Nurturing Child Development through Primary Health Care: Perspectives from Policy, Programs, and Practice

Agenda for the webinar

1. Welcome and Framing
   Elizabeth Lule, ECDAN
2. Investing in Primary Healthcare
   Lilies Njanga, Conrad N. Hilton Foundation
3. Gaps within the primary healthcare system for nurturing care
   Nuhu Yaqub, WHO
4. Overview of the Strengthening PHC to Promote Optimal Child Development: Global Toolkit
   Vidya Putcha, R4D
5. Panel Discussion
   Moderator: Michelle Neuman, R4D
   Dr. Marina Karagianis, Ministry of Health Mozambique
   Dr. Theopista Masenge, Pediatric Association of Tanzania
   Dr. Donald Mogoi, County Executive Committee for Health, Nyamira County, Kenya
6. Open Audience Q&A
7. Reflections from UNICEF
   Dr. Boniface Kakhobwe, UNICEF
8. Closing
   Brett Weisel, ECDAN

Tech Guidance

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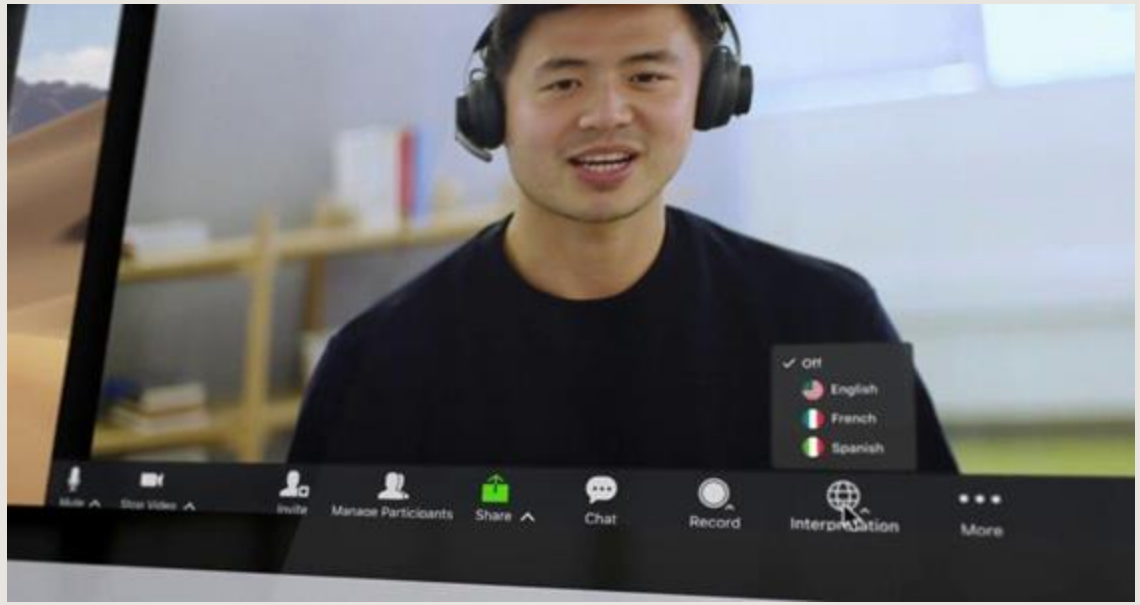

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- Please use the **Q&A function** for questions
- Please use the **group chat** for introductions and any other comments

Lilies Njanga

Program Officer

Conrad N. Hilton Foundation

Nuhu Yaqub

Advisor, Child Health Services, WHO

Vidya Putcha

Associate Director, Education, R4D

Strengthening Primary Health Care

to Promote Optimal Child Development

A practical **global toolkit** that supports national and sub-national planning for promoting young children's development in PHC.

