NURTURING CARE PRACTICE GUIDE

Strengthening nurturing care through health and nutrition services

unicef

World Health Organization

NURTURING CARE
FOR EARLY CHILDHOOD DEVELOPMENT

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Contents

Overview

This *Guide* responds to requests from practitioners and country teams who have learned about the *Nurturing care framework* and want to understand how to adapt health and nutrition services to be supportive of nurturing care and strengthen caregivers' capacity.

With a focus on responsive caregiving, opportunities for early learning, safety and security, and supporting caregiver well-being, this *Guide* explores the rationale for giving greater attention to these four components; describes what managers can do to prepare services and better equip service providers; and includes practical suggestions for what service providers can do as part of their ongoing contacts with families.

This *Guide* is designed for managers and service providers who are responsible for or provide health and nutrition services for young children and their caregivers at any level.

This *Guide* does not replace skills training. All service providers are encouraged to complete training on one or more of the foundational packages. For those who have already completed one or more courses, this *Guide* can serve as a review and provide new ideas. For those without this training, this *Guide* serves as an entry point and provides the user with suggestions on how to start.

This *Guide* is available at https://nurturingcare.org/practiceguide/. The site will be updated with more information as governments and partners make use of the *Guide*.

FOR MORE INFORMATION

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The development of the *Practice guide* began in 2019 following requests from global, regional and country stakeholders as well as UNICEF and WHO staff for guidance on how to adapt health and nutrition services to be supportive of nurturing care and strengthen caregivers' capacity, including practical examples. Two rounds of consultation on a draft document were held in 2020 and 2021 in which UNICEF and WHO staff as well as interested parties from all regions of the world were invited to provide feedback. The reviewers' expertise covered maternal, newborn and child health; child development; nutrition; childhood disability; humanitarian settings; and social and behaviour change.

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Glossary

Caregiver: a person very closely attached to the child and responsible for the child's care and support. Primary caregivers include parents, families and other people who are directly responsible for the child at home. They also include carers outside the home, such as those working in organized childcare.

Childhood disabilities: any difficulty experienced in any three areas of functioning – impairment, activity limitation and restricted participation – as a result of a health condition and the interaction of this with the environment. It includes chronic health conditions such as asthma, diabetes, epilepsy and obesity.

Developmental difficulty: any condition that puts a child at risk of suboptimal development or that causes a child to have a developmental deviance, delay, disorder or disability. The term encompasses all children who have limitations in functioning and developing to their full potential. This includes those living in hunger or social deprivation, those who had a low birth weight, and those with persistent behavioural problems (such as autism), sensory problems, cognitive impairments (such as Down syndrome) or physical disabilities (such as cerebral palsy and spina bifida).

Early childhood development: the cognitive, physical, language, temperament, socioemotional and motor development of children from conception to 8 years of age.

Family-centred approach: policies, procedures and practices tailored to focus on the needs, beliefs, and cultural values of children and their families. This approach means working with families and recognizing and building on their strengths.

Kangaroo care: includes continuous or prolonged skin-to-skin contact of the baby with the mother, father or other primary caregiver; supports exclusive breastfeeding or breast-milk feeding; and facilitates early discharge from a health facility.

Nurturing care: refers to a stable environment that is sensitive to children's health and nutritional needs, with protection from threats, opportunities for early learning, and interactions that are responsive, emotionally supportive and developmentally stimulating.

Opportunities for early learning: any opportunity for an infant or child to interact with a person, place or object in the environment. Every interaction (positive or negative), or lack of interaction, contributes to the child's brain development, laying the foundation for later learning.

Responsive caregiving: refers to the ability of the caregiver to notice, understand and respond to their child's signals in a timely and appropriate manner. It is considered the foundational component of nurturing care because responsive caregivers are better able to support the other four components. It includes both sensitivity and responsiveness. Sensitivity is awareness of a child and of the child's acts and vocalizations as communicative signals to indicate needs and wants. Responsiveness is the capacity of caregivers to respond in a timely and appropriate way to a child's signals.

Safety and security: refers to safe and secure environments for children and their families, including the absence of physical dangers, emotional stress and environmental risks (e.g. pollution), and access to food and water.

Service providers: refers to individuals (paid, unpaid, paraprofessional) directly providing health and nutrition services to families and children. It includes, but is not limited to, doctors, nurses and home visitors.

Introduction

Starting from pregnancy, every young child needs nurturing care as the foundation for healthy growth and development.

Nurturing care refers to a stable environment that is sensitive to children's health and nutritional needs, with protection from threats, opportunities for early learning, and interactions that are responsive, emotionally supportive and developmentally stimulating *(1)*. Nurturing care protects a child from the worst effects of adversity and produces lifelong and intergenerational benefits for health, well-being, productivity and social cohesion *(2)*.

Nurturing care encompasses five interrelated and indivisible components (see Fig. 1) that are primarily provided by parents and/or other caregivers who are closely attached to the child and responsible for daily care and support. However, caregivers' capacity to provide nurturing care may be disrupted under stressful conditions, such as poverty, work demands, family strife, substance abuse, war or conflict. When confronted with adverse conditions, caregivers usually benefit from interventions, such as counselling and support on caring for their children.

Providers of maternal, newborn and child health and nutrition services are well placed to support caregivers. They have regular contact with most caregivers and young children, and their services include many interventions that are essential for nurturing care. When service providers have a good understanding of nurturing care and practise responsiveness in their engagement with children and their caregivers, both quality and experience of care will improve, to the mutual satisfaction of clients and providers.

Nurturing care refers to a stable environment that is sensitive to children's health and nutritional needs, with protection from threats, opportunities for early learning, and interactions that are responsive, emotionally supportive and developmentally stimulating.

Fig. 1. Components of nurturing care

The concept of nurturing care was first described in the 2017 Lancet series on early childhood development *(1)* and further articulated in *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential* (referred to as the *Nurturing care framework*) *(3)*. Both publications draw attention to the importance of ensuring children receive nurturing care in their earliest years – from pregnancy to age 3. This *Guide* focuses on the same age group. However, as all children need nurturing care, the suggestions provided in this *Guide* can be applied to services for older children too.

NURTURING CARE FRAMEWORK

The *Nurturing care framework* builds on state-of-the art evidence on how child development unfolds and the effective policies and interventions that can improve early childhood development. The World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and the World Bank Group developed the *Nurturing care framework* in collaboration with the Partnership for Maternal, Newborn & Child Health, the Early Childhood Development Action Network (ECDAN) and many other partners to provide a roadmap for attaining the Sustainable Development Goals *(4)* and the survive, thrive and transform goals of the *Global strategy on women's, children's and adolescents' health (5)*. Launched alongside the Seventy-first World Health Assembly in May 2018, the *Nurturing care framework* outlines: i) why efforts to improve health and well-being must begin in the earliest years, from pregnancy to age 3; ii) the major threats to early childhood development; iii) how nurturing care protects young children from the effects of adversity and promotes physical, emotional and cognitive development; and iv) what families and caregivers need in order to provide nurturing care for young children.

The concept of nurturing care has informed a broader vision for global child and adolescent health and development supported by WHO and UNICEF and for which complementary resources are being developed *(6)*. Nurturing care is aligned with ongoing efforts to improve the quality of care for maternal, newborn and child health *(7)*.

Why do we need a *Practice guide*?

This *Guide* is part of a suite of resources developed to facilitate implementation of the *Nurturing care framework* (see **Annex 1** for further reading). It responds to requests from practitioners and country teams who have learned about the *Nurturing care framework* and want to understand how to adapt health and nutrition services so that they are supportive of nurturing care and help strengthen caregivers' capacity to provide it. The *Guide* aims to inspire action and serve as a basis for organizing health services, health facilities, capacity-building of the health work force, and system strengthening to meet the needs of all children, including those with developmental delays or disabilities, chronic health conditions or living in fragile humanitarian settings.

This *Guide* does not replace skills training. Foundational training packages, such as *Care for child development (8)*, *Caring for the child's healthy growth and development (9)* and *Caring for the caregiver (10)* served as the basis for developing the content of this *Guide* (see **Annex 2** for more resources). All service providers are encouraged to complete one or more of the foundational packages. For those who have already completed one or more courses, this *Guide* can serve as a review and provide new ideas. For those without this training, this *Guide* serves as an entry point and provides the user with suggestions on how to start.

What is the *Practice guide*?

This *Guide* is intended to help managers and providers of maternal, newborn and child health and nutrition services to expand support for caregivers responsible for children's psychological, emotional, cognitive and social development. Service providers can directly strengthen caregivers' capacity to provide nurturing care through their regular contacts. Managers may not serve families directly, but they can create an environment for family-centred care through their responsibilities for the organization of facilities and services, to enable providers to better support caregivers.

The *Guide* focuses on three of the five interrelated components of nurturing care: responsive caregiving, opportunities for early learning, and safety and security. Attention to these components is often missing in maternal, newborn and child health and nutrition services. The *Guide* also gives attention to the well-being of the caregivers themselves, recognizing the importance of good physical and mental health for their capacity to provide nurturing care (see **Section 1**).

The *Guide* describes how to better support caregivers with entry points including antenatal care, childbirth and postnatal care, outpatient well- and sick-child care, nutrition rehabilitation and inpatient neonatal and paediatric care.

The *Guide* introduces considerations to serve all children and their caregivers, including those living with chronic illness, HIV, or developmental delays or disabilities, and is relevant for humanitarian and other emergency settings. Integrated throughout the *Guide* are practical examples of how maternal, newborn and child health and nutrition services may be adapted to support nurturing care.

While the focus of this *Guide* is on strengthening the capacity of maternal, newborn and child health and nutrition services which focus on pregnancy through age 3, the content could be adapted for services provided by other sectors, including education, social welfare and child protection and also for services for older children.

This *Guide* presents ideas to help managers and service providers strengthen services, as outlined in Strategic action 3, Strengthen services, of the *Nurturing care framework*. (For more information on the five strategic actions see the *Framework* and the *Nurturing care handbook [11]*). Where to begin depends on the human and financial resources available, practical considerations and local context. Throughout the *Guide*, users can tick ☑ the boxes for the ideas they find are important and feasible in their context, in order to organize action.

Who should use this *Practice guide*?

This *Guide* is designed for managers and service providers who are responsible for health and nutrition services for young children and their families.

Specifically, this *Guide* is for:

- **Managers of maternal, newborn and child health and nutrition services** – such as public, private and civil society staff in charge of planning and managing services for children and their families.
- **Service providers** – such as physicians, nurses, midwives, medical assistants, health volunteers, nutritionists, community health workers, infant and young child feeding and nutrition counsellors, and home visitors – at different levels of care.

Frontline workers in related auxiliary services, such as occupational, speech, mental health, child protection, day care and social workers, can also apply suggested practices in childcare and specialized diagnostic and treatment services.

What is the focus of the *Practice guide*?

All families need some support, but some families need all the support they can get.

The *Nurturing care framework* describes differences in the intensity of services required for families to adequately care for their children (see **Fig. 2**). These comprise three levels of support: **universal**, **targeted** and **indicated**.

All families need some support

Maternal, newborn and child health and nutrition services should be universally accessible, available and appropriate to all children, including those at risk of sub-optimal development. Throughout the *Guide* are examples of ways to utilize **universal** support to better serve all children and their families.

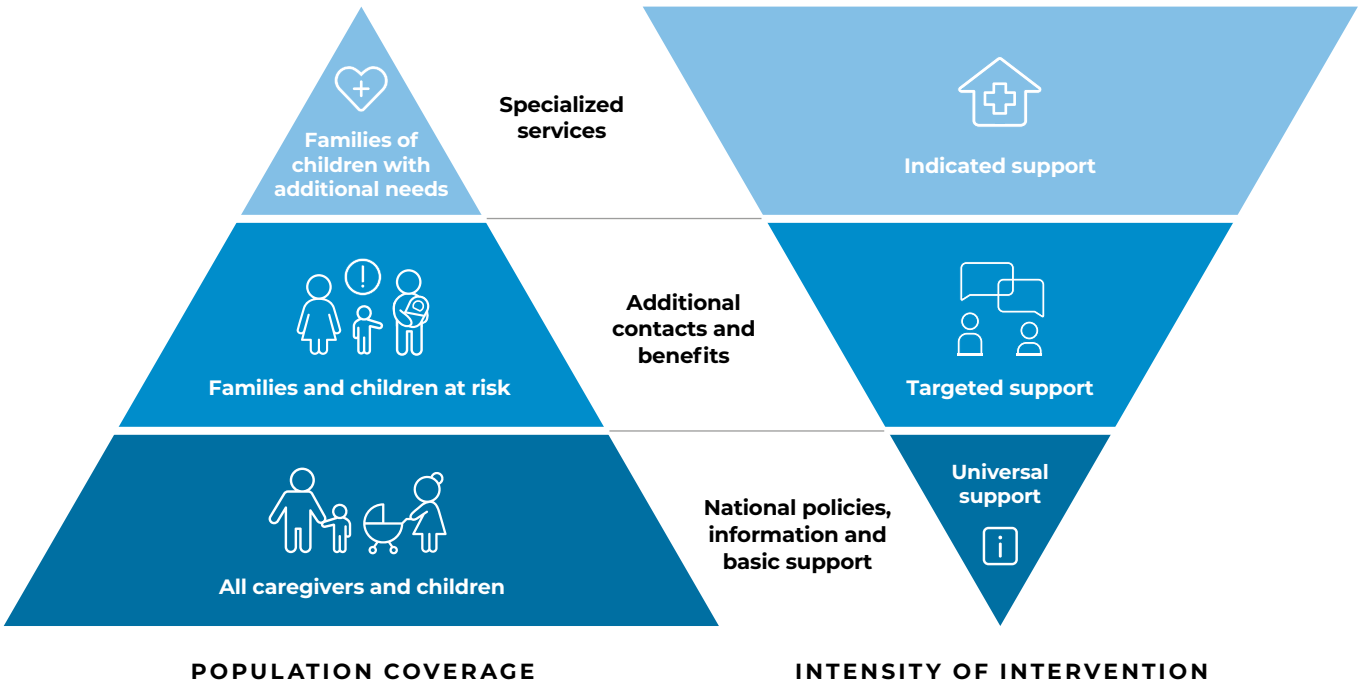
Some families need additional support

In addition to universal support, children, families or entire communities may need **targeted** support when children are at risk of sub-optimal development. Examples of risk factors include food insecurity or undernutrition, high prevalence of HIV and other infections in the community, violence in the community or at home, migration or displacement by conflict, developmental delay or disability, or other adverse living conditions. Targeted support may be provided through home visits, mobile clinics, social and counselling services, and parenting groups.

