Regional Multi-Sectoral Meeting to Promote Nurturing Care for Early Childhood Development

27-29 APRIL 2021

Meeting Report
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Overview

WHO-SEARO had prepared a Strategic Framework - Role of the Health Sector in Promoting Early Childhood Development in 2011 in collaboration with UNICEF to facilitate programme implementation in South-East Asia Region (SEAR) countries. Since then, Member States have been progressively strengthening implementation of multiple interventions in relevant sectors that contribute to ECD although not necessarily with a comprehensive and coordinated multi-sectoral approach. Following the launch of the Nurturing Care Framework in 2018, there was a need to take stock and re-align efforts across the region. With this objective, WHO-SEARO undertook in 2019 a rapid assessment of national level preparedness of multi-sectoral implementation of nurturing care for ECD in seven SEAR countries. For this, WHO-SEARO prepared a comprehensive tool for national level assessment covering all five components of nurturing care framework with inputs from UNICEF and other partners.

Owing to the COVID-19 pandemic the in-person workshop planned for 2020, had to be postponed to 2021 and re-designed as a virtual workshop in collaboration with UNICEF Regional Office for South Asia (UNICEF-ROSA) and UNICEF Regional Office for East Asia and Pacific (UNICEF-EAPRO). The virtual South-East Asia multi-sectoral meeting was organized to strengthen national programmes for nurturing care for ECD with the end-goal of contributing to the survival and development of children. The countries that participated in the meeting were – Bangladesh, Bhutan, India, Indonesia, Maldives, Nepal, Sri Lanka, Thailand, Timor Leste from WHO-SEA Region and Afghanistan and Pakistan from UNICEF-ROSA region.

WHO and UNICEF colleagues from headquarters (HQ) and regional offices, WHO South East Regional Office (WHO-SEARO), UNICEF-ROSA and EAPRO) worked together to plan and organize the regional meeting.

The specific objectives of the meeting were to:

1. Orient countries on the global framework for nurturing care for early childhood development and its relevance in SDG phase
2. Share technical resources for implementing the Nurturing Care Framework
3. Review and discuss the existing national policies, plans and implementation readiness of Nurturing Care (NC) for ECD (NC-ECD) across different sectors
4. Identify key actions for strengthening multi-sectoral programmes for ECD in the countries.

More than 120 stakeholders participated including national programme managers from ministry of health and other relevant ministries covering the components of child health and development, child nutrition, childcare, child protection, early education; Global and regional ECD experts, representatives from WHO Collaborating Centers in the region, professional associations / societies in the Region, representatives from Partner agencies, and WHO and UNICEF staff from HQ, regional offices and country offices.

The technical themes covered in the meeting included:

- Overview of nurturing care for ECD (NC for ECD); components of nurturing care and health sector’s role
- Implementation status of NC for ECD in countries; Sharing of experiences and good practices
- Implementation guidance on NC for ECD and supportive tools
- Services for children affected by developmental delay and difficulties
- Importance of health and wellbeing of caregivers in the family.

**Workshop structure**

The workshop was organized in the form of plenary sessions, group work sessions and discussions. The stage-setting included an overview of the *Nurturing care framework* (henceforth the Framework) and accompanying tools and the regional situation of ECD programmes. This was followed by action-oriented sessions organized around 4 of the 5 strategic action areas described in the Framework and further elaborated in the *Nurturing care Handbook: Strategic area 1: Lead and invest; Strategic area 2: Focus on families and their communities; Strategic area 3: Strengthen services; Strategic area 4: Monitor progress; Strategic area 5: Use data and innovation*

The process included a combination of global and regional presentations from WHO and UNICEF combined with country presentations by the government representatives and the invited experts. Each day there was time for the participants to reflect and discuss the day’s topics. On Day 3 of the meeting, the participants had an opportunity to identify country-specific priority actions for strengthening NC for ECD for the coming months. The structure of proceedings on three days is briefly mentioned below.

The proceedings of Day 1 started with an opening session that included sharing brief description of the purpose and plan of the meeting as well as a message from Dr Poonam Khetrapal Singh, the Regional Director, WHO-SEARO. In her remarks, Dr Singh acknowledged the progress in reduction in child mortality in the region and the need to invest in the Thrive and Transform objectives recommended in the *Global strategy for women’s, children’s and adolescents’ health*. She expressed commitment to work with UN and other partners to support countries to advance nurturing care for early childhood development. The technical themes on day-1 included orientation to NCF, sharing of the regional situation on ECD programmes, strategic action ‘Lead and Invest’, country experiences and group work related to this strategic action.

On the second day the focus was on two strategic actions ‘Focus on families and communities’ and ‘Strengthening services’. An overview of these strategic areas and country experiences, Indonesia, Pakistan, India and Sri Lanka were shared in the plenary session. Spotlight on services for caregiver well-being included maternal mental health followed by sharing of an adaptation of NC services during the pandemic. Group work was organised to probe reflection on progress to date against these two strategic actions.

The third – and final – day of the workshop focused on understand monitoring mechanisms for NC for ECD programmes and prepare country plans of actions based on what was discussed during the meeting. The delegates also reviewed and endorsed conclusions and recommendations emanating from the regional meeting.

The presentation and recorded presentation files from the three days of the meeting are available at: [https://nurturing-care.org/south-east-asia-meeting-to-promote-nurturing-care/](https://nurturing-care.org/south-east-asia-meeting-to-promote-nurturing-care/)
Overview of nurturing care for early childhood development

Bernadette Daelmans (WHO-HQ) and Anna Nieto (UNICEF-HQ) presented that nurturing care is what young children need to develop physically, mentally and socially. Investing in early childhood development reduces inequities and the health sector has an important role to play. The Nurturing care framework is a road map that outlines - why efforts must begin in the earliest years, from pregnancy to age 3; how nurturing care protects children from the worst effects of adversity and what caregivers need in order to provide nurturing care. Two interrelated areas for action are – what the child’s brain and body expects and needs; and enabling environments for nurturing care. Enabling policies and interventions already exist. However, further work is necessary in areas such as responsive caregiving, early learning, integration of caregiving and nutrition interventions as well as support to maternal health through the primary healthcare and universal progressive approaches.

COVID-19 has stressed services and children alike, therefore nurturing care needs to be integrated into the broader agenda of child care and well-being, specifically - to ensure that every child and adolescent 0-19-years old is optimally healthy; is being raised in a safe and secure environment; appropriately prepared physically, mentally, socially and emotionally; to accomplish age-appropriate developmental tasks and contribute socially and economically to their society.

Rapid assessment of national preparedness for implementing nurturing care for early childhood development in South-East Asia.

Rajesh Mehta (WHO-SEARO) presented a regional summary of the findings from a rapid assessment that was undertaken in Bangladesh, Bhutan, India, Maldives, Nepal, Sri Lanka, and Timor-Leste. The objectives of the rapid assessment were to map the national legislation, policies, programmes across different sectors; assess the range of interventions from conception to 3 years across various sectors and extent of implementation, assess intersectoral coordination and role of partners, propose recommendations for at-scale implementation of NC for ECD. The assessment generated recommendations for strengthening leadership, policies and plans, with emphasis on developing multi-sectoral plans, budgetary allocations and competent human resources allocation. There were recommendations about service delivery packages, mainstreaming the NC components and including vulnerable and at-risk children, providers and channels of service provision and in-service/pre-service training.

