction of interventions to support responsive caregiving and early learning has been of primary focus in several countries. While they can be a reasonable starting point, single interventions are unlikely to be sufficient to achieve change. Policies, services and information all have a role to play and should be strengthened in synergy to create the enabling environments that are needed for children to receive nurturing care.

Despite progress, important gaps in knowledge and evidence remain.

First, there is a need for clarity on definitions and lexicon. Optimal ECD is an outcome for which nurturing care is an essential input. Effective policies and interventions in all five domains of nurturing care contribute to ECD. Play and communication are specific activities to support the domains of responsive caregiving and early learning.

Second, we need more evidence. This not only relates to how to deliver interventions for different target audiences but also to costs and cost-effectiveness. To date, efficacy and effectiveness studies have shown that it is possible to improve children’s development. There is now an urgent need to increase investment in scaled-up effectiveness studies and implementation research to understand the factors that inform feasibility, scalability and sustainability of effective intervention approaches in real-life situations.

Third, to accelerate progress, mechanisms for joint learning are needed within and across countries. Investing in learning sites in early implementation phases will enable countries to develop the models that work best for their context based on strong monitoring, review and adaptation efforts. Communities of practice, exchange visits and a global knowledge platform are important for facilitating exchange within and across countries.

To harness current knowledge and experiences, partners are committed to work together and develop a repository of resources to facilitate the operationalization of the *Framework*. Working groups will be formed as a platform for engagement and co-production of global goods that respond to country needs. Such global collaboration will also enable optimization of technical and financial resource allocation, through coordinated assistance in countries and active engagement with relevant global partnerships and financing initiatives, including in public and private sectors.

References

- (1) World Health Organization, United Nations Children's Fund, World Bank Group. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: WHO; 2018. Licence: CC BY-NC-SA 3.0 IGO.
<https://apps.who.int/iris/bitstream/handle/10665/272603/9789241514064-eng.pdf>
- (2) Yousafzai AK, Aboud FE, Nores M, Kaur R. Reporting guidelines for implementation research on nurturing care interventions designed to promote early childhood development. *Ann NY Acad Sci.* 2018; 1419(1):26-37.
<https://nyaspubs.onlinelibrary.wiley.com/doi/10.1111/nyas.13648>
- (3) Lancet. Early childhood development: from science to scale. *Lancet.* 2016; 389:10064.
<https://www.thelancet.com/series/ECD2016>
- (4) United Nations Secretary-General. Global strategy for women's and children's health (2016-2030): survive, thrive, transform. New York: United Nations; 2015. <https://globalstrategy.everywomaneverychild.org/>
- (5) World Bank Group. Human Capital Project [website]. Washington DC: World Bank Group; 2019.
<https://www.worldbank.org/en/publication/human-capital>
- (6) G20 Initiative for Early Childhood Development. Building human capital to break the cycle of poverty and inequality. Argentina: G20; 2018. <https://g20.argentina.gob.ar/en/ministerial-declarations-and-communiques>
- (7) Nurturing care framework for early childhood development: dissemination and uptake since May 2018. Geneva: WHO; 2019. <https://nurturing-care.org/wp-content/uploads/2019/07/Uptake.pdf> and https://nurturing-care.org/wp-content/uploads/2019/07/NCF_Uptake_Map.pdf
- (8) AfECN. The African Early Childhood Network [website]. Nairobi: AfECN; 2018. <https://africaecnetwork.org/>
- (9) ANECD. Arab Network for Early Childhood Development [website]. <https://anecd.mawared.org/en>
- (10) ISSA. International Step by Step Association [website]. Leiden: ISSA; 2019. <https://www.issa.nl/>
- (11) INSPIRE Handbook: action for implementing the seven strategies for ending violence against children. Geneva: WHO; 2018.
https://www.who.int/violence_injury_prevention/violence/inspire-package/inspire-handbook/en/
- (12) Archives of Disease in Childhood. Informing design and implementation for early child development programmes. *Arch Dis Child.* 2019; 104:Suppl 1. https://adc.bmj.com/content/104/Suppl_1
- (13) Yousafzai A, Aboud FE, Nores M, Britto PR (editors). Special issue: implementation research and practice for early childhood development. *Ann NY Acad Sci.* 2018; 1419.
<https://www.nyas.org/annals/special-issue-implementation-research-and-practice-for-early-childhood-development-vol-1419/>
- (14) Survive and thrive: transforming care for every small and sick newborn. Geneva: WHO; 2018.
https://www.who.int/maternal_child_adolescent/documents/care-small-sick-newborns-survive-thrive/en/
- (15) World Health Organization, Centers for Disease Control and Prevention, Ending Violence Against Children, Pan American Health Organization, PEPFAR, Together for Girls et al. INSPIRE: seven strategies for ending violence against children. Geneva: World Health Organization; 2016.
https://www.who.int/violence_injury_prevention/violence/inspire/en/
<https://apps.who.int/iris/handle/10665/272996>. License: CC BY-NC-SA 3.0 IGO
<https://apps.who.int/iris/handle/10665/272996>
- (16) ECDAN. Early Child Development Action Network [website]. Washington DC: ECDAN; 2019. www.ecdan.org
- (17) ECDAN. Early Child Development Action Network Country profiles [website]. Washington DC: ECDAN; 2019.
<https://www.ecdan.org/countries.html>
- (18) American Academy of Pediatrics. Bright Futures tool and resource kit, 2nd edition.
<https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/default.aspx>

