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Enabling health and nutrition services to support nurturing care: what can managers do?

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Enabling health and nutrition services to support nurturing care: what can managers do?

Section 1 of the *Guide* outlined the five components of nurturing care that are essential for a child's healthy development (see **Fig. 1**).

It focused on the importance of strengthening caregivers' capacity to provide nurturing care across all five components, highlighting the three components that are commonly less well supported through maternal, newborn and child health and nutrition services – responsive caregiving, opportunities for early learning, and safety and security. It also emphasized the need to support caregivers to care for their children and maintain their own well-being. From this overview, **Section 2** identifies what managers can do to enable facilities and services to help caregivers to provide all components of nurturing care.

Within their responsibilities, managers may organize many improvements in hospitals, other health facilities and community-based services (e.g. outreach, community health workers and home visits). The *Nurturing care handbook (11)* helps managers identify priorities, set policies, strengthen services, fund them, advocate to improve efforts to serve children and their families, and monitor progress. The actions may cross many sectors to create a strong enabling environment to support families to care for their children.

This *Guide* complements the *Nurturing care handbook (11)*. It illustrates a range of ideas managers can adopt to support families specifically within maternal, newborn and child health and nutrition services. Ideas include how managers can:

- make facilities accessible and welcoming;
- strengthen services to support caregiving;
- build the capacity of service providers;
- adapt services in the face of humanitarian and health crises; and
- identify needs and advocate for special services and referral pathways.

Concluding this section is a checklist of specific changes for managers to consider.

This section is especially for **Managers**, programme planners, and technical and administrative staff, who can help organize the transformation of health and nutrition services.

2.1. Make facilities accessible and welcoming for all children

Some families avoid visits to community- or facility-based health and nutrition services, even when they need the services. They may be anxious, concerned about costs, have had a negative previous experience or question the quality of care. Managers play an important role in creating spaces that are accessible and welcoming to all families and their children, and ensure high quality, comprehensive services (see **Box 3**).

Resources to make major structural changes in health facilities may be limited. However, in some cases replacing stairs with ramps and relocating services for children to accessible floors will be necessary to make facilities open to all families. Facilities can become models for safety in the community by providing clean toilets, removing medical and other waste, and designating safe and secure play spaces. To widen the participation of distant and marginalized families, community-based and outreach services may depend on reliable transportation as well as support for community workers. These examples show how the health system can show its commitment to expand its reach to all families with young children.

Even without major structural changes managers can set up quiet spaces for providers to counsel families and caregivers individually or in small groups. They can keep play items in play corners, on play mats, in dedicated rooms or in playboxes. Providers can use the play spaces to welcome children and caregivers, model early learning and responsive practices, and assist caregivers in practising more responsive interactions with their children through play (see **Box 4**).

BOX 3. CHECKLIST TO CREATE INCLUSIVE, ACCESSIBLE AND WELCOMING HEALTH FACILITIES

- ☐ Is the facility designed to allow easy access? Check for wheelchair ramps; whether services for children are located on the ground floor; and visual cues.
- ☐ Are all places within the facility that are accessible to children safe and secure? Check for cleanliness, fencing, placement of security personnel, and registers for check-in and check-out to support child safety.
- ☐ Are there child-friendly toilets and handwashing facilities? Check for access, cleanliness, height, placement and design.
- ☐ Are child-sized chairs and tables, or floor mats and other basic amenities, available and in good working order?
- ☐ Are there child-friendly spaces (indoors or outdoors) that are enclosed and designated as play areas?
- ☐ In any part of the facility where children receive services, are there brightly-coloured painted walls and surface materials?
- ☐ Are child-friendly play materials (e.g. toys, books and household items) available in the facility?
- ☐ Is a trained volunteer or community health worker currently involved in play activities with children and their caregivers, or servicing a play corner with age-appropriate and inclusive play items?
- ☐ Do areas where children receive services have appropriate job aids for providers and messages for families visibly displayed? Check for flipcharts, child development posters, handbooks, manuals, handouts or leaflets to inform families.

Source: adapted from *(26)*.

BOX 4. PLAYBOXES

A playbox in a health facility, hospital ward or emergency service centre makes the place welcoming for children. A small table with chairs in a corner of a waiting area may be made available, or a mat or rug can serve to mark a space for play.

