NURTURING CARE HANDBOOK

Strategic action 3

Strengthen services

How to build systems, improve the workforce, and provide three-level support

World Health Organization

unicef

NURTURING CARE
FOR EARLY CHILDHOOD DEVELOPMENT

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Nurturing care handbook. Strategic action 3: strengthen services. How to build systems, improve the workforce and provide three-level support

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

ISBN (WHO) 978-92-4-005847-7 (electronic version)
ISBN (WHO) 978-92-4-005848-4 (print version)

Suggested citation. Nurturing care handbook. Strategic action 3: strengthen services. How to build systems, improve the workforce and provide three-level support. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2022 (Nurturing care handbook). Licence: CC BY-NC-SA 3.0 IGO.

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

Design and layout: 400 Communications Ltd.

Cover photograph: © UNICEF/UN0158796/Naftalin

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Overview

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

Users may read all, or parts of the handbook, depending on their needs. It is recommended to read Start here before going to any of the other guides.

The handbook is meant to be a living document with guidance and resources that will be regularly updated as more experiences are gained in the implementation of the *Nurturing care framework*.

The use of this handbook is supported by the nurturing care website, a vibrant portal with country experiences, thematic briefs, tools, news items, and expert voices. Always consult the nurturing care website for new information that can be relevant to the issues that you like to address.

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

FOR MORE INFORMATION

nurturing-care.org

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Acknowledgements

The development of this handbook was led by the World Health Organization (WHO).

WHO is grateful to all those who contributed. WHO also expresses gratitude to the authors of the Lancet series *Advancing early childhood development: from science to scale* (2017) who lay the foundation for the *Nurturing care framework* that underpins this handbook. A special word of thanks goes to colleagues at the Institute for Life Course Health Research at Stellenbosch University in South Africa, for their support in the development of this handbook.

This handbook is part of a set of resources for implementing the *Nurturing care framework*.

Partners continue to collaborate in global working groups to expand this set, facilitated by staff at WHO, UNICEF, the World Bank Group, the Partnership for Maternal, Newborn, and Child Health (PMNCH) and the Early Childhood Development Action Network (ECDAN).

WHO is grateful for the financial support provided by the Children's Investment Fund Foundation and the King Baudouin Foundation USA that made the development of the handbook possible.

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Participants in the meeting *Innovating for early childhood development: what have we learned to strengthen programming for nurturing care*, held 13 – 14 June 2019 in Geneva, Switzerland, all contributed to the content of this handbook.

The following representatives provided feedback on behalf of the Child Health Task Force: Catherine Clarence, Zacharia Crosser, Kasungami Dyness, Olamide Folorunso, Kate Gilroy, Debra Jackson, Lily Kak, Senait Kebede, Allisyn Moran, Sita Strother, Lara Vaz and Steve Wall.

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Using this handbook

This is part of the *Nurturing care handbook*, a practical guide to using the *Nurturing care framework* to improve early childhood development.

If you have not already, you will probably find it helpful to take a quick look at the first part of the handbook: *Start here*. This explains in more detail how the handbook works, what nurturing care is, and how to get started. It also includes practical advice on working in programme cycles, engaging all stakeholders, and doing advocacy.

After ***Start here***, the handbook is divided into five strategic actions, each explained in a separate guide:

1 Lead and invest

2 Focus on families and their communities

3 Strengthen services

4 Monitor progress

5 Scale up and innovate

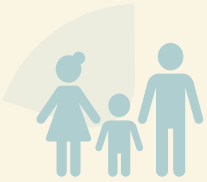
You can find out more and download the rest of the handbook at https://nurturing-care.org/handbook

STRATEGIC ACTIONS

1

LEAD AND INVEST

2



FOCUS ON FAMILIES AND THEIR COMMUNITIES

3

STRENGTHEN SERVICES

4

MONITOR PROGRESS

5

SCALE UP AND INNOVATE*

*Previously called *Use data and innovate*.

Understanding *Strengthen services*

What is this strategic action?

This is about improving the services for young children and their families, with health and nutrition services playing a pivotal role. It is about making sure that all caregivers and young children receive support for providing nurturing care, and that those with additional needs get extra support and services.

Health and nutrition services already contribute to nurturing care. Among much else, they provide care before, during, and after birth, promote breastfeeding and good nutrition, monitor growth, and prevent and treat common childhood illnesses. It is important to remember that all this is already in place and needs to continue. But there will always be a need to strengthen services wherever there are gaps – when services have poor coverage or quality. And then there are interventions that need to be added, to address any missing components of nurturing care – most often to support responsive caregiving, early learning, safety and security, or caregivers' mental health.

To achieve this balance of remembering, strengthening and adding, programme planners and managers need a shared vision of nurturing care, across every sector and at every level, from national to local. Standards, regulations, intervention packages and coordination are needed to build strong services that can meet the needs of young children, especially the most vulnerable. Central to this is the workforce, who need the right training, supervision, support and motivation. Besides making sure staff have the right skills, this also means upgrading the way services are organized and coordinated.

Information systems are also essential. These track the quality and coverage of every intervention and service, and make leaders accountable to the community. Funding needs to be adequate for all this work, and the activities must reinforce each other. And all of this needs to be governed by a family-centred approach, to increase the reach of services, and families' demand for them and satisfaction with them.

The process of strengthening services can be nationally led, sparked by local work, or initiated by a particular sector. We generally recommend starting small, so that activities can be adapted, fine-tuned and made acceptable, before being made feasible for scale-up to cover the whole country.

What will this strategic action enable me to do?

The *Nurturing care framework* describes five outputs for this strategic action:

- Identify opportunities for strengthening existing services in a range of sectors.
- Update national standards and service packages to reflect all components of nurturing care and the different levels of support needed by children and their families.
- Update the workforce's competency profiles and strengthen its capacity.
- Ensure quality by providing mentorship and supervision for trained staff.
- Strengthen monitoring of children's development, with timely referrals when needed.

Although there are five outputs, we found it is most helpful to support the work required by looking at three areas:

Systems

How to strengthen mechanisms behind the scenes – such as policies, training, referral pathways and coordination – to ensure that improvements in services will be effective.

Workforce

How to give frontline workers the knowledge and skills they need – both for providing the services and for training and supervising colleagues – and create motivating working conditions.

Three-level support

How to provide three levels of support, depending on children's and families' needs, from universal support that benefits everyone, to targeted or indicated support for those with additional needs.

What follows is a collection of suggestions and advice, based on our experts' knowledge of what has worked in countries around the world. As the age group in focus is pregnancy to age three, the majority of this guide offers suggestions on how to strengthen services within the health sector. However, many of the suggested actions would be applicable to an older age group as well as to other sectors.

The suggested actions listed in this guide are intended to support local action and decision-making. In each context, stakeholders will need to determine together the order and priority of actions to be completed for this strategic action as well as the five strategic actions as a whole.

RELEVANT AUDIENCES

The suggested actions for *Strategic action 3. Strengthen services* have been developed with the following stakeholder groups in mind:

- national and district programme managers and supervisors;
- managers and faculty at educational institutions;
- local and international implementation partners;
- funders, including the private sector;
- researchers and programme evaluators.

