Frequently Asked Questions

1. What is the Nurturing care framework for early childhood development?

The Nurturing care framework for early childhood development: A framework for helping children SURVIVE and THRIVE to TRANSFORM health and human potential builds upon state-of-the art evidence of how child development unfolds and of the effective policies and interventions that can improve early childhood development. The Framework was developed by WHO, UNICEF, and the World Bank Group, in collaboration with the Partnership for Maternal, Newborn & Child Health the Early Childhood Development Action Network and many other partners to provide a roadmap for ensuring attainment of the Sustainable Development Goals and survive, thrive and transform goals of the Global Strategy on Women's, Children's and Adolescents' Health.

Launched alongside the 71st World Health Assembly in May 2018, it outlines:
- why efforts to improve health and wellbeing must begin in the earliest years, from pregnancy to age 3;
- the major threats to early childhood development;
- how nurturing care protects young children from the worst effects of adversity and promotes physical, emotional and cognitive development;
- what families and caregivers need to provide nurturing care for young children.

2. Is "nurturing care" only applicable to young children (pregnancy to age 3)?

No. Everyone needs nurturing care – babies, children, adolescents, adults, and elderly people. The concept, nurturing care, applies to the entire life course. In this Framework, we concentrate on what nurturing care looks like at the beginning – from pregnancy to age 3 – recognizing that this is a period of rapid development and when the foundation for later health and wellbeing is laid.

3. Is it correct to say "integrating nurturing care"?

No. Nurturing care is a way of thinking or an organizing principle. It is not a specific program or intervention. Many existing programs or interventions already address one or more components of nurturing care. The concept nurturing care helps identify what we do already, what we can do better, and what is still needed to ensure a comprehensive approach across a range of policies and services.

4. Do nurturing care and early childhood development mean the same thing?

No. Nurturing care refers to what a child needs to survive, thrive, and achieve their full potential. Early childhood development refers to the physical, social, emotional and cognitive abilities a child acquires during pregnancy to age 8. We can think of nurturing care as the inputs (what we do) and early childhood development as the outcomes (what we measure). As children's growth and development is dynamic, what we do (nurturing care) and what we measure (early child developmental outcomes) will vary depending on the expected abilities and age of the children.

5. Is nurturing care the same thing as responsive caregiving?

No. Responsive caregiving is one of the five components of nurturing care. Responsive caregiving refers to the ability of the caregiver to notice, understand, and respond to their child's signals in a timely and appropriate manner. It is a foundation for all the other components because a responsive caregiver will know when their child is well or sick; full or hungry; happy or sad; interested or uninterested in an activity, person, or object; safe or unsafe, and, in turn, know what to do and be able to do it in each situation.

6. Is early learning referring to learning that happens in formal programs for young children?

Not exactly. Children are learning all the time from every interaction with a person, place, or object in their home, day care, place of prayer, health facility, market, etc. All interactions hinder or support brain development. We include the word "early" to emphasize that learning begins very early – in fact it begins in utero. Thus, early learning is about creating opportunities for and responding to children's attempts to use their five senses, move their bodies, hear and use language, experience different places, interact with the people, and explore different objects.

7. Is the Nurturing Care Framework only applicable to the health sector?

Not at all. The Framework is designed from a multi-sector perspective, but we draw attention to the health sector because health services are often the first point of contact for pregnant woman and young children. There are multiple existing opportunities in the health system to give attention to all five components of nurturing care, appreciate caregivers' efforts, enhance caregivers' knowledge and skills, and address caregivers' challenges. But, no single sector or stakeholder can provide all that is needed for every caregiver to provide nurturing care. Everyone has an important role to play (see next question).

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8. Should the health sector lead national efforts to advance nurturing care?

Not necessarily. The health sector needs to be at the table working alongside all sectors (e.g., education, nutrition, social protection, planning, gender, labour, culture, etc.) and stakeholders (e.g., private, civil society, community leadership, etc.)[1]. We encourage all sectors and stakeholders to work together at multiple levels (national to community) to identify and address gaps, define roles and responsibilities, and ensure complementarity. How this works and who will lead will vary by context. Where possible, we encourage you to build on existing coordinating structures rather than create parallel processes.

9. Can I still use the Nurturing Care Framework if my policy or program goes beyond age 3?

Absolutely. You are not limited to the age span specified in the Framework. Your existing policy or programming efforts may be more narrow (e.g., pregnant woman) or more broad (e.g., pregnancy to age 8, birth to 18). Whatever the age span you are focused on, we encourage you to reflect on how the five components of nurturing care are already being addressed and explore how each could be enhanced to ensure a more comprehensive policy or program. As mentioned earlier, everyone needs nurturing care.

10. Do I need to develop a nurturing care policy?

No. There is no such thing as a nurturing care policy nor can any single policy fully address all components of nurturing care. Many existing policies contribute to an enabling environment for nurturing care (e.g., child health, nutrition, parental leave, child protection, baby friendly services, multisectoral early childhood development). You might start with the multisectoral early childhood development policy but, we encourage you to look at all of the relevant policies together to see what needs strengthening or adding to ensure that together they address all five components of nurturing care and articulate clear roles and responsibilities of all relevant sectors and stakeholders.

11. Do I need to develop a nurturing care program?

No. Because nurturing care is provided through a range of services and interventions, it is impossible to have a single nurturing care program. In reality there is a lot already happening that provides aspects of nurturing care under existing programmes and initiatives. We suggest a three-pronged approach to program development or enhancement – remember, strengthen, add. We want to make sure what is already happening is valued (remember), that countries think about how to do what they are doing better (strengthen), and start the process of addressing any gaps (add). We encourage sectors to plan together, implement by sector or with other sectors where possible, and monitor together.

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[1] See Operationalizing the Nurturing Care Framework: The role of the health sector alongside other sectors and actors for additional guidance on this topic.

12.   Do I need to develop a nurturing care budget?

No. Just like policies and programs, multiple existing budgets contribute to nurturing care. We suggest costing the missing elements and incorporating these incremental amounts to your operational plans and budgets during the budget planning/ preparation process, including amounts to support training, mentoring and supervision, to ensure quality of implementation and at scale. Additionally, we encourage you to look at existing funds or funding channels and explore how these could be better leveraged[2] or improved to ensure effectiveness (e.g., are the amounts available being used effectively).

Examples of "missing elements"

- enhancing routine contacts of caregivers and young children with the health system to support responsive caregiving and opportunities for early learning, as well caregiver's physical and mental health;

- increasing quality and coverage of existing services that promote child health and well-being, starting with essential newborn care, support for exclusive breastfeeding and appropriate complementary feeding, and immunization;

- recruiting and paying home visitors;

- enhancing supportive supervision for home visitors, care providers, social workers;

- identifying and addressing child maltreatment and intimate partner violence;

- referrals for children who need additional support, including children with disabilities;

- increasing maternity leave or adding paternity leave;

- adding a breastfeeding room to your workplace, and

- advancing social behaviour change and demand generation strategies.

For more information, please consult
www.nurturing-care.org and www.ecdan.org

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[2] For example, Global Financing Facility (GFF), Global Alliance for Vaccines and Immunization (GAVI) and the Global Fund to fights against Tuberculosis, AIDS and Malaria (GFATM) to give attention to activities that promote survive and thrive.