Some children face difficulties that go beyond the capacity of primary health care providers to manage. These include children with very low birth weight or wasting, with physical, cognitive or behavioural difficulties, living without families or in institutional care, or with caregivers experiencing poor mental or physical health or substance abuse. These children, and their caregivers, may need **indicated** support in addition to universal and targeted support. It is beyond the scope of this *Guide* to describe the range of auxiliary and specialist services that should be accessible to families and children with specific needs, such as physical, speech and occupational therapy, mental health services, or chronic care and rehabilitation services.

This *Guide* focuses on what can be done to strengthen nurturing care through universal support, but **Annex 3** provides examples of what can be done across all three levels of support.

Fig. 2. Levels of support for children and their families *(3)*



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How is the *Practice guide* organized?

Following this introduction, the *Guide* has three sections:

1. **Nurturing care: another look** describes why nurturing care is important for children's health and development. It introduces the rationale for giving attention to responsive caregiving, opportunities for early learning, safety and security, and support for caregiver well-being in maternal, newborn and child health and nutrition services.
2. **Enabling health and nutrition services to support nurturing care: what can managers do?** identifies what managers can do to reduce barriers and expand services to support nurturing care, build the skills of providers, and identify resources for more intensive support for young children with special needs.
3. **Supporting families through existing services: what can service providers do?** identifies what providers can do to build the capacity of caregivers to care for their young children within services for antenatal care, postnatal care, out-patient well-child and sick-child care, inpatient paediatric care, and nutritional rehabilitation and support services.

The **Annexes** include: 1) a list of relevant documents to support further understanding of nurturing care; 2) a sample of training resources to build the capacity of managers and service providers; and 3) examples of how to support nurturing care across the three levels of support.

Users may wish to read the sections in the *Guide* sequentially, or go directly to the section that is of most interest.

Photo credit: © UNICEF/UNI39905/Chute

1

Nurturing care: another look

Photo credit: © UNICEF/UN0292154/Sokol

1

Nurturing care: another look

Nurturing care for the child's development and well-being consists of five interrelated and indivisible components (see **Fig.1**).

Health and nutrition services often focus on helping caregivers ensure good health and adequate nutrition for their children, related to two of the components. The opportunities for contributing to the three other essential and interrelated components – responsive caregiving, opportunities for early learning, and safety and security – are often not fully recognized. This section of the *Guide* looks at these three less visible components and their contribution to nurturing care.

Because caregivers are best placed to provide their children nurturing care, they carry a heavy burden of responsibility and often face multiple stressors. When they are supported, they are better able to care for their children. The last part of this section highlights the importance of supporting caregivers as a related component.

Because providers of maternal, newborn and child health and nutrition services see most caregivers frequently, even before conception and pregnancy, they are in a good position to reinforce and strengthen caregiving practices and help caregivers to care well for themselves. In subsequent sections this *Guide* will focus on *how* to reinforce and strengthen caregiving practices and help caregivers to care for themselves so they can better care for their children. This section focuses on the *what* and *why*.

What are the nurturing care components?

GOOD HEALTH

Refers to the health and well-being of the children and their caregivers. Why both? We know that the physical and mental health of caregivers can affect their ability to care for the child.

ADEQUATE NUTRITION

Refers to maternal and child nutrition. Why both? We know that the nutritional status of the mother during pregnancy affects her health and well-being and that of her unborn child. After birth, the mother's nutritional status affects her ability to breastfeed and provide adequate care.

SAFETY AND SECURITY

Refers to safe and secure environments for children and their families. Includes physical dangers, emotional stress, environmental risks (such as pollution), and access to food and water.

OPPORTUNITIES FOR EARLY LEARNING

Refers to any opportunity for the infant or child to interact with a person, place, or object in their environment. Recognizes that every interaction (positive or negative, or absence of an interaction) is contributing to the child's brain development and laying the foundation for later learning.

RESPONSIVE CAREGIVING

Refers to the ability of the caregivers to notice, understand, and respond to their child's signals in a timely and appropriate manner. Considered the foundational component because responsive caregivers are better able to support the other four components.

1.1. Responsive caregiving: a capacity that contributes to all components of nurturing care

Responsive caregiving refers to the ability of caregivers to notice, understand and respond to a child's signals in a timely and appropriate manner. Responsive caregivers are better able to support the other four components of nurturing care.

Responsive caregiving is the basis for:

- protecting children against injury and the negative effects of adversity;
- recognizing and responding to illness;
- recognizing signs of hunger and fullness, and feeding based on a child's age and skills;
- enriching learning through enjoyable interactions; and
- building trust and social relationships.

Responsive caregivers appear to "dance" with their children. They are in tune with seeing, hearing, feeling and responding to their children.

From birth, children communicate their needs and wants verbally (e.g. cries, vocalizations) and non-verbally (e.g. facial expressions, body movements). Responsive caregivers recognize and understand the child's signals to indicate needs and wants (that is, they are sensitive), and they have the capacity to respond appropriately to a child's signals (that is, they are responsive).

Providers can recognize how caregivers respond to their children. When the child looks at the caregiver, the look is returned. If the child turns away and looks at something else, the caregiver might point at whatever captures the child's attention and name or describe it *(12)*. To be responsive, caregivers of children with cognitive, motor and behavioural difficulties may need to recognize signals that are different from other children and learn how to interpret more subtle cues (see **Box 1** for an example of responsive caregiving when feeding).

These simple behaviours, which represent the capacity of caregivers to be sensitive and responsive, enable them to support the healthy development of their children. Responsive caregivers recognize, understand, and respond to signs of illness and pain; developmental delays and behavioural difficulties; hunger, choking, rejection of foods and satiation; and physical or emotional distress. They look for opportunities to interact with their children, watch for facial, motor and vocal expressions of interest in exploring and learning, and respond appropriately to the intended meaning of those signals.

The National Scientific Council on the Developing Child describes the importance of what it calls these "serve and return" interactions:

> Children naturally reach out for interaction through babbling, facial expressions, gestures, and words [the serve], and adults respond with the same kind of vocalizing and gesturing back at them [the return] . . . If the responses are unreliable, inappropriate, or simply absent, the developing architecture of the brain may be disrupted, and later learning, behaviour, and health may be impaired *(13)*.

Responsive caregiving significantly contributes to long-term benefits for children, including good health, nutrition and social development, and the well-being of their caregivers *(14)*. Through close physical contact and touch, young children feel and incorporate the reactions of their caregivers, for example, to sudden sounds or stress, and the return to calm. Children learn from these caregiver responses how to interpret and regulate their own reactions to environmental stimuli *(15)*. Children of responsive caregivers learn many skills, including language, attentiveness and problem-solving, earlier than those of less responsive caregivers *(16)*.

Children form secure attachments to caregivers who respond to them. By frequent, consistent and dependable responsive interactions, the caregiver and child form an emotional bond. This bond is a protective buffer for the child, even in conflict, migration and other humanitarian crises. Through responsive care, the child gains confidence to explore the world and to learn about people, relationships, language and emotions *(17)*. The child's attachment to a caring adult is the central characteristic of childhood that affects development into adulthood. As an adult, the individual can form lasting relationships, be productive, contribute to the community, and be more responsive in caring for children in the next generation *(18)*.

BOX 1. RESPONSIVE FEEDING

In **responsive feeding** the caregiver recognizes when the child is hungry and feeds the child appropriately.

When feeding, the caregiver must be sensitive to, or aware of, the signs the child makes – looking forward or turning aside, opening the mouth wide or covering it, extending the tongue for food or pushing the food away.

It requires being aware of the child's position, sounds and involuntary movements. The caregiver must interpret these signs correctly. Is the child ready to accept the food, or communicating that she is full, or feeding is going too quickly or forcefully?

Effective feeding occurs when the caregiver's response is one that fits and is well-timed to the child's signal. Feeding a child with disabilities might require the caregiver to recognize different signs and respond appropriately.

Photo credit: © UNICEF/UN0205719/Njiokiktjien

To breastfeed her child on demand, the mother must recognize the child's signs of hunger and respond.

Photo credit: Jane Lucas

Introducing complementary foods requires a responsive interaction. The caregiver offers food. The child opens his mouth wide, tips up his head and extends his hand. He is ready. And the caregiver responds.

1.2. Opportunities for early learning: the child's interactions with the environment

Opportunities for early learning refer to any opportunity for the baby, toddler or child to interact with a person, place or object in the environment, recognizing that every interaction (positive or negative, or absence of an interaction) is contributing to brain development and laying the foundation for later learning.

Early learning is often associated with what takes place in organized or formal spaces for children (i.e. childcare centres, crèches, nurseries and pre-schools), or as something formal or academic (e.g. learning to read and write). In reality, learning begins with the conditions experienced in the womb. The mother's stress or comfort, the status of her mental and physical health, and her diet and physical activity influence the hormonal responses, physical development and genetic make-up of the fetus. Critical capacities, for example, to hear, recognize and react to noise and voices, also begin before birth.

At birth, babies begin to acquire skills socially through their interactions with other people. Learning takes place with smiles, eye contact and talking, during play, bathing and other everyday routines. Small, at-risk infants benefit from their early interactions with caregivers, such as during kangaroo care. Early skin-to-skin contact facilitates affectionate interactions and bonding between babies and their parents, and strengthens neural connections important for physical, social, emotional and cognitive development.

When children are playing, they are learning. In the womb the fetus plays when moving and kicking. By responding with touch and voice, the mother and fetus learn to interact with each other. Fathers or other caregivers can also learn to feel these movements and respond to them. Infants are playing when they explore their hands and toes, and objects within their reach. These simple forms of play help children learn and refine what they can do with different parts of their bodies. As they age, household objects such as tin cups, empty containers and cooking pots may engage children in hours of enjoyment and learning. By playing with these objects, children learn about their different textures, the sounds they make when dropped and banged, and how they function.

Long before they can talk, children can understand language and communicate their needs. An infant turns her head when she hears her name. A toddler pushes food away when he is full. By making eye contact, copying a child's babbling sounds, and responding with expanded language and facial expressions, caregivers encourage infants to continue communicating their needs. The more caregivers communicate with their children, verbally and non-verbally, the more their children will learn about how language works, the patterns of speech in their culture, how to communicate and what to expect by communicating their needs.

Active play and responsive interactions may be infrequent or absent in some households or cultures. The wide dependence on television, phones and other screens to engage small children is a barrier to social interactions and active play. WHO guidelines *(19)* recommend no screen time at all for children less than 1 year, and no more than one hour for children 2 to 3 years old. At least 30 minutes of physical activity per day is recommended for children less than 1 year old, and at least 180 minutes for children 2 to 3 years old. Children with disabilities have fewer opportunities for active play with adults and less access to playthings than other children *(20)*. A child with disabilities or other risk of developmental delays, including children born pre-term or small for gestational age, have great need for frequent, responsive interaction and play in order to reach their learning potential.

Photo credit: © UNICEF/UN038318/McConnico

1.3. Safety and security: environmental conditions for the child's development

In the context of nurturing care, **safety and security** means that children and their families live in environments without physical dangers, emotional stress or environmental risks, and with access to adequate nutritious food, safe water and sanitation, and clean air. The child needs to experience a safe and secure environment to encourage exploration, trust and promote healthy growth and development.

Young children cannot protect themselves. Caregivers must protect them from physical and psychological dangers including neglect, abuse, violence and injuries. When caregivers protect their children against threats to their safety and security, their close and responsive relationships with their children act as buffers against the psychological effects of adverse conditions they cannot control *(2)*.

Extreme poverty poses serious risks for access to health services, food security, adequate housing and family education. Financial assistance, including cash transfers and other social protection services, may give economic and food security for low-income families. Disruptions to family relationships and earnings resulting from the COVID-19 pandemic and humanitarian crises require a greater response from social and child protection services for affected families and whole communities when services are restricted *(21)*.