The Ministries of Health in Kenya and Mozambique have found that the playbox can be simple: a plastic trunk with common, inexpensive household items to explore. The boy in the photo appears to like the stacking cups and colourful clothes pegs. He uses the trunk for a table. Other items for play could include plastic bowls; a tin cup and tea pot; bottle caps in a plastic jar to shake and rattle; picture books; balls; and homemade push toys. Items for the playbox should be safe and easy to clean. Children with developmental delays and disabilities enjoy exploring these unbreakable and washable items.

With the assistance of a trained volunteer, caregivers recognize that the child loves to play and is learning with these commonly-available items. Through play, caregivers practise learning to be more responsive, follow the child's lead, and respond to the child's interests. Allowing children of diverse ages and capacities to play together helps all to learn *(28)*.

For ideas on what to include in a playbox, see PATH's playbox guide and toy catalogue *(29)*.

Photo credit: © PATH/Geraldo Sitoe

2.2. Strengthen services to support caregiving

In addition to physical barriers, families may encounter other barriers to the services they need. A review of policies and practices in health facilities as well as of community-based services may identify many ways to address these barriers, and better engage and support caregivers in the early development of their children.

Integrated case management protocols

Maternal, newborn and child health and nutrition services must meet the on-going needs of families. This might require the adaptation of protocols on providing well-child, acute and chronic care services in facilities and communities. Protocols for well-child care, as a series of well-timed, scheduled visits throughout the child's early years, should include developmental monitoring, early detection of poor hearing or vision and cognitive, motor and behavioural difficulties requiring referral for further evaluation or early intervention. The protocols can equip service providers to interview caregivers in order to identify the child's progress in learning, and to solve any challenges the caregiver faces. These protocols, especially in the context of home visits, should also encourage providers to observe the home environment, how caregivers and children interact, and how the mental and physical health of caregivers may affect their ability to care for their children and provide a safe and secure environment. Some home-based records include useful information on responsiveness, as well as age-appropriate activities for play and communication, and can be used as a guide for providers to discuss opportunities for responsive caregiving, early learning, and safety and security with caregivers. Acute and chronic care protocols should address more targeted support that children might require from their caregivers to recover from illness or manage chronic illness.

Supervisory checklists

Updating case management and other protocols to support the child's development requires adaptations in other tools and processes. Supervisory checklists on health and growth monitoring can be adapted to cover, for example, the quality of provider interactions with families. Are they respectful, do they help caregivers to be more responsive, and do they address the importance of play and talking to children? Has referral to specialized services for caregivers or children who need them been set up before they return home?

Managers can assess the needs to support caregiving as part of health facility surveys or supervisory visits. For example, supervisors can review the physical accessibility of facilities and the availability of ramps, supplies for playboxes, posters and parenting materials.

Policies to increase the participation of caregivers

Policies that affect caregiving need examining. For example, separating infants from their families at birth or during hospital admission may leave parents without strong emotional bonds and few practical skills to care for their infants at home. In the context of disease outbreaks (e.g. COVID-19) and restrictions introduced to prevent transmission, extra precautions need to be taken to keep caregivers with their children, if at all possible, to continue breastfeeding and provide responsive care and support.

Unfortunately, some maternity services separate mothers from their newborns for several hours each day. On the other hand, rooming-in policies support bonding and responsive caregiving from the infant's birth and enable providers to support the mother's breastfeeding skills. Neonatal intensive care units commonly isolate newborns from their mothers which discourages early bonding through touching, feeding and talking. Mothers may miss the opportunity to learn to be responsive and other skills needed to care for an at-risk infant at discharge. The introduction of strategies, such as family-centred care and kangaroo care, builds the capacity of a neonatal intensive care unit to find appropriate and developmentally sound ways to engage parents *(30)*.

Procedures that separate fathers from their infants commonly exist and may be barriers to their forming a strong bond with their children. Fathers may then be less likely to become involved in the care of their children and provide less support for mothers. Maternity wards can overcome this problem by scheduling more convenient times for caregiver visits and sensitizing staff on the importance of welcoming and supporting fathers.