Systems

Making changes to a service also means changing the systems that support it. For example, changes to a well-child visit – perhaps to add in developmental monitoring and counselling – would also require changes in the health system. These changes would include training, supervision, referral pathways, the allocation of staff time, and coordination with other services. If the changes are big enough, national standards and regulations will also need to be revised. So, when introducing a new service, think about the larger implications for systems. Otherwise, the change may be difficult to sustain.

Suggested actions

Start small, learn and adapt

People often think that supporting caregivers to provide nurturing care should begin with national early childhood development policies and grand plans. In fact, starting small can be very effective. Using demonstration sites allows you to build up an approach that you can use as a model. This may take longer, but it will be worth it, allowing you to learn lessons that will help when scaling up to cover the whole country. We will elaborate on this in the guide to *Strategic action 5*.

Develop a cohesive vision for implementation

Services are provided by many sectors, including health, education, child and social protection, agriculture and the environment. Think about the role that each can play in supporting the families of young children. Look at data on the quality of care and assess whether children receive the essential interventions necessary for healthy growth and development. These include exclusive breastfeeding in the first six months, immunization, and growth monitoring and counselling, but also a safe home environment free from violence and environmental toxins. Also look at the way in which services are provided, specially for children with additional needs and their families, and examine whether there is good coordination and a seamless continuum of care. Agree with planners, frontline workers, specialists and community members on the services needed to enable caregivers' to provide their children nurturing care.

Be clear about the population you plan to serve

Because resources are limited, it is important to decide who should receive the planned services. All families and children benefit from ensuring children receive nurturing care, but some need it much more than others. Carefully assess how you can strengthen services that reach the entire population, while also ensuring that those who need it most (e.g., vulnerable children, children with developmental delays or disabilities have access to targeted support or specialized care.

IMPROVING WELL-CHILD CONSULTATIONS IN MOZAMBIQUE

Since 2014, PATH has been working closely with the government on well-baby consultations in Mozambique, supporting capacity building for counselling on responsive caregiving and early learning, accompanied by developmental monitoring.

PATH's first step was to observe consultations and get answers to some questions. What usually happens? How long does the consultation last? Is counselling part of the consultation? Who gets counselling? What aids – such as guidance cards, posters and manuals – are used? What information does the provider record, and where does it go?

The results showed that well-child consultations were usually only 2 to 3 minutes long, that there were no registers to record them, and that counselling was only given if children had obvious problems with health or nutrition.

PATH's detailed analysis enabled it to work with the government on a series of interventions to improve well-child consultations. This resulted in revised norms, updated registers, an updated training curriculum for nurses, and new posters. Frontline workers developed their capacity for developmental monitoring, and counselling, and play materials and learning sessions were introduced in waiting rooms.

You can find resources such as manuals, posters, counselling cards and evaluation tools on PATH's webpage, Nurturing care for ECD materials *(1)*.

And you can find the full case study *Mozambique: Harnessing Global Financing Facility and World Bank funding to promote nurturing care (2)*, showing how advocacy for investments nurturing care led Mozambique's health ministry to integrate early learning and responsive caregiving into its nutrition intervention package, and mobilize resources for its implementation.

Decide on interventions and how to deliver them

As well as deciding which interventions to introduce, you need to consider how to deliver them. Look at what contacts young children's families have with services. Identify common touch points and decide how to strengthen them, remembering that there are different levels of support. There is more on this later, in the section on *Three-level support*. The box on community-based delivery platforms illustrates the place of home visits and group sessions.

COMMUNITY-BASED DELIVERY PLATFORMS

Primary health care services provide important touch points for addressing all components of nurturing care. Home visits and group sessions are complementary avenues to support families of young children. Deciding whether to deliver services through home visits, group sessions or both depends on intended outcomes you seek to achieve and practical considerations *(3)*. Studies have shown that group sessions are as effective, or in some instances even more effective, than home visits. Group sessions are generally less costly than home visits, they can influence group norms, and allow for peer support. On the other hand, sometimes attendance in group sessions can be inconsistent. Home visits allow for individualized assessment of the family's situation and tailored support. Irrespective of the model, the intensity, frequency, and fidelity with which the interventions are delivered are critical for improving caregiving practices and achieving outcomes.

To learn more, read about the studies conducted in India and Kenya *(4,5)*.

Design the activities

It is important to allow time – usually a few months – to design your activities. This involves reviewing available information, formulating questions and talking to the community, as well as setting priorities and testing them for acceptability, feasibility and effectiveness. The box *Improving well-child consultations in Mozambique* illustrates some of the steps that were taken to strengthen services.

Interventions should address local values, beliefs and practices. That often includes identifying which words the community uses, as well as tackling harmful practices and making sure recommendations for home care practices are appropriate. Make sure to involve local communities – including providers and beneficiaries of the interventions – in adapting them. This is described in greater detail in the guide to *Strategic action 2. Focus on families and their communities.*

TOOL

Adapting interventions for local use

To learn about simple, structured methodologies to adapt the interventions you have selected, have a look at WHO's *IMCI adaptation guide (6)* (IMCI is the integrated management of childhood illness), as well as the manual, *What are the options? Using formative research to adapt global recommendations on HIV and infant feeding to the local context (7).*

If you are asking more of frontline workers, improve their support systems

When aiming to improve frontline workers' performance, make sure you have everything in place to support that – such as supplies, training, supervision, incentives and the right referral pathways (see box *How a pilot study changed home visiting in Kazakhstan).* Think about workloads and how work is organized. Those providing services cannot do more unless they get more support, and giving them more support means changing many different parts of the system.

Monitor – it is the only way to improve

When resources are scarce, it is easy to think that adding a monitoring component is too expensive. But monitoring is always worthwhile. Even when interventions are well supported by evidence, they might not work when they are transplanted to a different setting. If that happens, looking at the data is a good way to find out what has gone wrong and fix it.

You need good records of what you have done and what is being achieved. That includes monitoring inputs (such as money and frontline workers' time), outputs (such as home visits and what they covered) and outcomes (such as the coverage of the essential interventions and home care practices). When getting started, conduct regular (perhaps quarterly) reviews involving the entire implementation team. This will allow you to spot the problems, test solutions, and gradually improve how interventions are delivered.

HOW A PILOT STUDY CHANGED HOME VISITING IN KAZAKHSTAN

Piloting home visiting services in a remote region of Kazakhstan have led to changes across the country. Home-visiting nurses are now expected to attend to all components of nurturing care during pregnancy and the first years of a child's life. Services also address maternal wellbeing, fathers' engagement, and child safety. The principle is to provide a basic service to all, and additional support to families that need more.

During the initial phase, the country team adapted the UNICEF-ISSA home visitor resource modules *(8)* that cover all components of nurturing care. They also developed family-centred tools that are now an essential part of these nurses' training – both pre- and in-service – in universities and continuing education colleges across Kazakhstan.

As a result, a regional IMCI centre became a centre of excellence for training and implementing this approach locally, as well as for providing continuous education, both in the region and in other parts of the country.

