# **Concept Note**

## to inform development of a monitoring system to accompany the Nurturing Care Framework

### Background

The importance of early childhood development is highlighted in both the Sustainable Development Goals and the Global Strategy for Women's, Children's and Adolescents' Health as a core component of societal transformation by 2030. In response to the urgent need for unified action to ensure that all children develop their full potential, the World Health Organization, UNICEF and the World Bank, in collaboration with many other partners, developed and launched the Nurturing Care Framework.<sup>1</sup> The Framework, which is an evidence-based road map for action, identifies a set of best practices, encompassing five key components of nurturing care: good health, adequate nutrition, responsive caregiving, security and safety, and opportunities for early learning. [Box 1]

The Nurturing Care Framework includes five strategic actions to be led and coordinated by governments and supported by a broad range of stakeholders. One of the five strategic actions laid out by the Framework is to monitor progress. Country governments are called on to lead and coordinate activities for harmonized data generation and use. [Box 2] The Framework lays out a related national milestone to be achieved by 2023: "all countries are collecting data about the quality and coverage of interventions for all five components of nurturing care". The accompanying global milestone is that "harmonized global indicators and measurement framework for nurturing care are available and used to assess implementation and impact".

Since the release of the Framework there have been calls for guidance on monitoring. Developing guidance for a standardized monitoring system with a set of recommended indicators will help promote nurturing care by supporting countries to collect valid and reliable data. These data will not only inform programmatic action but also will allow robust comparisons across time and across countries.



Source: Nurturing Care Framework, page 12

BOX 2				
Nurturing Care Framework Strategic Action #4: Monitor progress				
Governments to lead and coordinate on:	Indicators for tracking early childhood development agreed			
	Routine information systems updated to generate relevant data			
	Data made accessible in user-friendly formats			
	Periodic, population-based assessment of early childhood development conducted			
	Data used for decision-making and accountability			

Source: Adapted from Nurturing Care Framework, page 33

### The current state of nurturing care monitoring

The Nurturing Care Framework includes a detailed logic model that lays out inputs, outputs, outcomes and impact. [Box 3 and Annex 1] This logic model provides the conceptual foundation for monitoring progress toward the vision articulated in the Framework, and there are numerous indicators actively in use that can be used to measure specific elements across the logic model.



Source: Adapted from Nuturing Care Framework, page 33. Note: Refer to Annex 1 for full model.

As a first step toward developing a monitoring system, the Framework has proposed a set of 24 available global indicators linked to the Sustainable Development Goals (SDGs) and the Global Strategy for Women's, Children's and Adolescents' Health (GSWCAH). [Annex 2] These population-based indicators rely primarily on standardized household survey programmes such as the Demographic and Health Surveys and the Multiple Indicator Cluster Surveys.

Available nurturing care measures, however, go well beyond the set of 24 indicators proposed by the Framework. There has been extensive work related to nurturing care monitoring over the past several years, with various groups reviewing and presenting key indicators. For example, in 2018 Countdown to 2030 produced early childhood development country profiles, which present not only data on population-based indicators pertaining to the components of nurturing care, but also indicators highlighting threats to early childhood development and facilitating environments. Other exercises have promoted indicators that may also link to the Nurturing Care Framework's logic model; there are numerous sources that could be reviewed for relevant measures such as the social, political, and economic indicators put forward as part of Ending Preventable Maternal Mortality initiative's development of a comprehensive monitoring framework<sup>2</sup> or the Toolkit for Measuring Early Childhood Development in Low- and Middle-Income Countries published by the Strategic Impact Evaluation Fund and the World Bank.<sup>3</sup> Despite recent progress on developing measures related to early childhood development, there are key gaps in data availability. First, there is no standardized measure of development in children aged 0-3 years of age at population level. Second, there is an acute data gap in indicators related to responsive caregiving. Third, there are no comparable country data on coverage of counselling interventions for helping caregivers to provide nurturing care. A number of initiatives are underway to develop new measures to address the gaps in data availability and updates will be made available through the nurturing care and ECDAN websites.<sup>4</sup>

### Considerations in developing a nurturing care monitoring system

Nurturing care measurement is complex, and development of a monitoring system must consider a range of aspects of nurturing care.