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Hospital stays are usually very stressful for children and their caregivers. Separation prevents caregivers from providing comforting care for their children, and interrupts the frequent responsive interactions that children need to maintain early brain and social development. To encourage caregivers to stay with their children through sometimes lengthy hospitalizations, paediatric wards should have basic facilities and services, including space to room-in, sanitation and access to food. Before a child goes home, discharge plans should identify needed home care and how the facility will support caregivers, including through close coordination with staff in primary health care facilities and community workers.

Opportunities for caregiver education

Managers can ensure communication materials address all components of nurturing care and are available for use in facilities, in the community, and during home visits. These materials may include counselling cards, posters, brochures and information cards.

Families may wait hours in clinics and humanitarian aid centres, or in hospital waiting rooms. Waiting areas can show locally-produced videos to introduce nurturing care, including topics on responsive interactions and helping children learn through enjoyable play activities. Adding a space in the clinic or distribution centre for children to play with their caregivers reinforces the importance of play as an opportunity for early learning (see **Box 4**). Trained service providers can interact with caregivers individually or in small groups to demonstrate and encourage use of the play items, discuss parenting concerns, reinforce positive parenting practices, and support them to develop new skills.

2.3. Build the capacity of service providers

Managers are responsible for building the capacity of service providers and ensuring quality of care through training, mentoring and providing needed equipment and supplies. Providers may have received training to perform their existing duties within health and nutrition services. However, they also need skills relevant to support nurturing care and to engage responsively with caregivers and families. Other facility staff and volunteers need orientation or training to do their specific assignments including, for example, to welcome families, maintain and facilitate activities in a play corner, and assist children with disabilities who attend the services. Information on training and complementary packages are provided in **Annex 2**.

Interpersonal communication skills

In order to identify and respond to the needs of families and strengthen caregivers' capacity, providers require effective communication skills and must be able to establish trusting relationships with caregivers and their children. These skills are first developed in pre-service training. Many in-service training packages for service providers include modules on how to listen, ask for information, praise, advise and solve problems with caregivers. For example, courses on *Essential newborn care (31), Integrated management of newborn and childhood illness (32), Caring for newborns and children in the community (33)*, and *Infant and young child feeding (34)* introduce and reinforce many needed interpersonal communication skills.

Skills to support caregiver practices

To focus on all components of nurturing care also requires new skills, for example, to observe the quality of interactions between caregivers and their children, and to reinforce greater responsiveness. Providers need to know ways to help families look for opportunities for early learning in their interactions with their children and within routine household activities. They need to assist families to be alert to conditions in and around their homes that pose physical and psychological dangers to their children, and to recognize when caregivers are under stress and help them find family and other resources to care for their own health and social needs.

With the high demands providers already face in most services, adding time to spend with caregivers and their children may seem impossible. Integrating support for child development can require additional time. Organizing the flow of services during well- and sick-child visits can minimize wait times for consultations and help providers manage the additional time it takes to build the capacities of caregivers (see **Box 5**). Trained facility-based community health workers and volunteers may be able to assist with some tasks. (See **Table 2.1** for a list of skills that providers need.)

Well-tested training courses exist to strengthen support for nurturing care, including *Care for child development (8)* and *Caring for the child's healthy growth and development (9). Caring for the caregiver (10)* helps providers recognize and support caregivers as they face challenges in caring for their young children and themselves. These courses have been adapted for different services, including those for children with chronic illness and disabilities, for humanitarian settings, and to meet the special conditions created by the COVID-19 pandemic and other health crises.

Address the turnover of skilled providers

Managers invest time and resources in training and supervising service providers and auxiliary workers. In many settings, they may then face a loss of the trained personnel and a constant flow of new providers to train.

While turnover is inevitable, managers can work to minimize its effect on maternal, newborn and child health and nutrition services. Including concepts related to nurturing care in pre-service curricula and continuing education courses offers an introduction to skills to support caregiver practices. As students complete their practical experiences in hospitals, clinics and home visits, supervising staff can reinforce an emphasis on providing family-centred care as a means to deliver services to support nurturing care. Managers will also need to negotiate with administrators of health systems to hold in place core permanent staff who are able to continue services during rotations and mentor new personnel, while strengthening routine supportive supervision.

BOX 5. PERU: SUPPORTING NURTURING CARE IN GROWTH MONITORING SESSIONS

To strengthen the capacity of caregivers to responsively play and communicate with their children, the Ministry of Health in Peru integrated the Care for Child Development approach into its Programme for Growth and Development Check-Up.