To find out more, read the full case study on home visiting in Kazakhstan *(9).*

Use what you have learned in order to advocate for scaling up

Your practical experiences of implementation on a smaller scale can be used to demonstrate that the approaches are feasible, user-friendly and effective. That will help you to generate interest among policy and decision-makers and advocate for more investment, at national and local levels. It also enables you to be better informed when coordinating action with other stakeholders. For a practical example, read the box *Learning to scale up family participatory care in India.*

Partnerships

Partnership between caregivers and care providers is essential for meeting the individualized needs of children and families over a one size fits all approach. Help care providers to work with parents, rather than for them. This is well illustrated in the case study from India in which parents are empowered to become part of the team that cares for their very small small or sick babies in an intensive care unit. To learn more about infant and family-centered developmental care, ready the thematic brief *Nurturing care for every newborn (10)*.

LEARNING TO SCALE UP FAMILY PARTICIPATORY CARE IN INDIA

In 2008, the Ram Manohar Lohia hospital began to involve parents in caring for their sick or small newborn babies. Over time, the special newborn care unit developed ways of making the caregivers part of the medical team, and of providing training for them as well as for the staff. The hospital had to balance babies' medical needs with their need for responsive care and parental support. And it supported the parents in gradually taking on more of the routine care for their babies – who were often tiny – in the newborn care unit until they were confident enough to provide all care after discharge. One of the biggest challenges was changing the staff's attitudes, so that they saw parents as valuable partners in providing care – good quality and developmentally appropriate – for these vulnerable babies.

The project proved that family participatory care works and has many benefits – for babies, families, staff and hospitals, even in resource-constrained settings. Based on this experience, India has developed national technical guidance and has scaled up family participatory care for small and sick newborns in many other parts of the country.

For more details, read the case study on *Family participatory care in India (11)*; the article *Family-centered care for newborns: from pilot implementation to national scale up in India (12)*; and the national operational guidelines *Family participatory care for improving newborn health (13)*.

Overcoming the barriers

Forgetting there is a system

When designing an intervention, planners often pay so much attention to content and skills that they do not see anything else. When strengthening services, think about how frontline workers are recruited and supervised, what motivates them to stay, how data on services' quality and coverage are collected and used, and how different systems provide services – for example health and social services – must work together to achieve results for families. This broader programmatic support to the systems involved is essential for expanding and sustaining the services.

Fragmentation of care

Improvements at one level of the system might not be matched by improvements at other levels. This makes referral pathways less effective, and has a harmful effect on the quality and continuity of care. Efforts to provide universal support should not take place in isolation. They should be complemented from the start with investment in additional services that can provide targeted support or specialized care to those children and families who need it.

Lack of shared accountability

Joined-up action is hampered if it is not built around accountability for shared outcomes. Make sure that indicators, measurement methodologies and regular review processes are well defined from the beginning, and that monitoring activities are implemented as planned. Multistakeholder collaboration works better when organizations plan and monitor together, but implement by sector.

Workforce

The early childhood workforce is vast and varied. The frontline workers who deliver services to young children and their families include professionals, paraprofessionals and volunteers, as well as the people who train, supervise and support them. They come from sectors including health, nutrition, child care, early education, sanitation, hygiene, housing, and social and child protection. And they belong to many different types of organizations – including public sector, private sector, civil society, professional associations and development partners.

Frontline workers are a diverse group of people who give practical help - modelling, counselling, coaching and information, all based on evidence. They are also there to provide empathetic support for struggling parents and other caregivers. A lot is asked of them when many are affected by poor working conditions and low status. And the necessary skills and practices are not adequately covered in their training, either before they begin their careers or while they are working. Yet, many rise to the challenge and do their jobs well, often under difficult circumstances.

To do their jobs well, the frontline workers need a great deal of support. That includes:

- the right regulatory environment and standards for service delivery;
- opportunities to develop their technical knowledge, skills and attitudes;
- support from managers and supervisors, such as mentoring and supervision;
- equipment, transport, and incentives – meaning pay, but also the intrinsic reward of being able to do a good job, and being recognized for it;
- the way work is coordinated between frontline workers and their colleagues at other levels of the system, in their own sector and beyond.

All these factors determine the quality of services and the ability of frontline workers to support caregivers to provide nurturing care.

Suggested actions

Assess current workforce policies and practices

It is important to know what is there and what is missing. List the people working on the front line who can support families to provide nurturing care. Review their current practices. Then look at the policies that are in place to support their work. What are the provisions for recruitment, training, continuous professional development, mentoring and support? Understanding policies and current practices better will help you to see where action is needed to improve working conditions, and plan.

Take a multipronged approach to upgrading the workforce

Once you have assessed policies and practices, plan how to develop capacities of different provider groups. Engage with institutions and stakeholders to agree the competences each group needs. Set standards for quality of care and improve in-service training material, develop short courses, and promote specializations and lifelong learning, both online and in person. Upgrading pre-service training is essential to create a workforce that better supports families over the coming years. The opportunity to do this may not be available immediately, because curricula are usually revised every few years, so it is important to be aware when the next cycle of updating will commence (see box *Upgrading competences and standards* for useful resources).

A useful resource to support all this work is UNICEF and WHO's *practice guide* (see the box).

TOOL

Nurturing care practice guide: strengthening nurturing care through health and nutrition services (14)

Developed by UNICEF and WHO, this guide is for managers of health and nutrition services, whether public, private or NGO managers. It is for those who are interested in integrating support for nurturing care into their services, but have difficulty knowing where to begin. This guide supports their efforts to develop integrated and strengthened services that promote nurturing care for the child's optimal health, growth and development. It includes examples of interventions that frontline workers can try, as they serve families and their young children.

TOOL

Upgrading competences and standards

"Competence" or "competency" usually means a person's measurable characteristics – including knowledge, abilities, skills, experience and behaviour – that relate to how well they perform their work.

Defining the competences required for a job can make training and professional development programmes more relevant to workers' needs. This can also help with continuous improvement, by enabling workers and their supervisors to assess performance more effectively.

A good way to define competences is to look at evidence-based guidelines and standards for quality of care. Examples of what these might look like are the WHO's guideline *Improving early childhood development (15),* and the WHO's *Standards for improving the quality of care for children and young adolescents in health facilities (16).*

For more on this subject, see the Early Childhood Workforce Initiative's *Strengthening and supporting the early childhood workforce: competences and standards (17).*

Use adult learning methods to build skills

Professional education often does not give enough attention to skills such as counselling, coaching, empathy, and dealing with stigma and discrimination. These are difficult skills to acquire. To increase competence in these areas, use adult-learning methods that are participatory, interactive and hands-on, and give people plenty of opportunity to practice. Frontline workers can get guidance on how to engage with caregivers and young children from tools such as WHO and UNICEF's *Care for child development* package. ISSA and UNICEF's resource package for home visitors also includes modules on adult learning methods and supportive supervision. (See the boxes for more on both these tools.)