Strategic action 1. Lead and invest

The presentation introduced the three areas of this strategic action: governance, planning and finance. It provided examples of how to coordinate sectors and stakeholders, strengthen financing and budgeting across all sectors, and undertake evidence-based advocacy (such as the Cost of inaction tool with plug and play format developed by UNICEF and ECDAN) to test
different scenarios and strategies to assess signs of progress. Country examples on activities relate to strategic action one.

**National Strategy for ECD (Nepal)** was formulated through consultations at local, provincial and federal level. Major changes include ensuring quality through the allocation of skilled human resources and finances; coordination through legal, structural and institutional mechanisms; and engagement with families and communities. The National Planning Commission provides overall coordination and support. The Ministry of Health & Population supports a health focused Integrated Early Childhood Development Programme; the Ministry of Women, Children and Senior Citizens & Ministry of Federal Affairs and General Administration manages Care Focused Integrated Early Childhood Development Programme; the Ministry of Education, Science & Technology provides Education focused Integrated Early Childhood Development Programme.

**Bangladesh:** Early childhood care and development (ECCD) is present in the Operational Plans of the health and nutrition sector plan (HNPS) for 2017-2022. The move to make services more nurturing is being planned in coordination with and in consonance with other ministries like Women and Children Affairs, and Education. Strengthening the PHC platform with improved service delivery for IMCI and nutrition services, development of comprehensive guidelines, modules, tools and packages for integrated ECCD, i.e., responsive caregiving, parenting, use existing other platforms of health and nutrition services and the linkage with community based and workplace (i.e., community clinic, community-based day care, RMG, tea gardens etc.) are in various stages of planning.

**Bhutan:** ECCD is led by the Ministry of Health (responsible for children from 0-3 years) and Ministry of Education (3-5 years). The country conducted the first national level ECCD annual evaluation through a multi-sectoral lens (health, education), to assess the relevance, effectiveness, efficiency, and sustainability of the ECCD programme. Key findings – ECCD related policies are aligned to the NCF; stakeholders lack a common understanding of ECCD. This can be linked to lack of multi-sectoral planning and implementation; access to ECCD centres remain a challenge, however, ECCD participation in centres is positively related to child outcomes (as reported by parents). Standards of ECCD centres are a concern as health workers, creche and ECCD facilitators seek opportunities for targeted professional development. Given this situation, UNICEF and MoE are developing multi-sectoral ECCD Strategic Action Plans to improve professional development opportunities for ECCD professionals; promote and improve parent education and carer wellbeing programmes; improve maternal and child health support/services and continue to advocate for ECCD focusing on increasing participation and improved learning conditions.

**ARNEC** presented additional country experiences relevant to Strategic action 1. **Lead and Invest.** ARNEC connects partners in the Asia Pacific region to advance holistic and inclusive ECD. They focus on growing a knowledge base, targeted and evidence-based advocacy, partnerships and capacity development. Key themes are - Responsive caregiving, preparedness and response to crises affecting young children (e.g., COVID 19), clean, safe, and secure environments, opportunities for early learning and ensuring equity. Three country examples were presented.

- **Indonesia** has established a government-civil society collaboration for ECD
There are two ECD networks - HI ECD Coalition (founded and supported by NGOs) and HI ECD Task Force (established by the Government).


Experts from NGOs and civil society ECD practitioners and the National ECD Coalition have been involved in policy development and capacity building of Ministries and agencies.

- **Philippines** has put in place institutional arrangements for the early years:
  - There is a legislation namely the Early Years Act (2013) providing for early childhood care and development and educational development for children 0-8 years.
  - Interagency representation through the ECCD Council that provides multi-sectoral coordination of ECCD programs and has formulated an Early Years Plan based on the Nurturing Care Framework with multi-year public investment.
  - Has set up village-level information system for ECCD to support informed decision-making.

- **Cambodia**: The government is leading multi-sectoral ECCD initiatives:
  - Institutional support is provided by the National Committee for ECCD with participation from multiple relevant ministries.
  - Nurturing care is supported by national legislation (Education Law) and National Policy on Early Childhood Care and Development.
  - Multi-sectoral linkages and access to resources/services is ensured under ECCD programs through early childhood education; nutrition; maternal and infant care; immunization; WASH; schooling; and child protection.

**Group work on Strategic Action 1. Lead and Invest**

This provided an opportunity for participants in mixed country groups to share what they have learned from the day’s session about Strategic action 1. Lead and invest, reflect on important gaps or challenges, and determine two to three priority actions for the region.

**Key points from group discussion**

Everyone understood the importance of multi-sectoral approach involving different ministries with a clarity on how they each contribute to a common ECD agenda. The groups identified the following actions:

- Need to map roles of different ministries and have clearly defined responsibilities and accountability mechanisms.
- Need to enhance and support coordination at all levels. A coordination structure needs to be established like a coordination or steering committee with representation from all relevant departments and ministries.
- Even at local level (municipality etc.) an ECD coordinator may be required to ensure inter-sectoral coordination.
- Relevant resources across sectors to be shared for children and caregivers in a geographic area and used optimally and with efficiency.
• Stakeholder engagement is important, and engagement of the families, communities and civil society must be ensured. Private sector should also be engaged covering all components of nurturing care.

• Large scale implementation of comprehensive NC for ECD needs adequate and predictable financing and requires more discussion.

Day Two

Strategic actions 2 & 3: Focus on families and communities, Strengthen services

The introductory presentation provided an overview of the objectives of these two strategic actions. It emphasized the importance of working with families and communities to improve their environment and behaviours in ways that support nurturing care. Improving services for young children and their families, with health and nutrition services playing a pivotal role. Participants were reminded of the three levels of support (universal, targeted indicated) and the importance of making sure that all caregivers and young children receive some support for nurturing care (universal), and that those with additional needs get extra support (targeted, indicated). Strengthen health and nutrition services; optimize access, quality, utilization and coverage of services; add support for responsive caregiving, early learning, activities, and safety and security. Responsive caregiving includes observing and responding to children’s movements, sounds, gestures and verbal requests. An example of how to do this in antenatal care visits was provided. The example comes from the forthcoming Practice Guide which provides concrete examples of how to integrate attention to the missing components of nurturing care as well as better support caregivers within existing health and nutrition services. Supply side actions also include strengthening the workforce or building systems, working with families and communities and using media to communicate consistent messages.

When services are strengthened and families are the focus, then signs of progress emerge. Attention to nurturing care and caregiver wellbeing must be embedded in routine services, beginning in pregnancy; services must be made available for every child including vulnerable populations and families and children with additional needs. Pre-and in-service training curricula, materials and job aids need to be updated, a pool of master trainers and facilitators must be created, policies that protect and support the workforce are in place; Community members are actively involved in planning, implementation and monitoring and multimedia communication and campaigns are underway.