Through this effort, health services have become more child- and caregiver-friendly. Health providers are more welcoming and responsive to children and caregivers. There is space for children to play, and materials and toys are available to use during visits.

Family meetings were added to the growth monitoring sessions. Appointments were extended to 30 to 45 minutes to accommodate discussions on the child's development, and counselling and practice on play and communication activities.

Caregivers are pleased with the new, integrated visits. Providers are working to coordinate scheduling for these longer visits to reduce wait times. They report higher satisfaction with their work and greater motivation with the changes introduced *(35)*.

Photo credit: © UNICEF Perú/Tamayo E

Table 2.1. Skills providers need to strengthen caregiver practices for nurturing care

SKILLS FOR INTERPERSONAL COMMUNICATION

For all caregiver-provider contacts

- Ask open-ended questions, listen attentively and observe interactions and practices.
- Praise and reinforce the efforts of families to care for their children.
- Identify family difficulties in providing care at home or using health services.
- Empathize with caregiver concerns and assist caregivers in solving problems through shared decision-making.
- Coach or guide caregivers in practising new skills, identify difficulties they might have and help solve problems.

SKILLS TO SUPPORT CAREGIVER PRACTICES

For responsive caregiving

- Observe cues as children interact with caregivers (e.g. expressions of hunger, discomfort, fear, needs for affection and interests).
- Observe the responses of caregivers to their children's cues.
- Engage caregivers in practising responsive interactions, starting before the child is born and continuing through the early years.
- Emphasize the importance of responsive caregiving to support children who are acutely ill or have chronic conditions, and help caregivers interpret and respond to their cues.
- Demonstrate responsiveness when asking about caregiver concerns.
- Model responsiveness with the child during the visit while weighing, immunizing or taking the child's temperature. Actively engage, explain and respond to the child's cues of fear and curiosity, and encourage the caregiver's help.

For opportunities for early learning

- Identify existing and missed opportunities for caregivers to play and communicate with their young children at home.
- Counsel caregivers on how to start very early, even during pregnancy, to play and communicate with their young children.
- Identify developmentally-appropriate learning activities and use them to strengthen caregiver-child interactions.
- Model ways to praise and encourage caregivers in what they are doing well, and in trying out new tasks with their children.

For safety and security

- Help caregivers identify and correct environmental hazards to the child's health and development in the home and in the community.
- Observe for signs of potential neglect and abuse of children and their caregivers, and follow reporting protocols when necessary.
- Help caregivers stop unhealthy behaviours such as smoking, alcohol or other substance abuse.
- Help caregivers establish routines for eating and sleeping.

SKILLS TO SUPPORT CAREGIVER WELL-BEING

For supporting caregiver well-being

- Listen to the caregiver(s) and build a trusting confidante relationship.
- Work together to understand how caregivers feel about their children and identify stressors the caregiver is facing.
- Demonstrate relaxation exercises and other practices that can help caregivers cope with stress.
- Support caregivers in problem-solving and develop approaches for dealing with family conflict.
- Connect caregivers to peer groups and other community resources to support their own well-being and that of their children.

2.4. Adapt services to humanitarian and health crises

Families living in refugee and other humanitarian settings face daily challenges and need uninterrupted access to maternal, newborn and child health and nutrition services. However, crisis conditions make it much more difficult to deliver basic services. Furthermore, these adverse conditions, and their often traumatic effects, call for greater attention to the psychosocial needs of children and their caregivers.

Health crises, such as the COVID-19 pandemic and Ebola outbreaks, may prevent families from reaching needed services. Precautions against spreading disease may restrict families from gathering in groups and curtail home visiting support. Services in health clinics and the community may be overwhelmed by the need for emergency acute care. The strain on services requires adapting interventions to meet additional needs and reach large numbers of families even when resources are limited.

In areas where movement is restricted, maternal, newborn and child health and nutrition services have turned to communication through brief text messaging, social media, radio and posters in order to share information on how to access humanitarian aid and other services. These media have become important for communicating messages on nurturing care, for example during the COVID-19 pandemic. While these methods may not have the same impact as in-person counselling, they may convey relevant information, and serve to reinforce existing knowledge *(36)*. The concentration of families at food distribution sites and emergency clinics means that the sites should be able to distribute brochures and posters on psychosocial as well as health care. A set of multilingual parenting posters *(37)* developed by WHO, UNICEF and partners, demonstrates a way to reinforce messages on, for example, responsive care and early learning.