RESULTS FOR DEVELOPMENT

CONRAD N. HILTON FOUNDATION

Global Toolkit Development Process

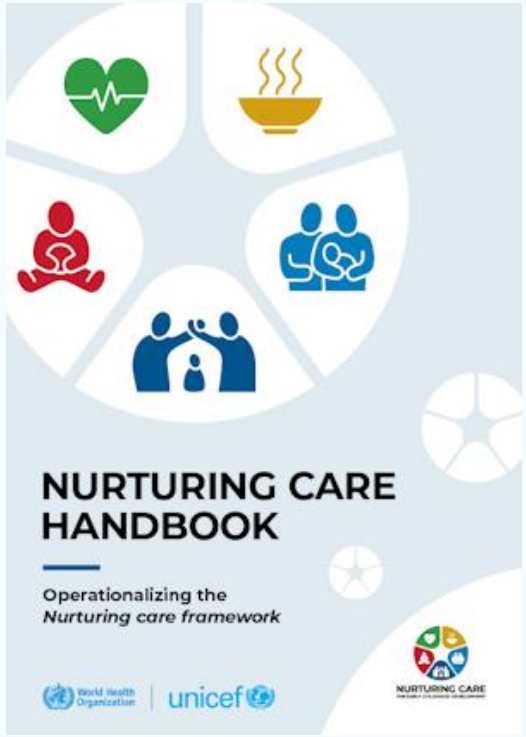
The Global Toolkit was developed through a **consultative and iterative** process, ensuring the guidance provided is **evidence-based**, **responsive to the needs of PHC systems**, and **actionable for PHC decision-makers**.

Conducted a **comprehensive review of existing guidance, resources, academic literature, and program documents** on nurturing care, child development in LMICs, and PHC strengthening.

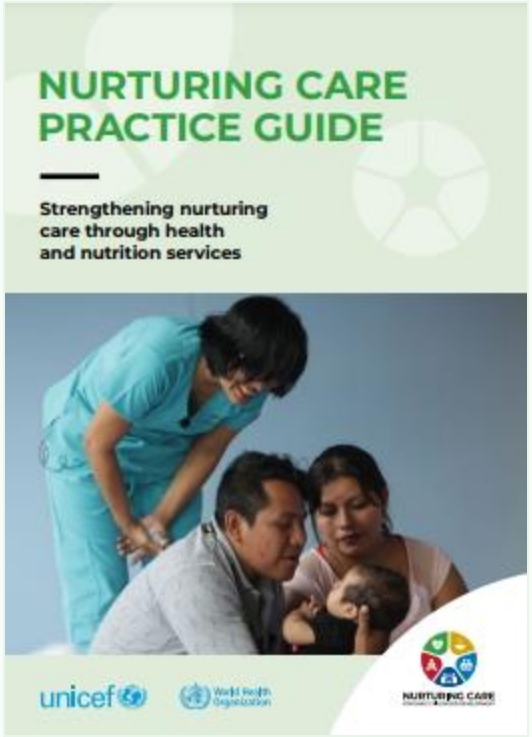
Consulted with a broad range of stakeholders – including governments, partners, practitioners, and experts – to gather diverse perspectives and ensure relevance across context.

Leveraged guidance to develop action plans in Kenya, Mozambique, and Tanzania and **integrated lessons learned from the action planning process to iterate on and refine the toolkit**

This work builds off critical guidance from a number of resources, including from WHO and UNICEF.

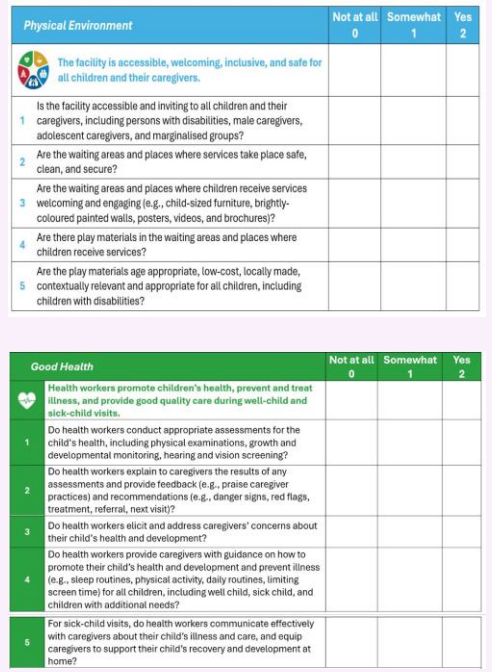


Nurturing Care Handbook



Nurturing Care Practice Guide

Operationalizing Nurturing Care for Early Childhood Development



Physical Environment	Not at all 0	Somewhat 1	Yes 2
The facility is accessible, welcoming, inclusive, and safe for all children and their caregivers.			
1 Is the facility accessible and inviting to all children and their caregivers, including persons with disabilities, male caregivers, adolescent caregivers, and marginalised groups?			
2 Are the waiting areas and places where services take place safe, clean, and secure?			
3 Are the waiting areas and places where children receive services welcoming and engaging (e.g., child-sized furniture, brightly-coloured painted walls, posters, videos, and brochures)?			
4 Are there play materials in the waiting areas and places where children receive services?			
5 Are the play materials age appropriate, low-cost, locally made, contextually relevant and appropriate for all children, including children with disabilities?			