Annex 1

List of participants

Samira Aboubaker

WHO consultant
Geneva, Switzerland
Email: 123saboubaker@gmail.com

Frances Aboud

McGill University
Montreal, Canada
Email: frances.aboud@mcgill.ca

Diego Adame

LEGO Foundation
Billund, Denmark
Email: diego.adame@lego.com

Jamela Alraiby

WHO Regional Office for the Eastern Mediterranean
Cairo, Egypt
Email: alraiby@who.int

Tina Asnake Belaynehe

Federal Ministry of Health
Addis Ababa, Ethiopia
Email: tina.asnake@moh.gov.et

Saverio Bellizzi

PMNCH
Cairo, Egypt
Email: bellizzis@who.int

Maureen Black

RTI International and University of Maryland
Severna Park, USA
Email: mblack@som.umaryland.edu

Lisa Bohmer

Hilton Foundation
Westlake Village, USA
Email: Lisa@hiltonfoundation.org

Betzy Butron Riveros

WHO Regional Office for the Americas
Washington DC, USA
Email: butronbe@who.int

Vanessa Cavallera

Consultant WHO
Milan, Italy
Email: cavallerav@gmail.com

Jaya Chandna

London School of Hygiene & Tropical Medicine
London, United Kingdom
Email: jaya.chandna@lshtm.ac.uk

Michelle Cruickshank

Grand Challenges Canada
Newmarket, Canada
Email: Michelle.Cruickshank@grandchallenges.ca

Tom Davis

World Vision International
Geneva, Switzerland
Email: tom_davis@wvi.org

Teshome Desta

WHO Regional Office for Africa
Brazzaville, Democratic Republic of the Congo
Email: destawolde@who.int

Debora Di Dio*

Scaling Up Nutrition
Geneva, Switzerland
Email: debora.didio@scalingupnutrition.org

Aminata Diop*

Cellule de Lutte contre la Malnutrition
Dakar, Senegal
Email: andoye@clm.sn

Helena Duch

Oak Foundation
Geneva, Switzerland
Email: helena.duch@oakfnd.ch

Marie Durling

Scaling Up Nutrition
Geneva, Switzerland
Email: marie.durling@scalingupnutrition.org

