

Enhancing health workforce curricula to promote nurturing care for early childhood development: examples from Moldova, Serbia, Turkmenistan and Uzbekistan



STRENGTHEN
SERVICES



A paediatrician observes caregiver-child interactions during a routine consultation. © UNICEF Moldova/Eduard Bizgu

Since its development, the *Nurturing care framework (1)* has built momentum not only for improving the well-being of young children, but also across the life course.

While progress has been made, gaps remain, especially in health workforce capacity to deliver appropriate interventions. Implementation of the *Nurturing care framework* requires a competent workforce that includes doctors, nurses, midwives and allied medical professionals, as well as community-level workers. These cadres can support caregivers in practices to provide nurturing care, as part of routine and scheduled visits and opportunistic contacts. To date, building health workforce capacity for supporting nurturing care is mostly carried out through in-service training, which is resource intensive. The need to strengthen pre-service education and accredited continuing education while continuing in-service training and follow-up as needed has been identified as an area requiring further attention in the *Nurturing care framework progress report (2018-2023) (2)*.

This document describes efforts to enhance pre-service and/or continuing medical education (CME) curricula to promote nurturing care for early childhood development (NCFECD) in four countries: Moldova, Serbia, Turkmenistan and Uzbekistan. Ongoing advocacy and technical assistance from UNICEF enabled all four countries to leverage and adapt standardised, evidence-based materials such as *Supporting families for nurturing care* (Serbia, Uzbekistan) and the international *Guide for monitoring child development (GMCD)* (Moldova, Turkmenistan). See Box 1 for a description of these resources. Serbia and Uzbekistan utilized the Universal Progressive Home Visiting (UPHV) approach as the driver for curricula change. Moldova and Turkmenistan, aligned with UPHV principles, prioritized early identification of developmental concerns and family-centred care. See Box 2 for a description of the UPHV model. Each country example is presented followed by an overview of the common elements enabling success and recommendations.



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Methodology

Key informants from UNICEF country offices, pre-service and continuing medical education (CME) programmes as well as relevant partners were interviewed in each country. Additionally, relevant documents such as national plans for early childhood development (ECD), training modules and curricular plans were translated and reviewed where available (See the Annex for the list of documents reviewed). For each country example, key informants in each country provided feedback on a draft, which had been incorporated.



Helping Parents Give Children the Best Start in Life: Training for Health Professionals in Turkmenistan. © UNICEF Turkmenistan

BOX 1

Evidence-based resources informing curricula efforts in the four countries

Supporting families for nurturing care: a resource package to strengthen home visiting practices (3)

Developed by the UNICEF's Europe and Central Asia Regional Office in collaboration with the International Step by Step Association (ISSA) between 2016 and 2022, the 26 modules aim to increase the workforce's awareness of the importance of holistic child development, as well as improve their knowledge

and skills in delivering child- and family-centred services. The package helps frontline workers to reflect on their attitudes to families, and to take a strengths-based approach to engaging with them, inclusively and respectfully, with all their different needs and challenges. The materials appeal to providers in many different roles, including physicians, social workers and educators. An accompanying training package provides session plans, ready-to-use slides, handouts, and working materials (4). The resource modules and training package are living and evolving documents, which can be translated and adapted to the country's local context.

For more information, see: (3), (4) and <https://www.unicef.org/eca/learnecd>

The international Guide for Monitoring Child Development (GMCD)

The international GMCD is a unique package for monitoring and supporting ECD that can be used by trained providers to assess the development of children from birth to 3.5 years of age and to deliver developmental support individualized for each child, family, and community. The GMCD provides a comprehensive approach to child development in the context of the *Nurturing care framework* and can be applied globally for all children, those developing optimally and those experiencing developmental difficulties.

For more information, see: <https://www.gmcd.info>.



