Strategic action 5

Scale up and innovate

How to expand programmes, engage with the private sector, and use digital solutions

World Health Organization

unicef

NURTURING CARE
FOR EARLY CHILDHOOD DEVELOPMENT

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FOR EARLY CHILDHOOD DEVELOPMENT

Nurturing care handbook. Strategic action 5: scale up and innovate. How to expand programmes, engage with the private sector and use digital solutions

(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)

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Contents

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).

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
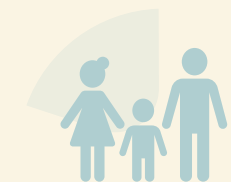
FOCUS ON FAMILIES AND
THEIR COMMUNITIES

3

STRENGTHEN
SERVICES

4

MONITOR
PROGRESS

5

SCALE UP AND
INNOVATE*

*Previously called *Use data and innovate.*

Understanding *Scale up and innovate*
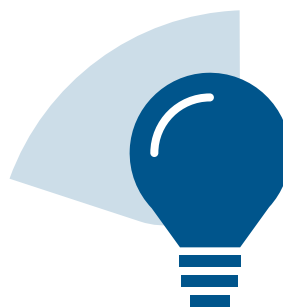
What is this strategic action?

In the *Nurturing care framework*, this strategic action has a different title: Use data and innovate. New ideas have emerged since the launch of the *Framework* resulting in a more appropriate name.

We realized that using data is a part of every strategic action, so it felt a bit misleading to call particular attention to it here. And in this guide, we found that the main use of data was in scaling up – an important topic, and one about which there is much to say.

So, this guide focuses on how to take a project from a small-scale test site or pilot, and expand it to offer more services, reach more people, or cover a larger area. In doing that, you will of course be guided by data, and we explain the best ways to collect and use data for this purpose.

We also look at two particularly innovative ways of scaling up: engaging the private sector and using digital solutions. Needless to say: both involve using data too.

RELEVANT AUDIENCES

The suggested actions for *Strategic action 5. Scale up and innovate* have been developed with the following stakeholder groups in mind:

- national policymakers and legislators;
- national and district programme managers and technical staff;
- local and international implementation partners;
- funders including the private sector;
- researchers and programme evaluators.

What will this strategic action enable me to do?

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

- Develop a local evidence base for nurturing care by fostering collaboration among programme implementers, researchers and scientists.
- Lead by identifying local research priorities, and making resources available for implementation research.
- Use local and global evidence to create innovations that can be scaled up.
- Support a national platform for learning and research and form communities of practice to enable peer learning.
- Document and globally publish research findings and lessons learned.

For practical purposes, it is easiest to approach this as three subjects:

Scaling up
This is the main part of the guide, discussing how to expand your programmes to produce those five outputs.

Engaging with the private sector
This explores an innovative and sometimes neglected way of scaling up. We look at how both mission- and profit-driven companies can contribute to nurturing care.

Using digital solutions
This looks at another innovative way of scaling up. We cover how apps, texts, wearables, big data – and more – can be used to improve access to nurturing care, as well as its implementation.

What follows is a collection of suggestions and advice, based on our experts' knowledge of what has worked in countries around the world. 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.

Scaling up

Scaling up means expanding an intervention. There are three different aspects that can be expanded:

- coverage – reaching more places
- breadth – reaching more people
- depth – reaching the same people and places but with additional activities.

You can also scale up by using an existing approach to address a different problem.

No matter how you are scaling up, you need to plan for it thoroughly and as early as possible. Scaling up interventions that support one or more components of nurturing care is particularly complex, because so many sectors and services are involved in creating the environments that enable children to develop.

The process is made more complicated and unpredictable by the way all the different elements interact with each other. For example, promoting early and exclusive breastfeeding can only work if other factors support it: maternity facilities need to become baby-friendly; women need maternity leave that meets the standards set by the International Labour Organization; and employers need to invest in good private spaces for mothers to express and store breastmilk at work.

When you begin to scale up, your plans will usually be based on local implementation experience or studies showing what has worked in the past – often elsewhere, on a smaller scale and with more resources. It may be difficult to see how experiences that worked elsewhere can be adapted to meet your own real-life situation. That is why it is important to start small, adapt evidence to your local conditions, and look at what your own data are telling you. And when you are planning a demonstration project, think about the scaled-up intervention you would like it to become.

The Aarambh model (the beginning) in India is an example of a how a small-scale project utilised evidence and learnings to inform scale up (see box). For more guidance on how to scale up interventions, see the box *ExpandNet's guides to scaling up*.

THE AARAMBH MODEL ('THE BEGINNING')

The Aarambh model ('the beginning') is a community-based programme to support nurturing care and uses the WHO/UNICEF *Care for Child Development* package. Implemented by the Mahatma Gandhi Institute of Medical Sciences, Sevagram, it engages frontline workers from the Integrated Child Development Services (ICDS) and health sector along with community groups. The model utilises existing platforms in which frontline workers from the ICDS, health and other sectors support caregivers to provide their young children nurturing care.

The initial pilot was undertaken in one district in Maharashtra, India – and tested in a population of 10 000 people. Based on early findings it was extended to 100 000 people within a year. Over the next two years of implementation, while collecting evidence of positive impacts on caregiving practices and documenting lessons learned about feasibility, interventions were further adapted. The Aarambh model was then scaled up to 10 community development blocks across two districts covering a population of 1.2 million, during which further adjustments were made.

Building on the results, state authorities have now committed to statewide implementation engaging 167 000 frontline workers and 7 000 supervisors to cover a population of approximately 125 million.