Families living under adverse conditions seek ways to give their young children opportunities to continue learning, especially where educational services have been interrupted. Introducing play and communication activities where children and their caregivers congregate may be a feasible way to introduce early learning activities for children and reach caregivers who need additional support. Engaging caregivers in assembling locally-available, low-cost play materials may be a sustainable way to supply the centres, build parenting skills, and connect parents to support each other. UNICEF playboxes *(38)* can supplement supplies where toys and books are scarce. In settings where refugee settlements are quite stable, more structured educational interventions can be effective. For example, *Reach up and learn (39)* and *Care for child development (8)* have been adapted for trained volunteers in refugee camps to counsel caregivers on how to use play activities to help their children learn.

Most importantly, children need their caregivers to be consistent and present. Policies should mandate keeping children together with their families whenever possible. Services to strengthen the well-being of caregivers are important to help them be attentive, warm and responsive to their children, even while coping with dangers around them. The training of home visitors in *Caring for the caregiver (10)* can contribute to the well-being of caregivers facing daily challenges. Peer counsellors can also be trained in the *Thinking healthy (40)* approach to counsel mothers experiencing depression and anxiety. These approaches have been adapted for use in refugee settlements and other areas where there are no professional mental health services, but there is great need to support caregivers in crisis.

Photo credit: © UNICEF/UNI233775/Pancic

2.5. Identify needs and advocate for specialized services

Maternal, newborn and child health and nutrition services should provide universal support for all children and their caregivers as well as targeted support for those who need it (see **Introduction** for more on the different levels of support). Family contacts with these services may reveal health and social difficulties needing additional attention, such as children with cognitive, physical or behavioural difficulties, or chronic health conditions that strain the family's capacity. The family may be coping with household members with poor mental and physical health, or they may experience violence in the home. Families may live in communities struggling with food shortages, extreme poverty, conflict, toxic environments, unclean water, lack of safe areas to play or other hazards requiring collective action. These special needs are often beyond what primary health care services can provide.

However, a manager can organize systems for identifying children and their families with additional needs, and identify appropriate resources in the community to help them. If the specialized services do not exist, the manager should join efforts with others to create them.

Identify how the child is developing and learning

Caregivers are interested in the capacity of their children to learn and want to know how they are progressing. If it is suspected that an infant is unable to hear or see, the child needs to be referred to services with providers trained to conduct screening tests. Early detection is helpful for conditions such as cerebral palsy and other motor difficulties. Small and other at-risk newborns may be screened to identify challenges to their development.

How the child is progressing may indicate how the physical and social environment can be changed to provide more accessible and stimulating opportunities for learning and development. Suspected difficulties alert providers that the affected children need referral to specialized diagnostic and treatment services for indicated support, such as physical, cognitive, audio or speech therapies. These therapies involve tools to further assess children. The tools have methods to correct, compensate and help children achieve their potential and to support their families to sustain greater progress at home. Early childhood intervention services may be available to coordinate medical, nutritional and specialized auxiliary services – e.g. speech and physical therapy – into a plan to meet the multiple needs of a specific child. These plans usually include home visits to coordinate efforts with the child's caregivers.

> Early child intervention services are multisectoral, integrated and trans- or interdisciplinary, designed to support families with young children who are at risk of, or have, developmental delays or disabilities. Programmes include a range of individualized services to improve child development and resilience and strengthen family competencies and parenting skills to facilitate children's development. They often involve advocacy for the educational and social inclusion of these children and their families *(41)*. In different countries, early child intervention services are delivered in settings such as health clinics, early intervention, rehabilitation or community centres, homes and schools.

For providers, protocols for monitoring a child's health and growth can be adapted to draw greater attention to the child's development. As managers revise protocols, they can add questions, such as:

- Is your child able to do some things that he could not do the last time I saw you? What were they?
- Was your child able to do something before that she no longer can do? What was it?
- Has anything changed in your household that might affect your child?
- In general, do you have any concerns about how your child is learning? What are they?