A closer look at the four countries

This section provides an in-depth look at the strategies to enhance pre-service and/or CME curricula to promote NCfECD in four countries. Serbia and Uzbekistan, presented first, leveraged the *Supporting families for nurturing care* resource package to strengthen delivery of the UPHV approach. Moldova and Turkmenistan, leveraged the GMCD tool, to strengthen early identification of developmental concerns and family-centred care. The four examples are summarized in a Table at the end of this section. UNICEF's sustained engagement through continuous advocacy, mobilization and convening of relevant stakeholders, technical assistance and financial support ensured ongoing support at each stage and progress across the four countries.

BOX 2

Key features of the Universal and Progressive Home Visiting (UPHV) approach

Implemented in 17 countries across Europe and Central Asia, this approach aims to ensure a minimum number of preventive and promotive home visits by trained community health nurses to all families from pregnancy through the first years of child's life, and additional supports to

the families that have certain risk factors. Promoting ECD is a central goal of the model. Home visitors assess the child's and family's situation, needs and strengths across the continuum of nurturing care, model and help practice important health, nutrition and parenting practices, and facilitate referrals and linkages to services as needed.

For more information, see: <https://www.unicef.org/eca/programme/bringing-health-home>



A health worker to support caregivers and young children practice early development activities using the GMCD. © UNICEF Turkmenistan



Context and rationale

Serbia's UPHV approach is a longstanding part of public healthcare. While patronage nurses have strong competencies in child health and nutrition, evaluations identified gaps in promoting responsive caregiving, early learning, and safety. With ECD elevated to the national agenda in 2018, efforts began to address these gaps by strengthening guidelines, integrating caregiver mental health, and introducing supportive supervision and monitoring. As stipulated by national legislation, patronage nurses are required to conduct 11 home visits per child from pregnancy to age 4. However, due to workforce shortages – with only 1,175 nurses currently in post and a shortfall of at least 300 nurses – the number of visits may vary in practice.

The 2022 professional technical guidelines for patronage nurses built on existing national plans and marked a significant advancement in quality improvement across primary health care (PHC) units. These revised guidelines reinforced the importance of nurturing care and provided specific tools for nurses to promote all five components, with special emphasis on responsive caregiving, early learning through play, and caregiver well-being – areas previously identified as underdeveloped. Nurses received guidance on how to help parents interpret and respond to their child's cues, how to encourage playful learning through daily routines, and how to recognize and address caregivers' mental health issues. Strategies such as stress management, peer support, and self-care were also introduced to support the nurses themselves. Developmental monitoring was not a core focus as this remains the responsibility of paediatricians and developmental counsel units within PHC.

Capacity building

Between 2020 and 2022, four two-day trainings were developed to strengthen faculty capacity, using 14 modules from the *Supporting families for nurturing care* package, along with locally developed materials. The trainings covered five thematic areas: early childhood development and monitoring, breastfeeding, playful and responsive parenting, gender-responsive parenting, and parental mental health. These trainings built national capacity and directly informed a full curricula review led by the Academy of Applied Studies Belgrade, the main nursing academy.

Pre-service integration

Most patronage nurses currently complete a 2-year vocational programme, though there is an ongoing shift toward requiring a 4-year undergraduate degree. During the 2020–2022 curricula review, content from the 14 modules was integrated primarily into the 2-year programme, with each course receiving 2 to 5 additional theory hours and corresponding practice activities – within the allowed 20% revision limit. In 2023, the re-accreditation process further emphasized caregiver mental health and responsive parenting, incorporating content from UNICEF's *Caring for the Caregiver* package (5). At that time, integration was extended to the 4-year undergraduate programme. As of 2025, content from the modules has been incorporated into 27 courses across both programmes, including those focused on general healthcare, psychology, play-based learning, communication, and mental health. The Academy of Applied Studies Belgrade continues to oversee implementation of the revised curriculum.



A home visitor guides a young mother to engage in a playful, developmentally stimulating interaction with her baby. © UNICEF Serbia/2023/Pancic

Continuing medical education

To renew their licenses, patronage nurses must complete 140 CME points over seven years. Six online CME courses, based on the 14 modules, were developed and accredited by the Serbian Health Council. Hosted by the City Institute of Public Health Belgrade, these courses are widely accessible, with 50% of patronage nurses completing at least one. Additional video-based CME materials were developed upon request, with the Association of Patronage Nurses of Serbia actively contributing to content on responsive caregiving, parent-child interaction, and early learning through play.