Following the plenary presentation four country experiences were presented.

Indonesia

Integrating Nutrition, and Responsive Care at Posyandu. The country has a presidential decree that is committed to ensure the fulfilment of the rights of early childhood development with the following components - Holistic management of early childhood, nutrition and health, education, parenting and protection. The initiative adopts a life cycle approach with promotive care, preventive care including early detection, curative and rehabilitative care at community, primary health centres and hospitals. The Posyandu is an integrated service post which is operated by the community and utilizes their own resources and empower the community while providing essential MCH services. Integrated childcare in the Posyandu comprises complete essential care, good nutrition, safe and healthy environment, stimulation and
responsive care, early childhood education and child protection. Challenges included service provider’s capacity, integrating with healthcare and other child services; recording, and reporting on the service delivery, sustaining childcare during COVID-19 pandemic. Next steps: strengthening cross-sectoral collaboration, harmonization of interventions, facilitating ECD implementation, and expanding community engagement.

**Pakistan**

ECD mapping was conducted under the leadership of SUN Secretariat in Pakistan. It highlighted the need to implement powerful behaviour change communication on positive parenting practices and system strengthening for ECD. Recommendations following the assessment were to integrate a parenting package on key family childcare practices; adaptation and inclusion of ECD in national preservice and community IMNCI modules, initiation of a national policy dialogue on ECD, and development of an ECD Policy framework (in progress). A national steering committee and technical working group for ECD has been established. The national SUN Secretariat is developing a proposal to secure government resources for ECD.

**India**

India provides nurturing care through the multi-sectoral approach through multiple programmes. The Ministry of Health and Family Welfare (MoHFW) has multiple national programmes that deliver different components of nurturing care across the RMNCHA programmes across the life stages: Adolescent health programme; antenatal and intrapartum care; mother and child tracking system; facility-based newborn care; home-based newborn and young child care; national child protection programme (RBSK) for screening 0-18 tears children for 4 Ds (defects, diseases, delays, disabilities) and referral care at district early intervention centres; breastfeeding promotion initiative (MAA-mother’s absolute affection); nutrition rehabilitation centres and the ECD/Integrated call centre.

On the other hand, the Ministry of Women and Child Development (MWCD) has multiple programmes for women and 0-6 years children including supplementary nutrition and child development interventions delivered through the flagship programme Integrated Child Development Services, National nutrition mission, the Prime Minister's maternity benefit scheme, and anaemia free India. The home visit programme is a joint initiative by the MoHFW and MWCD. It is based on universal coverage of all newborns and young children (0 - 15 months) delivered by field level workers. The trio of field level workers anganwadi worker (AWW) from MWCD, village level health volunteer (ASHA), and auxiliary nurse midwife (ANM) from MoHFW visit homes with children at recommended intervals to provide support for breastfeeding, infant feeding, immunization, health promotion, check-ups and age-appropriate stimulation and development assessments.

Early education is covered under the National Education Policy, 2020 (for 3-18 years) and the universal education programme. Responsive caregiving is also supported by the Maternity Benefit Act, (which has provisions for 26 weeks paid leave), the National Crèche Scheme, and the DISHA centres for special education. Child safety and security is covered by Mission Vatsalya, telephone chidline under the Integrated Child Protection Scheme, the Protection of Children from Sexual Offences (POCSO) Act, and the national cleanliness mission.
**Sri Lanka**

**Inclusive Early Childhood Development Programme (INCLUDE)*** has two components i) child development for all children and ii) children with delays and disabilities. Development promotion and developmental screening are for all children while children with delayed development are additionally provided parent mediated early childhood intervention and comprehensive primary care (education, parent support and social services).

Screening and early intervention for children comprises of:
- Field Component by public health midwives: Development promotion + primary screening
- Clinic Component by medical officer of health: Development promotion + secondary screening
- Hospital clinic-based care: parent-mediated, family-centred early child interventions (ECI).

Going forward, the plans include capacity building of healthcare providers, establish multidisciplinary teams and augment community engagement for scaling up existing services. In addition, the plans are to launch communication strategy for ECD, capacity building of service providers and caring for caregivers.

**Spotlight on caring for the caregivers**

**Mental health of women or who are caring for infants**

Prof Jane Fisher (Monash University) shared that worldwide three conditions of perinatal mental health of women are relevant:

- Postpartum psychosis, consistent prevalence worldwide of 1-2 per 1000 births;
- Postpartum ‘blues’ up to 80% of births; and
- Perinatal common mental disorders (CMD) include - depressive, anxiety, adjustment and somatoform disorders, which compromise day to day functioning.

She elaborated that the risk factors for perinatal mental health include socio economic disadvantage, adolescent age, religious or ethnic minority group, rural rather than an urban area; hunger in previous month, unable to pay for essential health care, low income; holding a poor card, quality of relationship with the intimate partner (unsupportive, rejecting the pregnancy; polygamy; alcoholism), family violence (criticism, coercion, intimate partner violence), quality of family relationships (critical mother in law, geographic separation from own mother), reproductive health (unwanted or unintended pregnancy; previous stillbirth, coincidental illness, premature birth, caesarean birth), and past history of mental health problems.

Protective factors for perinatal CMD among women in LMICS are: education, employment including income security while away from the workforce to care for an infant; provision of structured direct care by a trusted person, preferably a woman’s own mother; confiding affectionate relationship with the intimate partner. Maternal depression inhibits a child’s full growth potential, among other risks including – poverty, nutritional deficiencies, inadequate stimulation, family stress, violence and child maltreatment.
Prof Fisher shared highlights of the WHO plans for developing norms and standards for maternal mental health.

Caring for the caregiver (CFC): Tools and resources

Since caregiver’s emotional well-being is critical for child development, there is an emerging need to empower caregivers with emotional availability, knowledge, skills, access to resources for caregiving. CFC skills include relationship, stress, conflict and resource management. The tool has child-friendly resources that help connect with and support both caregiver and child, has materials such as information and playing cards.

Ana Nieto from UNICEF-HQ informed that the CFC package is currently undergoing validation in: Brazil, Bhutan, Malawi, Mali, Sierra Leone, Rwanda, Serbia, Zambia. She provided glimpses of the resources in the package that is available at https://nurturing-care.org/caring-for-the-caregiver/

Nurturing care during a pandemic

Vibha Krishnamurthy from UMMEED, a not-for-profit in Mumbai, India shared experience during the pandemic when lockdown prevented movements. They converted the face-face contact programmes into online contacts as much as possible. UMMEED’s routine Early Childhood Champions Program has 4 modules of 4 days each. These are: Promoting ECD using CCD package, Monitoring ECD using GMCD, family centred intervention, using GMCD and Vroom and inclusion and advocacy for children with disabilities. During the pandemic conversations with communities indicated need for medicines and food. Rise in domestic violence, alcoholism and harsh discipline for children gave rise to a need for counselling. Some families of children with disabilities faced severe behavioural concerns due to sudden changes.