These questions are not specific to the area of child development. However, the way caregivers answer them may identify concerns leading to referral for more specialized assessment and treatment. If there are no concerns, providers can use the opportunity to reassure caregivers that their child is progressing well and encourage them to identify home activities as opportunities to help the child learn and develop. Fathers and all members of the family can learn the safe, enjoyable activities that help a child progress.

The use of tools to screen children depends on the strength of health systems and referral networks to provide more specialized, indicated support for children identified with additional needs. Simply encouraging primary care providers to assess developmental milestones is unlikely to be effective *(42)*. Using the best information available, managers must balance the resources required for identifying triggers for early referral against whether appropriate resources exist to use the information well to help children reach their potential.

Identify the specialized needs of caregivers

All caregivers need support. Around the time of childbirth, some need greater attention to their own well-being and mental health. Many mothers have signs of depression and anxiety during pregnancy and after the birth of a child. Their mental health affects their ability to care for their children, as well as affecting their own happiness and well-being.

Managers can organize training for providers on *Caring for the caregiver (10)* and other evidence-based counselling approaches to promote the caregiver's well-being and recognize mental health problems. Lack of attention to and joy from the infant, withdrawal from family and friends, extreme fatigue and difficulty sleeping can alert providers that caregivers may need help.

Where they exist, local networks for caregiver support, including counselling services, faith-based programmes or community support groups, and special support networks for adolescent mothers may exist. Some caregivers may need access to more specialized mental health services. References to a lack of purpose, failures in life, or an unwanted child are signs for urgent action. Although infanticide is rare, severe rejection of a child is related to suicide attempts by mothers with postpartum depression *(43)*. If psychiatric or other mental health services are not available within the health system, managers must identify a network of providers for urgent care for the mother and child.

Providers seeing caregivers through pregnancy and postnatal care may identify dangers within households. The manager's network of community services needs to include resources to address, for example, tobacco, alcohol and other substance abuse; food scarcity; child abuse and neglect; partner violence; and extreme poverty.

Families of children with physical, developmental or behavioural difficulties need access to community services to help them meet the demands of caring for their children. For example, in some communities, parents of children with cerebral palsy have support groups to share their concerns and help them meet welcoming, understanding persons outside their homes. Communities may support childcare centres for children with disabilities. They allow caregivers a few hours of relief from the full-time attention required for young children with autism, severe developmental delays or other disabilities. These centres, sometimes called child development centres, may also conduct caregiver education programmes focused on the special needs of these families.

Photo credit: © UNICEF/UN038316/McConnico

Map services and advocate to fill critical gaps

By organizing a mapping exercise to identify specialized services, managers can gather information useful to all facilities, outreach services and community members in the area. Based on the needs identified above, the following resources could be added to community maps and resource lists:

- specialized diagnostic and treatment services that serve children and their families, including physical, occupational, speech, mental health and social services;
- integrated early childhood intervention services for children with disabilities and their families;
- family welfare resources, including sites for food distribution and cash transfers for those in extreme poverty;
- family intervention services for child protection, treatment of substance abuse, legal advice and safe houses for protection against family violence; and
- community centres to provide child and caregiver support, including peer support groups, childcare and parenting education programmes.

The mapping exercise should gather location and contact information for specialized services to help providers refer children and caregivers who need them. Developing relationships between these services helps providers more effectively coordinate services as a team. Coordination is important for the management of illness and undernutrition, especially for children with physical disabilities and cognitive delays.

Mapping also identifies gaps where services are not available or accessible for families who need them. Working with providers, managers can set priorities and plan a strategy to create a demand for those services. Data from existing health system records can help identify a demand based on, for example, the number of children with cognitive and physical disabilities, mothers seen with postpartum depression, or children with injuries presenting at outpatient services. Data collected by other sectors can contribute to identifying needs, for example, the level of extreme poverty and food scarcity in the community.

When referring families to other services or creating new resources, managers should consider their quality. For example, are their locations accessible, services affordable, methods evidence-based, and the providers well-trained and supervised? Are the providers culturally sensitive, and do they speak the languages of families in the community? Do they facilitate family-centred care?

Frustration can be high when managers recognize important gaps in specialized services. Nevertheless, they can present their data to policy planners at different levels of the government to stimulate resource allocation. They can form partnerships with training institutions to create placements for new graduates and identify incentives to attract professionals to their communities. Nongovernmental agencies can organize community groups, childcare centres and other resources to support families with additional needs.