Enabling factors for success

Success was driven by several factors: ECD was already embedded in national nursing guidelines, high-quality training materials were readily available, and faculty were engaged early in the process. These factors created a strong foundation for lasting integration of NCfECD principles into Serbia's education of patronage nurses.



Context and rationale

In 2020, Uzbekistan formally introduced the UPHV approach in 2020 through a series of Presidential Decrees and secured formal institutionalization through Ministerial Decree No. 287 in 2021. Within the approach, patronage nurses conduct 2 prenatal visits, 3 postpartum visits, and 12 visits from birth to age 5 – mostly in the first year – focusing on child development and its monitoring, immunization, nutrition, caregiver-child interaction, play, parenting, father engagement, and mental health screening.

Capacity building

To support implementation, an 80-hour (10-day) training-of-trainers (ToT) programme was developed through collaboration between the Ministry of Health (MoH), academic institutions, professional training centres and UNICEF. The programme adapted 13 modules from the *Supporting families for nurturing care* resource package, focusing on content relevant to the universal needs of families, including child development, responsive parenting, father participation, and maternal mental health. Of the total hours, 36 were dedicated to the knowledge and skills relevant for promoting NCfECD, while the remaining 44 covered child health, nutrition, injury prevention, disability, and interpersonal communication. The training package included a facilitator guide, study textbooks, and a pocketbook for patronage nurses.

By 2021, over 700 national trainers, primarily senior nurses and faculty from CME training institutions, had completed the 10-day ToT. From 2020 to 2021, these trainers cascaded a condensed 5-day version of the training to all

50,000 patronage nurses across the country. This large-scale training initiative enabled rapid UPHV implementation and workforce readiness.

Pre-service integration

The integration of UPHV content into the two-year pre-service curriculum began alongside the rollout of the ToT. Faculty, working with the MoH and UNICEF, reviewed the study plan and embedded relevant content into existing modules. Roll out is underway across over 70 vocational nursing colleges. In the 60-hour paediatrics module, 14 hours were added to address the UPHV approach, including two hours specifically on monitoring and supporting child development. In 2021, the 90-hour patronage work module was revised to include 30 hours on child development, covering topics such as early learning, positive parenting, and father engagement. However, a comparison of the 2021 and 2023 patronage work module showed that while the module had expanded to 144 hours, the time allocated to child development was reduced to 14 hours to make room for additional topics like elderly care and community health surveillance.

Continuing medical education

Although CME is not required for license renewal, it is mandatory for patronage nurses and tied to financial incentives. Nurses must complete a 144-hour course every 3 to 5 years at one of 14 regional training institutions. UPHV content was integrated into two CME courses. The “Public Health and Patronage Nurses” course included 44 hours of new content, with 11 hours focused on child development topics such as brain development, caregiver-child interaction, and play. The “Care for Healthy and

Sick Children” course added 18 hours, including six hours on child development.

Enabling factors for success

Success was driven by several factors: strong and consistent advocacy leading to government commitment to ECD, institutionalization through ministerial decree and a national pool of trainers. Close collaboration between the MoH, academic institutions and UNICEF ensured that high-quality training materials were created and systematically embedded into pre-service and CME programmes.

The cascade training model further allowed for rapid, nationwide capacity building, reaching all patronage nurses within a short period. At the same time, respondents noted challenges in tracking the consistent delivery of the content once integrated into various modules. To address this, they recommended future improvements such as establishing dedicated pre-service modules on child development, increasing practical learning opportunities with experienced nurses, and providing refresher trainings to close identified skill gaps.