TOOL

Care for child development

The WHO/UNICEF *Care for child development (18)* package provides guidance to help caregivers build stronger relationships with young children and solve challenges in providing nurturing care. Central to the intervention is a set of age- and developmentally-appropriate recommendations on play and communication that guide counsellors in helping caregivers interact with their children. The counselling aims to increase the time parents spend with their children, and improve the quality of interactions that affect learning and health.

Another useful package is *Caring for the child's healthy growth and development (19)*. Its materials are derived from *Care for child development*, and guide frontline workers in supporting caregivers on feeding infants and young children responsively, giving care for child development, preventing illness, and seeking care at the right time.

TOOL

Resource package for home visitors

The International Step by Step Association (ISSA) collaborated with UNICEF's Europe and Central Asia regional office to develop *Supporting families for nurturing care: resource modules for home visitors (8)*. Its modules aim to increase the workforce's awareness of the importance of holistic child development, as well as improving their knowledge and skills in delivering child- and family-centred services. The package helps frontline workers to reflect on their attitudes to families, and to take a strengths-based approach to engaging with them, inclusively and respectfully, with all their different needs and challenges. The materials appeal to providers in many different roles, including physicians, social workers and educators. They are living and evolving documents, which can be translated and adapted to the country's local context.

Improve the workforce's conditions when strengthening services

Creating enabling environments and strengthening services that promote nurturing care can be a big undertaking. Counselling caregivers to provide nurturing care should not simply be a set of additional tasks for the workforce, as their workloads tend to be large and their pay is often comparatively low. It is better to take the opportunity to look again at who does what and how. For example, by making small changes to the organization of work in health facilities, client flows can be improved, and new activities integrated, such as learning sessions in the waiting room. Where community health workers (CHWs) are part of the system, they can make an important contribution by doing home visits and facilitating group sessions in the community.
In some countries, CHWs also work part-time in health facilities and share tasks such as weighing, triage and health promotion. Of course, issues like remuneration and overall recognition of the workforce also need attention.

Provide supportive supervision and mentoring

Frontline workers are vulnerable to burnout, as supporting diverse and vulnerable families requires a demanding combination of empathy – in providing services also in a nurturing way for the caregiver -- and technical competence. Supervision, along with mentoring by managers and peers, helps frontline workers deal with their own stresses and feelings, keeping them effective and motivated. The *Home Visiting Workforce Needs Assessment Tool* (described in the *Barriers* section) encourages dialogue between managers and frontline workers to discover their needs and find solutions together.

Overcoming the barriers

Lack of knowledge about the workforce

There is often not enough data about where frontline workers are, what training they have and what conditions they work under. And a significant number of frontline workers may not be counted because they are working in the informal sector. Invest in gathering data about the workforce, as good information is essential for change.

Lack of shared expectations

Analysis by the Early Childhood Workforce Initiative (ECWI) *(20)* found that there is no common set of expectations about what people working in education, health, and social protection should know and be able to do. In many cases, supporting caregivers to provide nurturing care is not considered part of their scope of work, and each sector and service still focuses only on the nurturing care components that are close to their traditional or usual roles.

Common expectations are needed in order to ensure attention is given to all nurturing care components in workforce policies and regulations. Achieving this requires political will, technical leadership and coordination, at every level of government.

Building teams

Unless all providers who are meant to function as a team receive similar training, new practices can be difficult to implement, and results can be disappointing. For example, doctors might not receive training on responsive caregiving, while nurses and community health workers do. This can lead to conflicting advice, or to doctors failing to respond properly to alerts raised by frontline workers about a family or an individual child's development. So always think about the workforce as a team, and train relevant groups together.

The Early Childhood Workforce Initiative brings together ideas and resources in this area, including its *Home visiting needs assessment tool* (see the box).

TOOL

ECWI's needs-assessment tool for the home-visiting workforce

The *Home visiting workforce needs assessment tool (21)* was developed by the Early Childhood Workforce Initiative. The tool aims to help ministries and government agencies to support people delivering home-visiting programmes for pregnant mothers and caregivers with children under 3. Inspired by UNICEF's *Pre-primary subsector analysis (22)*, it is aimed at countries with regional or national home-visiting programmes, and is organized around seven topics. It guides the discussion of high-level policy-makers, planners and supervisors with frontline workers about their ideas, needs and expectations to make changes in standards and working conditions -- ultimately affecting the way services are shaped and delivered to families ensuring nurturing care for caregivers and their children.

Three-level support

The three levels of support that families need

The *Nurturing care framework* sets out three levels of support, depending on caregivers' and communities' needs. The brief explanations below are taken from *Start here*, the first part of this handbook.

Universal support

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

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

Targeted support

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

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

Indicated support

This provides specialized services for families or children with additional needs, including young children without caregivers, or those living with depressed mothers or in violent homes. It also includes children whose birthweight was very low, or who have disabilities, developmental difficulties or severe malnutrition.

Introducing each of these three levels of support requires different actions, so we will look at them one at a time. But first, a word about how the different levels work together.

The twin-track approach

This is a useful way of thinking about how the different levels can work together, when approaching children with additional needs. Should those children be supported by mainstream services or specialized ones? The twin-track approach is to answer, "Both".

The first track is universal services, which need to include children with additional needs. Frontline workers need training so they can recognize where every family and child is, from the most typical to those with the most risk factors – and identify those risk factors as early as possible.

Frontline workers will care for all children, and will also know about the specialist services provided by the second track. They then help the family get the support they need and coordinate with the services involved. The child is never shunted off onto the second track, away from the first, but always remains on both.

This helps to avoid several problems. It means there is no stark line between children who use universal services and children who need additional support. It makes spotting and dealing with developmental risks and difficulties a standard part of supporting any child and any caregiver. And it means already-overwhelmed families do not have to deal with the task of accessing and coordinating different services for a child who has additional needs (see the boxes on this page).

APPLYING THE TWIN-TRACK APPROACH IN MUMBAI

The twin-track approach has been successfully put into practice by the Ummeed Child Development Centre in Mumbai, India. Its *Early Childhood Development and Disability (ECDD) programme (23)* trains community health workers (CHWs).

These CHWs use *Care for child development (18)* principles to promote the development of all children. Using a simplified version of the *Guide for Monitoring Child Development (24)*, they monitor children up to the age of 3, so they can identify, as early as possible, any risk factors and delays in development.

As well as supporting all families with young children, the CHWs identify local resources to address any risk factors for early child development that families may face, as well as services for children with disabilities. The CHWs also act as advocates for these children and their families, making sure they are included in community activities.

Some CHWs then do a one-year certificate programme to become child development aides. This extra training means they can directly provide services for children with developmental difficulties.

NURTURING CARE FOR CHILDREN WITH DEVELOPMENTAL DISABILITIES

In 2016, an estimated 52.9 million children below 5 years of age experienced a developmental disability, including epilepsy, intellectual disability, hearing loss, vision loss, autism spectrum disorder, or attention deficit hyperactivity disorder *(25)*.

Most children lived in low- and middle-income countries where access to services was limited. While in many countries prevalence had been going down since 2010, increases in the numbers of children affected were observed in countries in sub-Saharan Africa, the Middle East and North Africa *(24)*.