Pregnant women and young children are particularly vulnerable to environmental risks, including air pollution and exposure to chemicals (such as lead and mercury) that affect brain development and health. These should be addressed by actions with the engagement of multiple sectors.

In the home, caregivers need to protect children from physical dangers: sharp, dirty, or very small, swallowable objects; unsafe drinking water, medicines, poisons and household cleaning chemicals; bath and wash tubs, fire, boiling water and hot stoves. Indoor toxins include lead, smoke from unvented stoves, and second-hand smoke from tobacco and other products.

Near the home may be streets with cars and bicycles, waterholes and untamed animals, such as poultry, who leave their faeces in areas where children play. Ingesting traces of faeces may cause diarrhoea, poor appetite and inflammation of the intestines; these conditions are related to undernutrition, including stunting, and poor development *(22)*. These dangers increase as the baby becomes a toddler, and the toddler becomes a more independent, curious and mobile child.

Risks in the wider environment include extreme poverty, air pollution, exposure to chemicals, conflict and humanitarian crises, food insecurity, unsafe water or sanitation, and lack of safe spaces to play.

Photo credit: © UNICEF/UNI114899/Holt

Young children can suffer emotional stress. They may experience extreme fear when people punish or abandon them – or threaten to abandon them. Many children also suffer from neglect and rejection. Surveys show that harsh punishment, physical and verbal, is the norm in many settings. Across the world, toddlers are the group most often punished by being beaten painfully with sticks, belts and other objects *(23)*.

Uncontrollable fear and stress, extended over time, can programme the young child's response systems in ways that can lead to emotional, mental and social maladjustment, as well as poor physical health. Children may withdraw socially, mistrust adults or act out their fear as aggression towards other children. These children are at high risk of being unable to take advantage of schooling, social relationships and other opportunities for learning and advancement.

Having a safe, supportive and nurturing environment, with affectionate and responsive caregivers, helps children build resilience to adversity, trauma, threats and significant life stressors.

Compared to other children, those with developmental delays and functional disabilities experience three to four times more violence, physical and sexual abuse *(23)* and are twice as likely to be punished by harsh beatings *(20)*. With inconsistent or an absence of caring responses, children may not trust their caregivers to meet their physical and emotional needs. This reality highlights the importance of attending to the mental health of caregivers to enable them to maintain safe and secure conditions for their children.

Photo credit: © UNICEF/UNI321519/Fazel

1.4. Supporting caregiver well-being: family assistance, self-care and special services

To be best placed to care for their children, caregivers need to be healthy, both physically and mentally, and have access to resources and support when problems arise. Supporting caregivers means addressing the difficulties that prevent them from caring for themselves and for their children.

The primary caregivers of very young children are usually their mothers. They carry the child during pregnancy, and many breastfeed the child from birth. However, fathers and other adults in the household who also care for the young child are important, not only for the child but also to support the primary caregiver. From conception, others can participate in caring for the fetus in the womb – touching, talking and gently responding to movements; and comforting the mother and making sure she has rest and a healthy diet. After birth, other adults can reduce the workload of the primary caregiver and assist with the child's caregiving needs. They can also ensure the primary caregiver has opportunities to rest and care for herself, and can provide emotional support. They can introduce her to community resources, including mothers' groups, to learn how to care for her infant and to share parenting concerns.

The anticipation of having a baby is a joyful experience for most new mothers. A partner may share in the excitement of adding the baby to their family. The mother should have good health, and have sufficient resources to feed, clothe and nurture the child. Nevertheless, many changes come with expecting and caring for a young child which may lead to women experiencing changes in their mental health. A new baby often creates disruptions in a mother's and family's life. Mothers may feel exhausted, experience a range of emotions or be uncomfortable physically. Dynamics in the household could change.

However, the physical and mental health of a child's caregiver will be key to effectiveness in meeting the child's many needs. Some new mothers may be in poor health, and anxious that they might not live through the birth or might lose the baby. Their partners may not be present or may be financially unable to support a family. The stress on young, adolescent mothers is particularly great. Under normal conditions, help will be available from extended family members and others to care for the baby, but the extended family may sometimes be a source of more stress than help.

Parents and other caregivers are best placed to provide nurturing care for their children. Give them adequate support to provide the care that their children need.

During the pregnancy, the added stress of a mother's poor health, an unwelcome child and expectations of a difficult future may harm the development of the fetus in the womb, resulting in a premature birth and other complications. Poor mental health may affect maternal health outcomes, and may also affect the health and well-being of a baby and family. (See **Box 2** for common symptoms of poor mental health.)

Photo credit: World Bank Group

BOX 2. COMMON SYMPTOMS OF POOR CAREGIVER MENTAL HEALTH

- Feeling sad, crying easily or more than usual
- Having no pleasure in experiences or activities that were once enjoyed
- Lacking energy or motivation
- Worrying or 'thinking too much'
- Sleeping more or less than usual
- Eating more or less than usual
- Reduced concentration
- Difficulty in making decisions
- Feelings of guilt or hopelessness
- Feeling worthless
- Thinking that something bad is about to happen or that the future is hopeless
- Thoughts of self-harm or suicide
- Non-specific body aches and pains
- Feeling traumatized by past negative experiences.

Source: *(24)*

Supportive and encouraging posters can be displayed in waiting areas in hospitals and other health facilities, as in the example below.

Photo credit: © UNICEF/UN053033/Luthi

Your loving care as a parent is what a child needs to be healthy, well-nourished and safe. If you feel sad and unable to respond joyfully to your child, seek help from your health care provider.

While most caregivers experience strong emotions around the time of birth, with help, they can cope better with the demands of the new child. Maternal, newborn and child health and nutrition services provide a unique time to connect with women. They are places where women can receive support in a safe, friendly and caring environment. For most women, the support needed will be minimal, for example, information about how to manage stress and to make use of support from friends and family. A smaller number of women will experience multiple difficulties over a longer period. They will need additional support provided within health and nutrition services or referral for specialist mental health care.

Assessing the caregiver's mental and physical health and conditions in the home, including potential violence, can direct better support to the caregiver. Parents of children born with disabilities may experience added stress. They may need extra help to care for their children, access special services, and have time to manage other household duties.

Supporting the mental health of caregivers is key to ensuring better health and development outcomes for their children, as well as improving the well-being and quality of life of caregivers *(25)*. A provider who recognizes the difficulties of parenting can help caregivers find ways to relax and take breaks and can meet with family members to organize their assistance with caregiving and other household tasks. Referral to social groups for peer support and to social workers and specialized mental health services may help caregivers who have signs of depression or anxiety.

1.5. Care practices that make a difference

For caregivers to provide nurturing care they must master a number of caregiving practices. This *Guide* selects just a few that, with support, enable caregivers to be more responsive, better recognize daily opportunities to help their children learn, and maintain a safe environment that protects the growing child (see **Table 1.1.**) This *Guide* illustrates how maternal, newborn and child health and nutrition services can use their many scheduled and unscheduled interactions to introduce practices to strengthen the abilities of caregivers to care for their children. By incorporating a focus on these few examples, services demonstrate how to open the door for other sectors to join in the effort to enable families to meet the needs of their children.

Table 1.1. Examples of caregiver practices related to nurturing care and provider support for caregivers

COMPONENT OF NURTURING CARE	CAREGIVER PRACTICES
Responsive caregiving	• Spend one-to-one time with your full attention on the child. • Look closely at the child. • Be aware of the child's signals (for example, hunger, discomfort, attempts to communicate, joy and need for affection). • Respond appropriately and in a timely way to the child's signals and needs. These will differ when the child is well, sick or has special needs.
Opportunities for early learning	• Talk with your child. • Play with your child. • Engage your child during your household routines and tasks. • Follow your child's lead, and assist the child's interest in exploring and learning.
Safety and security	• Build your child's trust through a warm, responsive presence. • Make a safe home environment for exploration and increasing independence. • Protect your child from harsh discipline, neglect and abuse. • Apply positive discipline methods. • Establish routines for eating and sleeping. • Protect the child from harmful substances.
SUPPORTING CAREGIVER WELL-BEING	
Supporting caregiver well-being	• Identify your feelings about having a baby – joys and concerns. • Discuss your concerns and the help needed from your family. • Maintain daily relaxing routines. • Build the capacity to care for yourself. • Know where to find help to problem-solve and organize support. • Identify community services, support networks.

1.6. Conclusion

All children need nurturing care to survive and thrive, and reach their full potential. Providers in primary care settings and communities are uniquely able to support caregivers to improve the healthy growth and development of children during their frequent contacts with families, from pregnancy through early childhood. They can introduce and reinforce critical caregiving practices and provide psychosocial support to caregivers for their own mental health. Families with children in need of chronic care or living in humanitarian crises face additional challenges. They may need extra help to care for their children and themselves.

What follows in this *Guide* are ideas for how to use opportunities in maternal, newborn and child health and nutrition services to strengthen support to caregivers. The next section explores how managers can prepare services for this shift towards more family-centred support for nurturing care.

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2

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

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2

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

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

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

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

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

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

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

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

2.1. Make facilities accessible and welcoming for all children

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

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

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

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

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

Source: adapted from *(26)*.

BOX 4. PLAYBOXES

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

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

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

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

Photo credit: © PATH/Geraldo Sitoe

2.2. Strengthen services to support caregiving

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

Integrated case management protocols

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

Supervisory checklists

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

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

Policies to increase the participation of caregivers

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

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

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

Photo credit: © Aga Khan Development Network / Christopher Wilton-Steer

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

Opportunities for caregiver education

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

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

2.3. Build the capacity of service providers

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

Interpersonal communication skills

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

Skills to support caregiver practices

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

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

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

Address the turnover of skilled providers

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

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

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

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

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

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

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

Photo credit: © UNICEF Perú/Tamayo E

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

SKILLS FOR INTERPERSONAL COMMUNICATION

For all caregiver-provider contacts

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

SKILLS TO SUPPORT CAREGIVER PRACTICES

For responsive caregiving

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

For opportunities for early learning

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

For safety and security

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

SKILLS TO SUPPORT CAREGIVER WELL-BEING

For supporting caregiver well-being

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

2.4. Adapt services to humanitarian and health crises

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

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

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

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

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

Photo credit: © UNICEF/UNI233775/Pancic

2.5. Identify needs and advocate for specialized services

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

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

Identify how the child is developing and learning

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

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

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

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

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

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

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

Identify the specialized needs of caregivers

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

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

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

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

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

Photo credit: © UNICEF/UN038316/McConnico

Map services and advocate to fill critical gaps

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

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

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

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

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

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

Photo credit: © UNICEF/UN0185843/Tremeau

2.6. Ideas for managers as they prepare services

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

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

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

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

Table 2.2. Continued

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

3

Supporting families through existing services: what can service providers do?

Photo credit: © UNICEF/UN0392552/Kolari

3

Supporting families through existing services: what can service providers do?

Section 1 of the *Guide* outlined the five components of nurturing care that are essential for a child's healthy development (see **Fig. 1**). It focused on the importance of strengthening three components through maternal, newborn and health and nutrition services – responsive caregiving, opportunities for early learning, and safety and security. It emphasized the need to better support caregivers to care for their children. From this overview, **Section 2** identified what managers can do to prepare facilities and services to shift to focus on enabling families to fulfil their caregiving roles.

Section 3 looks at practical examples of what providers can do during their contacts with caregivers and children to better support caregivers, hear and address their concerns, and strengthen caregivers' practices to care for their children. These practices give young children a strong foundation for health, development and well-being throughout their lives. They affect their productivity, the quality of their relationships with others, their health and their well-being throughout adulthood, and have a positive impact on the next generation.