Good Health	Not at all 0	Somewhat 1	Yes 2
Health workers promote children's health, prevent and treat illness, and provide good quality care during well-child and sick-child visits.			
1 Do health workers conduct appropriate assessments for the child's health, including physical examinations, growth and developmental monitoring, hearing and vision screening?			
2 Do health workers explain to caregivers the results of any assessments and provide feedback (e.g., praise caregiver practices) and recommendations (e.g., danger signs, red flags, treatment, referral, next visit)?			
3 Do health workers elicit and address caregivers' concerns about their child's health and development?			
4 Do health workers provide caregivers with guidance on how to promote their child's health and development and prevent illness (e.g., sleep routines, physical activity, daily routines, limiting screen time) for all children, including well child, sick child, and children with additional needs?			
5 For sick-child visits, do health workers communicate effectively with caregivers about their child's illness and care, and equip caregivers to support their child's recovery and development at home?			

Checklist for Promoting Nurturing Care in PHC Facilities

Scope of the Toolkit

Organized by WHO Health System Building Blocks

Focused on Children Ages 0 – 3

Nurturing Care Components

Purpose and Structure

TOOLKIT STRUCTURE

PART 1

Setting the Stage

- Rationale for promoting nurturing care in PHC
- Systems approach framework
- Process for developing an action plan to strengthen PHC to promote optimal child development

PART 2

How to promote optimal child development across each Health Systems Building Block:

- Service Delivery
- Leadership and Governance
- Health Workforce
- Health Information System
- Sustainable Financing

ANNEX

Supporting Resources

- Illustrative PHC Interventions
- Enabling Factors and Actions that Support Promotion of Nurturing Care in PHC
- Reflection Questions
- Tools to Support the Strengthening of PHC to Promote Nurturing Care for Optimal Child Development

Part I: Setting the Stage

Why Primary Health Care?

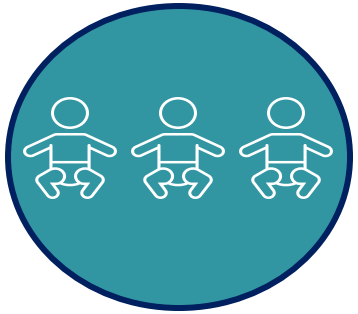
PHC provides an opportunity to accelerate holistic child development outcomes

Through PHC, impressive strides have been made in good health and adequate nutrition (e.g., growth monitoring, kangaroo care, breastfeeding counseling)

- Global under-5 mortality rates has dropped
- Stunting prevalence globally declined
- Vaccination rates have steadily increased
- Exclusive breastfeeding has increased

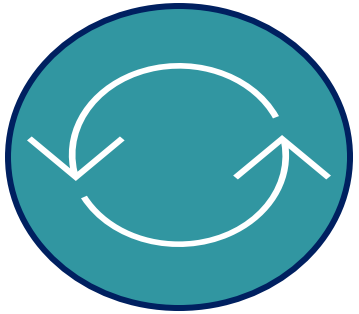
Strengthening nurturing care can spur progress for PHC

Provide a more holistic package of services



Improved well-child visit attendance

Improved perception of health services by caregivers



Increased health seeking behaviors and early identification of developmental delays

However, this may not always be the case… feasibility, risks, and benefits must be considered

Part II: How can you take a systems approach to promoting nurturing care for optimal child development in primary health care?

WHO Health System Building Blocks is used as an organizing and analytical framework for the Global Toolkit.

Choose your starting point

Given that actions to promote nurturing care can take place across the entire PHC system or within specific health systems building blocks, the resource is structured to allow users to access and engage with specific building blocks based on ongoing conversations and areas of interest.

Service Delivery

Leadership & Governance

Health Workforce

Health Information Systems

Sustainable Financing

Start with the building block most relevant to your priorities.