Jane Fisher

Monash University
Melbourne, Australia
Email: jane.fisher@monash.edu

Matthew Frey

PATH
Washington DC, USA
Email: mfrey@path.org

Roman Gebremedhin

World Bank
Addis Ababa, Ethiopia
Email: rgebremedhin@worldbank.org

Liana Ghent

ISSA
Leiden, The Netherlands
Email: lghent@issa.nl

Melissa Gladstone

University of Liverpool
Liverpool, United Kingdom
Email: m.j.gladstone@liverpool.ac.uk

Margaret Greene

Promundo
Washington DC, USA
Email: mgreene@greenetworks.com

Deepa Grover

UNICEF Europe and Central Asia Regional Office
Geneva, Switzerland
Email: degrover@unicef.org

Jena Hamadani

ICDDR
Dhaka, Bangladesh
Email: jena@icddr.org

Zelee Hill

University College London
London, United Kingdom
Email: z.hill@ucl.ac.uk

Patrick Hoffmann

The Human Safety Net
Milan, Italy
Email: Patrick.Hoffmann@generali.com

Ghassan Issa

ARC
Beirut, Lebanon
Email: arcgi@mawared.org

Florence Jacot

Oak Foundation
Geneva, Switzerland
Email: Florence.Jacot@oakfnd.ch

Patricia Jodrey

United States Agency for International Development
Washington DC, USA
Email: pjodrey@usaid.gov

Tressa Johnson

ELMA Foundation
New York, USA
Email: TJohnson@elmaphilanthropies.org

Aleksandra Jovic

UNICEF Europe and Central Asia Regional Office
Geneva, Switzerland
Email: ajovic@unicef.org

Oscar Kadenge

PATH
Nairobi, Kenya
Email: okadenge@path.org

Lily Kak

United States Agency for International Development
Washington DC, USA
Email: lkak@usaid.gov

Romila Karnati

Save the Children
Washington DC, USA
Email: rkarnati@savechildren.org

Svetlana Karuskina-Drivdale

PATH
Maputo, Mozambique
Email: sdrivdal@path.org

Melissa Kelly

ChildFund International
Washington DC, USA
Email: MKelly@childfund.org

Neena Khadka

MCSP
Washington DC, USA
Email: Nkhadka@savechildren.org

Sarah Klaus

Open Society Foundations
London, United Kingdom
Email: sarah.klaus@opensocietyfoundations.org

Vibha Krishnamurthy

Ummeed Child Development Center
Mumbai, India
Email: vibha.krish@gmail.com

Vesna Kutlesic

NICHD/NIH
Bethesda, USA
Email: vesna.kutlesic@nih.gov

Christina Laurenzi

Stellenbosch University
Cape Town, South Africa
Email: christina.a.laurenzi@gmail.com

Jane Lucas

WHO Consultant
New York, USA
Email: janelucas@gmail.com

Susanne Martin Herz (remote)

University of California at San Francisco
San Francisco, USA
Email: Susanne.MartinHerz@ucsf.edu

Beatrice Matafwali *

Firelight Foundation
Lusaka, Zambia
Email: bmatafwali2000@yahoo.com

Kerida McDonald

UNICEF
New York, USA
Email: kmcdonald@unicef.org

Kate Milner

Royal Children's Hospital
Melbourne, Australia
Email: Kate.Milner@lshtm.ac.uk

Mario Mosquera-Vasquez

UNICEF Europe and Central Asia Regional Office
Geneva, Switzerland
Email: mmosquera@unicef.org

Katie Murphy

International Rescue Committee
New Haven, USA
Email: katie.murphy@rescue.org

Mouhamed Ndiaye

Ministere de la Femme, de la Famille, du Genre et de
la Protection des Enfants
Dakar, Senegal
Email: mndiayesn@gmail.com

Lilies Njanga

Children's Investment Fund Foundation
Nairobi, Kenya
Email: lnjanga@ciff.org

Rose Njiraini

UNICEF
Nairobi, Kenya
Email: njiraini@unicef.org

Frank Oberklaid

Murdoch Children's Research Institute
South Yarra, Australia
Email: Frank.Oberklaid@rch.org.au