Children who have a developmental disability need nurturing care just as much, or even more, as other children. They have dreams, capacities and aspirations. These can be realized, provided the child and the family receive timely and adequate support. Frontline workers can play a critical role in early identification of these children, provide counselling and practical support, and facilitate referral for more specialized care. They can coordinate between different services and ensure that different providers work as a team with the family and the child.

In most countries, substantive investments are needed to strengthen specialized services for children with disabilities, alongside efforts to strengthen universal support for nurturing care.

To learn more, read the forthcoming publications: WHO/UNICEF global report on children with developmental disabilities *(26)* and the thematic brief *(27)*.

Suggested actions – universal support

These are the actions we suggest for the first of the three levels of support: universal, which is designed to benefit all children, caregivers and families.

Assess the current universal package

Take stock of what universal services are currently offered to families of young children. Assess how each contact made with primary care services is used to enhance caregivers' knowledge and abilities to provide their children with nurturing care. Then identify which interventions might be missing, and what it would take to add them, in terms of resources, training, and other changes. This is sometimes referred to as a top-up approach. The box *Examples of contacts to use for universal support* might be helpful (on the next page).

Add missing components of nurturing care to your services

When you are upgrading services to add missing components of nurturing care, you can adapt proven material rather than developing your own from scratch. For example, UNICEF and WHO's forthcoming *Strengthening nurturing care through health and nutrition services* will provide guidance for updating facilities and services. The box *Nutrition support and rehabilitation services* provides examples of additional tools.

TOOL

Nutrition support and rehabilitation services

Infant and young child feeding and child nutrition are core to ensuring children receive adequate nutrition, a component of nurturing care. Not only is adequate nutrition essential for young children to grow and be healthy, early initiation and exclusive breastfeeding, and responsive feeding, also enable the caregiver and the child to develop a close and loving relationship. Responsive feeding is a part of responsive caregiving and is essential to adequate nutrition. The child needs both to thrive. The WHO guideline *Improving early childhood development (15)* recommends that support for responsive care and early learning should be included as part of interventions for optimal nutrition of infants and young children.

The *Caring for the child's healthy growth and development (19)* package is composed of counselling cards and training manuals to support counselling on infant and young child feeding, care for child development, prevention of illness and timely care-seeking. It is suitable for use by a range of frontline workers including community health workers.

The Advancing Nutrition project has developed counselling cards with a specific focus on responsive caregiving and opportunities for early learning. These have been designed specifically for integration into nutrition services. The cards fit seamlessly with the UNICEF community-based infant and young child feeding materials *(28)*.

EXAMPLES OF CONTACTS TO USE FOR UNIVERSAL SUPPORT

These are some examples of caregiver's contacts with primary care services that are usually part of universal support. Those services have a basic aim (marked "basic") and can be enhanced with interventions to support more components of nurturing care (marked "to be added"). The additional services are listed the first time they are relevant, but most could also be provided in any of the later contacts.

Antenatal visits

Basic: promoting healthy lifestyles, preparing the mother for changes ahead, supporting birth planning, and counselling on danger signs in pregnancy.

To be added: explaining nurturing care, assessing the parents' mood and any potential for violence, and engaging with fathers to prepare them for parenthood and help them support their partner.

Birth and postnatal care

Basic: supporting early and exclusive breastfeeding and skin-to-skin contact, spotting signs of illness or malnutrition, and rooming-in.

To be added: counselling on how to respond to the baby's cues, supporting bonding with the baby, and engaging fathers in caring for and interacting with the baby.

Immunization

Basic: getting the right vaccinations at the right time.

To be added: helping the caregiver in soothing the child and dealing with their own fear of vaccinations, assessing and advising on the baby's health and growth, observing how caregivers interact with the baby, modelling responsive caregiving, addressing caregivers' physical and mental health, and providing guidance and toys in the waiting area.

Well-child visits

Basic: advising on feeding – including responsive feeding – as well as preventing illness, care-seeking, micronutrient supplements, and monitoring growth and development.

To be added: asking about concerns over health, development and behaviour, discussing positive discipline and how to prevent injuries, offering information about parenting groups, addressing caregivers' physical and mental health.

Sick-child visits

Basic: treating the illness, advising caregivers on managing it and on continued feeding, referring children with danger signs.

To be added: scheduling follow-up visits (including for growth and development monitoring and counselling), identifying and referring children at risk of suboptimal development, making all sick-child visits family-friendly.

Growth monitoring and counselling

Basic: counselling on feeding tailored to the child's age, detecting signs of faltering growth or becoming overweight.

To be added: assessing the family's risks, monitoring the child's development, counselling on responsive caregiving, early learning activities, safety and security, identifying and referring children at risk of suboptimal development.

Childcare centres

Basic: providing responsive care, modelling good hygiene practices, providing nutritious food in the right amounts, playing and communication in an age-appropriate way.

To be added: conducting parenting sessions, counselling caregivers on nurturing care, monitoring children's development, providing information about other community resources, referring to health and social protection services.

Birth registration office

Basic: registering the baby's birth.

To be added: providing information about nurturing care and about services offering parenting and other support.

Integrate care for caregivers

Caregiver's physical and mental health influences their ability to care for their child. Therefore, services should pay attention to both the child and their caregiver. Women who are pregnant or caring for young children have greater emotional needs, and intense and long-lasting emotions sometimes limit what they can do in their daily lives. In low-income countries, 20–33% are affected by depression or anxiety, with perinatal psychosis found in 1 woman per 1000, according to a *Lancet* article *(29)*. The proportion is always higher when life circumstances are especially difficult, because of poverty, humanitarian emergencies, or gender-based restrictions.

Caregivers who are experiencing mental health problems can be less able to concentrate, plan and organize. They can also have less motivation, feel less able to engage with other people, find it harder to make decisions, and care for their own health and well-being. Their capacity for caregiving will also be significantly affected.

Universal services should monitor caregivers' well-being routinely, as good outcomes for children depend on caregivers getting the psychosocial support they need.

It is natural that the well-being, mental health and general functioning of the primary caregiver – often the mother – has a significant influence on a child's development. After all, this is the person with whom young children often spend much of their time. And when caregivers experience depression or excessive anxiety, they and their children are at risk of many negative outcomes, including social isolation and economic deprivation.

All women benefit from support and encouragement – whether from their families, health workers, or people in their local communities. They need to experience these people as interested (in their pregnancy or the baby), kind and uncritical, and helpful, whether with information or practical assistance. Empathy helps and blaming does not. Getting the right support protects women's mental health (see the box *Frontline workers' and caregivers' mental health*).

FRONTLINE WORKERS' AND CAREGIVERS' MENTAL HEALTH

Untreated perinatal mental health issues come at a tremendous cost to society, as a London School of Economics and Political Science report *(30)* shows. The most common mental health problems associated with childbearing are depression, anxiety, and persistent low mood and sadness. Parents of small and sick infants are especially likely to experience perinatal mental health issues.

Pregnant women and mothers suffering from these problems are less likely to care for themselves, and find it more difficult to respond to the baby's needs, and to care with warmth and affection. This affects the child's health, development and well-being.