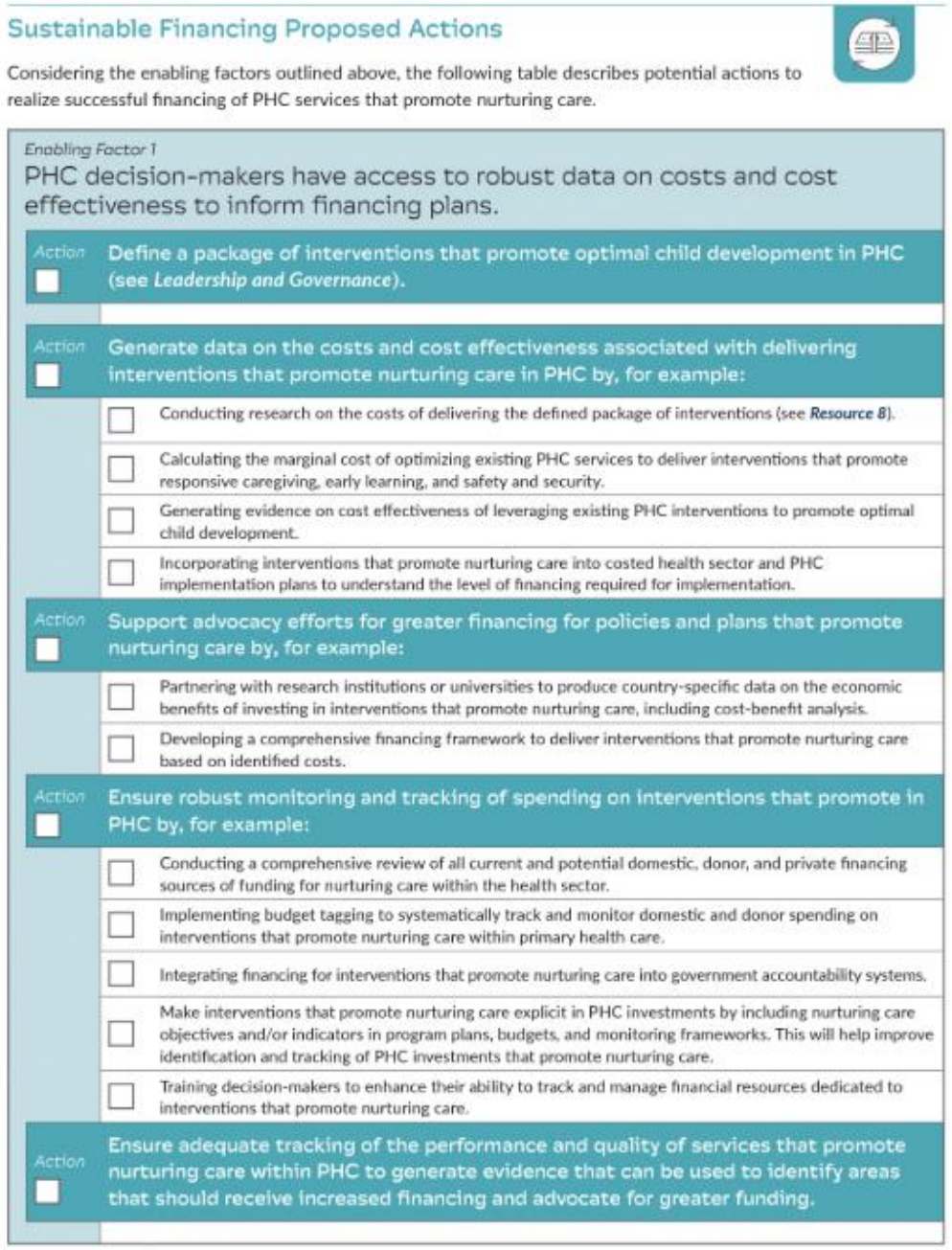
Inside each Building Block

Enabling factors to promote optimal child development in PHC

Case studies & examples for LMICs

Practical actions for PHC decision-makers to take to realize enabling factors

Tools and resources



Sustainable Financing Proposed Actions

Considering the enabling factors outlined above, the following table describes potential actions to realize successful financing of PHC services that promote nurturing care.

Enabling Factor 1

PHC decision-makers have access to robust data on costs and cost effectiveness to inform financing plans.