To learn more about Aarambh, read the article in *Indian Pediatrics (1).*

10 000 people

100 000 people

1.2 million people

125 million people
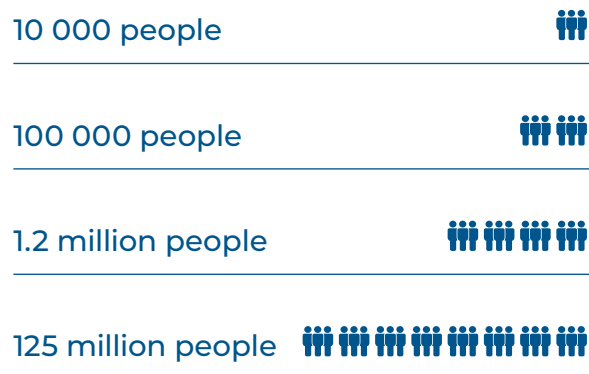
TOOL

ExpandNet's guides to scaling up

ExpandNet has worked with WHO to produce tools, guides, and other resources that are widely used to scale up interventions – by country teams, projects and institutions. These are based on comprehensive literature reviews and its members' extensive experience of major scale-up initiatives.

There are three tools to assist with scaling up:

Beginning with the end in mind

This tool helps you design and implement with scaling up in mind, whether in a pilot, a demonstration, or an implementation research project. It is also helpful for course-correcting when these projects are already underway. It is available in English and French.

Nine steps for developing a scaling-up strategy

This tool and its associated worksheets give step-by-step guidance on developing a strategy for scaling up, based on the ExpandNet framework. It can also help with managing the scaling-up process. The tool is available in English, French and Spanish, and the worksheets are available in English and French.

Practical guidance for scaling up health service innovations

This tool gives you general principles for scaling up, as well as case-study examples of where it has been done successfully. It is helpful at the design stage, during implementation and in managing the scaling-up process, and it is available only in English.

To get these tools (and worksheets), visit ExpandNet's tools and publications webpage *(2)*.

Suggested actions

Get people involved

Scaling up works best when many stakeholders work together. Government needs to lead from the beginning, but there are also important roles for civil society organizations, development partners, professional associations, private-sector organizations, researchers and other influencers – at all levels, including in communities.

When you are still learning about implementation, involve policymakers, national and local programme managers, technical experts, and researchers. This allows all those involved to build up experience together, which will help them plan the scaling up. Make sure you include not only people responsible for policy and implementation, but also those who will benefit from it. Engaging them in the process means the interventions will be relevant, appropriate, feasible and sustainable (see box *Towards sustainable impact at scale*).

> **TOWARDS SUSTAINABLE IMPACT AT SCALE**
>
> Government is a critical player in ensuring that solutions reach communities at scale. Social impact organizations, governments and funders often share an ambition for government-owned solutions. But how best do these actors collaborate together to successfully navigate to these solutions? Spring Impact and VillageReach, in collaboration with government, funders, and social impact organizations from 16 countries, have co-created a tool to support government ownership of solutions. Read the tool *The journey to scale with government (3)* to learn about the steps and the tools to build collective ownership.

Focus on sustainability from start to finish

Overall, the best way to make sure that activities are sustainable is to avoid doing things in isolation. Bring in other stakeholders, as we mentioned in the previous suggested action, and keep them on board by being realistic about how long it will take. From the very beginning, think about everything that the project involves, and how you will make sure all of it will continue once the initial phase is over and the intervention is being scaled up. This includes funding, champions and leaders, community engagement, and standards and policies – all subjects covered in other guides in this handbook.

Set realistic expectations

Get key stakeholders to discuss their expectations and vision for the scale-up. Temper any hopes of quick results, and be sure that everyone understands the time and effort it will take to have a measurable impact. Discuss the importance of monitoring, documenting, reviewing and learning, and how these processes can identify barriers as well as good practices. Encourage people to resolve difficulties by constantly adapting, and to spot and seize opportunities for innovation.

Test the intervention

Testing the intervention in several demonstration sites gives you more information about how the scale-up process will work, as well as helping to show whether it is effective where you are. Design the process based on what you need to find out. That could mean using a more rigid randomized controlled trial, or a more flexible design that allows for experimentation with different approaches. The demonstration needs to produce evidence to show that the programme is credible and relevant, responds to local needs, and has an advantage over other interventions. And remember that context is everything: approaches that have proven to be effective elsewhere may not automatically lead to good outcomes in your context. See The *Saving Brains programme - scaling up in Bangladesh* for an example.

THE SAVING BRAINS PROGRAMME – SCALING UP IN BANGLADESH

The Saving Brains programme, funded by Grand Challenges Canada, supports bold ideas to improve early brain development around the world. Between 2011 and 2016, it gave 108 grants to teams based in low- and middle-income countries (LMICs). Most of these grants were for "seed" projects, lasting 18–24 months and designed to provide proof of concept. That was because few of these countries had implemented interventions to improve early childhood development at scale, and there were no consistent measures of consistent measures of coverage. But a few of the grants were for "transition to scale" (or TTS) projects, lasting 2–3 years and aiming to scale up interventions.

In one of these TTS projects in Bangladesh, local researchers assessed how a responsive care intervention could be integrated in health and nutrition services, using an approach that had shown to be effective in high-quality local trials. Using an adapted version of material from *Reach Up and Learn (4)* (covered in the guide to *Strategic action 3)*, they ran a cluster randomized trial to assess the impact of the intervention to promote responsive caregiving, integrated in routine primary health services.

Based on positive results, the team then did a study to assess whether the intervention could be scaled up. They found partners in government and got permission to involve the primary health workers and government infrastructure. This study also found a positive impact, on children's cognition, language, motor skills and behavioural ratings. The approach is now ready to be scaled up using a systems approach, targeting 13 000 primary health care clinics around Bangladesh.

For more detail on the Bangladesh project, read *Integrating an early childhood development programme into Bangladeshi primary health-care services: an open-label, cluster-randomised controlled trial (5)*.

Keep it simple

Make sure the intervention is not too complex to implement. Work within existing systems and do not engage in activities that are hard to sustain, like recruiting new frontline workers or setting up parallel services. And take care that the implementation does not demand attention and resources in a way that impairs the system's capacity to do other activities – and so ends up reducing the quality of care, or the performance of other services. A good way of keeping complexity under control is to phase in the intervention's components one by one. Simplify each one and eliminate anything unnecessary before testing all the components together. Do not create a parallel system.