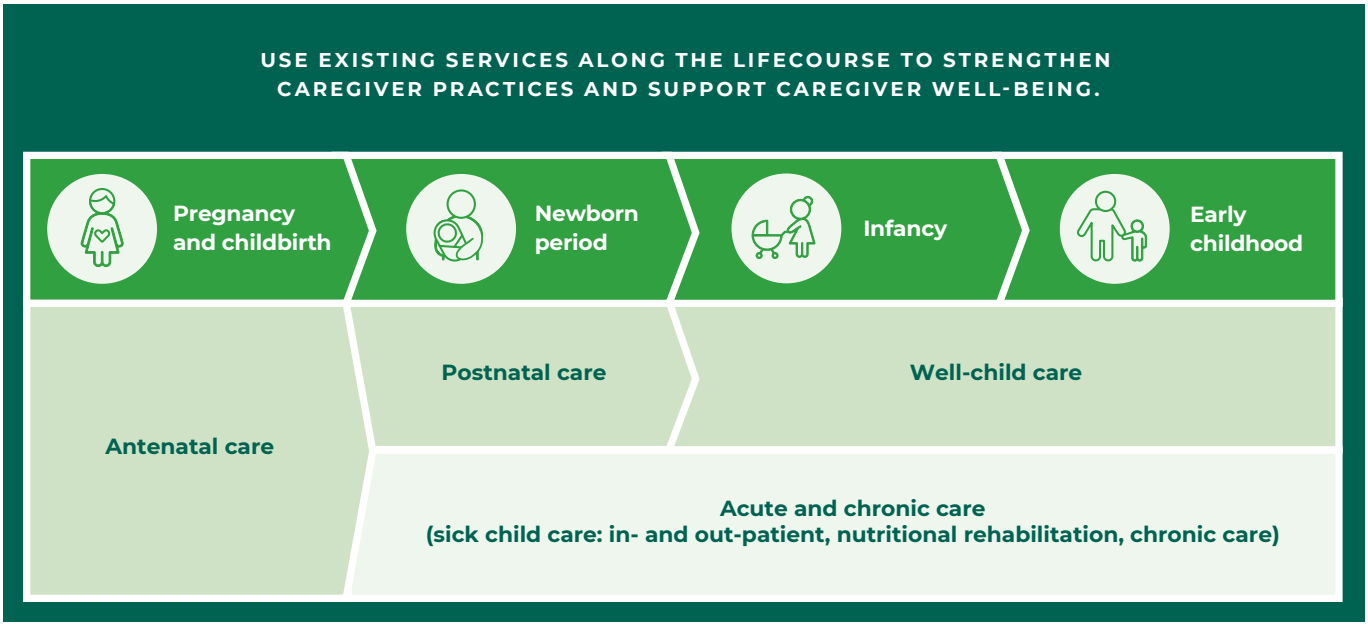
Opportunities to strengthen caregiver practices and support caregiver well-being

Parents and other primary caregivers are closest to the young child from pregnancy to age 3 years and are the best and most consistent providers of nurturing care. Illustrative caregiver practices supporting early child development, introduced in **Table 2.1** in **Section 2**, serve as examples for what providers can strengthen during their many contacts with caregivers and their children. By introducing and reinforcing these practices, providers can help caregivers be more responsive, better recognize daily opportunities to help their children develop and learn, and provide a safe environment.

Maternal, newborn and child health and nutrition services, through regular contacts during pregnancy and the child's first 3 years, offer opportunities to strengthen caregivers' capacity to provide nurturing care, and to support caregiver well-being (see **Fig. 3**).

This section is for providers of maternal, newborn and child health and nutrition services and their **managers** preparing for the implementation or strengthening of support for nurturing care.

Fig. 3. Services where providers can support caregivers to provide nurturing care and support caregiver well-being



Providers of these services have many opportunities to strengthen caregivers' practices for nurturing care. Providers also have opportunities to reinforce the efforts of caregivers and praise positive and effective caregiving practices. In these encounters, providers should be able to recognize and support caregivers who need help.

What providers do in these services can be adapted for delivery in humanitarian settings and during health crises. In the parts of this section that follow, service providers can find examples of what can be implemented at each service to strengthen responsive caregiving, expand opportunities for early learning, improve the safety and security of the home and community, and support caregiver well-being. Not all of the suggested provider interventions need to happen at each interaction with a family but can be incorporated at opportune moments.

The tables in this section contain suggestions for what providers can do to strengthen caregiver practices and support caregiver well-being in each type of service. Providers may start by focusing on certain services or certain interventions to be strengthened, learn from the experience and then focus on others.

Tick ☑ the ideas that you find are important and feasible in your context.

3.1. Antenatal care: starting before the baby is born

The anticipation of a baby's arrival can bring much joy and excitement for mothers- and fathers-to-be. However, for some, especially first-time and young mothers, the arrival of a child can be overwhelming. Antenatal visits are an opportunity to ensure all mothers and fathers can express their feelings about the baby's arrival, bond with the unborn child, prepare the home environment for the baby's arrival, and develop skills to prepare them for their parenting journey.

One in four women show signs of depression or anxiety during pregnancy and in the early months after the baby's birth *(27)*.

Photo credit: World Vision International

Communicate early and often, starting even before your baby is born, to help you build a warm and loving relationship.

Antenatal visits are times to ask a mother and father how they feel about having this baby and discuss their concerns. Listening to these concerns may be enough to help them feel less anxious. The provider also can discuss with the parents and broader family how they will need to help with household responsibilities, give the mother time to rest, and make sure she eats well. The caregiver can identify what she can do to relax and care for herself.

During antenatal visits, caregivers can begin to develop and practise the skills to be responsive, play and communicate. For example, the provider can coach the pregnant mother and the child's father to recognize and respond joyfully to the unborn baby's movements. Engaging both the father and mother in speaking to and feeling the baby strengthens their bonding with the child. It prepares them to be ready to be aware of the child's signals from birth.

When there is an ultrasound visit, the mother and father can see the unborn baby's responses to their voices and touch. If the father is not available, the provider can encourage the mother to bring another adult caregiver who will be able to add support during pregnancy and the early days of the infant *(44)*.

During antenatal visits, caregivers can become aware of the safety and security issues that affect their children. Asking families how they will prepare for the birth of the child is a good beginning for planning to find sources of safe water, good hygiene practices, and a safe place for the baby to sleep. Early in the pregnancy, discussions should begin on the damaging effects of second-hand smoke and the need to protect the pregnant mother, the fetus and the young child from it. These additions to the antenatal visit complement discussions on preparing for the birth of the baby and on the mother's nutritional and other needs for a healthy pregnancy and childbirth.

Table 3.1 gives suggestions for what providers can do to strengthen caregiver practices and support caregiver well-being during an antenatal visit.

Table 3.1. Supporting caregivers during antenatal visits

COMPONENT OF NURTURING CARE	CAREGIVER PRACTICES	EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO
Responsive caregiving 	☐ Be aware of the child's signals. ☐ Respond appropriately in a timely way.	☐ **Ask** Does your baby move and kick? How do you respond? What do you feel? How does the unborn baby respond to you when you touch it? Has the baby's father felt the baby move? ☐ **Ask** (during an ultrasound test) What do you see? How does the baby respond to your movements and touch? How do you know your baby hears you?
Opportunities for early learning 	☐ Talk with your child, starting before birth.	☐ **Ask** How do you talk with your baby? What do you say? Do you think your baby can hear you? ☐ **Ask** How does the father or other caregiver talk with the baby? ☐ **Discuss** Talking to the baby before birth helps caregivers bond with the baby and vice versa. It will also help the baby recognize your voices at birth.
Safety and security 	☐ Make a safe home environment. ☐ Protect the child from harmful substances.	☐ **Discuss** How can you prepare your home to be safe for the baby? Is there clean air in the house and a safe cookstove? ☐ **Discuss** How will you get clean water for washing your hands and bathing your baby? Do you have soap? When should you wash your hands (often: before touching the baby, after using the toilet, before preparing and eating food)? ☐ **Ask** Is there any member in the household who smokes or uses alcohol or another substance? ☐ **Discuss** Tobacco and alcohol use are harmful for the growing fetus. The mother's exposure to second-hand smoke can lead to birth defects, premature birth, stillbirths and infant deaths. What support is needed to help stop this habit and avoid second-hand exposure of the baby?

Table 3.1. Continued

SUPPORTING CAREGIVER WELL-BEING		EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO
Supporting caregiver well-being	☐ Identify your feelings about having a baby – joys and concerns. ☐ Discuss your concerns and the help needed from your family. ☐ Maintain daily relaxing routines.	☐ **Ask** How do you feel about having this baby? What concerns do you have? Is there someone you feel able to speak to about your feelings, fears, concerns? ☐ **Discuss** What help do you need, for example, to lighten household work? Care for others in the family? Have enough sleep? ☐ **Ask** What types of food are you eating? ☐ **Ask** How are you sleeping? How do you feel about this baby? ☐ **Ask** What do you do to rest and relax, for example, have a cup of tea? Talk with a friend? Take a walk? ☐ **Discuss** Your nutritional status and emotional state directly affect your baby's health and development. The healthier you are – physically and emotionally – the healthier your baby will be at birth. What support do you need to ensure you are able to eat well, rest and avoid stress?

3.2. Postnatal care: forming a relationship for supporting nurturing care

From the moment of birth, caregivers form a relationship that affects the care of the child during the vulnerable postnatal period and throughout childhood. Infants depend on their caregivers to respond on demand to their hunger, keep them close and warm, and recognize and address any discomfort. More specialized services for small and at-risk newborns are beginning to promote the participation of mothers in this early care, in partnership with staff who are responsible for intensive medical interventions.

Giving newborns breast milk contributes to their survival, and breastfeeding has important benefits for both mothers and babies. It can be a moment to bond and help mothers recognize how their infant reaches out to them and how they can respond. Difficulties in early breastfeeding are barriers to the mother bonding well with the child and forming a satisfying relationship. Infants with disabilities, even when not yet recognized, may have difficulties expressing their hunger and feeding. Effective breastfeeding counselling is critical for preventing a mother from rejecting a child while gaining the capacity and confidence to respond to meet the child's nutritional and other needs.

Rapid learning occurs in the first few weeks. Caregivers are usually delighted to see that their child can see and hear from birth and react to them. They help their children learn by talking and playing with them. Asking caregivers to do a simple task, such as massaging the newborn and making cooing sounds, demonstrates what play looks like with a young infant. Seeing the infant stretch and react happily during this practice activity encourages caregivers to interact frequently with the child at home (see **Box 6**).

BOX 6. A MOTHER AND FATHER ARE RESPONSIVE TO THEIR SMALL NEWBORN

Mothers and fathers learn to be sensitive to their newborn by looking closely into the baby's eyes and talking. Even this small, premature baby gives signs of reaching out to her parents for an affectionate response.

Sensitive parents help their newborn develop fully, physically and intellectually, by recognizing and responding to the infant's signs of hunger, discomfort and need for affection.

Photo credit: American University of Beirut, Beirut, Lebanon/Lama Charafeddine

If the infant does not look at a caregiver, it may be because the caregiver does not know how to be responsive. Responding to the child engages the child and develops attachment to the caregiver. The provider may need time to help the caregiver respond when the child reaches out. These activities might reveal concerns that an infant does not appear to hear or see the caregiver. Using a prepared list of hospital and local services, the provider can refer the child for early screening if necessary.

Given that maternal depression is common during this period, the provider should ask the mother how she feels about having the baby and what her concerns are. This is a time when many mothers are particularly stressed, have difficulty sleeping or are overwhelmed by their responsibilities in the home. Especially if the child is weak or has a disability, mothers may fear that they will hurt the child. They may be concerned about not being able to stop the child crying, feed or sleep well. These difficulties disrupt others and may create tension in the household. A provider can help the mother find solutions to her concerns and introduce ways to calm the child, overcome feeding difficulties and request the help she needs from her family.

Observing that a mother has little joy in responding to her baby may indicate a need for specialized counselling services. A provider should review the conditions that affect the safety of the young child and mother by looking for any signs of physical or psychological abuse.

Table 3.2 gives suggestions for what providers can do to strengthen caregiver practices and support caregiver well-being during postnatal visits.

Photo credit: © UNICEF/UNI137130/Dormino

Table 3.2. Supporting caregivers during postnatal visits

COMPONENT OF NURTURING CARE	CAREGIVER PRACTICES	EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO
Responsive caregiving 	☐ Look closely at your child.	☐ **Counsel** During an observation of breastfeeding, coach the mother – Look into your baby's eyes. Your baby is so beautiful. Talk softly to your baby. Sing to your baby. Touch your baby's fingers. See how your baby is wanting to reach for you and grab your finger. ☐ **Ask** Will both mother and father attend the early postnatal visits together, if possible? ☐ **Counsel** Coach the father on how to hold the baby – Support your baby's head and look closely into your baby's eyes. What can you say to your child? See how your baby is wanting to reach for you.
	☐ Be aware of your child's signals (e.g. hunger, discomfort, attempts to communicate, joy and need for attention).	☐ **Discuss** How does your baby tell you that she is hungry, even before crying? Discuss feeding on demand. Recognize the signs that the baby is hungry and respond by breastfeeding. ☐ **Counsel** With a game, help the father and mother be more responsive to their baby - Look closely at your baby. Whatever sound or movement your baby makes, copy it. Get a conversation going by copying the baby's sounds and gestures. This helps you and your baby respond to each other. ☐ **Discuss** Healthy babies see and hear from birth. Show me how you know your baby can see and hear. Show me how you could help your baby learn to smile. ☐ **Ask** How well is your baby sleeping? What do you do when your baby does not sleep well? ☐ **Discuss** Leaving your baby to cry is not a good way to calm the baby. Calm yourself first. Then hold your baby close with a firm hand on his back. What other strategies could you try to calm yourself and your baby?
Opportunities for early learning 	☐ Talk with your child.	☐ **Ask** How do you talk with your baby? What do you talk about? How does your baby respond to your voice? During your daily household tasks, when can you talk to your baby? ☐ **Ask** How does the baby's father or other family member talk to the baby? ☐ **Discuss** Your baby is learning language long before being able to speak. Your baby can show you she understands even if she is not able to respond verbally. What non-verbal cues have you observed that show understanding or an intent to communicate something?