Action ☐	Define a package of interventions that promote optimal child development in PHC (see *Leadership and Governance*).
Action ☐	Generate data on the costs and cost effectiveness associated with delivering interventions that promote nurturing care in PHC by, for example:
☐	Conducting research on the costs of delivering the defined package of interventions (see ***Resource 8***).
☐	Calculating the marginal cost of optimizing existing PHC services to deliver interventions that promote responsive caregiving, early learning, and safety and security.
☐	Generating evidence on cost effectiveness of leveraging existing PHC interventions to promote optimal child development.
☐	Incorporating interventions that promote nurturing care into costed health sector and PHC implementation plans to understand the level of financing required for implementation.
Action ☐	Support advocacy efforts for greater financing for policies and plans that promote nurturing care by, for example:
☐	Partnering with research institutions or universities to produce country-specific data on the economic benefits of investing in interventions that promote nurturing care, including cost-benefit analysis.
☐	Developing a comprehensive financing framework to deliver interventions that promote nurturing care based on identified costs.
Action ☐	Ensure robust monitoring and tracking of spending on interventions that promote in PHC by, for example:
☐	Conducting a comprehensive review of all current and potential domestic, donor, and private financing sources of funding for nurturing care within the health sector.
☐	Implementing budget tagging to systematically track and monitor domestic and donor spending on interventions that promote nurturing care within primary health care.
☐	Integrating financing for interventions that promote nurturing care into government accountability systems.
☐	Make interventions that promote nurturing care explicit in PHC investments by including nurturing care objectives and/or indicators in program plans, budgets, and monitoring frameworks. This will help improve identification and tracking of PHC investments that promote nurturing care.
☐	Training decision-makers to enhance their ability to track and manage financial resources dedicated to interventions that promote nurturing care.
Action ☐	Ensure adequate tracking of the performance and quality of services that promote nurturing care within PHC to generate evidence that can be used to identify areas that should receive increased financing and advocate for greater funding.

Inside each Building Block

Enabling factors to promote optimal child development in PHC

Case studies & examples for LMICs

Practical actions for PHC decision-makers to take to realize enabling factors

Tools and resources

Case Study 3

Contributors: Karma Dyenka (Save the Children) and Madam Sangay Zam (Faculty of Nursing and Public Health, Khesar Gyelpo University of Medical Sciences in Bhutan)

Prescription to Play in Bhutan: Incorporating playful parenting in the pre-service training of all health assistants

Bhutan has made significant progress in maternal and child health, successfully meeting Millennium Development Goals (MDGs) associated with poverty reduction, maternal and child mortality, and the prevalence of underweight children.[185]

While research has shown the importance of playful and responsive interactions for young children's development, a considerable number of them, particularly those from the most vulnerable and disadvantaged backgrounds, still do not have access to such opportunities because their caregivers lack the necessary skills.[186] To address these challenges, the Ministry of Health, in collaboration with Save the Children and the LEGO Foundation, launched Prescription to Play (P2P) for children ages 0 to 3 to improve the playful parenting practices of caregivers and enable children to reach their full developmental potential. Through Prescription to Play, health assistants in health centers and outreach clinics nationwide delivered group and individual parenting sessions to caregivers on responsive caregiving, playful parenting, and adequate nutrition. Additionally, sessions included child development screening to ensure early identification of any developmental delays. The program's implementation stage included individual and group sessions using the Building Brains package. Health assistants provided counseling during well-child visits using play cards and ideas for developmentally appropriate activities. They also led group sessions that taught games that incorporated behavioral strategies and used household items.

By partnering with the medical school, the Prescription to Play program ensured that new health assistants received comprehensive training in delivering playful parenting sessions and monitoring developmental milestones before resuming their roles. Health assistants also received in-service and refresher training adapted to their on-the-job experiences. For instance, one refresher training module incorporated the Plan-Do-Study-Act framework, empowering health assistants to devise specific, evidence-based, and relevant solutions for common challenges encountered during service delivery. The Prescription to Play team identified substantial impact after just three group sessions, including improved caregiver understanding of playful parenting, enhanced knowledge of child development, greater availability of play materials in homes, and increased engagement of fathers in caregiving and stimulation. Notably, participants who attended more group sessions experienced more significant changes.