Document and use data

When you are scaling up, document everything you do. This will give you a record of how you solved the problems that will inevitably emerge, allowing you to recognize them in the future. Sometimes that will give you a ready-made solution or point you towards an innovation that you can use again in similar situations. And sometimes it will help you to develop your general problem-solving process. Both can be very helpful, not just in scaling up the current intervention, but in others that need scaling up in future.

When documenting, use both quantitative and qualitative methods. Quantitative assessment and documentation are covered in the guide to *Strategic action 4*, and include looking at indicators for inputs, outputs and outcomes. Qualitative assessment includes, for example, interviews with frontline workers and clients, observations during supervision visits, and discussions in focus groups.

Learn in a real-world environment

When implementing small-scale programmes, partners often provide more resources – human, financial, technical, and importantly motivation and visibility – than the public system normally would or could afford. To find out what day-to-day operational realities and resource constraints the scaled-up programme will face, implement the small-scale initiative in the regular system from the beginning. Keep monitoring and learning while you scale up, and adapt as you go (see box *TDR Implementation Research Toolkit*). And even when you are ready to scale up, remember that there may be populations or areas that will require further adaptation.

🔧 **TOOL**

TDR Implementation Research Toolkit *(6)*

This toolkit gives you a standard process for doing implementation research, with results that can be compared across regions and countries. It helps you to identify bottlenecks, choose which stakeholders to involve, come up with research questions, do the research, and then make a plan for implementing the results.

In an ideal world, all interventions would be based on three different types of research, following in smooth steps. First there would be efficacy studies (does it work at all?), then effectiveness studies (does it work within existing systems?), and finally implementation studies (does it work when scaled up using only resources available to existing systems?). In reality, challenges often get in the way of following this systematic approach, such as scarcity of resources, or a desire to act fast.

The *TDR Implementation Research Toolkit* (6) takes account of those practical challenges. It shows you how to use implementation research to understand your local context, improve performance, and strengthen systems and services. All of which helps you to scale up interventions and make them sustainable.

Does the research clearly address an implementation question?

Is there a clear description of what is being implemented?

Is the implementation strategy proposed in the research clearly described and examined appropriately?

Are the system conditions prevailing in the real-world setting described in sufficient detail?

Does the research appropriately consider outcome variables and how they are expected to change over time?

Does the research appropriately consider context and other factors that influence implementation?

Does the research appropriately consider changes over time, and the level of system complexity?

Does the research clearly identify the target audience for the research and how it can be used?

Build centres of excellence

Centres of excellence – national or regional – can support local implementation research with technical assistance and data collection. They also provide valuable programme support and facilitate joint learning locally, nationally and sometimes internationally.

Form communities of practice

A community of practice is a group of people with a shared practical interest, and often a common goal, who interact with each other regularly in order to learn how to get better at what they do. That includes talking about their experiences, sharing good practices, successes and failures, identifying common challenges, and advocating for what they believe in. Through all these activities, they learn from each other.

As you are starting the process of scaling up, help to create communities of practice. They can be local, perhaps bringing people together from different primary health care centres in the area. Or they can be national, bringing practitioners and researchers together from different districts, or even international, with representatives from all over the world. They come in different forms, but all help their participants make progress (see box *Global and regional networks).*

Share your findings widely – whether positive or negative

Much of the data collected globally is never published – neither in peer-reviewed nor grey literature. That means a huge amount of useful information is lost. Some of this is because negative results – those that do not prove something is effective – are discarded. In fact, these can be just as valuable as positive ones, helping to avoid wasting resources on interventions that do not work or cannot be scaled up. It is vital that all stakeholders document their research findings and share lessons learned with other demonstration sites and communities of practice, as well as share experiences in blogs, peer-reviewed or grey literature, and policy briefs.

Sharing the latest innovations and research is a critical part of scaling up policies and programmes that support nurturing care. Since the release of the *Nurturing care framework,* there has been a lot of work on this front. There are global working groups headed by WHO, UNICEF, the World Bank Group, the Partnership for Maternal, Newborn, Child and Adolescent Health (PMNCH), and the Early Childhood Development Action Network (ECDAN), aided by many organizations from the public and private sectors, and civil society.

Four regional networks bring together resources, build capacity, help to exchange information between countries and among stakeholders, and deepen the understanding of concrete implementation issues and how to address them. These are the Africa Early Childhood Network *(8),* the Arab Network for Early Childhood Development *(9)*, the Asia Pacific Regional Network for Early Childhood *(10)*, and the International Step by Step Association for Europe and Central Asia *(11)*.

ECDAN is an important global mechanism for sharing information. It was created in 2016 by UNICEF and the World Bank, and is supported by WHO, UNESCO and hundreds of civil societies, multilateral and bilateral organizations, foundations, businesses and researchers. ECDAN connects organizations' efforts at the global, regional and country level. It helps them exchange knowledge and learn, transparently and collaboratively, and advocates for increasing investment in quality early childhood services. To get helpful resources, take part in taskforces, working groups and webinars – or if you are thinking of joining – visit ECDAN's website *(12)*.

Overcoming the barriers

Overburdening systems and the workforce

It is a good idea to combine several complementary interventions, and to integrate them in existing systems. For example, well-child visits may not only include activities to support early learning and responsiveness to the child's needs, but also give attention to the caregiver's mental and physical health.

However, there is a danger of overburdening those systems and the people who work in them. The quality of an existing service can be compromised if you try to integrate too many new interventions or procedures at the same time. So think carefully about what is required to make the new activities work – in terms of time, money, and people. One way of avoiding overburdening systems and people is to share tasks between sectors and stakeholders, with each responsible for the activities where they have the strongest technical skills. This puts the initial emphasis on coordination, which may – at least early on – be easier to achieve than integration.

Motivation and reward

You can also avoid overburdening frontline workers by helping them feel a sense of self-determination, an interest in life-long learning and in professional development. Do this by focusing on their intrinsic motivation, such as the desire to serve and to help children and their community. But focus just as much on extrinsic motivation, like adequate pay and working conditions. Also make sure they are mentored regularly and get supportive supervision. The guide to *Strategic action 3* suggests more ways of giving the workforce the capacity they need.