The UMMEED team found that monitoring the quality of home visits, parent-worker interaction during the COVID 19 pandemic was difficult as it received less attention due to competing priorities at this time. They conducted workshops to strengthen mental health of care providers (community health workers), mental health of caregivers and extended support for child development in challenging times. The WHO/UNICEF Care for Child Development approach was adapted to an online format. As the pandemic continues, they have identified flexibility and re-evaluation of priorities; and needs (e.g., grief counselling) have emerged; the way forward is through sharing learning and hybrid models. They want to sustain a child centric approach to ensure all available services reach an index child; increasing family and community engagement for nurturing care, improving linkages with existing government screening programme) and services for ‘at risk’ and affected children.

Group Work:
The group work on day-2 was focused on the strategic area, strengthen services. The mixed country group of delegates discussed on the following points: What did you learn from this morning’s session? What is/are the entry point(s) for youngest children (conception to age 3) that could be strengthened to provide nurturing care (across sectors)? Choose one entry point - what could you do to make this/these entry point(s) more nurturing over the next 2 years? What issues/challenges might you need to address to make this idea feasible? A summary of discussion points were shared in the plenary session.
Using mass media and community engagement to support provision of nurturing care

**Early Moments Matter (UNICEF):** Mass media and community outreach can be used to convey key messages on nurturing care to parents and practitioners at low cost. They have the potential to raise awareness and increase demand for nurturing care services, support behaviour change, amplify reach and impact of existing services and programs. Messages for media and community engagement for nurturing care should be tailored to the target audience and setting. They may be delivered via multiple platforms, including print media, radio, television, social/digital media, text messages and billboards. Some examples:

- In Serbia, a multi-pronged communication and outreach strategy to support parents in the provision of playful parenting and nurturing care was adapted to meet increased demand from parents for information and support during the pandemic. This campaign reached 2 million people/parents. The strategy included national television, online parenting hub and social media digital campaign.
- In Zambia a multi-pronged communication and outreach strategy to support parents in the provision of playful parenting and nurturing care reached 3 million people/parents in multiple languages during the pandemic. Billboards, radio spots, social media posts showcasing nurturing care with quotes from caregivers and print media, including press releases from the Ministry of Health and newspaper articles to raise awareness were used as part of the outreach.
- To respond to lockdowns and interruptions to services, many countries turned to media to reach parents with support/information. Oman developed the Parents4Parents portal, Jordan used automated WhatsApp chat bots, El Salvador had an online portal with specific sections for pregnant mothers and caregivers of children 0 -3 years.

**Male engagement in nurturing care (Bangladesh)**

Dr Saifullah Chaudhry, PLAN International, Canada presented an example of male involvement. Gender barriers in women’s access to MNCH services (2016 study findings) included burden of care work, limited control over resources, mobility restrictions, gender-based violence and child marriages. Men control decision-making with son preference and demands for many children. There are many barriers within health services – inadequate facilities, limited hours, lack of privacy, misbehaviour of nurses. The health system largely excludes males from MNCH management. Demand side issues for low access is related to the fact that males think pregnancy and caregiving is women’s business. Supply side issues – health professionals believe that clinics are for women and children. The SHOW project in Bangladesh includes empowerment of communities, male engagement/creating change agents through fathers’ clubs and an overall gender responsive MNCH strategy.

Recommendations from the project experience are – introduce fathers’ clubs at pregnancy as it is the right time to engage men in care roles for the duration and beyond. Train community health workers to engage men since they are key decision-makers in patriarchal societies and control finances. Engage religious and community leaders to promote male engagement in MNCH care, make gatekeepers allies in the programme. Train centre-based health staff to engage men in processes such as ANC, PNC and family planning consultations, since they
are decision-makers about number of children and son-preference. Refurbish health centres to accommodate men – as motivation to accompany their wives/partners to the health centre.

Integration and delivery of ECD interventions at community level: the story of pilot to scale up.

Dr Subodh S Gupta, Professor (Social Pediatrics), MGIMS, Sewagram, India. The Arambh model demonstrates how nurturing care for children (0-6 years) can be done at scale through India’s Integrated Child Development Services (ICDS), health, and other sectors. It began as a pilot project in 2012, currently covers 2 districts and 10 CD blocks; involves 3000 frontline workers and ~ 1.5 million population and targets state-wide scale-up to a 100 million in 2021-2022. The model has 4 pillars, namely – customized messaging (for home visits, growth monitoring and promotion sessions); peer learning (mothers'/parents' meetings); community norm building (community-based events, community-based organizations and social media) and opportunities at health facilities.

The reasons why the interventions were successful were – the participatory approach, the incremental learning and action approach (supervisors as trainers), demonstration of mothers’ meetings and home visits, joyful learning, adaptation of approaches for local needs, social media to create a sense of excitement among beneficiaries, use of MCP card as a central tool. Learning from the interventions - Early learning is the best entry point for nurturing care of children. There are huge opportunities available within existing public sectors (within ICDS and health in India), “the best people are out there; trust them”; intersectoral coordination brings in a multiplier effect. “Excitement is contagious; create platforms for sharing stories. All for health, all for nurturing care”.

The challenges faced within ICDS and health sectors included - vacant positions of supervisors and mid-level managers, competing interventions; e.g., periodic campaigns; e.g., Pulse Polio; simultaneous training programs; ASHAs lack provision of travelling allowance; the centralized MIS lacks flexibility; alignment of different sectors are difficult. Organizational hierarchy, beliefs of important stakeholders within the catalyst organization as well as availability of skilled manpower and the funding environment are other challenges.

Day Three

Country profiles for early childhood development

Linda Richter presented that the concept of nurturing care originated from the 2017 Lancet Series. This concept inspired the Nurturing care framework. Alongside the development of the Framework, a set of country profiles for ECD were created to track progress and monitor accountability. These were developed under the umbrella of the Countdown to 2030. The profiles are maintained and updated annually by UNICEF. A technical working group supports this process. The 2020 profiles include 42 indicators. Data is sourced from multiple countries and are country comparable (same questions and same survey methodology in each country). Sources include UNICEF Multiple Indicator Cluster Surveys, USAID Demographic and Health Surveys, country data published in high impact journals.
She summarized and shared ten facts from country profiles:

1) in almost half of the countries, > 75% of young children experience violent discipline
2) < 50% of infants <6m are exclusively breastfed in ⅔ of countries
3) < 50% of countries receive early home stimulation
4) > 4 out of 100 children died before reaching their 5th birthday in over ⅓ of countries
5) 33% of young children had inadequate supervision at home in the past week in 1 in 6 countries
6) Attendance in early childhood education is < 50% in ¾ of countries
7) < 50% of children under 5 are birth registered in 1 out of 6 countries
8) ± 50% of children under 5 are at risk of not reaching their developmental potential
9) ± 50% of countries some form of paid paternity leave is lacking, hampering fathers’ involvement in care
10) > 25% of children under 5 are stunted in nearly ½ of the countries

Published findings (2010-2018) indicate that children from poorer households fare worse than children from richer households; on average rural children fare worse than urban children. There are negligible differences between young girls and boys. Gaps and challenges include –data unavailable for all countries; responsive caregiving is incomplete, and definitions, indicators and data are needed for maternal mental health etc.