A nurse visits families in Nukus, Uzbekistan to check in on the progress of their children.
© UNICEF/UNI1841557/Prinsloo



Context and rationale

In 2018, Moldova's MoH developed Home Visiting Guidelines based on the *Supporting families for nurturing care* resource package. In 2019, national standards for monitoring child growth and development were updated to include home visits from pregnancy to age 3. These documents formed the basis for the national rollout of the UPHV approach. Family nurses are expected to conduct 16 home visits from pregnancy to age three, focusing on monitoring child development, parenting support, and maternal mental health. To strengthen early identification and support for children with developmental delays, as well as to improve family-centred care during home visits, the MoH opted to integrate the GMCD as a tool to into provider training.

Capacity building

In 2022, Moldova adapted the GMCD to its national context. Six master trainers – including faculty from the Departments of Paediatrics and Family Medicine at the national University of Medicine – underwent a six-day (18-hour) online training course, which included practice sessions and led to international certification. A national rollout roadmap followed, outlining steps for integration into both pre-service and CME courses. In 2023, 2,600 healthcare providers – including family nurses, family doctors, paediatricians and 150 social workers and preschool teachers – were trained on the GMCD, with a focus on those working in regional early childhood intervention centres. Among this group were 40 faculty members from various training institutions, who were expected to support integration of GMCD into training curricula. In 2024, an additional 60 faculty members



Training for family nurses, family doctors, paediatricians, social workers and preschool teachers on how to use the GMCD. © UNICEF Moldova/Dinu Bubulici

were trained via an online format, significantly expanding the national pool of certified GMCD trainers.

Pre-service integration

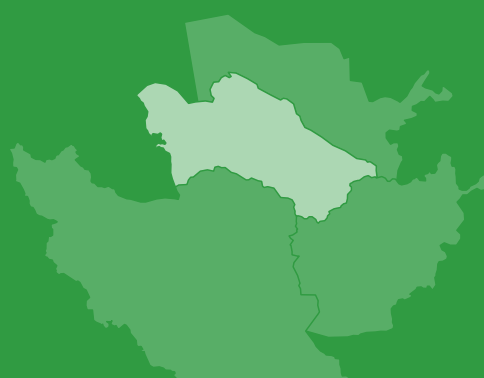
Between 2023 and 2024, GMCD was incorporated into pre-service training: 8 hours (split evenly between theory and practice) were added to the nursing curriculum implemented across all nursing colleges, and 10 hours (divided between theory and practice) were added to the fifth-year curriculum for paediatricians and the sixth-year residency training for family doctors. To accommodate GMCD, existing content related to developmental assessments was replaced by the GMCD module to streamline integration.

Continuing medical education

In 2025, GMCD was integrated into CME courses for nurses, paediatricians, and family doctors. CME courses follow a mandatory five-year cycle. The GMCD has been included in the course which addresses follow-up of the healthy child, aligning with national efforts to standardize developmental monitoring and early intervention across the continuum of care.

Enabling factors for success

Several factors facilitated the successful integration of GMCD into pre-service curricula. First, the influence of the master trainers – who also serve as MoH advisers and hold senior academic positions – proved instrumental. Their firsthand experience with GMCD's practical application enabled them to effectively advocate for its adoption within both the Ministry and academic institutions. Second, the development of a clear and actionable roadmap provided direction and legitimacy to the integration process. Third, the concise nature of the GMCD training – requiring only 8–10 hours – made it feasible to add the module to existing training programmes without overburdening curricula. Finally, initial feedback from nurses trained in GMCD indicates a notable shift toward more family-centred approaches in practice. While some scheduling challenges have been noted, these early results are promising and support further integration efforts.



A health worker engages caregivers and young children in play-based early development activities. © UNICEF Turkmenistan

Context and rationale

Turkmenistan’s national ECD strategy and its associated Action and Monitoring Plan (2020–2025) provide the overarching framework for building the capacity of the health workforce to promote child development. Strategic Direction 2 of the strategy focuses specifically on enhancing the skills of health, education, and social work professionals who work with young children. The strategy mandates a series of actions, including identifying human resource needs, developing qualifications, assessing existing training programmes, and approving relevant pre-service and CME courses. Importantly, the GMCD is endorsed in the strategy as the tool to be used by all relevant health cadres for developmental screening and follow-up. While the strategy does not explicitly reference a formal UPHV approach, the strategic integration of GMCD into national provider training and early intervention systems supports similar goals. The widespread training of PHC providers and the establishment of referral support rooms for early intervention in every region illustrate efforts to strengthen the routine identification

and follow-up of developmental concerns, which aligns with core UPHV principles such as early detection, family support, and referral pathways.