- Focus on the youngest children: Although early childhood development spans an age range of 0-8 years, the most sensitive period for brain development is from pregnancy to age 3. Thus, the Framework focuses on these youngest children and nurturing care monitoring must be in alignment. One significant measurement gap is assessing the impact of programs specifically a population-based measure of the youngest children's development.
- Whole-of-society approach: Nurturing care monitoring takes place across a series of enabling environments.
   [Box 4] This means that a comprehensive monitoring strategy and system will need to include data collection at various levels including at a legislative level, facility level, and population level, using a range of tools.
- *Family-centered care:* Families are at the heart of nurturing care for the youngest children, but the day-to-day interaction between caregiver and child is not conducive to commonly available standardized measurement approaches. There is an urgent need to address the current lack of measures on responsive caregiving. While typical caregiver-child interaction may be difficult to assess in a standardized way at the population-level, indicators around interventions for helping caregivers to provide nurturing care are available in tools for individual assessment and in training materials, such as the WHO/UNICEF Care for Child Development package.<sup>5</sup>



• *Multisectoral approach:* The multisectoral nature of nurturing care has implications in terms of monitoring. There needs to be a strong focus on the five components of nurturing care and there must be recognition that each component is made up of multiple elements that span a range of sectors.

• Leave no child behind: Interventions need to cover population groups equitably, understanding that some groups have special needs. The Framework recognizes three levels of support for caregivers and children: universal, targeted and indicated. [Box 5] From a monitoring perspective, tracking coverage of



Source: Nurturing Care Framework, page 22

targeted and indicated services is more challenging than tracking coverage of universal support. This is due in part to the additional requirement of clearly identifying the population in need and collecting appropriate data from that population. Furthermore, the very environments that put children and families at risk may also be settings where it is the most difficult to collect data, such as in humanitarian emergencies.

• **Context is critical:** Beyond the levels of measurement reflected in the Framework's logic model, monitoring efforts should also consider larger contextual factors that may threaten early childhood development. Indicators pertaining to socio-economic development are useful for understanding the broader context within which nurturing care must operate. Relevant indicators may include child poverty, early childbearing, and harsh punishment.

### **Developing a protocol**

Any comprehensive monitoring system consists of a series of levels where available data are used for different purposes. A small set of core indicators should be used across levels of the system, from facility level to global level, and this set should be relevant for all countries and contexts. Beyond these core indicators, a country may find additional indicators to be relevant and useful, so a good protocol should offer standardized options beyond the recommended core set. [Box 6]



Annex 2 presents the set of indicators proposed by the Framework, which serve as an important starting point due to their relevance to nurturing care and harmonization with existing global initiatives. Identification of indicators beyond this small set could be built around the following steps:

**1.** *Review of existing indicators:* An initial review of indicators was undertaken in May 2019 to provide a foundation for development of the guidance. The review of indicators was based on selected initiatives promoting indicators related to different elements in the Nurturing Care Framework's logic model. The goal of this review was to assess the overall scope of available indicators. To guide thinking around different levels of measurement and the components of nurturing care, some illustrative indicators from this review are presented in the next section.

**2. Full scoping exercise:** As noted above, there have already been several efforts to pull together indicators relevant to nurturing care. A scoping exercise to map existing indicators by reviewing and pulling together the work of previous initiatives would be a suitable methodological approach to creating a complete list of relevant indicators. [Box 7]

BOX 7
Global groups and initiatives to review and identify nurturing care indicators
Nurturing Care Framework, https://nurturing-care.org/
<ul> <li>Countdown to 2030 (including the country profiles for early childhood development), http://countdown2030.org/</li> </ul>
<ul> <li>MoNITOR and CHAT Technical Advisory Group indicator mappings (maternal-newborn and child health and well-being, respectively), WHO/UNICEF coordinated and available upon request</li> </ul>
<ul> <li>Global standardardized household survey programmes (Demographic and Health Surveys, https://dhsprogram.com/ and Multiple Indicator Cluster Surveys, http://mics.unicef.org/)</li> </ul>
A Toolkit for Measuring Early Childhood Development in Low- and Middle-Income Countries, http://www.worldbank.org/en/programs/sief-trust-fund/     authlighting (a toolkit for measuring party shild development in law and middle income countries)
<ul> <li>publication/a-toolkit-for-measuring-early-child-development-in-low-and-middle-income-countries</li> <li>Technical consultation on SRMNCAH indicators for humanitarian settings (11-13 December 2018), WHO coordinated and available on request</li> </ul>
Source: Review of existing indicators undertaken by WHO consultant in May 2019