Harnessing global data project brings together researchers, policy makers and implementers to analyse and publish global ECD data, converts data into information, unites the ECD agenda for 0- to-3 year-olds (development, health, home/clinic), for 3 to 6 years (learning, education, centre); disseminate data to advance children’s learning and development. The project is linked to Countdown 2030 and the ECD Country Profiles at global – regional– and country–levels. The outcomes – publications with further analyses, virtual events disseminating information, advocacy to fill gaps in data, capacity building and support for ECD measurement.

The country profiles are available at: https://nurturing-care.org/resources/country-profiles/

**Early Childhood Development Index (ECDI):**
Claudia Cappa (UNICEF-HQ) presented the ECDI2030. General characteristics and use - Population level data collection instrument that can be integrated into existing national data collection and monitoring efforts, including household surveys like MICS and DHS. Captures the achievement of key developmental milestones by children aged 24 to 59 months. Endorsed measure to track progress towards SDG 4.2.1 Proportion of children aged 24 59 months who are developmentally on track in health, learning and psychosocial well-being, by sex. Early Childhood Development covers learning, psychosocial well-being and health.

The tool is available at: https://data.unicef.org/resources/early-childhood-development-index-2030-ecdi2030/

**The Global Scale for Early Childhood Development (GSED).** Dr. Tarun Dua (WHO-HQ) presented updates on the development of the GSED, an population level instrument that fills the following gaps:
• indicators for measuring child development up to 24 months of age at population level. ECD measurement for programmatic evaluation. Limited availability of appropriate measures for birth to 3 years
• indicators that are reliable and valid globally, easy to administer and interpretable, free and open access

The Development (D) score allows comparison with developmental levels by age, as does height for age for height. It is possible to construct cut off points to identify children reaching their development potential vs. children with developmental delay. GSED is validating an adaptive testing approach (3 countries) to reduce the number of items asked to each respondent. Adaptive testing relies on a probability model for 'passing' one item based on the difficulty (determined by existing data available) of the item and the age of the child. Depending on each 'pass' or 'fail' (the ability of the child) the model presents the subsequent item. Rapid GSED Short Form testing was found to be reliable and valid. Reference distribution of scores generalize to out-of-sample data for children aged 4 to 36 months; changes were made for validation study to address this issue.

GSED package version 1 would be available by December 2021 and the final GSED package by December 2022: Future work will include creation of global norms and standards, uptake and scale up of GSED use, determination of predictive validity of GSED, adaptation of GSED for individual level, extension of D score methodology beyond 3 years including — harmonization of GSED and ECDI 2030 (UNICEF) and harmonization of GSED with the work by World Bank.

**Country group work on planning key actions**

On the third day of the workshop, the participants were divided into groups according to their countries. They were asked to discuss new learnings from the meeting and prepare country plans with up to 5 priority actions to be completed in the next 12 to 18 months. Each country group reported back their cation plan in the plenary session.

Country action plans prepared by the country teams are summarized in Annex-3.

**Closing session**

Dr Rajesh Mehta presented conclusions and recommendations from the regional meeting that were adopted by the delegates. The conclusions and recommendations are in the Annex-4.

The workshop ended with closing remarks by Dr George Laryea-Adjei, UNICEF ROSA and Dr Neena Raina, WHO-SEARO.
A very good morning and warm greetings, dear experts, partners and friends.

In low- and middle-income countries across the world, more than 250 million children under five years of age fail to reach their full potential every year.

In the South-East Asia Region, an estimated 70 million children annually are affected by stunting alone – just one indicator of underdevelopment.

Despite heroic national, regional and global efforts, the COVID-19 crisis has exacerbated the many factors that limit a child’s healthy development.

A report released by WHO, UNICEF and UNFPA last month found that in some countries in the Region food insecurity grew by more than 50% during stay-at-home orders, while the number of young children treated for severe acute malnutrition fell by more than 80%.

Inequities in early childhood development (ECD) have lasting implications.

The early years of life – from conception to age three – are critical for a child’s healthy growth and development. During this time, the brain rapidly develops, and essential neural pathways are formed. Given the right inputs, these pathways can lay the foundations for lifelong health, learning and education, economic productivity and social harmony.

But if the pathways are inadequately developed, they can limit a child’s potential and the potential of our communities and countries – a point that is central to the Global Strategy for Women’s, Children’s and Adolescents’ Health and the 2030 Sustainable Development Agenda.

To advance ECD in the Region, and to ensure that together we recover from the pandemic stronger and healthier, WHO is supporting all countries and partners to take multi-sectoral action that is aligned with the global Nurturing Care Framework for Early Childhood Development.

I take the opportunity to highlight five key areas of action that must be the focus of health sector efforts throughout the COVID-19 response, recovery and beyond.

First, we must lead and invest, for example by contributing to high-level efforts to coordinate sectors and develop national ECD roadmaps.

It is imperative that we as a health sector set a positive example and ensure that all five components of nurturing care are embedded in national basic benefit packages, which are integral to the Region’s wider quest to achieve universal health coverage.

Second, we must focus on families and communities, with specific attention on how the health sector can better engage stakeholders in community dialogue and reach the most vulnerable families and children.
To do that, we should consider how best we can strengthen opportunities for nurturing care within the community, including through informal gatherings such as women’s groups.

We should consider how to harness and apply the power of multimedia communications to promote nurturing care within the health sector, but also beyond it.

Third, we must strengthen services.

Yes, that means continuing to enhance antenatal and postnatal care. But it also means ensuring that every child health visit is taken advantage of.

Are health workers measuring each child’s weight and height? Do they know how to identify developmental delays in children and mental health issues in caregivers? Are referral pathways clear and utilized?

These and other questions must be answered and accounted for.

Fourth, we must monitor progress, including by developing monitoring mechanisms that are aligned with national plans, while also finding ways to increase the quality, volume and analysis of data.

We must review progress on a regular basis, making course corrections as and where necessary.

We must increase data-sharing across sectors and jointly review progress on the implementation of national roadmaps.

Finally, we must pursue data-informed innovation. The policy space for ECD remains relatively new and unexplored, meaning there is great potential to develop and implement high-impact innovations.

Close collaboration between implementers and researchers should be encouraged, especially when adapting best practices and applying them to specific country contexts.

By working together, we will succeed together.

As you embark on this meeting, I reiterate WHO’s full support to your efforts and underscore the value and importance of WHO’s active partnership with UNICEF and other H6 agencies.

I look forward to our onward journey together, towards a fairer, healthier and more sustainable future for every child, everywhere.