Capacity building

In 2021, with support from Ankara University, Turkmenistan trained its first three certified national master trainers in GMCD. These trainers then led rapid capacity-building efforts, initiating two-day in-service trainings for PHC providers and referral specialists. By 2024, over 2,000 family doctors and nurses – representing 18% of the PHC workforce – had been trained on the GMCD. Additionally, referral support rooms for early intervention were established in every region, enabling more structured and accessible support for children identified with developmental concerns. Finally, a comprehensive review of existing curricula in pre-service and CME was completed.

Pre-service integration

Although GMCD has not yet been fully integrated into pre-service training programmes, planning is currently underway to introduce the tool into the pre-service training of medical doctors. This step will build on the foundational work already completed in the CME system and aligns with the national strategy’s objectives for comprehensive workforce development.

Continuing medical education

A 2020 review revealed fragmented attention to ECD in CME curricula. To address this, master trainers led online sessions for faculty, and with support from the head of CME at Turkmen State Medical University, two GMCD-based courses were developed – one six days and

one thirteen days long, the latter with more clinical practice. These optional, but widely promoted and well attended courses build provider skills in developmental screening and counselling during healthy child visits. GMCD content has also been added to a mandatory one-month CME course taken by doctors every three years. Ongoing efforts aim to integrate GMCD into CME courses on the national paediatric assessment protocol, ensuring wider exposure. Course development and modifications to existing CME courses required approval from three entities: the Paediatrics Department, Faculty of Continuing Education and university – a process that was completed by 2022.





Enabling factors for success

Turkmenistan’s experience highlights several enabling factors for successful integration of GMCD into CME courses. First, a comprehensive review of existing curricula (landscaping) helped identify gaps and set priorities. Second, linking new training content to existing PHC service mandates – such as developmental screening and family counselling – ensured relevance and uptake. Third, ensuring that CME courses are advertised to all relevant providers improved reach and equity. Finally, sufficient time and effort were allocated to obtaining necessary approvals at institutional levels, a key step in formalising curriculum changes.





Table 1. Promoting nurturing care for early childhood development through pre-service and continuing medical education: Moldova, Serbia, Turkmenistan and Uzbekistan

Evidence-based materials	Country	Target cadre	Pre-service integration	Continuing medical education	Enabling factors
 <p>www.issa.nl/content/supporting-for-families-nurturing-care</p>	Serbia	Patronage nurses	Content is integrated into 27 nursing courses across the 2-year and 4-year programmes, adding 2–5 hours of theory and practice per course.	Six new accredited online courses offered for CME points.	<p>ECD already adopted as part of Serbia's national agenda and embedded in national nursing guidelines.</p> <p>Availability of high-quality training materials.</p> <p>Early involvement of faculty in decision-making and curriculum design.</p>
 <p>www.issa.nl/content/supporting-for-families-nurturing-care</p>	Uzbekistan	Patronage nurses	Content is integrated into select modules of the 2-year programme.	Two existing CME courses are updated: Public Health and Patronage Nurses and Care for Healthy and Sick Children	<p>Strong government commitment to ECD.</p> <p>Collaboration between the MoH and academic institutions.</p> <p>Availability of high-quality training materials.</p>
 <p>https://www.gmcd.info/</p>	Moldova	Family nurses Paediatricians Family doctors	GMCD-based content is integrated into the nursing curricula, paediatrics curricula and family doctor's residency, adding 8-10 hours depending on the cadre (theory and practice).	Integration of GMCD content integrated into courses addressing follow-up of the healthy child (planned).	<p>An overall shift in the country towards family-centred care.</p> <p>Advocacy by master trainers in leadership roles.</p> <p>A clear national roadmap.</p> <p>The manageable size of the training module.</p>
 <p>https://www.gmcd.info/</p>	Turkmenistan	Family nurses Paediatricians Family doctors	Integration of GMCD content into medical doctors' curriculum (planned).	<p>Two new GMCD-based courses (8 and 13 days).</p> <p>GMCD content integrated into a mandatory course for doctors.</p>	<p>Curriculum review (landscaping) identified gaps and set clear priorities for integration. Alignment with PHC mandates (e.g., developmental screening, family counselling) ensured relevance. Wide promotion of CME courses expanded reach across all relevant provider groups. Institutional approvals were secured early, ensuring formal curriculum adoption.</p>