For men, childbirth and the transition to fatherhood can also trigger mental health problems. And "mother-centric" health services often miss fathers, even though they are directly involved in supporting the mother and baby.

Countries – including the United Kingdom, Australia, the USA, Kazakhstan and Serbia – are increasingly recognizing the impact mental well-being has on parenting capacity and outcomes for children. They are responding by monitoring the mental well-being of pregnant women, new mothers and sometimes fathers, during the contact they have with them in primary health care and home visits.

The evidence shows that, with limited additional training, non-specialist frontline workers can identify caregivers who are at risk, and support the vast majority of them in the community or in primary health care.

Women appreciate being asked how they are doing emotionally by frontline workers whom they experience as being kind and trustworthy. Although women may not want to be asked about their mental health in front of other people – including family members – they are more likely to talk in a private space where they cannot be overheard.

To identify mothers who are at risk, frontline workers can ask two simple questions:

- "During the past month, have you often been bothered by feeling down, depressed or hopeless?"
- "During the past month, have you often been bothered by little interest or pleasure in doing things?"

If the mother agrees with either of these, then a follow-up question can open the door to further discussion: "Is this something you would like help with?" Other evidence-based tools, such as the Edinburgh Postnatal Depression Scale, can also be used in conversation to get mothers (and fathers) to talk about their mood.

If frontline workers have training in basic empathic listening skills and cognitive behavioural therapy techniques, they can then give simple, helpful suggestions. These include engaging in physical activity, focusing on the relationship with the baby, and making sure they have good enough nutrition, sleep and relaxation. (See the *Three* tools box for more practical suggestions.)

TOOL

Three tools to help with caring for caregivers

There are several evidence-based, scalable interventions for supporting caregivers' mental health.

WHO's *Thinking healthy* guide *(31)* is the most notable. It is a targeted group approach, focusing on listening with empathy, family engagement, problem solving and guided discovery.

UNICEF's *Caring for the caregiver (32)* package aims to build frontline workers' skills in strengths-based counselling to increase parents' and caregivers' confidence and help them develop stress management, self-care and conflict-resolution skills.

Another helpful resource is UNICEF and ISSA's *Supporting families for nurturing care: resource modules for home visitors (8)* – a tool described in the Workforce section of this guide.

For more information on programme approaches to help caregivers deal with mental health issues, consult the global community of mental health innovators website.

COVID-19 PANDEMIC AND PSYCHOSOCIALSUPPORT

The COVID-19 pandemic has been putting enormous strain on parents and other caregivers. This has affected their mental health and their ability to provide nurturing care for their children. Community health workers also have been affected. All have been coping with many stressors, including loss of income, food insecurity, and rising domestic violence. Learn more about how to provide mental health and psychosocial support to community health workers, parents, and other caregivers in a case study from India *(33)*.

Make sure frontline workers can identify who needs more support

Strengthen frontline workers' capacity for monitoring individual children's development and well-being. For this, they need to pay attention not only to the child, but also to what is going on in the family and community. This is discussed in more detail in the guide to *Strategic action 4*, in the section on monitoring children's development. Here we call attention to the home-based record, a health document used to record the history of health services received by an individual. It is kept in the household and complements the records maintained by health facilities. The use of a home-based record in the care of pregnant women, mothers, newborns and children has shown to improve care-seeking behaviours, male involvement and support in the household, maternal and child home care practices, infant and child feeding, and communication between health care providers and caregivers. For more information, read the guideline *WHO recommendations on home-based records for maternal, newborn and child health (34)*.

Ask caregivers for regular feedback on services

Caregivers' feedback is helpful for continuously improving services' effectiveness, reach and engagement. Plan ways to engage with caregivers, including fathers, to discuss their experiences of the services and hear their suggestions for improvements.

Suggested actions – targeted support

These are the actions we suggest for the second of the three levels of support: targeted, which is for those who need extra help because of factors such as poverty, undernutrition, adolescent pregnancy, HIV, violence, displacement and humanitarian emergencies.

Carefully evaluate who to target

Targeted approaches are designed to create additional contacts and provide tailored support for vulnerable families (see the box for examples). As they are more intensive, be careful when deciding who to target, particularly when resources are limited. When indicated services are also needed, make them easy to access. And work with caregivers to make the best use of universal services to overcome any stigma or social exclusion.

Examples of targeted services for different groups

Children at risk of malnutrition

Counsel caregivers on feeding, food and micro-nutrient supplements, as well as on responsive caregiving and age-appropriate, play-based early learning. Attend to parents' mental health, and link to peer-support networks. Follow up regularly.

Children affected by HIV

Ensure continuity of services for the caregiver and the child. Prevent mothers transmitting HIV to their children. Counsel caregivers on responsive caregiving and age-appropriate, play-based early learning. Attend to parents' health and their emotional and social well-being.

Young mothers

Support the mother in making the transition to parenthood, and help her to build a relationship with her baby. Assess her home situation and the support she can get from other adults. Link to other services – to complete her education, for example, or sustain a regular income.

Children in humanitarian settings

Provide aid in terms of shelter, medical help and nutrition, and combine this with a concern for safety (such as safe spaces and play corners). Support parents' health and their emotional and social well-being, including stress reduction and dealing with post-traumatic stress symptoms (PTSS). Counsel them on responsive caregiving and early learning.

Families living in poverty

Optimize the use of household assets. Counsel caregivers on home-care practices, including using all the resources that are available to communicate and play with the child. Provide information about, and facilitate access to available services and benefits. Help families make good use of benefits, such as cash transfers, to improve care for young children.

Involve caregivers in designing the services

Find out what prevents caregivers and families from providing nurturing care. If they are not accessing services, find out what is preventing them. Use participatory approaches to design the interventions so that caregivers feel they own the process and the outcomes.

The brief *Nurturing care for children affected by HIV* (See the box) illustrates how universal and targeted services, such as home visits or group sessions, can help them.

NURTURING CARE FOR CHILDREN AFFECTED BY HIV

Of the world's children aged five or younger, 5.4 million are exposed to HIV but not infected, and 530 000 have the virus. Better services mean that more mothers with HIV are surviving, as are their babies – 1.3 million of them each year.

The challenge now is to ensure that these children not only remain HIV-free but also develop optimally. By identifying, protecting and supporting caregivers and families, through a combination of universal and targeted services, caregivers can be better supported to provide their children nurturing care.

For more on how to strengthen routine services and provide targeted support, read the brief, *Nurturing care for children affected by HIV* *(35)*.

Decide how to deliver targeted interventions

Choose how to deliver targeted interventions – whether in home visits, group sessions, extra contact with health services, or at childcare centres. A mixture is likely to be most effective. There are several well-tested packages, sometimes called parenting programmes, that can be used to give caregivers greater support. Think about adapting one of these packages, as that can make it easier to decide on the interventions, delivery approaches, and timing of contacts. (See the boxes on *Timed and Targeted Counselling* and *Reach Up.)*

WHAT IS A PARENTING PROGRAMME?