Missing hard-to-reach populations

In all countries, despite the sometimes effective implementation of universal interventions, there are families and population groups that are either difficult to reach or who may have more difficulty in accessing what is being offered. There are many reasons for this such as geography (e.g., remote rural regions that are far from services) or stigma (e.g., HIV positive pregnant adolescent girls). When new interventions are introduced, those who are in greatest need are sometimes the last to benefit. That makes it important to consider equity from the start, identifying vulnerable families or populations, and thinking of ways to reach them.

Any approach needs to be multipronged and should include extensive engagement with community leaders and faith leaders. Local solutions include community mapping and outreach. Consideration must also be given to innovative ways to bring services closer to families, particularly to geographically remote areas. Or there are policy solutions, such as conditional cash transfers for the poor. Health services need to ensure they are adolescent friendly in order to encourage utilization by young people. Importantly, there will be no one size fits all approach and efforts need to be made to create different solutions across settings. Finally, when scaling up, monitor the participation of the most vulnerable families and children, and make it a measure of success.

Ignoring the costs

Development funds are often used to expand activities without any assurance of long-term, sustainable financing. Government funding is essential for scaling up and long-term sustainability, so it is very important to get a budget line in national and local sector plans. Work on funding mechanisms from the beginning, so that there is enough for scaling up, and it is reliable and sustainable. As well as funding from the government and donor agencies, you may find other options useful, such as social franchising models, social entrepreneurship, and community fundraising (see box *Alternative funding options*). Read the section on financing in the guide to *Strategic action 1* to learn more about the options.

ALTERNATIVE FUNDING OPTIONS

Social franchising

This works like a commercial franchise, but for social benefit rather than private profit. The term includes any independent, coordinated network that supports its members' activities. There is more on this in an article in Harvard Health Policy Review *(13)*.

Social entrepreneurship

This is where people – whether individuals, groups, start-up companies or entrepreneurs – develop, fund and implement their own solutions to social, cultural, or environmental issues. Again, the goal is social value, not personal profit. There are more details in an article in Technology Innovation Management Review *(14)*.

Community fundraising

This is when a large number of people – a community – each makes a small donation to a good cause, often something organized and carried out by local volunteers. There are more details in a post on Goodbox *(15)*.

Suboptimal monitoring and evaluation

Having adequate processes for monitoring and evaluation allows you to collect data in a structured way, and to be transparent. Integrate data collection into the country's health information system, including indicators for inputs, outputs and outcomes. Keep the user in mind when you design monitoring and evaluation systems. And make sure that the data you collect is not only used in scientific publications, but also to keep frontline workers accountable and professional, to improve the services, and to solve problems.

Engaging with the private sector

Interventions that support the provision of nurturing care by caregivers do not always have to be delivered or funded by governments. Governments may not have sufficient resources, or early childhood development may not be high enough on their list of priorities. An alternative or complementary way of scaling up is to engage with private-sector organizations, with their financial and technical capabilities. This can have other benefits: encouraging organizations to improve their own working practices to support nurturing care, which can influence others in their industry to follow suit. It also fits in with the ethos of sustainable development, which calls for the public and private sectors to make a joint commitment to the next generation – one that encompasses more than finances, and is built on shared social responsibility.

There are several strategies for engaging the private sector. One is the philanthropic approach, appealing to budgets and departments for corporate social responsibility (CSR). A more innovative strategy is to encourage what is often called "creating shared value". This means the company pursues commercial success in a way that also has social benefits, using its products, services, people, infrastructure, brand and networks. Creating shared value works differently for mission-driven and profit-driven businesses.

Mission-driven businesses

These include social enterprises, and are usually small- and medium-sized companies whose motivation is to use their products or services to solve social challenges. They aim to produce profits in a sustainable way, so that they need less outside support, whether from the public sector or other companies.

Because mission-driven businesses can offer investors a financial return, they can attract private capital for investments in nurturing care. This can be what is called "impact investing": investments that aim to produce a positive impact as well as a financial return. Stakeholders in these businesses can also include social entrepreneurs, incubators, accelerators and microfinance institutions. To learn more, read the box *Kidogo - a for-profit social enterprise in Kenya.*

KIDOGO - A FOR-PROFIT SOCIAL ENTERPRISE IN KENYA

Mission-driven businesses can play a vital role in expanding the reach and scale of quality services for children. Some target the *Nurturing care framework*'s key challenges, such as responsive caregiving and opportunities for early learning.

Kidogo is a for-profit social enterprise based in Kenya. It trains female entrepreneurs (it calls them "mamapreneurs") and supports them in starting or expanding their own micro-businesses offering childcare in their local communities.

Kidogo trains these women in mentoring, entrepreneurship, health and nutrition, and early childhood care and education. The aim is to improve the quality of services for young children. It also gives the entrepreneurs a starter kit of resources for their centres, as well as ongoing quality assurance to maintain Kidogo's standards.

Kidogo also has a small number of centres of excellence in Nairobi. These are used for training, to pilot innovations, and to demonstrate best practices for childcare and early learning in low-resource environments. And they are also helpful for advocacy and engaging with the broader community.

To get in touch or read more about their work, visit Kidogo's website *(16).*

Profit-driven businesses

The majority of businesses – including, of course, multinational corporations – are driven by the profit motive. Nonetheless, their value chains reach millions of families, giving these companies a powerful role in shaping children's environments.

These companies can help to promote nurturing care, both in the course of their core business activities – that is, their products, services, people and infrastructure – and especially in their role as employers. They can bring in family-friendly policies, such as providing good-quality childcare on the premises, making work spaces breastfeeding-friendly, and providing paid parental leave.

You can engage with them in both these areas, by making contact with their corporate social responsibility and human resources departments. In this way, you can also influence how the company's leadership decides investment priorities (see box *Mobile Creches*).