Thank you.
Annex-2

Programme

Day 1 – Tuesday April 27, 2021

Inaugural session

- Opening remarks and Objectives
- Address by Dr Poonam Khetrapal Singh, Regional Director

Introductory session

Setting the stage

- **Global Framework:** Nurturing care for early childhood development (NC for ECD): Global perspectives
- **Enabling policy environment:** Rapid assessment implementation preparedness for Nurturing Care in SEAR: Key findings on Policy environment

Strategic action 1. Lead and invest:

**Introduction:** Lead and invest: Overview, examples, resources, lessons

Country presentations

- **Nepal:** National Multi-sectoral policy for ECD
- **Bangladesh:** National multi-sectoral nutrition plan
- **Bhutan:** Learning from evaluation of ECCE
- **ARNEC:** Regional experiences

Strategic action 1. Lead and invest (continued):

Group Work

Day 2 – Wednesday April 28, 2021

- Summary of group work on Day 1
- Overview of the day

Strategic actions 2 & 3: Focus on families and communities & Strengthen services

**Introduction:** Strategic action: Focus on families & Strengthen services

Country presentations

- **Indonesia:** Integrating health, nutrition and responsive care at Posyandu
- **Pakistan:** Updated IMCI - including responsive care
- **India:** Integrating health, nutrition, early learning and responsive care in home visiting
- **Sri Lanka:** Early detection of development delays and early intervention

Spotlight on services for caregiver well-being:

- Maternal mental health
- Tools and resources

Adaptation of NC services during the pandemic

Strategic action 3. Strengthen services
Group Work

Country presentations

- Early Moments Matter: *Using mass media to encourage nurturing care at home*
- Bangladesh: *Male engagement*
- India: From pilot to scale

Day 3 – Thursday April 29, 2021

Summary of group work on Day 2

Overview of the day

Strategic action 4. Monitor progress

- Countdown profiles and findings from HGD work
- Regional data and ECDI
- Commentary on GSED and ongoing work on indicators

Group work: Prepare Country plans

Presentation of key country actions

Partners’ reflections

Conclusions and Recommendations from the Regional Meeting

Closing Remarks
## Annex-3

### Country action plans

**Strategic area: Lead & Invest**

<table>
<thead>
<tr>
<th>Country</th>
<th>Activity</th>
<th>Year</th>
<th>TA request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>Strengthen collaboration and coordination among stakeholders, including Ministry of Health, Ministry of Women and Children’s Affairs and others</td>
<td>2021</td>
<td>UNICEF, WHO</td>
</tr>
<tr>
<td>Bhutan</td>
<td>Develop national multi-sectoral strategic action plan for inclusive ECCD services for all children 0-8 years</td>
<td>2021</td>
<td>UNICEF, WHO, Save the Children, JICA, WFP</td>
</tr>
<tr>
<td></td>
<td>Establish a national and sub-national multi-sectoral ECCD network/alliance</td>
<td>2022</td>
<td>UN agencies, Apex government institutions</td>
</tr>
<tr>
<td>India</td>
<td>Development of National Curriculum Framework for ECD for 0-3, 3-8 years under NEP 2020</td>
<td>2021-2022</td>
<td>UN agencies, Dev. Partners and CSOs to provide pre-existing materials + Professional associations</td>
</tr>
<tr>
<td></td>
<td>Establish regional centres of excellence and State Resource Centres for ECD. Pilot new initiatives like Sri Lanka early intervention model</td>
<td>2022</td>
<td>UN agencies, Apex government institutions</td>
</tr>
<tr>
<td>Indonesia</td>
<td>Technical assistance to the Holistic and Integrated ECD (HI-ECD) implementation in 50 selected districts</td>
<td>2022</td>
<td>WHO, UNICEF</td>
</tr>
<tr>
<td>Maldives</td>
<td>Landscaping assessment and advocacy paper – to identify responsible agencies/ mandates and existing gaps to ensure a more multi-sectoral approach</td>
<td>2021</td>
<td>UNICEF, WHO, Ministry of Education Ministry of Gender</td>
</tr>
<tr>
<td></td>
<td>Form a multi-sectoral working group on ECD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nepal</td>
<td>Development of costed action plan of National ECD Strategy</td>
<td>2022</td>
<td>UNICEF, WHO</td>
</tr>
<tr>
<td></td>
<td>Development of sectoral ECD guidelines</td>
<td>2022</td>
<td>UNICEF, WHO and other ECD technical partners</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>Advocate to National Coordination Committee on ECCD for formulation of a multi-sectoral plan on ECD</td>
<td></td>
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<tr>
<td></td>
<td>Appointing working groups in 3 sectors</td>
<td>2021</td>
<td></td>
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<tr>
<td>Country</td>
<td>Activity</td>
<td>Year</td>
<td>TA request</td>
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<tr>
<td>Thailand</td>
<td>Conduct a study of Best Practices in the management for Early Childhood Development in Private Home Care and Private Nursery Research. Thailand’s own model will be developed and piloted, then implemented nation-wide.</td>
<td>2022</td>
<td></td>
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<tr>
<td></td>
<td>Encourage collaboration between public and private sector in ECD.</td>
<td>2022</td>
<td></td>
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</table>

**Strategic area: Focus on Families and Communities**

<table>
<thead>
<tr>
<th>Country</th>
<th>Activity</th>
<th>Year</th>
<th>TA request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>Include ECD in secondary school curriculum</td>
<td>2022</td>
<td>UNICEF, WHO</td>
</tr>
<tr>
<td>Bhutan</td>
<td>Strengthen the roll out of the Caring for Caregiver programme to all children from 0-8 years to ensure nationwide scale-up</td>
<td>2022</td>
<td>UNICEF, WHO, Save the Children, JICA, WFP</td>
</tr>
<tr>
<td>India</td>
<td>Design a national media campaign on ECD and use local social media for advocacy and sensitisation</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>Indonesia</td>
<td>Strengthening the community parenting class (Mother class for U-5 children, Posyandu, develop website and IEC materials to provide the information on Family Health and Early Learning, Support to the ECD centre Health Programme)</td>
<td>2022</td>
<td>Ministry of education and culture, National Population and Family Planning Board (BKKBN), Ministry of home Affairs, WHO, UNICEF</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>Development of communication and advocacy strategy and materials</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>Engage fathers, grandparents and communities in support for early breastfeeding and immunization</td>
<td>2022</td>
<td>YES – monitoring mechanism, guidelines/SOPs</td>
</tr>
</tbody>
</table>