Table 3.2. Continued

COMPONENT OF NURTURING CARE	CAREGIVER PRACTICES	EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO
Opportunities for early learning 	☐ Play with your child.	☐ **Ask** How do you play with your baby? ☐ **Discuss** Even a very young baby is learning by playing with you –reaching, tugging your fingers, making faces at you. ☐ **Discuss** What do you have at home that is safe and clean for play? ☐ **Discuss** If the baby is born too soon, underweight, or otherwise at-risk – Frequently playing with your baby is especially helpful. It stimulates the brain and body to develop during this important time of rapid growth. Your baby should be active at least 30 minutes each day, spread out, not all at once.
	☐ Follow your child's lead and assist the child's interest in exploration and learning.	☐ **Discuss** Gently massage your baby. See how she responds. ☐ **Coach the mother and father** Slowly move a colourful object back and forth in front of the baby's eyes. When the child reaches for it, give the child the object to touch and wrap his fingers around.
Safety and security 	☐ Build your child's trust through a warm, responsive presence – even in difficult environments.	☐ **Discuss** When you are tense, your baby is tense. When you relax, your baby relaxes with you. Your baby looks to you for safety and protection and will interpret the world through your reactions to it. ☐ **Discuss** Your baby knows you care. When your baby is hungry, you feed her. When your baby fusses, you pick him up and comfort him. Your baby depends on you to be there in a protective circle, even when conditions around you are difficult. Hold your baby close to you. These actions help your baby to feel safe and secure.
	☐ Make a safe home environment for exploration and increasing independence. ☐ Protect your child from harmful substances.	☐ **Ask** Are you sometimes afraid that others in your home might hurt you or your baby? Is there anyone you feel you could talk with about your concerns? ☐ **Refer** Follow the protocol if there are signs of abuse. ☐ **Ask** Do you or anyone else smoke in your home? How can you protect your baby from second-hand smoke?

Table 3.2. Continued

SUPPORTING CAREGIVER WELL-BEING		EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO
Supporting caregiver well-being	☐ Build their capacity to care for themselves. ☐ Problem-solve and organize support from family members. ☐ Follow the protocol if there are mental health concerns.	☐ **Ask** Do you still have any pain or discomfort after the birth? If so, let's take care of it. ☐ **Ask** How do you feel about having this baby? What is difficult for you? ☐ **Ask** What do you do to relax? ☐ **Ask** How are you sleeping? I know you must be exhausted. What help do you need to get more sleep? How can your family take on additional childcare and other household tasks? ☐ **Discuss** Where can you go for help if you need it? Do you have a friend, a neighbour, an older family member or a religious leader you could talk with? ☐ **Refer** If there are mental health or safety concerns, refer the mother and baby to specialized services.

Photo credit: © UNICEF/UNI119181/Pirozzi

3.3. Well-child care: keeping the child healthy and developing well

Many opportunities exist to strengthen caregiver practices and support caregiver well-being when mothers, fathers or other caregivers bring their young children to a health facility for regular check-ups. Within a welcoming facility, service providers model responsive interactions with caregivers by listening to their concerns, answering questions and addressing them respectfully as they move through the steps of the check-up.

Caregivers may have concerns from their earlier visits. As the child grows new ones may appear. Feeding problems may turn into a child refusing to eat new foods. Upsets may become tantrums. Caregivers may not share difficulties unless providers ask them questions that invite them to share their concerns. The visit offers opportunities to introduce caregiving practices. For example, when children are upset at being weighed, examined or receiving an injection, service providers can demonstrate responsive practices with calming sounds, gestures and ways to distract children to lessen their fears. They can engage caregivers to continue the methods that were demonstrated and coach them on ways to calm the child (see **Box 7**).

When providers weigh the child and discuss how the child is growing, they can also ask about the child's development. They can discuss the child's progress since the last visit and what the caregiver thinks about how the child is learning.

At each visit, the provider can remind the caregiver of the importance of playing and talking with the child. The child's home-based health card or other record may recommend activities for play and communication appropriate for the child's age.

Setting up playboxes or a corner with toys and books encourages caregivers to play together with their children while they are waiting to see a provider (see **Section 2.1**, and **Box 4**). For example, a facility staff member or volunteer can maintain the supply of toy items, clean each item after a child has used it, and facilitate play activities with families during their well-child visits. Caregivers who have scarce resources may think that they have nothing for the child to play with. The contents of the playbox demonstrate how children can learn with common household items *(45)*.

BOX 7. CALMING AN UPSET CHILD

This father is calming his child. He takes a few deep breaths to calm himself first. Then he holds his child closely on his chest. He firmly presses his palm on the child's back while cooing softly to him. The child is circled by protecting arms and incorporates the father's steady level of calm.

The father is learning not to further stimulate his child by slapping his back, shaking or bouncing him.

Photo credit: Jane Lucas

Toy items must be safe for all ages. Small pieces that could be swallowed, stuffed toys that are not easily washable, sharp edges and long sticks should all be avoided. Videos in waiting areas can introduce, for example, the importance of responsive care to the developing brain of a child, and playing and talking with children.

During home visits, community health workers have many opportunities to support caregiver practices and caregiver well-being. Counselling the caregiver on feeding is more appropriate when a health visitor knows what food is available in the home and how it can be prepared for the young child.

Similarly, helping caregivers learn to play and talk with their young child is more practical when the health worker uses what is available in the home. There may be a scarf for playing peek-a-boo or hide and seek; cups and bowls to stack; spoons, potatoes or stones to count; magazines or calendars with pictures to discuss; and many interesting items to name. Observing the child's use of television and mobile phones is an opportunity to discuss how to control screen time and increase more active play.

The home visitor can also help caregivers protect children by removing hazards from: toxins; small objects that could be swallowed; cooking smoke or unprotected fires; or second-hand smoke. When home visitors meet with caregivers, they may see hardships and other conditions to understand better the concerns of caregivers and the help they need.

Photo credit: © UNICEF/UN0152973/Schermbrucker

Holding and playing, frequent eye contact, talking and singing – these help a child to learn, be happy and thrive.

Table 3.3 contains suggestions for what providers can do to strengthen caregiver practices and support caregiver well-being during well-child care and home visits.

Table 3.3. Supporting caregivers during well-child care and home visits

COMPONENT OF NURTURING CARE	CAREGIVER PRACTICES	EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO
Responsive caregiving	☐ Look closely at your child. ☐ Be aware of the child's signals (e.g. hunger, discomfort, attempts to communicate, joy and attention).	☐ **Discuss** When are you able to spend one-on-one time with your child? What do you like to do together? How do you know what your child likes to do with you? ☐ **Ask** (when weighing and monitoring the child's growth) How often do you feed your child? How does your child tell you that she is hungry, even before crying? How do you know when your child has finished eating? And when your child wants to start again? ☐ **Counsel** Encourage the caregiver to look closely, gently touch, talk and sing softly to the child. Encourage the caregiver to respond to the child's attempts to reach, touch, talk or play.

Table 3.3. Continued

COMPONENT OF NURTURING CARE	CAREGIVER PRACTICES	EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO
Responsive caregiving 	☐ Respond appropriately and in a timely way to the child's signals and needs, which differ when the child is well or sick, or has special needs.	☐ **Observe** Does the child look at the caregiver? How does the caregiver get the child's attention? Comfort the child? Encourage the child to smile? ☐ If the caregiver has difficulty getting the child's attention and encouraging the child to smile, offer a game to help, e.g. look closely at your child's face. Whatever sound or movement your child makes, copy it. Get a conversation going by copying your child's sounds and gestures and talking to your child. With an older child, play peek-a-boo, hiding behind your shawl or scarf. ☐ **Model:** Responsively engage as you approach to weigh or immunize the child. Encourage the caregiver to assist in engaging the child in a similar way.
Opportunities for early learning 	☐ Talk with your child.	☐ **Ask** What has your child learned to do since the last visit? Is there anything your child cannot do now that she was able to do before? What concerns, if any, do you have about how your child is learning? ☐ **Ask** How do you and other family members talk with your child? What do you talk about? When you are feeding your child, do you talk to your child? Your child is learning language long before being able to speak. How do you know your child understands you? ☐ **Discuss** Frequently talking and communicating by touch with an underweight or otherwise at-risk child is especially helpful. It stimulates the brain and body to develop during this important time of rapid growth. ☐ **Discuss** For your child to learn well, your child needs time communicating with you and actively playing. How can you reduce the time your child watches television or plays on the mobile phone?
	☐ Play with your child. ☐ Follow your child's lead and assist the child's interest in exploration and learning.	☐ **Observe** How does the caregiver play with the child? Does the caregiver follow the child's lead? How does the child use play items, books, etc., that you have available? ☐ **Ask** How can you find some time to play with your child each day? When and how long can you play with your child? If you are busy, how could you talk and play with your child as you do your daily tasks, e.g. bathing, feeding, changing the child's nappies? ☐ **Discuss** What do you have to use to play with your child? Cups to hold and stack? Vegetables to count? A scarf to play peek-a-boo?

Table 3.3. Continued

COMPONENT OF NURTURING CARE	CAREGIVER PRACTICES	EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO
Safety and security 	☐ Build your child's trust through a warm, responsive presence.	☐ **Discuss** Your child knows you care. When your child is hungry, you feed him. When your child fusses, you pick him up and give comfort. How do you show your child that he can trust you? ☐ **Discuss** When you are tense, your child is tense. When you relax, your child relaxes with you. Your child will interpret the world through your reactions to it. What have you observed about how your child responds to your emotional state or the emotional state of other family members?
	☐ Make a safe home environment for exploration and increasing independence.	☐ **Discuss** Help your child explore different objects, and make sure that the objects are clean and safe. ☐ **Discuss** Does your child put things in her mouth? Children do this because they are learning about objects through the mouth (warm, cold, rough, smooth, hard, soft). Help your child explore different objects, and make sure that the objects are clean and safe (bigger than the baby's fist, to prevent choking). ☐ **Discuss** What dangers might exist for the child in or near your home as he learns to crawl and walk? In the household, are there dangerous chemicals or cleaning materials, medicines, sharp objects within reach, firearms? Outdoors, are there waterholes, open fires, animal droppings? How can you protect your child from drowning, injury or other harm? ☐ **Ask** When you are not available, who takes care of your child?
	☐ Protect your child from harsh discipline and abuse.	☐ **Observe** How does the caregiver comfort and calm an upset child? How does the caregiver correct the child? ☐ **Ask** Are you sometimes afraid that others in your home might hurt you or your child? ☐ **Observe** Are there any physical signs that the caregiver or child experiences abuse? Are there other signs, such as a fear of talking with you? ☐ **Refer** If there are signs of abuse, follow the protocol to refer the caregiver and child to social or child protection services.

Table 3.3. Continued

COMPONENT OF NURTURING CARE	CAREGIVER PRACTICES	EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO
Safety and security	☐ Protect the child from harmful substances	☐ **Ask** Do you or any other member of the family smoke, use alcohol or another substance in the house? ☐ **Discuss** Second-hand smoke is harmful for the child's healthy growth and development. It increases the child's risk for respiratory disease including asthma and may even lead to sudden infant death. How can you minimize your child's risk of second-hand exposure?
	☐ Establish routines for eating and sleeping.	☐ **Ask** What difficulties are you having getting the child to eat? To sleep? ☐ **Discuss** Routines can help with good eating and sleeping habits. Do you have a regular time for feeding? For sleeping?
SUPPORTING CAREGIVER WELL-BEING		**EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO**
Supporting caregiver well-being	☐ Build their capacity to care for themselves. ☐ Problem-solve and organize support from family members. ☐ Identify community services.	☐ **Ask** What difficulties are you having with the demands of taking care of your child? What makes it easier for you? Who can you ask to help with household tasks? How do you relax? ☐ **Observe** What is the caregiver's mood? ☐ **Ask** When you are having a difficult day, who can you talk with? Who can lend you a hand watching your child/children or help with tasks? ☐ **Refer** If you observe signs of poor mental health and failure to cope, consider referral to specialized mental health or other services, if needed.

3.4. Sick-child care and follow-up: managing childhood illness responsively

When a child is sick, managing the child's illness is the priority for service providers. It is also the priority for caregivers, and they need skills to do it well. Caregivers need to notice how the child feels, recognize signs of illness, and respond quickly when the child requires medical attention. Being responsive enables the caregiver to seek timely medical care, give a child medicine, and comfort the child in pain and discomfort. However, time is limited to help families improve their caregiving practices when the child is sick. Strengthening caregiver practices must be accomplished within the priority of learning how to care for the sick child.

Managing the sick child: treating the child in the outpatient clinic and preparing for home care

A sick child seen in a clinic who is not referred to hospital may need a caregiver at home to give effective treatment, provide responsive and supportive care and nurture the child to health. For example, caregivers should learn how to prepare and feed a child who refuses to eat. They need to know how to give the child medicine, and to troubleshoot common problems if the child spits it out. The WHO and UNICEF *Integrated management of childhood illness protocols (46)* for managing the sick child in a first-level health facility and in the community stress that the caregiver needs to practise preparing and giving medication correctly. This is an opportunity to help the caregiver learn how to be aware of and respond to the difficulties the child may have.

Children with cognitive, physical or behavioural difficulties may have particular complications with eating and receiving the medical care they need. They may be lethargic, withdraw and reject physical touch. The provider can demonstrate to a caregiver how to draw the child's interest, activate swallowing and prevent choking and other problems.