Other important ways of engaging with these companies include networks, business coalitions, cross-sector alliances, chambers of commerce, and industry and employers' associations. You can encourage these networks to spread best practices. Sustainability indices (such as the Dow Jones Sustainability Index) can also help, rating companies' behaviour and encouraging compliance. But to enforce standards, national policies are needed, which can also offer tax and financial incentives to businesses, encouraging investment.

MOBILE CRECHES

Mobile Creches is an Indian non-governmental organization, and one of its main programmes helps the families of migrant construction workers, who live where they work – on the building sites of Delhi. For them, it provides a comprehensive package of quality services for early childhood development.

Mobile Creches has a hybrid business model, using both employers' contributions (mandated by law) and grant funding. It provides activities and interventions for children from birth to the age of 6, supporting their holistic development. It also trains community childcare workers in early care. And it advocates nationally for policy change, effective legislation, increased budgets, and improved services for young children, by improving institutional structures, improved quality of services, and geographic coverage.

To get in touch or find out more about their work, visit Mobile Creches' website *(17)*.

Increase awareness among business leaders about how important nurturing care is - for economic returns, human capital, and the welfare of employees and their families.

Private suppliers of healthcare

It is important to distinguish between traditional businesses (the commercial sector) and the private suppliers of healthcare that are common and key providers in many countries. The WHO has defined the engagement with such suppliers "as the meaningful inclusion of private providers for service delivery in mixed health systems" *(18)*. The WHO has also outlined six governance behaviours for engagement with these providers (see box *Six principles to govern private health service delivery sector*).

SIX PRINCIPLES TO GOVERN PRIVATE HEALTH SERVICE DELIVERY SECTOR *(18)*

1. **Build understanding:** Ensure the provision of reliable and up-to-date information on current and future trends in health and health system performance.

2. **Foster relations and build sustaining partnerships:** Build and maintain relationships that complement the more formal ways of exerting influence through regulation and legislation.

3. **Enable stakeholders and provide tools for implementation:** Ensure providers have the powers to do their jobs.

4. **Align structures and fit between policy objectives and organizational structure:** Ensure the implementation of policies designed to achieve health system goals.

5. **Nurture trust and accountability:** Ensure that all health system actors are held accountable for their actions.

6. **Formulate policy direction and deliver strategy:** Articulate health system goals and objectives, roles, identify policy instruments, and outline arrangements to monitor performance.

Suggested actions

Advocate for nurturing care

Business leaders generally know very little about nurturing care. To increase awareness you will need to conduct advocacy, spreading the word about how important nurturing care is – for economic returns, human capital, and the welfare of employees and their families. Without this, it will be difficult to make progress. The box *How governments and businesses can make the workplace family-friendly* provides links to useful resources.

HOW GOVERNMENTS AND BUSINESSES CAN MAKE THE WORKPLACE FAMILY-FRIENDLY

Family-friendly policies are good not just for families, but for businesses and economies. And yet, around the world, not enough parents benefit from policies such as paid parental leave, breastfeeding breaks, childcare and child grants. This is despite the fact that investing in family-friendly policies pays off in healthier, better-educated children, greater gender equality and sustainable growth, as well as being linked to improvements in employees' productivity, and in recruitment, motivation and retention.

To find out more, read UNICEF's evidence briefs, *Redesigning the workplace to be family-friendly: what governments and businesses can do (19)*, which includes links to policy and evidence briefs.

Create an environment that encourages companies to change

If you are a national policy-maker, look at policies that encourage businesses to be more family-friendly. Examples are financial and tax incentives, or some kind of public recognition. Also consider ratings such as the Dow Jones index in your policy-making (see the box). Work with stakeholders and decision-makers in companies to create an environment that encourages them to change.

DOW JONES SUSTAINABILITY INDICES *(20)*

A private-sector example is the Dow Jones Sustainability Indices *(20)*, which guide the corporate social responsibility efforts of many multinational corporations. The indices measure companies on a range of health and well-being criteria that align with nurturing care, including flexible working hours, working from home, childcare facilities and contributions, and paid parental leave.

Advocate for international family-friendly policies

There are international calls for all countries to introduce policies supporting family-friendly care in the workplace and beyond. These include the International Labour Organization's Convention 183 on maternity protection, and the *International Code of Marketing of Breastmilk Substitutes*, which was adopted by WHO Member States. Advocate for these policies to be implemented in national laws and regulations. And when the policies are in place, advocate for a solid monitoring system and thorough enforcement (see box *A regulatory framework for family-friendly policies in Paraguay*).

A REGULATORY FRAMEWORK FOR FAMILY-FRIENDLY POLICIES IN PARAGUAY

A good example of government action comes from Paraguay, which has a regulatory framework on family-friendly policies. This requires that all employers with more than 50 employees (regardless of their gender) offer childcare facilities for children under 2 while their parents work *(21)*.

Make a shared value case

Business leaders will look at your ideas from their own perspective, so frame your messages with care. You need to make a business case based on human and financial capital, speaking the language of business. For example, you could emphasize the demand among their employees for good-quality childcare services, and how this could improve productivity and employee retention. Other possible business benefits include recruitment, diversity (by keeping women in the workforce), compliance, employee relations, and reputation. The focus should be on a win-win for everyone involved.

It is also important to make sure you are talking to the right people. Connect with decision-makers, such as CEOs, the heads of corporate social responsibility and human resource departments, and also senior staff working on strategy, business development and product development (see *Breastfeeding support in the workplace* and *A guide for employer-supported childcare*).

🔧 **TOOL**

Breastfeeding support in the workplace

This document provides recommendations to help employers establish breastfeeding rooms and supportive workplace environments for workers and their families. It highlights the benefits of breastfeeding support for the company, for the mother and child, and for society and the environment and offers advice on how to provide breastfeeding support during COVID-19 pandemic.

To find out more, see *Breastfeeding support in the workplace: a guide for employers (22)*.

 TOOL

A guide for employer-supported childcare

This practical guide helps private-sector companies to improve the childcare they offer, including its quality, financial sustainability, and measurement of results. It is part of the World Bank's Tackling Childcare initiative, and was developed for companies who want to become more family-friendly employers.