- **3.** Consultation: Once a full scoping review has been undertaken, those results can be reviewed by key stakeholders, including programme and monitoring specialists at both global and country levels. The goal of the consultation will be to come to a consensus around sets of key and additional indicators, based on a set of objective criteria.
- **4. Set of recommended nurturing care indicators finalized.** A small set of core indicators should form the backbone of the system. These should be well-established indicators that are recommended for monitoring across all countries, and the indicators proposed by the Framework provide a solid starting point for the consideration of a core set. A set of additional indicators could be identified to accompany the core set. These indicators would provide a fuller range of monitoring options depending on a country's programme priorities. Note that the focus of a monitoring system would be 'outcome' or 'output' monitoring levels.
- **5.** *Launch of the guidance:* The goal is to have a final guidance note and catalogue of indicators available by early 2020. The guidance note would be distributed to key stakeholders via typical channels of the supporting organizations and additional capacity strengthening could be made available A scheduled update will be part of the plan going forward; given anticipated measurement advances, a review of new measures and tools would be expected in 2022.
- **6.** *Research agenda created.* Any critical gaps highlighted during the development of the full guidance note for developing a monitoring system should be flagged. These breaches between nurturing care recommendations and monitoring should be considered for a longer-term research agenda that addresses shortcomings in available measures.

### **Illustrative indicators**

As noted above, to support the development of monitoring guidance, an initial indicator review was undertaken. The goal of the review was to go beyond the set of indicators proposed in the Framework and explore a fuller range of measures that may be useful for countries scaling up nurturing care programming. A set of illustrative indicators has been selected and is presented below, using the Framework's logic model as a structure for thinking about monitoring needs across a broad programmatic continuum. Each indicator presented links to a specific intervention or strategic action flagged in the detailed logic model in Annex 1. In addition to the elements in the Framework's logic model, additional contextual indicators have been highlighted. These can be useful for understanding vulnerabilities or threats to nurturing care.

The indicators presented below they do not represent the full array of available indicators nor do they represent any sort of "core" set. Rather, they are intended to give a sense of the range of different indicators that may be needed for monitoring progress and thus are presented for the sake of discussion. Importantly, as a full scoping review has not been conducted, there may be better suited indicators than the ones presented here.

Some specific points related to the illustrative indicators:

- Due to variation across documentation, indicator names have not been standardized. To the extent possible, however, they have been shortened.
- Some indicators appear more than once; this is because several indicators may be illustrative of more than one component.
- Some of the presented indicators may be suitable for regional or global monitoring but may not be well suited to routine country level monitoring. For example, a country would not track over time whether a policy exists, but it may be useful to track specifics on implementation or adherence at the country level.
- In some cases, indicators may only be appropriate if they can be sufficiently disaggregated to highlight relevant
  aspects of nurturing care. (See, for example, the illustrative indicator concerning research accompanying
  Strategic Action #5.)
- Notably, even where appropriate global indicators do not exist, there may be robust measures already in use at the country level.

#### IMPACT

Early child development index <sup>i</sup> (SDG)							
▲							
Outcomes (Components of nurturing care)							
Good health	Adequate nutrition	Responsive caregiving	Opportunities for early learning	Security and safety			
% mothers & newborns with postnatal contact with a health provider <2 days of delivery (GS)	Prevalence of anaemia in women aged 15–49 (GS)	Early stimulation and responsive care (CD) <sup>ii</sup>	Availability of children's books (MICS)	Violent discipline (SDG) <sup>™</sup>			
% children fully immunized (GS)	Exclusive breastfeeding rate (GS)	Children without adequate supervision (CD)	Availability of playthings (CD)	Children without adequate supervision (CD)			
% children with suspected pneumonia taken to an appropriate health-care provider (GS)	% children aged 6–23 months who receive a minimum acceptable diet (GS)		Early stimulation and responsive care (CD)	% population using safely managed drinking water services (SDG)			

#### **Outputs (Strategic actions)**

**1. Lead and invest:** # of countries that have developed and are implementing a national multisectoral roadmap for ECD (adapted from NCF)

2. Focus on families: Districts/provinces have community accountability mechanisms in place to support women's, children's and adolescent health (GS)