**Strategic area: Strengthen Services**

<table>
<thead>
<tr>
<th>Country</th>
<th>Activity</th>
<th>Year</th>
<th>TA request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>Develop/updated modules, SBCC materials for ECCD</td>
<td>2021</td>
<td>UNICEF WHO</td>
</tr>
<tr>
<td></td>
<td>Capacity building of workforce in primary health care</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td>India</td>
<td>Reach the Unreached: Strengthen AAA+ model, mobilise CSOs, define referral pathways to existing government schemes across sectors with focus on pregnancy to 3 years. Consider creating a cadre of volunteers catalysed by Community Health Officers in conjunction with AAA</td>
<td>2021-2022</td>
<td>Learning institutions linked to community level organizations NGOs like MOBILE CRECHES, Self Help Groups</td>
</tr>
<tr>
<td>Country</td>
<td>Activity</td>
<td>Year</td>
<td>TA request</td>
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</tr>
<tr>
<td>Indonesia</td>
<td>IYCF and growth monitoring training for cadres in 250 districts</td>
<td>2022</td>
<td>WHO, UNICEF</td>
</tr>
<tr>
<td>Maldives</td>
<td>Include Maternal Mental Health and ECD components in the development of ANC service package</td>
<td>2021</td>
<td>UNICEF, WHO, UNFPA Ministry of Gender Centre for Mental Health</td>
</tr>
<tr>
<td></td>
<td>Integrate age wise nurturing care package into existing materials or materials under development</td>
<td>2021</td>
<td>UNICEF, WHO Ministry of Education Ministry of Gender</td>
</tr>
<tr>
<td>Nepal</td>
<td>Linkage with other services in health and other available platforms</td>
<td>2023</td>
<td>UN agencies and I/NGOs</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>Strengthening service provider capacity in pre-service and in-service programmes - in all 3 sectors</td>
<td>2022</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Strengthening care giver capacity-Adaptation of care giver package</td>
<td>2022</td>
<td>Yes</td>
</tr>
<tr>
<td>Thailand</td>
<td>E-learning curriculum development for the ECD caregivers and administrators in private nursery, as well as parents/ public.</td>
<td>2022</td>
<td></td>
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<tr>
<td></td>
<td>Capacity building ECD for teachers. OBEC coordinate with the Education Service Areas, then allocate budget. Schools will identify the areas in which the teachers need support.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>Finalize, disseminate and orient the ANC/PNC guidelines to ensure pre-conception counselling and 5% increase in quality provision of ANC, intrapartum &amp; immediate post-partum coverage for pregnant mothers and post-partum mothers</td>
<td>TBD</td>
<td>WHO, UNICEF and UNFPA</td>
</tr>
<tr>
<td></td>
<td>Capacity building for identified health care providers, guidelines/SOPs for Community Based Groups (MSG), IEC materials to implement safe &amp; high-quality services; strengthen the ACT to forbid formula feeding.</td>
<td></td>
<td>WHO, UNICEF, INGOs</td>
</tr>
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</table>
### Strategic area: Monitor Progress

<table>
<thead>
<tr>
<th>Country</th>
<th>Activity</th>
<th>Year</th>
<th>TA request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>Develop monitoring system</td>
<td></td>
<td>UNICEF, WHO</td>
</tr>
<tr>
<td>Bhutan</td>
<td>Integrate existing information management systems to develop an integrated ECCD database to strengthen child tracking and monitoring</td>
<td>2022</td>
<td>UNICEF, WHO, Save the Children, JICA, WFP</td>
</tr>
<tr>
<td>Indonesia</td>
<td>The implementation of ECDI2030 to monitor children's outcomes (SDG 4.2) age 24-59 month through national household survey (possibility in integrating with GSED)</td>
<td>2022</td>
<td>Government, WHO, UNICEF, Tanoto Foundation</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>Adopting ECDI 2030 and conducting a baseline survey</td>
<td>2022</td>
<td>Yes</td>
</tr>
<tr>
<td>Thailand</td>
<td>Develop the Early Childhood Development database system according to the National Standards (online assessment system) – to be completed in 2021</td>
<td>2022</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Improving the system for Child Support Grant</td>
<td></td>
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<tr>
<td></td>
<td>Parents can apply and track the CSG in an application. This will help to track the developmental and educational status of the vulnerable children who are receiving CSG.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>Continuous monitoring and evaluation to ensure quality education are delivered throughout with active involvement of the parents.</td>
<td>2022</td>
<td>IEC material Policy 2020 UNICEF, PLAN, Child FUND, MFAT</td>
</tr>
</tbody>
</table>

### Strategic area: Use Data & Innovate

<table>
<thead>
<tr>
<th>Country</th>
<th>Activity</th>
<th>Year</th>
<th>TA request</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>Develop a multilingual parenting app (mhealth), contextualised to India (build upon the Ayushman Bhava App)</td>
<td>2022</td>
<td>UN agencies, Development partners and CSOs, professional associations, IT partner/agencies</td>
</tr>
<tr>
<td>Indonesia</td>
<td>Develop the E-cohort data for children under five and M-MCH handbook)</td>
<td>2022</td>
<td>WHO, UNICEF, JICA</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>Ensure education and health professional competencies and parental mental health are addressed within the support scheme and are including as indicators to measure the outcome of ECD</td>
<td>2022</td>
<td>Yes - Means and medium for capacity building provision, monitoring and evaluation</td>
</tr>
</tbody>
</table>
Annex-4

Conclusions and Recommendations

Conclusions

Nurturing care is essential for all newborns, infants and young children, beginning from conception, even before; it enables them to survive and thrive and unlocks their full developmental potential.

While all children have the right for nurturing care, it is important to make sure that the most vulnerable families and children are reached with services that support all components of nurturing care, as they are likely to benefit the most.

The remaining short time to reach the SDG endpoint requires urgent national actions to design and deliver multi-sectoral plans for translating the nurturing care for early childhood development (NC for ECD) vision into action within primary health care (PHC) and universal health coverage (UHC) frameworks, and contribute to meeting the survive, thrive and transform agenda defined in the Global Strategy for Women’s, Children and Adolescent’s Health.

The following were noted from the deliberations of the Regional Meeting:

1. Member States are already implementing a range of interventions that contribute to the development of a child; this provides an opportunity to build upon and design a comprehensive national programme for NC for ECD, for which there is a strong national commitment.

2. COVID-19 pandemic has disrupted essential and routine services and has presented disproportionate challenges for vulnerable populations; however, the governments have prioritized restoration and adaptation of services for NC for ECD.

3. NC for ECD is essential to build human capital and is clearly a multi-sectoral approach that fits well within the primary health care framework, and will directly contribute to the survive, thrive and transform agenda defined in the Global Strategy.

4. Different sectors contributing to NC for ECD agenda must seek synergy and deliver coordinated actions in support of optimal child development at the household and community level at all critical life stages across the life-course continuum - from the period of pre-pregnancy, pregnancy, and infancy to early childhood.

5. Strong leadership and governance at national and sub-national levels are critical to prepare, deliver and monitor multi-sectoral plans for NC for ECD; ensure adequate financing, systems support, engagement with local communities; coordination among all relevant stakeholders including private sector; and for monitoring and accountability.

6. The health sector offers familiar service delivery platform and community interphase during the early years and is well placed for integrating all five components of nurturing care in the existing MCH, nutrition, mental health and other relevant programmes and services using PHC approach for universal support for all children and their families, targeted support for those with additional needs owing to higher risk of poor development as well as indicated services for the affected children and families.

7. Attention to the physical and mental health and wellbeing of mothers and caregivers is critical as this impacts their capacity to provide their child with nurturing care for ECD.