Photo credit: © UNICEF/UN0185843/Tremeau

2.6. Ideas for managers as they prepare services

What managers do enables service providers to have the supportive policies, space, tools and time to work with families to strengthen their capacities to care for their children. Implementation will more likely succeed if the manager can bring together policy-makers, providers, community leaders and others affected by the changes. (See **Table 2.2** for examples.)

In Table 2.2. there are many ideas that may be feasible for you. Tick ☑ ideas that are feasible in your context.

Table 2.2. What managers can do to enable providers to strengthen nurturing care

LEVEL OF CARE	WHAT MANAGERS CAN DO
HOSPITAL	**In maternity units** ☐ Provide rooming-in and support for early and exclusive breastfeeding and skin-to-skin contact. ☐ Create units for kangaroo care of small babies and welcome the participation of fathers through encouraging messages and scheduling appropriate times for male engagement. ☐ Provide spaces for counselling and psychological support to mothers. **In paediatric wards and intensive care units** ☐ Support zero separation of babies and their mothers in neonatal specialized or intensive care units. ☐ Promote policies for not separating mothers and fathers from their children in medical, surgical and paediatric care units. ☐ Remove facility and staff barriers to implementing these policies, including scheduling convenient family hours around medical interventions. ☐ Furnish a corner in the paediatric ward with books, child-friendly toys and other objects to encourage caregivers to interact with their sick children at a level appropriate to their age and condition. ☐ Provide trained staff or volunteers to facilitate responsive play, engaging fathers as well as mothers. ☐ Display educational materials (e.g. posters, videos, brochures) that encourage caregiver-child interactions.
HEALTH FACILITY	**In waiting areas** ☐ Provide a space with books and safe toys, including toys that can be used by children with disabilities. Train an aide or volunteer who can encourage appropriate activities for children and responsive engagement of mothers, fathers and other caregivers. ☐ Organize health education sessions in the facility covering early play and communication activities, and how to adapt them for children with disabilities. ☐ Ensure that the health facility is accessible for all families to receive primary health services, has safe play areas and engages caregivers in each step of the service provided.

Table 2.2. Continued

LEVEL OF CARE	WHAT MANAGERS CAN DO
HEALTH FACILITY (CONTINUED)	**In auxiliary services** ☐ Provide guidance to adapt rehabilitation strategies into play activities that improve and reinforce the caregiver's engagement in the child's treatment and minimize pain to the child. ☐ Provide guidance and a map with the location of referral services in the community: • legal, financial and social protection for families at risk and ways to protect children from neglect, abuse or violence in the home; • treatment for poor mental health of caregivers and family members affected by substance abuse. ☐ Identify social services to refer caregivers of children with developmental delays, disabilities or behavioural difficulties, where they can find childcare relief and other assistance in caring for their children's special needs. **In all spaces** ☐ Display communication materials (educational videos, posters, brochures) to reinforce and strengthen family care, including the participation of both male and female caregivers and children.
COMMUNITY	**In public spaces and gathering areas** ☐ Distribute posters created for health facilities to childcare centres, pre-schools and community centres to: • encourage caregivers to play and talk with their children, even before they are born; • identify where families can find help for emotional and other difficulties. ☐ Advocate for safe community play areas, accessible for all children. ☐ Organize childcare centres for informal workers in agricultural areas and markets which include opportunities for caregivers to receive health care, and to meet, discuss concerns and receive counselling on caring for their children. Engage businesses to provide these childcare services for employees. **For home visits** ☐ Provide job aids, such as counselling cards, for home visitors to incorporate recommendations for feeding, child development, and play and communication activities. ☐ Provide a job aid on how to adapt play and communication activities for children with cognitive, motor or behavioural difficulties. ☐ Provide resources, e.g. transportation or adapted counselling materials for different cultural and language groups, to reach marginalized, underserved groups.
HUMANITARIAN SETTINGS	☐ Advocate for the creation of day centres with policies that keep caregivers together with their children. ☐ Organize play activities with equipment for young children at food and other distribution centres. ☐ Recruit and train community leaders to conduct parenting groups that include discussions of topics on early child development, play and communication activities, as well as on health and nutrition. ☐ Create and train volunteers and others to visit caregivers at home and at workplaces.