The guide gives practical help with designing and implementing a childcare programme that meets the needs of employees, communities and the business. Rather than offering a one-size-fits-all solution, it presents options that can be tailored to the company's circumstances.

To find out more, read *Tackling Childcare: a guide for employer-supported childcare (23)*.

Mobilize private capital

It is also important to mobilize private capital to help mission-driven businesses, with microfinance and impact investing being good sources. The World Bank's Early Learning Partnership (see the box) is an example of how to do this.

THE EARLY LEARNING PARTNERSHIP

The Early Learning Partnership (ELP) is a multidonor trust fund managed by the World Bank. It uses the World Bank's strengths – including its global presence, access to policymakers and strong technical analysis – to improve early learning opportunities and outcomes for young children around the world.

The initiative enables World Bank staff and partners to apply for funding to support early learning and early childhood development in their investment portfolio. For example, in a country where there is a cash transfer programme, a team could apply to ELP for money to develop accompanying measures that promote nurturing care. It is a competitive process, responding to countries' needs and opportunities, stimulating creativity, and channelling funding to where it can be used most effectively.

To find out more, including the activities going on in each country, visit the Early Learning Partnership's webpage *(24)*.

Overcoming the barriers

Lack of expertise in the private sector

Companies can lack the technical know-how – as well as the incentives – to choose the investments that are most effective in supporting nurturing care. They can overcome this by asking for help from governments, national centres of excellence and multinational development agencies, as well as local funders and universities.

Excluding people by failing to collect the right data

The people who need help most – including the most vulnerable – are most likely to be missing from the data that companies collect. This is true for both mission- and profit-driven businesses. For example, mission-driven businesses will find it easiest to collect data on paying customers, neglecting those who need their services but either do not or cannot pay. And profit-driven businesses will tend to have least data on the parts of their value chain that are in the informal sector, such as street vendors. Being aware of this makes it easier to correct for.

Unwillingness to pay for services

In childcare, and especially day care, unpaid or underpaid work is everywhere. This is self-reinforcing, making people undervalue the services and less willing to pay for them. The result can be to make mission-driven businesses less viable in this sector. Family-friendly workplace policies can help to change that – if there is advocacy both for the policies and for nurturing care in general.

The people who need help most – including the most vulnerable – are most likely to be missing from the data that companies collect.

Using digital solutions

Digital solutions include smartphone apps, text messages (sent by short message service, or SMS), interactive voice response (digital services that talk and listen), health management information systems, mobile diagnostic devices, wearables (such as hats that monitor young children's vital signs), and big data analytics. There is growing evidence about which of these work best, in which circumstances, and at what cost. In 2020, the COVID-19 pandemic has given an impetus to using digital approaches to support nurturing care, to compensate for restrictions in access to and use of services by caregivers and their children (see the boxes *The potential of teleconsultations* and *COVID-19 emergency parenting response*).

THE POTENTIAL OF TELECONSULTATIONS

Teleconsultations are increasingly part of global health care; however, there are few resources to guide best practice for their use with children and adolescents. In 2020, the use of teleconsultations escalated rapidly as a result of the COVID-19 pandemic and the subsequent "lockdowns" in many countries, which restricted face-to-face consultations to severe health issues or medical emergencies. While most health care providers experienced challenges in delivering services remotely during the pandemic, many identified advantages of teleconsultations and appreciated the circumstances in which a teleconsultation would be preferable to a face-to-face consultation. Many clients had similar experiences. Regardless of the trajectory of the COVID-19 pandemic, increased familiarity with teleconsultations by both health care providers and clients is expected to lead to greater use in the future, mainly as a supplement to face-to-face consultations, including in low- and middle-income countries.

To learn more, read How to plan and conduct telehealth consultations with children and adolescents and their families *(25)*.

COVID-19 EMERGENCY PARENTING RESPONSE

The global pandemic has created extreme stress for children's caregivers, with school closures, lockdowns, economic disruption and increasing mental health problems. The *Parenting for Lifelong Health* consortium of experts responded rapidly, in collaboration with WHO, UNICEF, the Global Partnership to End Violence against Children, USAID, CDC, UNODC and others.

They adapted evidence-based parenting messages in resources that could be delivered digitally, including tip sheets, social media posts, public-service announcements and radio shows. The adapted resources focused on one-on-one time of caregivers and children, praise, playful and responsive caregiver-child interactions, and stress reduction for caregivers. They have also been adapted to fit public health advice on COVID, and they include guidance on online safety for children.

These resources were translated by volunteers into over 100 languages and made open source. They were then further adapted for local contexts, families with disabilities, and refugee and conflict settings – by NGOs, faith-based organizations (such as World Without Orphans) and UN agencies.

Between April and October 2020, these resources were scaled up globally, reaching 86 million people in 182 countries, and 29 governments used them in their national COVID responses.

There is more information on *Parenting for Lifelong Health*'s website *(26)*.

Digital services offer exciting new opportunities and are increasingly being used to deliver interventions and for health surveillance. The global saturation of mobile phones (and increasingly smart phones) has become an important platform for the dissemination and delivery of a wide range of information and services. Basic mobile phones make it possible to collect information in real time, and to share information between frontline workers and even manage complex workflows (see box *RapidPro*). They can also be used to communicate with caregivers about the quality of home care practices, the child's developmental progress, and what happens in community health workers' home visits. Digital platforms are increasingly being used to deliver health or education messages using sms messages (see box *Baby Buddy app*). Health workers may use mobile devices to register clients, to assist in decision making about care, but also to track patient health.

Digital solutions can be an effective part of a systems-thinking approach, helping to improve monitoring, collect data and can be integrated into maternal and child health services (see box *MomConnect*). Digital solutions are increasingly a key component of approaches to the scale up interventions that support the provision of nurturing care by caregivers and facilitate achievement of early childhood development goals (see box *D-tree using mobile apps to improve child health outcomes*).