**3. Strengthen services:** # of frontline workers trained and certified in interventions to support responsive caregiving and opportunities for early learning (adapted from NCF)

4. Monitor progress: Inclusion of ECD-relevant indicators in administrative data (adapted from NCF)

5. Use data and innovate: Research & development expenditure as a proportion of GDP, disaggregated by health/RMNCAH (GS)

#### Inputs

*Government leadership:* Government expenditure on ECD in the early years, from pregnancy to age 3 (adapted from CD)<sup>iv</sup> *Empowering communities and families:* Paid maternity leave, paternity leave (CD)

Strengthening systems for delivering programmes and evidence: Density & distribution of health workers trained to support nurturing care in a holistic way (adapted from GS)

#### **Contexual factors**

Population living below the national poverty line, by sex and age (SDG)

Stunting among children <5 (SDG)

Children with disabilities or developmental delays (CD)<sup>v</sup>

Children in institutional care (CD)<sup>vi</sup>

Conflict-related deaths per 100,000 population (SDG)

Abbreviations: CD = Countdown to 2030; EPMM = Ending Preventable Maternal Mortality; GS = Global Strategy for Women's, Children's and Adolescents' Health; NCF= Nurturing Care Framework; SDG = Sustainable Development Goals; UNICEF = United Nations Children's Fund.

iv. Countdown has flagged this as an important indicator but notes that data are only available for a limited number of countries.

i. SDG 4.2.1 is formally defined as "Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex" but is currently tracked with a proxy indicator based on children aged 24-59 months.

ii. This is a MICS indicator defined as "Percentage of children age 24-59 months engaged in four or more activities to provide early stimulation and responsive care in the last 3 days with the mother, father and/or any adult household member." Activities include a) reading books/ looking at picture books, b) telling stories, c) singing songs including lullabies, d) taking child outside home, e) playing with child, f) naming, counting, drawing things.

iii. This is the MICS proxy indictor for SDG 16.2.1. The standard tabulation presents estimates for children ages 1-2 years and 3-4 years.

v. Countdown has flagged this as an important indicator but notes that data are only available for a limited number of countries. MICS surveys, however, have begun to collect data using a new standardized module for children age 2-17.

vi. Countdown has flagged this as an important indicator but notes that data comparability across countries is a concern.

### Annex

#### Annex 1: Nurturing Care Framework logic model

### THE LOGIC MODEL

#### IMPACT

Every child is able to develop to their full potential and no child is left behind All children are developmentally on track

### 1

Outcomes (Components of nurturing care)						
Good health	Adequate nutrition	Responsive caregiving	Opportunities for early learning	Security and safety		
<ul> <li>Caregivers are mentally and physically healthy</li> <li>Antenatal, childbirth and postnatal care are of good quality</li> <li>Mothers and children are immunized</li> <li>Care-seeking for childhood illness is timely</li> <li>Childhood illness is appropriately managed</li> </ul>	<ul> <li>Caregivers' nutritional status is adequate</li> <li>Breastfeeding is exclusive and initiated early</li> <li>Complementary feeding and child nutrition are appropriate</li> <li>Micronutrient supplementation is given as needed</li> <li>Childhood malnutrition is managed</li> </ul>	<ul> <li>The child has secure emotional relations with caregivers</li> <li>Caregivers are sensitive and responsive to the child's cues</li> <li>Caregiver-child interactions are enjoyable and stimulating</li> <li>Communication is bi-directional</li> </ul>	<ul> <li>Communication is language-rich</li> <li>There are opportunities for age-appropriate play and early learning at home and in the community</li> </ul>	<ul> <li>Families and children live in clean and safe environments</li> <li>Families and children practise good hygiene</li> <li>Children experience supportive discipline</li> <li>Children do not experience neglect, violence, displacement or conflict</li> </ul>		