Lynette Okengo

AfECN
Nairobi, Kenya
Email: lokengo@africaecdnetwork.org

Janna Patterson

American Academy of Pediatrics
Itasca, USA
Email: jpatterson@aap.org

Rafael Perez-Escamilla

Yale University
New Haven, USA
Email: rafael.perez-escamilla@yale.edu

Amy Potter

Department for International Development
London, UK
Email: a-potter@dfid.gov.uk

Linda Richter

Witwatersrand University
Johannesburg, South Africa
Email: Linda.Richter@wits.ac.za

Evelyn Santiago

ARNEC
Manila, Philippines
Email: evelyn.santiago@arnec.net

Bettina Schwethelm

WHO Consultant
Geneva, Switzerland
Email: bschwethelm@yahoo.com

Sweta Shah

Aga Khan Foundation
Washington DC, USA
Email: sweta.shah@akdn.org

Melanie Swan

Plan International
Panama City, Panama
Email: Melanie.Swan@plan-international.org

Giorgio Tamburlini

CS Bonlus
Triest, Italy
Email: tamburlini@csbonlus.org

Ana Tenorio

World Vision International
Nairobi, Kenya
Email: Ana_Tenorio@wvi.org

Mark Tomlinson

Stellenbosch University
Cape Town, South Africa
Email: markt@sun.ac.za

Agnes Uwineza*

The National Early Childhood Development Program
Kigali, Rwanda
Email: agnes.uwineza@ecd.gov.rw

Francesca Vezzini

The Human Safety Net
Milan, Italy
Email: francesca.vezzini@gmail.com

Martha Vibbert

Boston University School of Medicine
Boston, USA
Email: Martha.Vibbert@bmc.org

WHO Working Group

Shalini Desai

WHO/Department of Immunization, Vaccines and Biologicals
Geneva, Switzerland
Email: sdesai@who.int

Ornella Lincetto

WHO/MCA
Geneva, Switzerland
Email: LincettoOr@who.int

Martina Penazzato*

WHO/Department of HIV/AIDS
Geneva, Switzerland
Email: penazzatom@who.int

Annie Portela

WHO/MCA
Geneva, Switzerland
Email: portelaa@who.int

Sabine Rakotomalala

WHO/Department of Violence and Injury Prevention
Geneva, Switzerland
Email: sabinev@who.int

Marta Seoane Aguilo

WHO/FWA
Geneva, Switzerland
Email: seoanem@who.int

Chiara Servili

WHO/Department of Mental Health and Substance Dependence
Geneva, Switzerland
Email: servilic@who.int

Pura Solon

WHO/MCA
Geneva, Switzerland
Email: raycosolonp@who.int

Kathleen Strong

WHO/MCA
Geneva, Switzerland
Email: strongk@who.int

Juana Willumsen

WHO/Department of Prevention of Noncommunicable Diseases
Geneva, Switzerland
Email: willumsenj@who.int

Wilson Were

WHO/MCA
Geneva, Switzerland
Email: werew@who.int

Secretariat

Anshu Banerjee

WHO/MCA
Geneva, Switzerland
Email: banerjeea@who.int

Bernadette Daelmans

WHO/MCA
Geneva, Switzerland
Email: daelmansb@who.int

Anne Detjen

UNICEF
New York, USA
Email: adetjen@unicef.org

Tarun Dua

WHO/Department of Mental Health and Substance Abuse
Geneva, Switzerland
Email: duat@who.int

Leslie Elder

World Bank/Global Financing Facility
Washington, USA
Email: lelder@worldbank.org

Elizabeth Lule

ECDAN
Washington DC, USA
Email: elule@ecdan.org

Sheila Manji

PMNCH
Geneva, Switzerland
Email: sheilamanji@gmail.com

Anna Nieto

UNICEF
New York, USA
Email: anieto@unicef.org

Nigel Rollins

WHO/MCA
Geneva, Switzerland
Email: rollinsn@who.int

Peter Salama

WHO/Executive Director Universal Health Coverage/
Life Course
Geneva, Switzerland
Email: salamap@who.int