In a follow-up visit, if the child has improved, there is more time to strengthen other caregiver practices. Some practices, including responsive play, can help the child catch up if there has been a delay of growth and development during the illness.

Caregivers may face additional challenges and stress to care for a sick child while having to manage work, household chores and take care of other children. They might require support.

Table 3.4.1 gives suggestions for what providers can do to strengthen caregiver practices and support caregiver well-being during outpatient sick-child visits.

Table 3.4.1. Supporting caregivers during outpatient sick-child care

COMPONENT OF NURTURING CARE	CAREGIVER PRACTICES	EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO
Responsive caregiving 	☐ Look closely at your child. ☐ Be aware of the child's signals (e.g. hunger, discomfort, attempts to communicate, joy and attention).	☐ **Discuss** How did you know your child was sick? How is your child acting differently today? You did well to notice that your child was sick and to bring your child to see me. Let's see what we can do together to help your child get better. ☐ **Discuss** Your child needs to eat well, even when he is sick. What difficulties are you having? What can you prepare that he might be interested in? You might need to offer food more often, in smaller bits. Follow his signals that he is ready to take another bite. Give advice on how to ensure a sick child continues to drink and eat. ☐ **Discuss** Continue frequent feeding when the child gets better so he will catch up his growth. Follow his signals that show you he is ready to eat. How does your child signal to you he is ready to eat? ☐ **Observe** a breastfeed to see if the child is feeding well (as recommended in Integrated management of newborn and childhood illness). If needed, assist the mother to position the child well for effective feeding. Encourage the mother to look closely, gently touch and talk softly to the child, and respond to the child's attempts to reach and touch her.

Table 3.4.1. Continued

COMPONENT OF NURTURING CARE	CAREGIVER PRACTICES	EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO
Responsive caregiving 	☐ Respond appropriately and in a timely way to the signals and the child's needs, which differ when the child is well or sick, or has special needs.	☐ **Demonstrate** Responsively engage and talk to the child as you approach to examine or treat her, e.g. when you give the child an injection. Explain what you are doing. Encourage the caregiver to assist in engaging the child in a similar way. ☐ **Counsel** Coach the caregiver to practise some of the tasks for home care: take the child's temperature or feel for fever, identify fast breathing or other signs of severe illness, and give the child the first dose of medicine if required. ☐ **Observe** If the child is fussing, observe how the caregiver calms the child. How do you calm your child? ☐ **Discuss** Your child will find it easier to calm down if you are calm also. Take a few deep breaths. Then, try holding your child close to you with your hand, still and firmly, on your child's back until your child is calm.
Opportunities for early learning 	☐ Talk with your child.	☐ **Demonstrate** Talk to the child softly, explaining as you go through the steps of the visit. Engage the child, rather than force the child's response. For example, hold your hand out and ask the child to give you her hand. Tell the child that you will take her temperature. ☐ **Discuss** Even though the child is sick, he will learn if you talk to him about what is around you, what he is doing, or try to articulate how he might be feeling.
Safety and security 	☐ Make a safe environment.	☐ **Discuss** How do you store your medicines at home? Discuss how to keep medicines dry and safe, and away from children. ☐ **Discuss** Who will care for the sick child if you are unable to? Identify an adult who will stay with your child.
SUPPORTING CAREGIVER WELL-BEING		**EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO**
Supporting caregiver well-being 	☐ Build caregivers' capacity to care for themselves. ☐ Problem-solve and organize support from family members.	☐ **Discuss** Caring for a child who is sick can be difficult and tiring. What can you do to relax, even for 10 minutes at a time? ☐ **Ask** What extra help do you need from your family, so you can spend more time with your child and care for yourself? Who could you ask for help? ☐ **Ask** What difficulty might you have in returning for a follow-up visit?

Inpatient paediatric care: maintaining the child's development in hospital

Children may spend long periods in hospital for treatment of severe illness, surgery and/or rehabilitation. Hospital practices are moving from policies for total rest to policies that encourage gentle activation of the child, appropriate to the child's condition. Movement and interaction contribute to a better appetite and healing, while their absence may contribute to delay in the child's development.

Stays in hospital are stressful for children and their caregivers, and hospitals should make every effort not to separate them. During hospitalization, the cognitive and social skills of children may deteriorate. When caregivers are present, they can address the decline by stretching limbs, talking to the child, and giving the child items to touch, grab, stack or bang; naming people, things, colours and feelings; and activating the child's response by rubbing the skin with different textures and temperatures. Furnishing a corner of the paediatric ward with books and toys encourages caregivers to interact with their children at an appropriate level as their condition improves. Colourful posters can provide ideas for what caregivers can do.

Photo credit: © UNICEF Perú/Tamayo E

Your child will enjoy the time with you. Ask a nurse where you can find books and toys to play with your child.

Photo credit: © UNICEF Perú/Hildebrandt C

Play with your child. It helps your child continue to learn while in hospital.

Involving caregivers in their child's care helps them learn to recognize when their child has pain, where it is located and what comforts the child. They can observe how medical staff complete routine procedures in a responsive manner and can better address the needs of their child during rehabilitation feeding.

Caregivers also need attention and support. Staying in the hospital, they need a clean place to sleep, food, access to clean toilets and a place to relax with other caregivers. They may experience disruptions in their families and worry about the family at home. They appreciate staff who show an interest and help them consider possible solutions to their worries.

Suggestions for what providers can do to strengthen caregiver practices and support caregiver well-being during inpatient paediatric care are in **Table 3.4.2**.

Table 3.4.2. Supporting caregivers during inpatient paediatric care

COMPONENT OF NURTURING CARE	CAREGIVER PRACTICES	EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO
Responsive caregiving 	☐ Be aware of the child's signals (e.g. hunger, discomfort, attempts to communicate, joy and attention).	☐ **Discuss** How did you know your child was sick? You did well to notice that your child was sick and to bring your child here. Let's see what we can do together to help your child get better. ☐ **Discuss** How is your child today? Does he have any pain? How do you know? What comforts him? ☐ **Counsel** Coach the caregiver to assist by, for example, taking the child's temperature, feeling for fever and identifying fast breathing or other signs. Help the caregiver recognize these signs of illness. ☐ **Discuss** Caregivers should be sensitive to the needs of the child during feeding for rehabilitation during and after illness.
	☐ Respond appropriately and in a timely way to the signals of the child's needs, which differ when the child is well or sick, or has special needs.	☐ **Demonstrate** Children in hospital might be fearful of providers who give them injections and other treatments. Engage and speak to the child as you approach her. Encourage the caregiver to assist in engaging the child in a similar way, explaining what is happening and distracting the child, for example, with a song. ☐ **Counsel** If the child is fussing, say – Take a few deep breaths. Try holding your child close to you with your hand still and firmly on the child's back until the child is calm. If the child cannot be held, then ask the caregiver to put a hand firmly on the child's back or stomach. A calm approach is more effective than bouncing the child, especially when the child is sick.
Opportunities for early learning 	☐ Talk with your child. ☐ Play with your child.	☐ **Discuss** Your child will have different levels of interest and energy for play. Follow what your child shows an interest in. Put clean items for play where he can reach them. ☐ **Ask** Do you talk to your child when she is sick? She is still able to learn from you. Talk to your child softly. Describe her body, the pain, and the happy things around her. ☐ **Ask** What do you have that he could play with while he is here? Do you have a cup for him to hold? How does he explore your hand? Could you use your scarf to play peek-a-boo with him? We have some books here. Would you like to show him a book? ☐ **Ask** (at discharge) What activity would you like to do at home? When can you do it? Your child needs to learn new skills, even while recovering.

Table 3.4.2. Supporting caregivers during inpatient paediatric care

COMPONENT OF NURTURING CARE	CAREGIVER PRACTICES	EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO
Safety and security 	☐ Make a safe environment.	☐ **Discuss** Your child loves to put things in her mouth. With her mouth, she learns shapes, textures, temperatures. What items are safe for her to put in her mouth? Where can you wash the items she touches and puts in her mouth? ☐ **Ask** How will you store the child's medicine at home? ☐ **Ask** If you are not available, who can take care of your child? Will they be able to give the child medicine at the right time and dose?
SUPPORTING CAREGIVER WELL-BEING		**EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO**
Supporting caregiver well-being 	☐ Build their capacity to care for themselves. ☐ Problem solve and organize support.	☐ **Ask** How are you feeling? It must be difficult for you now. Is there anything I can do for you? Who can you talk to or ask for help at home? ☐ **Ask** Do you know any of the other fathers or mothers here? It might help you to talk to some of them, you should try. ☐ **Discuss** If you feel overwhelmed, would you like the social worker to visit? The social worker can be helpful. ☐ **Discuss** (at discharge) Are you ready to take your child home? What are you concerned about?

3.5. Nutritional rehabilitation: recovering from poor growth and development

Poor nutrition puts children's health at risk of more frequent and severe infections, and slower recovery from illness. Stunted growth (low height compared to other children the same age) is related to subsequent developmental delays, poor social and emotional skills, and poor performance in school. Based on measures of stunted growth and poverty, 43% of children – 250 million children under 5 – are at great risk of not reaching their developmental potential *(47)*.

Providers in health and nutrition services – including many community programmes – weigh children, take their height, and monitor their growth to identify children who are undernourished or stunted. They may measure the mid-upper arm circumference to identify children with severe wasting. Children found to be stunted or severely malnourished need referral for nutritional rehabilitation.

Nutritional services range from community-based ones that aim to improve infant and young child nutrition practices and behaviours, monitor growth and identify wasting, to hospitalization for the treatment of complicated severe wasting. Children with moderate or severe wasting are usually treated with therapeutic supplements depending on the severity of their condition. Given that increasingly severely wasted children are treated at home with ready-to-use therapeutic food, their caregivers play a critical role to ensure their children actually consume this food to gain back their strength. Community health workers have a role to play to support caregivers to feed responsively and patiently to help their child accept the ration.

Nutritional rehabilitation services in hospitals and communities often include play activities. Play stimulates growth and addresses related delays in development. Increasing the level of activity of poorly-nourished children helps to improve their appetite and acceptance of food. Since 1999, WHO guidelines on the hospital management of severe wasting have included recommendations on play *(48)*.

Adding responsive care and early learning activities to community-based nutrition services increases their attractiveness to caregivers, as well as their effectiveness. Where caregivers meet in groups, they may also enjoy the time with other families, which helps to sustain their efforts (see the example in **Box 8**).

BOX 8. INDIA: PLAY AND COMMUNICATION ACTIVITIES INTRODUCED INTO COMMUNITY NUTRITION PLATFORMS

Mother-child groups – led by Anganwadi Workers and Accredited Social Health Activists in India – distribute food supplements and help mothers improve their feeding practices. Responsive play and communication activities, which caregivers practise with their children during the group meetings, have been added. Including popular play and communication activities helps undernourished children grow and develop. It also helps to increase and sustain the participation of families in community-based nutrition services *(49)*.

Photo credit: Jane Lucas

Table 3.5 gives suggestions for what providers can do to strengthen caregiver practices and support caregiver well-being in nutritional rehabilitation and support services.

Table 3.5. Supporting caregivers during nutritional rehabilitation and support services

COMPONENT OF NURTURING CARE	CAREGIVER PRACTICES	EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO
Responsive caregiving 	☐ Look closely at your child.	☐ **Observe a breastfeed** Correct positioning and address attachment difficulties, if necessary. Help the mother see and feel how the baby responds to changes in position, reaches for her and continues to feed.
	☐ Be aware of your child's signals (e.g. hunger, discomfort, attempts to communicate, joy, attention).	☐ **Ask** How often do you feed your child? How do you know when your child is hungry? When you are feeding, how do you know she is full or wants to take a rest? What does your child do when she wants to start eating again? ☐ **Discuss** Help the caregiver responsively breastfeed, give complementary foods or therapeutic feeding. Help the caregiver recognize when the child wants to rest or is full.
Opportunities for early learning 	☐ Talk with your child.	☐ **Discuss** While the child is eating, frequently talking about the good food and communicating by touch is helpful. It helps the child pay attention and continue eating. It also stimulates the brain and body to develop during this important time of rapid growth. ☐ **Discuss** Meal time is an opportunity for helping the child to learn: talk about the food, colours, tastes, what the child likes to eat, how the child can feed himself.
	☐ Play with your child.	☐ **Discuss** Frequently playing with your child throughout the day will help your child develop an appetite. It will be easier to feed her. ☐ **Counsel** If your child does not want to eat, try a game to engage the child's interest, e.g. "Open your mouth wide. Let the food truck go inside."
	☐ Follow your child's lead and assist the child's interest in exploration and learning.	☐ **Counsel** Look for signs that your child is ready to take the breast or food. Does he reach for the breast or spoon? Or open his mouth wide and reach with his tongue? Do not force food, but follow the child's lead. ☐ **Ask** What happens when you try to give a new food to your child? If you have difficulty, introduce the food when the child is hungry. Let the child explore the new food by picking it up, and let her taste it by licking her fingers. Breastfeed after, not before, the child has tried a new complementary or therapeutic food.