A parenting programme is a structured intervention directed at parents or other caregivers. It can target the general population, or just populations in need or at risk.

Programmes can focus on many things, including reducing maltreatment of children, reducing harsh or punitive parenting by improving positive parenting, or reducing children's behaviour problems.

Programmes can be run at home, in a centre, or online, and can serve or groups. They normally consist of a structured series of sessions, using a range of learning activities, and often follow a manual. Many group programmes also strengthen the caregivers' peer support network.

Do not compromise on interventions' dose, duration or intensity

When resources are limited, it is easy to compromise on things like frontline workers' training, how long the intervention lasts, or the service's quality. But those compromises can mean the intervention fails to achieve results. A narrative review *(3)*, looked at several NGO-led, community-based programmes in east and southern Africa, combined with a global literature review. This showed what makes interventions in targeted services most effective.
It suggests interventions need to combine the right amounts of:

- participation – intended beneficiaries attend at least 70% of sessions;
- duration – a minimum of 6 months for home visiting, but preferably 12 months;
- intensity – home visits and parenting sessions of 1–2 hours, every two weeks or more often.

TOOL

Timed and Targeted Counselling (TTC) – a targeted support package

World Vision's *Timed and Targeted Counselling* (TTC) is an approach that has now been implemented in 38 countries. It uses interactive storytelling to deliver messages at the right time to families with young children – especially those who are most vulnerable and marginalized.

TTC aims to change behaviour essential for children's health and development. Frontline workers (professionals or volunteers) visit families four times during pregnancy, three times in the week after birth, and then six times in the next two years. It includes the whole family and emphasizes the father's contribution.

Evaluations in 10 countries have shown consistent improvements in home care, health and nutrition.

To find out more, read *Timed and Targeted Counselling (TTC): a service package of the CHW project model* (36).

TOOL

The *Reach Up* programme – another targeted support package

The *Reach Up* programme is another approach that has been adapted for many different settings, from rural Jamaica to Bangladesh. It can be managed by home visitors or facility staff, and is also used with families who are refugees or impoverished.

The curriculum and materials help caregivers and children to engage together in play, learning, and mutually rewarding relationships, setting the stage for learning and achievement. It has been integrated with health, nutrition and social protection programmes in 15 countries and proved effective in improving children's development, with the effects sustained in adulthood. The evaluations of the programme include an article in *The Lancet* (37), and a paper in *Science* (38).

To support parents during the COVID-19 pandemic, *Reach Up* has developed a new parent manual (39) with activities for children up to the age of 3.

To find out more about the package, visit the Reach Up programme's website (40).

Avoid a deficit approach

In situations where people face many social disadvantages, stress and insecurity, it is tempting to see only problems to be fixed. But all communities have hidden strengths, networks and sources of resilience that can be found and built on. Taking a respectful and fully participatory approach empowers participants to be more active in shaping and contributing to interventions. See the box for an example of using Roma health mediators.

USING MEDIATORS TO REACH VULNERABLE ROMA POPULATIONS IN SERBIA

The Roma are among the most excluded groups in Europe, facing discrimination and many social disadvantages – including poor access to services.

Serbia's ministry of health is working to overcome this by employing Roma health mediators to accompany nurses on home visits in Roma settlements. The mediators recognize and respond to Roma families' health and social needs, help them access mainstream health services, and give tailored parenting information and education.

To find out more, read UNICEF's more detailed case study, *Roma health mediators: connecting communities* ***(41).***

Remember that needs are diverse

Families vary in the amount of support they need. This is particularly true for humanitarian situations and displaced populations, with some families needing only limited assistance while others require intensive support, especially when they are affected by significant trauma as well as basic health and survival issues. To get a much better understanding of what help they need, always involve community leaders and members in planning, implementing and monitoring the activities. See the box *Nurturing care in humanitarian settings* for examples of programmes and suggested actions.

NURTURING CARE IN HUMANITARIAN SETTINGS

In humanitarian settings, infants and young children face huge challenges in surviving, let alone thriving. In 2018, 29 million children were born into areas affected by conflict, according to a UNICEF press release *(42)*.

These children will grow up with the trauma of displacement and war. But those who get nurturing care will heal more quickly and are more likely to reach their full human potential.

Which interventions are most effective depends on the length and type of emergency.

The International Rescue Committee (IRC) designs and delivers quality early childhood programmes in crisis and conflict settings. These include programmes for children, such as Play and Learning Spaces, and Preschool Healing Classroom. The IRC also works in partnership with Sesame Workshop on the Ahlan Simsim *(43)* programme, which integrates high-quality, mass-media edutainment.

There are also programmes that focus on families and caregivers, including home visiting, group sessions, and key messages that are integrated with other services. IRC's website also has a report on how it used interactive digital messaging through WhatsApp in Syria *(44)*.

For details of simple actions to take at different phases, see the brief *Nurturing care for children living in in humanitarian settings* ***(45).***

Suggested actions – indicated support

These are the actions we suggest for the third of the three levels of support: indicated, which provides extra services and help to those with greater needs, including children with disabilities, developmental difficulties or severe malnutrition.

Assess how to identify children with additional needs

In many countries, children with additional needs are only identified once they reach pre-school or school age. This misses opportunities to promote their development when their brains are most malleable and leaves struggling families without support. Their caregivers' physical and mental health may also need specialized support, which should be offered by the same services that support children. (There is more on caregivers' mental health in the section on universal support.)

Review frontline services' tools for monitoring young children's development. This requires looking at risks in the environment as well as at children's individual development. There are more details on this in the guide to *Strategic action 4*, in the section on monitoring children's development.

Map services available in the community

Work with frontline workers and community organizations to map the existing infrastructure, services and networks that support children and families who have additional needs. Also assess the quality of these services. Look at factors such as whether the neonatal intensive care unit includes the family in the care of their small or sick baby, whether mental health services are free of stigma, and whether children with developmental delays or disabilities can access services and participate in mainstream activities such as child day care.

Assess the legal context, policies and standards

Assess laws and policies that protect and support families and children with additional needs. If they are already in place, are they well implemented? These laws and policies include disability rights and social inclusion, the outlawing of corporal punishment, statutory laws and regulations on dealing with child maltreatment and domestic violence, and laws that prohibit placing young children in residential care.

TOOL

The INSPIRE strategy to end child maltreatment

Maltreatment of children is widespread, and includes physical, sexual, emotional and psychological abuse, as well as neglect. According to WHO's *Global report on ending violence against children (46)*, 50% of children under the age of 19 have experienced some form of abuse, often starting in early childhood.

The INSPIRE strategy *(47)* and its accompanying handbook *(48)* recommend seven evidence-based approaches to preventing and reducing violence against children. They include measures to modify unsafe environments by means of physical, economic, social and cultural changes, as well as adopting policies that prohibit all forms of violence against children.

INSPIRE highlights the importance of creating safe, sustainable and nurturing family environments, in which there is support for parenting. Frontline workers need to be able to provide this support, and to help prevent and manage child maltreatment. *Parenting for Lifelong Health (49)* has been developed to help with that. It is a suite of parenting programmes – open access, non-commercial and rigorously tested in a number of countries – for preventing violence in low-resource settings. The material is tailored for different age ranges, including infants and toddlers.