#### **Outputs (Strategic actions)** 1. Lead and invest 2. Focus on families 3. Strengthen services 4. Monitor progress 5. Use data and innovate High-level multi-sectoral Families' voices, Opportunities for Indicators for tracking Multi-stakeholder • coordination mechanism strengthening existing beliefs, and needs early childhood collaboration on established incorporated in plans services identified development agreed research for nurturing care established Current situation Routine information • Local champions to National standards and . . assessed drive change identified service packages updated systems updated to **Priorities identified** . generate relevant data and resources made The workforce's Common vision, goals, National . available for researching targets and action plan communication competency profiles Data made accessible implementation developed strategies implemented updated and capacity in user-friendly formats Innovations, based strengthened Periodic, population-Roles and Community promoters on new evidence, responsibilities at of nurturing care Trained staff mentored and based assessment implemented of early childhood national. sub-national strengthened supervised National learning and and local levels development . Community groups Children's development assigned conducted research platform put and leaders involved monitored and, when in place Sustainable financing in planning, budgeting, needed, timely referrals Data used for . Research findings, and strategy put in place implementing and made decision-making and monitoring activities accountability lessons learnt, published Inputs

Provide leadership, coordinate and invest

Ensure families and communities are empowered to act and able to realize quality nurturing care Strengthen existing systemsMaand services, ensuring jointreidynamic action betweenpesectors and stakeholdersaction

Monitor progress, using relevant indicators, keep people informed and account for results Strengthen local evidence, and innovate to scale up interventions

#### Enabling environments for nurturing care – created by policies, programmes and services

Source: Nurturing Care Framework, page 33

#### Annex 2: Nurturing Care Framework proposed indicators

#### Examples of population-based indicators supporting nurturing care

What is monitored	Existing indicators
Maternal mortality ratio	SDG 3.1.1
Under-five mortality rate	SDG 3.2.1
Neonatal mortality rate	SDG 3.2.2
Adolescent birth rate	SDG 3.7.2
Good health	
Coverage index of essential health services, including those for RMNCAH: family planning, antenatal care, skilled birth attendance, breastfeeding, immunization, and childhood illnesses treatment	SDG 3.1.2, 3.7.1, 3.8.1
Proportion of women aged 15–49 who received four or more ante-natal care visits	Global Strategy
Proportion of mothers and newborns who have postnatal contact with a health provider within two days of delivery	Global Strategy
Percentage of children fully immunized	Global Strategy
Proportion of children with suspected pneumonia taken to an ap-propriate health-care provider	Global Strategy
Percentage of children with diarrhoea receiving oral rehydration salts (ORS)	Global Strategy
Adequate nutrition	
Prevalence of stunting (height for age <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years old	SDG 2.2.1
Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years old, by type (wasting or overweight)	SDG 2.2.2
Prevalence of anaemia in women aged 15–49, disaggregated by age and pregnancy status	Global Strategy
Percentage of infants under 6 months old who are fed exclusively with breast milk	Global Strategy
Proportion of children aged 6–23 months who receive a minimum acceptable diet	Global Strategy
Responsive caregiving	
Proportion of children under 5 years old who are developmentally on track in health, learning and psychosocial well-being, by sex	SDG 4.2.1
Percentage of children aged 0–59 months left alone, or in the care of another child under 10 years old, for more than an hour at least once in the past week	MICS
Opportunities for early learning	
Percentage of children aged 0–59 months who have three or more children's books at home	MICS
Percentage of children aged $0-59$ months who play with two or more of the playthings at home	MICS
Security and safety	
Proportion of population living below the national poverty line, by sex and age	SDG 1.2.1
Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month	SDG 16.2.1
Proportion of children under 5 years old whose births have been registered with a civil authority	SDG 16.9.1
Percentage of population using safely managed drinking water services	SDG 6.1.1
Percentage of population using safely managed sanitation services, including a hand-washing facility with soap and water	SDG 6.2.1

Source: Nurturing Care Framework, pages 48-49

### References

- 1. World Health Organization, United Nations Children's Fund, World Bank Group. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.
- Jolivet RR, Moran AC, O'Connor M, et al. Ending preventable maternal mortality: phase II of a multi-step process to develop a monitoring framework, 2016–2030. BMC Pregnancy and Childbirth. 2018; 18:258. https://doi.org/10.1186/s12884-018-1763-8
- 3. Fernald LCH, Prado E, Kariger P, Raikes A. A Toolkit for Measuring Early Childhood Development in Low- and Middle-Income Countries. Washington DC: The World Bank; 2017.
- 4. Nurturing Care for Early Childhood Development (https://nurturing-care.org); Early Childhood Development Action Network (https//www.ecdan.org).
- 5. WHO/UNICEF. Care for Child Development: A Framework for Monitoring and Evaluating the WHO/UNICEF Intervention. Geneva: World Health Organization; 2012.

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