BABY BUDDY APP

The Baby Buddy app is a free to download app that provides information throughout pregnancy and the first six months postnatally in the United Kingdom. It includes extensive information using different modalities including videos. All the information provided is evidence based. The app also includes daily information for expectant and new fathers, personal care and support plans as well as digital child health records. The app includes features designed to promote engagement – not simply sms based information – such as an interactive avatar, goal setting, gamification as well as photo and diary features. The app backs up health services for women and in children in a range of localities.

To find out more, visit the Baby Buddy app *(27)* website.

MOM CONNECT

MomConnect is a South African Department of Health initiative to support maternal health through mobile phones and technology integrated into maternal and child health services. Pregnant women subscribe to a messaging service which provides information and encouragement to attend an antenatal clinic. The service is free of charge. Targeted health promotion messages are sent to pregnant women with the aim of improving their health and that of their infants. Messages cover antenatal care, nutrition, newborn care, breastfeeding and immunization. The messages are tailored to when in pregnancy the woman registers.

To find out more, visit the MomConnect *(28)* website.

RAPIDPRO

RapidPro is an open source software solution that enables users to easily design, pilot, and scale messaging services that connect directly with a mobile phone user. It allows users to collect real-time information on vital areas such as health, nutrition, education, water and sanitation, and child protection – even in remote and hard-to-reach places – and use that data to reach those in most need. Produced by UNICEF's global Innovations Labs in collaboration with Nyuruka, a Rwandan software development firm, and drawing on eight years of experience with SMS-based applications, RapidPro is already being used in over eighty countries. Examples include health platforms to boost immunization in Indonesia, antenatal support for mothers in Cameroon, and the creation of a database to enable the early identification of and support to families with children with developmental delays and disabilities.

To find out more, visit the RapidPro *(29)* and UNICEF *(30)* websites.

It is vital to identify vulnerable children and families as early as possible. Data science can help with this, using so-called "big data" to connect separate datasets. As a result, a range of care providers can access the same clients' data – as well as, ideally, linking caregivers and children to social protection benefits.

D-TREE – USING MOBILE APPS TO IMPROVE CHILD HEALTH OUTCOMES

D-tree International uses mobile technology to improve child health outcomes around the world. In Malawi, it has developed a mobile app that uses WHO's *Emergency Triage Assessment and Treatment* (ETAT) algorithm to help community health workers systematically assess children for signs of illness as they wait to see a clinician.

The organization has also developed a comprehensive app that now covers more than 1000 of Malawi's 11 000 village clinics. Health surveillance assistants (HSAs) use it to diagnose and treat patients, as well as to manage medicine stocks and compile their statistical reports each month.

In Zanzibar, D-tree has been working with the health ministry since 2011 to improve community maternal and neonatal care. Its mobile app – *Safer Deliveries* – is used by community health workers (CHWs) in home visits. It enables CHWs to create personalized birth plans, identify danger signs and refer women and families to health facilities. Managers use its data to improve services and the app itself. As a result, facility delivery rates are up 50%, and postpartum follow-up has increased fourfold.

You can find out more at D-tree International's website *(31)*.

But keep in mind gender equity concerns, including men's and women's different rates of household mobile-phone ownership. The *Mobile gender gap report 2020 (32)* shows that women in lower- and middle-income countries (LMICs) are 8% less likely than men to own a mobile phone, and 20% less likely to use the Internet on a mobile. This means that 300 million fewer women than men use mobile Internet.

Be realistic about where digital technologies can, and cannot, add value in your setting.

Suggested actions

Be realistic

Be realistic about where digital technologies can, and cannot, add value in your setting. Adopting new digital solutions can be a challenge, with frontline workers' existing workload and everything that is already going on. Digital solutions should be used to complement and improve services, rather than replacing parts of them. For more on this, see the box *WHO Recommendations on digital interventions for health system strengthening.*

🔧 TOOL

WHO Recommendations on digital interventions for health system strengthening

In 2019, the World Health Organization released a new guideline with recommendations on 10 ways that countries can use digital health technology – mobile phones, tablets and computers – to improve people's health and essential services. The recommendations are based on a critical evaluation of evidence from interventions, including assessments of benefits, harms, acceptability, feasibility, resource use and equity.

The guideline is aimed at decision-makers in health ministries, public health practitioners, and anyone else who wants to know which digital health interventions have an evidence base for addressing health systems' needs. It concludes that digital health interventions should not be seen as a substitute for functioning health systems, but can be a useful complement to them.

To find out more, read the WHO press release summarising the guideline *(33)*, or get the full document *Recommendations on digital interventions for health system strengthening (34).*

Invest in development

Before you start, remember that effective solutions usually need a lot of formative research and testing. Start by assessing the end users' needs, the workforce's capabilities, the health system's capacity, and the behavioural and organizational changes that will be required. Read the box *The Internet of Good Things* which can be a useful resource.

Work within your context

Context is key. Design and implement digital solutions with this in mind. Many digital solutions are available worldwide, but they will still need to be adapted to your setting, with its languages and cultural norms, to make them acceptable to users. Also think about the information and communication technology (ICT) where you are, and how its capacity might increase over the next two or three years.

🔧 TOOL

The Internet of Good Things (IoGT)

The Internet of Good Things *(35)* has free content for mobile phones that can save and improve lives, and it works even on low-end devices. It helps communities and frontline workers get local, up-to-date information at the point of care, and it is available even where Internet access is minimal. Community health workers can download material to use in home visits to give parenting or health advice.

Follow recommended principles

Despite all the advances in technology and its use, some digital programmes have failed. The reasons were often both predictable and preventable, so it is important to use the well-established principles when designing services (see box *Principles for Digital Engagement* on next page).

PRINCIPLES FOR DIGITAL DEVELOPMENT

In the late 2000s, donors and implementers began to recognize that digital development programmes were fragmented, uncoordinated, siloed, and struggled to scale up or sustain themselves in the long term.

So in 2014, the Principles for Digital Development Working Group was established to tackle those challenges and share best practices. It is made up of donors, implementers and development practitioners, and meets nine times a year.