Build up service providers' competence

Indicated needs can be complex and often require approaches that span several disciplines. Frontline providers and specialists need to be able to collaborate so they can provide care that fits the family and the child's development. Evidence shows that frontline workers can play an important role in supporting caregivers here. There are tools to help with that, including WHO's *Caregiver Skills Training* package (see the box) and the international *Guide for Monitoring Child Development (23)* (GMCD – see the guide to *Strategic action 4*).

Many countries need to improve their services' capacity for early intervention, and to develop the disciplines related to developmental paediatrics. Many also need to build accessible multidisciplinary service networks to support children with developmental difficulties or disabilities – as well as their families.

TOOL

Caregiver skills training (CST) course

WHO's *Caregiver skills training* course helps the families of children with developmental difficulties. It combines group sessions with home visits, and is delivered by non-specialists, such as nurses, community workers and other providers.

The course uses modelling and coaching to help caregivers communicate better with their children. The caregiver learns to read their child's cues and respond appropriately, strengthening the child's adaptive behaviour and reducing the more challenging ways of acting. Caregivers also learn to set individualized goals, solve problems, and establish routines at home, using these as opportunities for learning, development, and joint engagement.

CST is designed to improve daily living skills, the relationship between caregiver and child, as well as the child's functioning – including their ability to communicate and their social, emotional and cognitive development. The course has been found to increase caregivers' self-confidence, coping skills and psychological well-being, as well as their knowledge and skills in parenting.

Find out more by visiting WHO's webpage on *Caregiver Skills Training (50)*. The course is available on request, by emailing mhgap-info@who.int.

An online version of the training, called eCST, is also available.

Make services easy to access and use

Families of children with multiple needs benefit from approaches that bring services together. These families are often overwhelmed by the time and effort required when there is no coordination between services, and when each service must be registered for separately.

Frontline workers can play an important role in taking primary responsibility for the child and family. They can find information to help with the child's or family's difficulties by consulting written material or talking to experts. They can open doors and work across disciplines to help families access care. In early intervention, the gold standard is transdisciplinary, non-fragmented care in which frontline workers and specialized staff work together in support of the child and the family. This approach also helps to save families from confusion and promotes the cost-effective use of resources.

Engage with key stakeholders and develop clear accountability mechanisms

To prepare a plan of special services with each family, involve those who already provide support to these families. This includes the family's primary care providers (e.g., nurse, doctor, home visitor, community health worker), civil society, and informal parent-support groups. This enables them to work together better, and to be accountable for the desired outcomes. Getting key stakeholders involved from the start will help to make any new initiatives more feasible and realistic.

Make the right budget allocations

Responding early to developmental difficulties or maltreatment reduces costs over the child's lifetime. Allocate budgets on that basis: early.

Overcoming the barriers

Here are some of the important barriers to improving the three levels of service – universal, targeted and indicated.

Good intentions but limited investment

It takes time, effort and money to strengthen services and build systems that can serve all families and children according to their needs. Taking shortcuts often leads to disappointment. The most common are reducing training time, limiting the mentorship, supervision, and support for frontline workers, or failing to stick to quality standards (or fidelity) in implementation. When designing the interventions, be clear and precise, and then compromise as little as possible when implementing them. It is better to do less and to do it well, than to expand quickly and fail to achieve results.

Lack of awareness and support in the community

When the community is not aware of services and there is no demand for them, efforts to strengthen services may eventually slacken. To increase the community's support for services that promote nurturing care and contribute to early childhood development, link the efforts to an outcome that the community values. That could be about all children thriving and achieving, or moving towards a fairer society, or it costing less in the long run to provide good support early on.

Social exclusion and stigma

Communities, including frontline workers, can have cultural myths and misconceptions about particular people or conditions, such as childhood disabilities or families with social disadvantages. Frontline workers need to address this directly. They should give good, accessible information to caregivers and the community, and work respectfully with all families.

Better coordination is made easier by adopting a transdisciplinary approach that puts frontline workers in the centre of the care network.

Lack of early identification and referral pathways

In many settings, it is still a challenge to identify, early on, the children and families who need extra support, and to intervene early. Although many countries are stating that they are implementing early childhood intervention (ECI) approaches, too many children and families are still not reached, including in these countries. There is more guidance on how to approach this in the section on monitoring children's development, in the guide to *Strategic action 4*. It is essential to identify developmental difficulties and maltreatment early, and to have referral pathways for addressing them. But these things will only be possible if they are part of a comprehensive system based on people's rights.

Lack of coordination among services

Getting different services to work together is essential for improving outcomes. Many families, particularly those with children who have complex needs, are overwhelmed by the difficulty of engaging with lots of different services that do not join up. Better coordination is made easier by adopting a transdisciplinary approach that puts frontline workers in the centre of the care network. Services need to be organized around supporting daily life and the child's functioning. They need to do this through family-centred, community-based early intervention, and in accordance with the WHO *International classification of functioning, disability and health framework (51).*

Being overwhelmed by emergencies

The COVID-19 pandemic has shown how quickly services can become overstretched and unable to sustain essential functions. This is especially serious as stress and poverty increase, and access to services, and use of them, falls. As a result, millions more children are at risk of common childhood illness, malnutrition, maltreatment, and lack of preventive and curative treatment, as a *Lancet* article *(52)* has shown. All this demonstrates the importance of building a strong service network that is resilient to such shocks. We must also build on the many innovations – including digital technologies – that are now being used to re-establish services. To find out more about the options, see the online COVID-19 resources from nurturing care *(53)* and ECDAN *(54)* websites.

Signs that you are making progress

You can work on the activities in this strategic action in many different ways, and it is natural that progress in some will be faster than others.

The aim is to build a continuum of services that can support all families of young children in providing nurturing care, and identify and intervene early for those children and families who need additional support. This requires strengthening primary care services, capacity development for specialized care, and formation of trans-disciplinary networks that can team around the child and the family.

Strengthening services can be complex. These are some signs of progress, and targets to aim for:

- Counselling on nurturing care is included in families' routine contacts with services, beginning in pregnancy.
- Developmental monitoring is well integrated with counselling, and considers the environment in which the child is growing up.
- For early childhood development, the population's risks have been defined and there are services for reaching vulnerable groups with socially inclusive approaches.
- There is a continuum of care that covers different disciplines and that offers universal, targeted and indicated services. Services are available for families and children with additional needs.
- Pre-service training curricula have been updated to address all components of nurturing care.
- In-service training materials and job-aids have been updated to address all components of nurturing care.
- There is a pool of master trainers and facilitators who can conduct skills training and provide mentorship.
- There are policies that protect and support the workforce, so that they have decent conditions and feel well supported.
- There are data about the quality and coverage of services that counsel caregivers on how to provide their children nurturing care. There is also feedback from the services' clients. The data and feedback are gathered, documented and used to improve quality.
- In allocating resources, priority is given to populations, families and children who are most vulnerable.

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