Table 3.5. Continued

COMPONENT OF NURTURING CARE	CAREGIVER PRACTICES	EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO
Safety and security	☐ Make a safe home environment.	☐ **Discuss** How do you prepare your child's food? Discuss how to make the texture, temperature and size of morsels appropriate for the age of your child, to interest your child, and to prevent choking. ☐ **Ask** How do you position your child? Supporting the child to sit upright when eating helps to prevent choking. ☐ **Ask** Do you have water and soap near you to wash your hands before preparing the food and feeding the child? ☐ **Ask** Do you have access to enough food for the family every day? ☐ **Ask** (when and where appropriate) Are you enrolled in social services that provide extra financial or food support?
SUPPORTING CAREGIVER WELL-BEING		**EXAMPLES OF WHAT SERVICE PROVIDERS CAN DO**
Supporting caregiver well-being	☐ Build capacity to care for themselves. ☐ Problem-solve and organize support from family members.	☐ **Ask** How are you feeling? ☐ **Ask** What difficulties do you have feeding your child? I know you want your child to enjoy eating and to eat well. What help do you need? ☐ **Ask** (If in the hospital) How are you getting the food you need while you are here? What family member or friend could bring you food? How else can your family or friends help you right now?

Conclusion

This *Guide* has been developed to help those managing and providing maternal, newborn and child health and nutrition services to introduce or expand elements of nurturing care – strengthening caregiver practices for responsive caregiving, early learning, safety and security, and supporting caregiver well-being - into their routine work and existing service delivery contacts. The examples contained may not be practical for all circumstances, but are intended to give ideas on what can be done without major changes in service provision.

Decision-makers, planners and other stakeholders can help support the proposed actions by managers and service providers by:

- familiarizing themselves with the key messages related to nurturing care;
- creating an enabling environment that supports family-centred care and supports caregivers to provide nurturing care;
- providing support to managers and providers in implementing new and modified practices or services;
- sourcing funding, where necessary, to provide managers with resources for these modifications;
- reviewing training curricula, including in pre-service training, to incorporate nurturing care concepts and key provider interpersonal skills.

Recognizing the importance of support for early child development and enabling maternal, newborn and child health and nutrition services to provide this support will contribute to children reaching their full potential.

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References

1. Series - Advancing early childhood development: from science to scale. Lancet. 2017;89(10064).
2. Black MM, Behrman JR, Daelmans B, Prado EL, Richter L, Tomlinson M, et al. The principles of nurturing care promote human capital and mitigate adversities from preconception through adolescence. BMJ Glob Health. 2021;6:e004436. doi:10.1136/bmjgh-2020-004436.
3. WHO, UNICEF, 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.
4. Sustainable development goals. New York: United Nations; 2022 (https://sdgs.un.org/goals, accessed 29 May 2022).
5. The global strategy for women's, children's and adolescents' health (2016-2030). Survive. Thrive. Transform. New York: United Nations; 2015.
6. WHO, UNICEF. Investing in our future: a comprehensive agenda for the health and well-being of children and adolescents. Geneva: World Health Organization, UNICEF; 2021 (https://apps.who.int/iris/handle/10665/350239, accessed 29 May 2022).
7. Network for improving quality of care for maternal, newborn and child health. Geneva: World Health Organization; 2021 (https://qualityofcarenetwork.org/, accessed 29 May 2022).
8. WHO, UNICEF. Care for child development: improving the care of young children. Geneva: World Health Organization; 2012 (https://apps.who.int/iris/handle/10665/75149, accessed 29 May 2022).
9. UNICEF, WHO. Caring for the child's healthy growth and development. Geneva: World Health Organization; 2015 (https://www.who.int/publications/i/item/9789241504997, accessed 29 May 2022).
10. Rochat TJ, Redinger S, Rozentals-Thresher R, Yousafzai A, Stein A. Caring for the caregiver. New York: UNICEF; 2019 (https://www.unicef.org/documents/caring-caregiver, accessed 29 May 2022).
11. Nurturing care handbook: operationalizing the nurturing care framework. Geneva, New York: World Health Organization, UNICEF; 2022.
12. Hentschel E, Yousafzai AK, Aboud FE. The nurturing care framework: indicators for measuring responsive care and early learning activities. 2021 (https://nurturing-care.org/assessing-responsive-caregiving-and-early-learning-activities/, accessed 29 May 2022).
13. National Scientific Council on the Developing Child. The science of neglect: the persistent absence of responsive care disrupts the developing brain. Working Paper 12. Boston: Harvard Center of the Developing Child; 2012 (http://www.developingchild.harvard.edu, accessed 29 May 2022).
14. Jeong J, Franchett EE, Ramos de Oliveira CV, Rehmani K, Yousafzai AK. Parenting interventions to promote early child development in the first three years of life: a global systematic review and meta-analysis. PLoS Med. 2021;18(5):e1003602. doi: 10.1371/journal.pmed.1003602.
15. Thomas JC, Letourneau N, Campbell TS, Tomfohr-Madsen L, Giessbrecht GF. Developmental origins of infant emotion regulation: mediation by temperamental negativity and moderation by maternal sensitivity. Dev Psych. 2017;53(4):611-28.
16. Tamis-LeMonda CS, Bornstein MH, Baumwell l. Maternal responsiveness and children's achievement of language milestones. Child Development. 2001;72(3):748-67.
17. Richter L. The importance of caregiver-child interactions for the survival and healthy development of young children: a review. Geneva: World Health Organization; 2004.
18. Ainsworth MDS, Bell SM, Stayton DJ. Infant-mother attachment and social development: "Socialization" as a product of reciprocal responsiveness to signals. In: Richards MPM (Ed.), The integration of a child into a social world. Cambridge, United Kingdom: Cambridge University Press; 1974.
19. Guidelines on physical activity, sedentary behaviour and sleep for children under age 5 years of age. Geneva: World Health Organization; 2019.
20. Seen, counted, included: using data to shed light on the well-being of children with disabilities. New York: UNICEF; 2021 (https://data.unicef.org/resources/children-with-disabilities-report-2021/, accessed 29 May 2022).

21. Proulx K, Lenzi-Weisbecker R, Hatch R, Hackett K, Omoeva C, Cavallera V, et al. Responsive caregiving, opportunities for early learning, and children's safety and security during COVID-19: a rapid review. BMJ open. 2022;12:e050417. doi: 10.1136/bmjopen-2021-050417.
22. Ngure FM, Reid BM, Humphrey JH, Mbuya MN, Pelto G, Stoltzfus RJ. Water, sanitation, and hygiene (WASH), environmental enteropathy, nutrition, and early child development: making the links. Ann. N. Y. Acad. Sci. 2014;1308:118-28.
23. Pinheiro PS. World report on violence against children. Geneva: United Nations; 2006.
24. Perinatal health implementation guide. Geneva: World Health Organization (draft).
25. Baydar N, Küntay AC, Yagmurlu B, Aydemir N, Cankaya D, Göksen F, et al. "It takes a village" to support the vocabulary development of children with multiple risk factors. Dev Psychol. 2014;50:1014-25.
26. Odhus C. A rapid assessment of the status of ECD implementation at Government-owned hospitals in Kisumu County, Kenya. Nairobi: UNICEF; n.d.
27. Gelaye B, Rondon MB, Araya R, Williams MA. Epidemiology of maternal depression, risk factors, and child outcomes in low-income and middle-income countries. Lancet Psychiatry. 2016;3(10):973-82.
28. PATH. Playboxes: improving health facility waiting areas in Mozambique through play. Seattle: PATH; 2017 (https://path.azureedge.net/media/documents/Playbox_Evaluation_brief_English.pdf).
29. Playbox guide and toy catalog. Seattle: PATH; 2020 (https://www.path.org/resources/playbox-guide-and-toy-catalog/, accessed 29 May 2022).
30. WHO, UNICEF. Nurturing care for every newborn: thematic brief. Geneva: World Health Organization; 2021 (https://apps.who.int/iris/handle/10665/345297, accessed 29 May 2022).
31. Essential newborn care course: interim version of second edition. Geneva: World Health Organization; 2022 (https://www.who.int/tools/essential-newborn-care-training-course, accessed 29 May 2022).
32. Integrated management of childhood illness: distance learning course. Geneva: World Health Organization; 2014. (https://apps.who.int/iris/handle/10665/104772, accessed 29 May 2022).
33. WHO, UNICEF. Caring for newborns and children in the community: a training course for community health workers: caring for the newborn at home. Geneva: World Health Organization; 2015 (https://apps.who.int/iris/handle/10665/204273, accessed 29 May 2022).
34. Infant and young child feeding counselling: an integrated course. Trainer's guide, second edition. Geneva: World Health Organization; 2021 (https://apps.who.int/iris/handle/10665/350477, accessed 29 May 2022).
35. Ugaz ME, Reinbold MP, Nieto A. Peru: a multi-pronged approach to making health services more nurturing. Geneva: Nurturing Care for Early Childhood Development; 2021 (https://nurturing-care.org/nurturing-health-services-in-peru/, accessed 29 May 2022).
36. Jeong J, Bliznashka L, Ahun MN, Karuskina-Drivdale S, Picolo M, Lalwani T, et al. A pilot to promote early child development within health systems in Mozambique: a qualitative evaluation. Ann N. Y. Acad. Sci. 2021;1:1-23.
37. Covid19 parenting. United Kingdom: Parenting for Lifelong Health; 2022 (https://www.covid19parenting.com/#/home, accessed 29 May 2022).
38. Early childhood development kit: a treasure box of activities. New York: UNICEF; n.d. (https://www.unicef.org/supply/media/631/file/%20ECD-early-child-development-kit-activity-guide-english.pdf, accessed 29 May 2022).
39. Reach up and learn. Kingston, Jamaica: Caribbean Institute for Health Research; 2022 (https://reachupandlearn.com/, accessed 29 May 2022).
40. Thinking healthy: a manual for psychological management of perinatal depression. Geneva: World Health Organization; 2015.
41. Vargas-Barón E, Small J, Wertlieb D, Hix-Small H, Gómez Botero R, Diehl K, et al. Global survey of inclusive early childhood development and early childhood intervention programs. Washington, DC: RISE Institute; 2019.
42. Monitoring children's development in the primary care services: moving from a focus on child deficits to family-centred participatory support. Report of a virtual technical meeting, 9-10 June 2020. Geneva: World Health Organization; 2020.
43. Stewart DF, Robertson E, Dennis C-L, Grace SL, Wallington T. Postpartum depression: literature review of risk factors and interventions. Toronto: Toronto Public Health; 2003.

44. Richter L, Slemming W, Norris SA, Stein A, Poston L, Pasupathy D, et al. Healthy pregnancy, healthy baby: testing the added benefits of pregnancy ultrasound scan for child development in a randomised control trial. Trials. 2020; 21:25. doi. org/10.1186/s13063-019-24-0.

45. Karuskina-Drivdale S, Kawakyu N, Mulhanga F. A playbox intervention in health facility waiting rooms in Mozambique: improving caregivers' knowledge, skills and communication with health professionals. IJBPE. 2019;6(2):29-3.

46. Integrated management of childhood illness: management of the sick young infant aged up to 2 months. IMCI chart booklet. Geneva: World Health Organization; 2019 (https://apps.who.int/iris/handle/10665/326448, accessed 29 May 2022).

47. Black MM, Walker SP, Fernald LCH, Andersen CT, DiGirolamo AM, Lu C, et al. Early child development coming of age: science through the life course. Lancet. 2017;389(10064):77-90.

48. Management of severe malnutrition: a manual for physicians and other senior health workers. Geneva: World Health Organization; 1999.

49. Gupta SS, Raut AV, Kothekar P, Malive CH, Kalantri A, Bahulekar PV, et al. Nurturing care interventions for realizing the development potential of every child: from pilot to scale up in Maharashtra. Indian Pediat. 2021;58 (Suppl 1):S46-52.

Annex 1. Additional reading on nurturing care

This *Guide* is part of a suite of resources developed to facilitate implementation of the *Nurturing care framework*. **Table A1** provides a selection of materials for further reading on nurturing care.

Table A1. Training packages to develop the skills of service providers

RESOURCE	YEAR	DESCRIPTION
Advancing early childhood development: from science to scale 	2017	Identifies the risks to early childhood development and gathers evidence for what needs to be done, and proposes pathways for implementation of early childhood development at scale. The series explains nurturing care, especially for children below 3 years of age, and multi-sectoral interventions, which can have wide reach to families and young children through health and nutrition services.
Nurturing care for early childhood development 	2018	Describes the conceptual framework based on the evidence documented in the Lancet series. It explains the five components of nurturing care for the child's optimal development, and proposes the strategic actions needed to achieve this goal.
Operationalizing nurturing care for early childhood development 	2019	Describes the role of the health and nutrition sectors in implementing the strategic actions.