Common enabling factors for success

Below is a summary of common enabling factors across Moldova, Serbia, Turkmenistan and Uzbekistan for successful integration of content to promote NCfECD into pre-service and CME training systems. The success in the four countries would not have been possible without the

availability of regionally developed evidence-based materials and the sustained engagement of key national stakeholders. Across the four countries, UNICEF provided sustained accompaniment throughout the process – engaging with academia, supporting the development of roadmaps, and facilitating the integration of UPHV content into both curricula and PHC practice.



High-level policy commitment

- ECD prioritised in national strategies or high-level decrees (Serbia, Uzbekistan, Turkmenistan).
- Clear alignment with national UPHV approaches or strategic frameworks (Moldova, Uzbekistan, Serbia).
- Technical guidelines on well child care, home visitation and other relevant services promoting NCfECD (Moldova, Serbia, Uzbekistan).

Use of evidence and needs assessment

- Curriculum reviews or “landscaping” exercises identified training gaps and informed integration (Turkmenistan, Uzbekistan).
- Evaluation findings guided updates to guidelines and curricula (Serbia).

Availability and adaptability of materials

- Use of standardised, evidence-based resources such as: *Supporting families for nurturing care* (Serbia, Uzbekistan), *Caring for the caregiver* (Serbia) and *GMCD* (Moldova, Turkmenistan).
- Materials adapted to national context with support from UNICEF.
- Concise and practical training content was easier to embed within existing curricula (Moldova).

Strong academic and institutional collaboration

- Partnerships between MoH, universities and professional training institutions facilitated by UNICEF (all four countries).
- Faculty engagement from the outset helped facilitate curriculum integration (all four countries).

Influential champions and leadership

- Support from senior faculty or CME leaders helped drive integration (Moldova, Turkmenistan).
- Master trainers also served as advisers or held senior roles in academic and health institutions (all four countries).



Introducing the nationally adopted GMCD in Moldova. © UNICEF Moldova/Dinu Bubulici



Conclusion and recommendations

The experiences of Moldova, Serbia, Turkmenistan and Uzbekistan provide valuable insights into how countries can strengthen their health workforce education systems to promote NCfECD. All four countries successfully integrated nurturing care principles into pre-service and CME, using a combination of evidence-based tools (e.g., Supporting families for nurturing care, Caring for the caregiver, and the GMCD), national strategies, and strong institutional partnerships. These efforts demonstrate the importance of building both the foundational knowledge of health workers and their practical skills to support responsive caregiving, early learning, and caregiver mental health as part of routine service delivery. Importantly, these initiatives have contributed to enhancing the knowledge and skills of the workforce and strengthened links between policy, education, and practice.

Despite progress, challenges remain in ensuring consistent implementation, monitoring content delivery, and providing ongoing support to trainers and health workers. Looking ahead, it is recommended that countries:

1. **Prioritise the integration of NCfECD content into pre-service education** as a cost-effective and sustainable investment, reducing the need for frequent in-service training.
2. **Develop a roadmap for curricular uptake**, informed by a review of current content, revision timelines and approval processes.
3. **Develop short, dedicated, competency-based modules aligned with national guidelines** on child development, early learning, and caregiver support – especially in nursing and community health curricula. Support these with student study guides and facilitator training manuals.
4. **Strengthen CME systems** ensuring linkages to licencing of health professionals and provision of incentives for career progression. Ensure CME courses are accessible and affordable.
5. **Ensure CME courses include practical, skills-based content** aligned with national service delivery models and guidelines, with a focus on developmental monitoring, caregiver mental health, and family-centred counselling. Consider in-person, online and hybrid options.
6. **Build institutional capacity** by training faculty and involving academic leaders from the outset, ensuring curricula changes are aligned with accreditation standards and career pathways.
7. **Strengthen mechanisms for quality assurance and follow-up post training**, including refresher training, supportive supervision, and tools for monitoring implementation fidelity.
8. **Leverage existing strategic frameworks and high-level policy commitments** to sustain momentum and ensure that NCfECD remains a national priority.

Collectively, these recommendations can help countries build a competent and confident health workforce – one that is well-equipped to support families and promote optimal development for every child, starting from the earliest years.



An 8-month-old is held by a nurse during a home visit in Tashkent, Uzbekistan.
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Acknowledgements

This brief was developed by Svetlana Karuskina-Drivdale (Independent Consultant) and Sheila Manji (World Health Organization).

Aleksandra Jovic and Boniface Kakhobwe (UNICEF) provided valuable feedback on the draft.

We express gratitude to the following individuals for participating in the individual interviews and reviewing the draft: Moldova: Angela Capcelea, Cristina Gaberi and Adriana Popa (UNICEF), Adela Horodisteanu (Institute of Mother and Child); Serbia: Mila Vukovic Jovanovic and Jelena Zajeganovic (UNICEF); Turkmenistan: Shemshat Raimova (UNICEF), Maya Annanurova (Faculty of continued medical training, Turkmen State Medical University) and Sulgun Berdiyeva (ECD Expert); and Uzbekistan: Olga Kim (UNICEF), Dilrabo Urunova (Center for the Development of Professional Qualification of Medical Workers).



A nurse in the ECD room shows caregivers how to assist an infant with early motor development exercises. © UNICEF Turkmenistan



Annex. List of documents reviewed

Country	Document name	Original language	Publication date
Moldova	[Universal home visiting program for healthy children 0 to 3], Ministry of Health, Labour and Social Protection	Moldovan	No date
	[Practical guidelines for family medical nurses], Ministry of Health, Labour and Social Protection	Moldovan	2018
	Final Training of Trainers report and Roadmap for the roll out of the International Guide for Monitoring of Child Development (Unpublished)	English	No date
Serbia	[Expert-methodological instructions for conducting home visits of the polyvalent patronage service to families with pregnant women and children], Ministry of Health https://www.zdravlje.org.rs/publikacije/SMU%20.pdf	Serbian	2022
	[Old and new curricular plan for pre-service nursing course], Belgrade Nursing Academy	Serbian	2023
Turkmenistan	Plan of Action and Monitoring of Implementation of the National Early Childhood Development Strategy in Turkmenistan, 2020-2025	English	2020
Uzbekistan	[Organization of the work of patronage nurses in working with mothers and children in the primary system (Intended for medical workers and medical educational institutions Practical manual], UNICEF	Uzbek	2022
	[Fundamental of pediatrics, Ministry of Health of the Republic of Uzbekistan, Medical Education Development Center, Secondary Special Professional Education]	Uzbek	2023
	[Nursing work in the team, Ministry of Health of the Republic of Uzbekistan, Medical Education Development Center, Secondary Special Professional Education]	Uzbek	2022
	[Community nursing (Universal Progressive Nursing model), Ministry of Health of the Republic of Uzbekistan, Medical Education Development Center, Secondary Special Professional Education]	Uzbek	2023
	[Strengthening public health and providing patronage services, Ministry of Health of the Republic of Uzbekistan, Center for Training and Specialization of Medical and Pharmaceutical Workers, Vocational Training Program]	Uzbek	2021
	[Nursing work in healthy and sick children, Ministry of Health of the Republic of Uzbekistan, Center for Training and Specialization of Medical and Pharmaceutical Workers, Vocational Training Program]	Uzbek	2021

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