Shekufeh Zonji

ECDAN
Washington DC, USA
Email: zonji@ecdan.org

***Unable to attend**

Annex 2

Agenda, 13-14 June 2019

THURSDAY 13 JUNE

Chair: Leslie Elder Co-chair: Nigel Rollins

08.30-09.10	Welcome Introduction of participants	Pete Salama, <i>Executive Director WHO UHC LC on behalf of the partners</i>
09.10-09.15	Objectives of the meeting	Bernadette Daelmans
09.15-10.00	What has happened since the launch of the Nurturing Care Framework: panel discussion with regional and global inputs (5 min each)	Sheila Manji, Betzabe Butron Riveros, Deepa Grover, Jamela Alraiby, Teshome Desta
10.00-10.30	Setting the country context for the implementation of the NCF and aligning the NCF within the broader global health agenda	Anne Detjen, Leslie Elder
10.30-11.00	Break	
11.00-11.45	What can we learn from research and innovation? Results from the innovations survey and portfolio analysis	Mark Tomlinson, Kate Milner
11.45-13.00	What can we learn from implementation? Spark talks to illustrate processes, tools and issues related to the uptake of the nurturing care framework including updates from Ethiopia, Kenya and Senegal	Panels of short updates of maximum 5 minutes each
13.00-14.15	Lunch	
14.15-14.30	Taking stock and moving forward: Introduction of group work	Shekufeh Zonji
14.30-16.00	Taking stock and moving forward <ul style="list-style-type: none"> • Group 1: Lead and invest • Group 2: Focus on families and their communities • Group 3: Strengthen services • Group 4: Monitor progress • Group 5: Use data and innovate 	Facilitated group work
16.00-16.30	Break	
16.30-17.00	Proposal for stakeholder engagement and coordinated efforts	Elizabeth Lule
17.00-17.30	Results of the SPRING trial: update and commentary	Zelee Hill, Linda Richter
17.45-19.30	Cocktail	

FRIDAY 14 JUNE

Chair: Leslie Elder Co-chair: Elizabeth Lule

08.30-08.45	Welcome, summary of day 1 and overview of day 2	Chair
08.45-10.00	Reporting out of the working groups of day 1	Working group rapporteurs
10.00-10.30	Monitoring of programmatic support for nurturing care and outcomes	Tarun Dua, Ana Nieto
10.30-11.00	Break	
11.00-12.00	Illustrative products to facilitate implementation of the nurturing care framework <ul style="list-style-type: none"> • Examples developed to accompany the NCF • Experiences from INSPIRE 	Sheila Manji, Mark Tomlinson, Sabine Rakotomalala
12.00-13.00	Considerations across different contexts: <ul style="list-style-type: none"> • Nurturing care and HIV • Nurturing care and newborn health • Nurturing care for children with developmental difficulties • Nurturing care in humanitarian settings 	M. Penazzato Neena Khadka Chiara Servili Katy Murphy
13.00-14.15	Lunch	
14.15-14.45	Financing the implementation of the NCF in countries: key considerations	Leslie Elder
14.45-15.00	Accountability for early childhood development	Linda Richter
15.00-15.30	Keeping momentum to accelerate implementation: the role of regional networks	Liana Ghent, Ghassan Issa, Lynette Okengo, Evelyn Santiago
15.30-16.00	Break	
16.00-16.30	Engaging different stakeholder groups <ul style="list-style-type: none"> • Professional associations • Private sector • Nutrition sector 	Janna Patterson Patrick Hoffman Marie Durling
16.30-17.00	Proposed ways forward	Bernadette Daelmans, Ana Nieto
17.00-17.15	Closing of the meeting	Elizabeth Lule, <i>on behalf of the partners</i>