Table A1. Continued

RESOURCE	YEAR	DESCRIPTION
Improving early childhood development: WHO guideline 	2020	Evaluates the strength of the evidence on whether there is a sufficient basis for promoting a change in global and national policies. The *Guideline* provides recommendations on responsive caregiving, promoting early learning, integrating caregiving and nutrition interventions, and supporting maternal mental health. These recommendations move the collected science into evidence-based policy and programme responses.
Nurturing care advocacy toolkit 	2020	Includes practical tools and resources to help advocate for early childhood development, working with and through health systems. It includes key messages, frequently asked questions, thematic briefs, country experiences, quote cards, and much else.
Thematic briefs      	2020 – 2022	Apply a nurturing care lens to address specific issues affecting children's development They outline what is already happening, what can be done better or differently to ensure families receive the support they need and children receive nurturing care. The thematic briefs include: Nurturing care for every newborn; Tobacco control for child health and development; Nurturing care for children affected by HIV; Clean, safe, and secure environments; Nurturing care for children living in humanitarian settings; and https://nurturing-care.org/engaging-men-in-nurturing-care/ More briefs are regularly added to the website (https://nurturing-care.org/thematic-briefs/).

Table A1. Continued

RESOURCE	YEAR	DESCRIPTION
Nurturing Care for Early Childhood Development 		Designed to support implementation of the *Nurturing care framework*, this website includes toolkits and resources in several languages, as well as updates on how countries are progressing.
Nurturing care – YouTube channel 		Includes pre-recorded presentations in several languages. The presentations provide an overview of the *Nurturing care framework*, explain the components of nurturing care, and describe how to implement the strategic actions of the Framework.
Early Childhood Development Action Network (ECDAN) 		Covers the broad spectrum of early childhood development, up to the age of eight. It brings together a wealth of resources across health, education, child protection and more. It also offers an online community of practice through its platform ECD Connect.

Annex 2. Training resources to develop the skills of providers

Many training resources exist to introduce new skills to providers. **Table A2** lists theoretically strong, evidence-based and tested training packages to support the skills needed to implement the suggestions in the *Practice guide*. To be effective, generic guides and protocols should be adapted to the cultural context, delivery systems and category of providers, for incorporation into existing curricula and pre- and in-service training. Many of these materials have been adapted by users in different regions, for a range of service providers, and for humanitarian settings and health crises.

More information on these packages, videos and other supplementary training materials can be found on the nurturing care website (https://nurturing-care.org) and the Early Childhood Development Action Network (ECDAN) website (https://ecdan.org). As new resources become available, they will be added, with examples of how they are being used. These websites will also include tools to assess caregiving practices, monitor and evaluate programmes, and measure child development, especially appropriate for low- and middle-income countries.

Table A2. Training packages to develop the skills of service providers

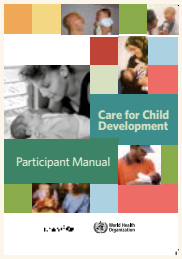
RESOURCE	YEAR	DESCRIPTION	ADAPTATIONS & LANGUAGES
Care for child development: improving the care of young children 	2012	Designed to help families build stronger relationships with their young children and solve problems in caring for their children at home. Includes recommended play and communication activities for families to support children's early learning and provide responsive care.	• Used in over 40 countries. • Translated into more than 17 languages. • Adaptable for use in facility, community and home-based services, via group and one-to-one sessions.
Caregiver skills training for the management of developmental disorders 	2015	Designed for families with children with developmental difficulties and persistent behavioural disorders. Helps caregivers use play and caregiving routines as opportunities for the child's learning and development.	• Undergoing field-testing in more than 30 countries worldwide. • Also available as e-learning modules.

Table A2. Continued

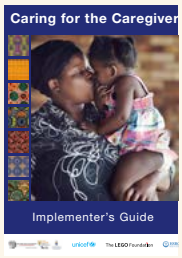
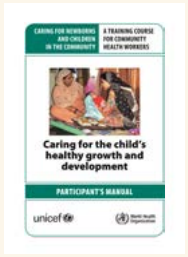
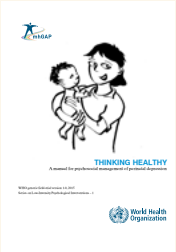
RESOURCE	YEAR	DESCRIPTION	ADAPTATIONS & LANGUAGES
Caring for the caregiver 	2020	Aims to build frontline workers' skills in strengths-based counselling to increase caregivers' confidence and help them develop stress management, self-care and conflict-resolution skills to support their emotional well-being.	• Currently being validated and adapted in eight countries through implementation research. • Translation into multiple languages underway.
Caring for the child's healthy growth and development 	2015	Equips community health workers with the knowledge and skills to counsel families to: i) breastfeed young children and give their children nutritious complementary foods; ii) play and communicate with their children to help them learn and to strengthen their relationships with their children; iii) prevent childhood illnesses and injury; and iv) recognize signs of illness and take their children to a health facility.	• Adapted in Zambia and Bukhali, South Africa. • Can be used with other modules on newborn and sick-child care in the series *Caring for newborns and children in the community*.
Reach up and learn 	1975	Based on the Jamaica Home Visit intervention. Equips front-line workers with the skills to model and demonstrate activities that caregivers can use to support their child's early learning and development.	• Adapted for use in health, nutrition and social protection programmes in over 15 countries (e.g. Bangladesh, Colombia, Peru, the Syrian Arab Republic).

Table A2. Continued

RESOURCE	YEAR	DESCRIPTION	ADAPTATIONS & LANGUAGES
Thinking healthy: a manual for psychological management of perinatal depression 	2015	A low-intensity psychological intervention for use at the community level to address maternal depression during the perinatal period. Uses pictures for mothers to monitor their moods, identify negative thoughts, and recognize the consequences on themselves and others. Helps mothers set goals to practise activities to develop more positive thoughts and actions through techniques used in cognitive behavioural therapy.	• Available in English, French, Italian, Spanish, Turkish and Urdu.
Responsive care and early learning addendum for IYCF counseling 	Draft 2021	A set of seven counselling cards identifies messages on responsive care and early learning to integrate with the UNICEF Community infant and young child feeding counselling package.	

Annex 3. Strengthening nurturing care and support to caregiver well-being across the three levels of support

Caregivers, families and communities need different levels of support – universal, targeted and indicated – to be able to provide their children nurturing care and care for themselves.

All children and their caregivers need some support. Some children and caregivers need all the support they can get.

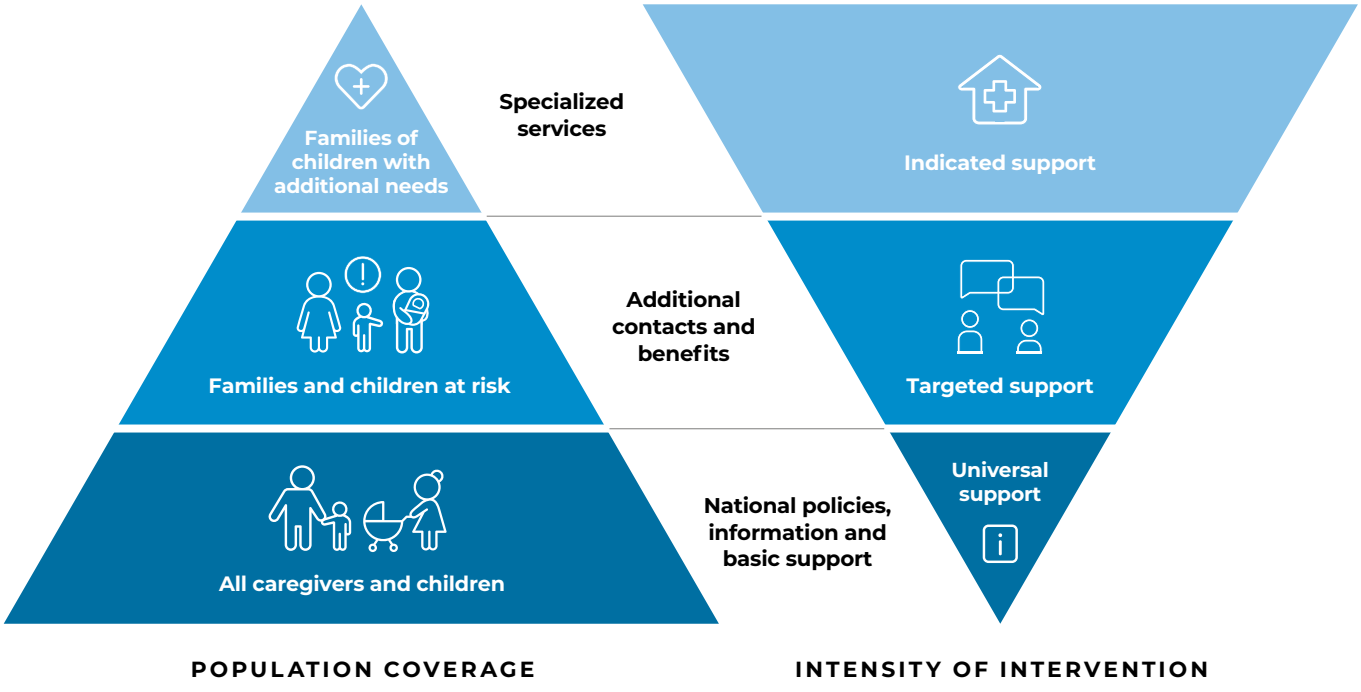


Table A3 provides illustrative examples of how providers can support caregivers' practices and well-being in the context of universal, targeted and indicated support.

Table A3. Supporting caregivers' practices and well-being by type of support

LEVEL OF SUPPORT: UNIVERSAL SUPPORT FOR ALL CAREGIVERS AND CHILDREN	
Responsive caregiving	**Before birth, ask the mother and father** *Does your baby move and kick? Show me how you respond.* *Gently holding the abdomen where the baby is kicking and talking or singing means communicating with the baby while in utero.* **Soon after the birth, coach the parents on how to hold the baby** *Support your baby's head. Look closely into your baby's eyes. See how your baby reaches for you.*
Opportunities for early learning	**Ask the caregiver** *How do you play with your baby? How do you talk to your baby?* Encourage playful interactions and talking to the baby, long before the baby speaks. **In the clinic** Set up a playbox with sample toy items and a trained volunteer to assist caregivers and children in responsive play.
Safety and security	**In the clinic** Make sure that the facilities are accessible and safe for all children, e.g. with clean toilets, child-appropriate furniture and supervised play areas. **Ask** *Does your child put things into her mouth? The mouth is sensitive for learning about an object (warm, cold, rough, smooth, hard, soft). Help your child explore different objects. Make sure they are safe and clean.*
Supporting caregiver well-being	**Post a sign** *If you feel sad and unable to respond joyfully to your child, seek help from your health care provider.* **During antenatal visits, discuss with parents:** *How do you feel about having a baby? What help will you need from your family when the baby is born?*

Table A3. Continued

LEVEL OF SUPPORT: TARGETED SUPPORT FOR ALL FAMILIES AND CHILDREN AT RISK	
Responsive caregiving	During scheduled clinic and home visits: provide regular support for mothers living with HIV and those with chronic illnesses to help them bond with their children and recognize how important they are to their children. Help them to overcome any insecurity about physical bonding, breastfeeding and other responsive practices.
Opportunities for early learning	During nutrition rehabilitation services: provide a space with a trained volunteer to help caregivers feed, play and communicate actively with their malnourished children, and coach them as they try out new activities appropriate for the child's age and capacities.
Safety and security	Provide regular home visits to children with physical, cognitive or behavioural difficulties. Help caregivers learn effective strategies for the new challenges they face as their children grow. Observe for signs of neglect and abuse, and refer families to special services if needed.
Supporting caregiver well-being	Schedule clinic visits to save time and reduce stress. Hold specialized care and rehabilitation on the same days as children receive their primary well-child services (e.g. immunization, growth monitoring). **Ask questions and observe for signs of poor parental mental health. Refer parents for special services if needed.** Arrange home visits and group support for caregivers facing similar difficulties (e.g. with children with HIV, cerebral palsy, autism or learning difficulties).
LEVEL OF SUPPORT: INDICATED SUPPORT FOR FAMILIES AND CHILDREN WITH ADDITIONAL NEEDS	
Responsive caregiving	Engage families of children with developmental delays and disabilities in activities that help them recognize the variety of ways in which the child communicates. Help them to interpret and respond to the child's interests and signals. Help caregivers use painless, fun, home exercises for the child's motor and cognitive development.
Opportunities for early learning	Refer caregivers to specialized services that can help them learn new activities appropriate for their child's needs and capacities. Encourage opportunities in the community for inclusive family activities, childcare, special education, and group support for learning.
Safety and security	Identify appropriate social services. Refer caregivers to specialized services for substance abuse, mental health or violent behaviour. If necessary, work with social services to temporarily place at-risk children with a caring grandparent or other responsible family member.
Supporting caregiver well-being	Map available community resources for specialized care, including mental health services, and set up referral networks for caregivers. Ensure caregivers receive counselling for the challenges they face and their need for self-care.

This *Guide* is designed for managers and service providers who are responsible for or provide health and nutrition services for young children and their caregivers at any level. It responds to requests from practitioners and country teams who have learned about the *Nurturing care framework* and want to understand how to adapt health and nutrition services to be supportive of nurturing care and strengthen caregivers' capacity. With a focus on responsive caregiving, opportunities for early learning, safety and security, and supporting caregiver well-being, this *Guide* explores the rationale for giving greater attention to these four components; describes what managers can do to prepare services and better equip service providers; and includes practical suggestions for what service providers can do as part of their ongoing contacts with families.

FOR MORE INFORMATION

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