The current principles are:

· design with the user;
· understand the existing ecosystem;
· design for scale;
· build for sustainability;
· be data driven;
· use open standards, open data, open source, and open innovation;
· reuse and improve;
· address privacy and security;
· be collaborative.

To find out more, visit the Principles for Digital Development website *(36).*

Segment your audience

The most effective approach may be to use digital solutions to complement face-to-face contact. The key is to choose the right medium for the target audience. A mother, for example, might benefit most from joining an online parenting group, a father might prefer to get parenting tips by SMS, and a grandmother might enjoy a TV drama or a radio programme that promotes positive parenting. Think carefully about the options, assess how feasible they are in your context, research different groups' preferences, and then design interventions using a mixture of methods – as the Figure illustrates.

The most effective approach may be to use digital solutions to complement face-to-face contact.

Figure. Combining digital solutions with face-to-face contact

Mass media
Radio/TV webinars
Social media
Community loudspeakers
Tip sheets
Hotlines

Virtual
Online groups
Apps
Text messages
Regular phone support

Content

Face-to-face contacts
Home visiting   Groups
Clinic based groups
Routine health service contacts (ANC, PNC, immunization, well child care)
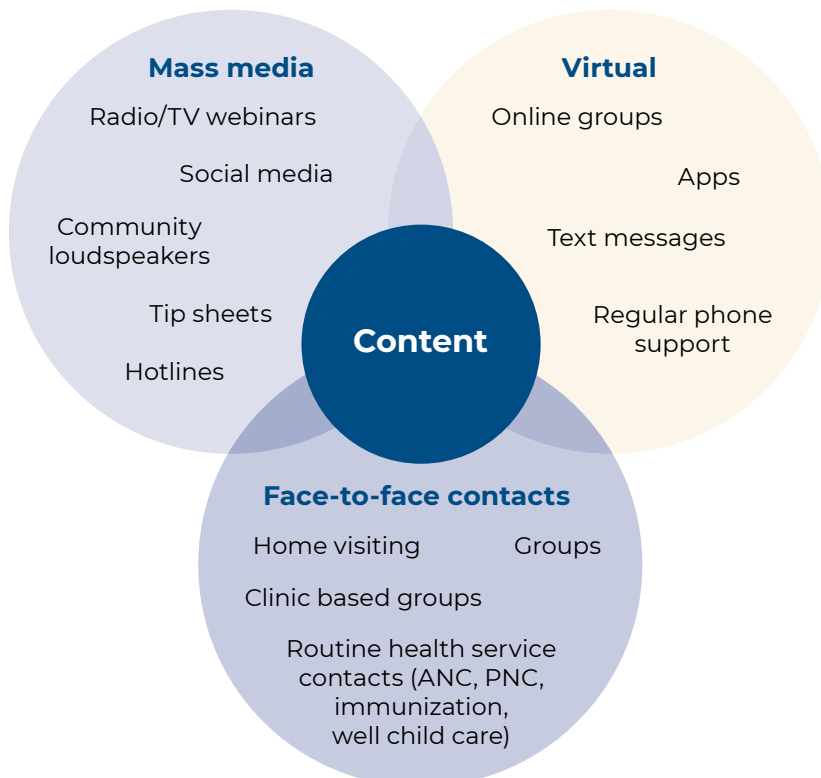
Take action on privacy and security

Pay constant attention to safeguarding the privacy and security of young children and their families when they use digital platforms. Make sure there are systems to ensure data privacy, ownership, access, integrity and the protection of users' information, and that these systems meet national legal standards.

Use digital technology to make services more accountable

Digital technologies make information and services more accessible, with better geographic coverage. This increased access to information can be used by caregivers and practitioners to demand new or better services that support nurturing care for their communities.

Overcoming the barriers

Frontline workers' capabilities

Think about frontline workers' capabilities and how unfamiliar the technology may be to them. Support them by giving them training, mentorship and supervision, tailored for them and ongoing. Ensure that they have access to a stable internet connection, along with free credit for enough data to send and receive information. This will help them make good use of the investments in digital health.

Remember that any changes will have effects on the whole system and everyone involved. For example, using a digital tool for supervision will affect the supervisor as well as the person being supervised, the time needed, and whether all supervision is in-person. Anticipating these changes, maximizing their benefits, and providing support, can strengthen relationships and systems.

Poor information and communications technology infrastructure

There can be problems accessing digital solutions. Mobile networks' connectivity can be patchy, and batteries can run down quickly, especially in places where the electricity supply is unreliable. That can mean digital solutions do not work where you are. So, before you do anything else, thoroughly assess what you need from the infrastructure in your setting, and whether that is available.

Inequitable access to digital technology

Access to mobile phones is still unequal. Smartphone ownership is 20% lower for women than for men. So, remember that technologies should complement each other. A good solution in your setting could be for people to get information about nurturing care from the Internet of Good Things (designed for low-end mobiles) and mass-media communications, such as radio and television.

Signs that you are making progress

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

The aim is to work in a systematic way on scaling up of policies and interventions for nurturing care and to use innovations, such as digital technologies and partnership with private sector entities, to reach more children and their families with high-quality information and services.

Here are some signs of progress and targets to aim for:

- Private-sector organizations are actively contributing to implementing national strategies and plans.
- Family-friendly policies have been adopted and are being implemented – in public and private sectors.
- Local multistakeholder partnerships have been established and are thriving, along with collaboration on research that promotes nurturing care.
- Local research priorities have been set, and the resources – in terms of both money and people – mobilized to achieve them.
- Proven innovations are being implemented at scale and their impact is carefully evaluated. New innovations are being tested for effectiveness and feasibility.
- Digital solutions are included in interventions – supporting caregivers or monitoring implementation, or both.
- A national learning and research platform has been established, and is supported by local and national organizations. Research findings are widely shared and used to implement and scale up more effectively.
- Governments have well defined national strategic approaches for engagement of the private sector in activities that promote nurturing care.

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NURTURING CARE
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