8. Appropriate human resource and competencies for supporting services for all five components of nurturing care must be progressively strengthened across multiple sectors, using traditional methods and modern technology.

9. Country-specific research for ECD is important, alongside the robust global evidence, to build socio-cultural and contextual local evidence to guide effective implementation.
strategies in different areas of countries. Academia and professional associations (national and regional) are important potential partners for this.

**Recommendations for Member States**

The delegates in the regional meeting identified the following priority national actions by the countries to translate knowledge into policies and strategies to implement NC for ECD.

**Lead and Invest; Engage Communities**

- Review and strengthen the national laws and policies for supporting comprehensive NC for ECD through multi-sectoral approaches.
- Establish / strengthen leadership and governance mechanisms like intersectoral committee / council at national, sub-national and local administrative levels to provide clear mandate and define specific roles and responsibilities for different sectors and oversee implementation.
- Strengthen the terms of reference and accountability of the existing technical working groups to ensure collaboration within health sector and other relevant sectors.
- Ensure sustained and predictable financing in all relevant sectors at national and sub-national levels.
- Conduct multi-sectoral meetings at national and sub-national levels, to consider the nurturing care agenda, create a common understanding, develop a common vision and prepare action plans for supporting children’s development in the early years.
- Empower local administrations (village committees and urban municipalities) to take leadership in designing multi-sectoral budgeted plans and implementing these in engagement with local communities to deliver child- and family-centered care with equity.
- Define strategies to improve partnerships across development partners, training institutions, NGOs and the private sector harnessing their contributions to the improvement in the equitable coverage and quality of ECD services.

**Make existing services more nurturing**

- Develop or update and strengthen sector-specific plans in line with the national policies to improve coverage of services for NC for ECD in health and non-health sectors at the community and institutions level customized to local socio-cultural context.
- Within the health sector, improve the content of services by integration of additional interventions for NC like responsive caregiving, early learning, security and safety, perinatal mental health and wellbeing within the existing MCH, nutrition and mental health programmes using PHC approach.
- Set and implement national standards for services for NC in different sectors and monitor performance of the systems in delivering these services including coverage and quality.
- Invest in capacity building (pre-service and in-service) of workforce as cross-sectoral teams at community and institutional levels for promoting NC for ECD, prepare a resource pool of good quality national trainers and establish supportive supervision mechanisms across different sectors.
- Develop a communication strategy for ECD focusing on creating demand for services for nurturing care and strengthening care practices in the families and communities.

**Monitoring & Evaluation**

- Consider administering ECDI2030, collect the missing data and integrate standardized monitoring indicators for ECD including the ECD index into the national information systems of health and other sectors.
• Encourage regular assessment and evaluation of ECD programmes, preferably joint multi-sectoral reviews including coverage and quality of services for nurturing care.

Innovations, documentation, research
• Design and implement scalable innovative models, document experiences and best practices, and create learning networks.
• Identify research priorities for generating local evidence and undertake implementation research to identify determinants for the success of inter-sectoral models and their effectiveness in ensuring that all children receive nurturing care.
• Capitalize on digital platforms and solutions emerging from the COVID-19 response into routine post-pandemic practice to promote nurturing care, outreach to the parents and for capacity development of the ECD workforce.

Recommendations for WHO, UNICEF and Partners
The delegates identified the following priority actions by the partner organizations to support the countries in large scale implementation of NC for ECD.

• Continue to advocate with governments and stakeholders for multi-sectoral approaches for NC for ECD and provide joint, harmonized support to Member States.
• Support Member States for costing the action plans across relevant sectors and mobilizing financial resources to implement comprehensive programmes for NC for ECD.
• Provide updated technical guidelines, and tools, build national and sub-national capacity to prepare multi-sectoral implementation plans for NC for ECD, and training of workforce across multiple sectors.
• Support Member States to adopt ECD Index and other standard indicators for monitoring progress and incorporate these into the existing national mechanisms like the Multi-Indicator Cluster Survey (MICS), Demographic Health Survey (DHS), HMIS etc.
• Support Member States to undertake innovations, documentation, and research in NC for ECD.
• Provide opportunities for experience sharing and cross-learning among the countries in the Region and beyond.
Annex-5

List of Participants

Ministry officials

Bangladesh
1. Md. Muhibuzzaman Chairperson, Child Protection Cluster Joint Secretary, Child and Coordination Ministry of Women and Children Affairs
2. Dr Muhammad Shariful Islam, Program manager, NNHP&IMCI Ministry of Health and Welfare
3. Dr Supta Chowdhury, Deputy Program Manager, National Nutrition Services Ministry of Health and Welfare
4. Mr. Md. Saiful Islam, Additional Secretary (Planning & Development), Ministry of Social Welfare

Bhutan
5. Mr. Laigden Dzed Senior Dietician Noncommunicable Diseases Department of Public Health Ministry of Health
6. Mr Tshedar Senior Program Officer Center for Disease Detection Department of Public Health Ministry of Health
7. Mr Karma Gayleg Programme Analyst ECCD and Special Education Need Division Department of School Education Ministry of Education

India
8. Rajnish Kumar Director (Digital Education), Dept of School Education & Literacy Ministry of Human Resource Development New Delhi
9. Dr Sumita Ghosh Addl Commissioner (CH, AH and RBSK) Ministry of Health and Welfare
10. Dr Sila Deb Addl Commissioner (Nutrition) Ministry of Health and Welfare

Indonesia
11. Dr. Laila Mahmudah, MPH Sub coordinator of Life Quality of Under-Five and Pre School-Age, Directorate of Family Health, MOH
12. Dewi Astuti, S.Gz, MKM Young expert nutritionist, Directorate of Public Health Nutrition, MOH

Maldives
15. Ms. Aishath Shifa Education Development Officer (EDO) Ministry of Education
16. Ms. Zeena Gasim Chief executive officer Ministry of Gender, Family and Social Services

Nepal
17. Mr Kedar Raj Parajuli Senior Public Health Administrator Family Welfare Division Department of Health Services
18. Ms. Sita Devi Thapa
Planning Officer, National Planning Commission Government of Nepal

19. Ms Sushila Aryal
   Section Officer
   Ministry of Education, Science and Technology

20. Mr Shanti Raj Prasai
    Under Secretary
    Ministry of Women, Children and Senior Citizens

Sri Lanka

21. Dr Asiri Hewamalage
    Consultant Community Physician
    Family Health Bureau
    Ministry of Health

22. Dr W.D.L. Saubhagya
    Assistant Director
    State Ministry of Women and Child Development
    Pre-School and Primary Education
    School Infrastructure & Education Services

23. Ms S Rathnayake
    Director of Education
    Primary Education Branch

24. Ms Kamani Gunarathna
    Director of Education
    School Health and Nutrition Branch

Thailand

25. Dr Ekachai Piensriwatchara
    Director
    Bureau of Health Promotion
    Department of Health
    Ministry of Public Health

26. Mrs Nichapatch Petchpan
    Director
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