Key Lessons

As policymakers look to support the health professionals who deliver interventions to young children and their families, the following are key lessons from Bhutan's Prescription to Play project:

- **Implement pre-service training for health care professionals.** Bhutan's experience highlights the importance of pre-service training in ensuring health care workers are adequately prepared to deliver high-quality interventions that promote nurturing care from the outset of their careers. When medical school curricula and training programs include components on various aspects of child development, such as screening for developmental delays and promoting responsive caregiving, health professionals are better equipped to foster nurturing relationships between caregivers and their children. It also allows in-service training to focus on reinforcing existing knowledge and skills, rather than introducing new concepts that may overwhelm workers already facing heavy workloads.

cont. →

Inside each Building Block

Enabling factors to promote optimal child development in PHC

Case studies & examples for LMICs

Practical actions for PHC decision-makers to take to realize enabling factors

Tools and resources

Box 7

Lessons from Tanzania's ECD Scorecard[187]

In 2021, Tanzania launched its National Multisectoral ECD Program (NMECDP) 2021 – 2026 to provide an organizing framework for the promotion of nurturing care.

The NMECDP encourages a unified, multisectoral approach to delivering interventions that promote nurturing care and includes a costed implementation plan to identify specific actions to achieve this goal. Additionally, to assess progress against this strategic plan, the NMECDP Secretariat and TECDEN developed the National Multisectoral ECD Scorecard to review performance on key activities and processes on a quarterly basis, ensuring that there was continued alignment with the NMECDP. The ECD Scorecard includes 14 key indicators drawn from the five domains of nurturing care: good health, adequate nutrition, early learning, responsive caregiving, and safety and security.

The ECD Scorecard was launched in December 2025 after several years of dedicated development. Through a three-day national training program, the ECD Scorecard was introduced to Council Social Welfare Officers from all 184 Councils and 26 regions across the country. Representatives from the Ministry of Health, Ministry of Education, Science and Technology, Ministry of Community Development, Gender, Women and Children, and the Prime Minister's Office were present at the launch of the tool, reflecting strong leadership and multisectoral collaboration across key ministries. The tool aims to strengthen coordination, accountability, and delivery of quality services that promote nurturing care for young children and emphasis has been placed on its value in supporting evidence-based planning and budgeting at national and subnational levels, enabling the government to assess progress in promoting child development outcomes.

Tools & Resources

- *Resource 6* includes a table with the full list of enabling factors and corresponding actions for Health Information Systems.
- *Resource 7* includes reflection questions to support discussion and planning related to Health Information Systems.
- *Resource 8* features a sample of population-level measures of child development that can be integrated into national surveys along with tools and resources to support nurturing care data collection through HIS.

Service Delivery

ENABLING FACTORS

- Prioritizing contact points by their potential for high impact
- Optimizing community-based approaches
- Reinforcing interventions across different contact points
- Fostering caregiver-provider conversations about the child's development through ongoing developmental monitoring and counseling
- Providing targeted support to children where needed

Illustrative Interventions to Promote Nurturing Care in PHC

Skin-to-skin contact and Kangaroo Care

Rooming-in for mothers and young infants

Responsive Feeding

» Information, support, and counseling on responsive feeding

Responsive Caregiving

» Information, support and counseling to promote caregiver sensitivity and responsiveness to children's cues

Caregiver Well-being

» Support and/or referral for caregiver depression and other mental health concerns and assessment of caregiver mental health

Early Learning

» Information, support, and counseling to encourage play and communication activities of caregiver with the child and promote early learning

Play, reading, and storytelling groups

Book sharing with a caregiver, older sibling, or health worker

Safety and Security

» Information, support, and counseling on maintaining safe family and play spaces and positive discipline
» Assessment, referrals, and follow up for risks of violence, neglect, and abuse

Developmental monitoring and counseling

Contact Points at Facility and Community Levels

Facility	
Contact Point	**Examples of interventions that promote nurturing care**
Antenatal Care	In South Africa, the Healthy Pregnancy, Healthy Baby study gave mothers a baby book with fetal development information, maternal well-being tips, and an ultrasound image to keep — promoting nurturing care from early pregnancy.
Postnatal Care	A PATH and APHRC study in Siaya County, Kenya trained health workers to integrate ECD counseling and developmental screening into routine immunization visits.
Well-Child	A study in India trained health workers to promote nurturing care in growth monitoring sessions, equipping them with counseling cards, flip charts, and videos to guide caregiver education.
1:1 Parenting Sessions	The Smart Beginnings Model in the U.S. pairs families with coaches who observe parent-child interactions and provide personalized feedback to strengthen caregiving.
Group Parenting Sessions	A study in Bangladesh delivered 25 biweekly play sessions at government clinics, incorporating songs, picture books, toys, language activities, and nutritional guidance.
Play Boxes in Waiting Area	With guidance from PATH, Kenya and Mozambique implemented play boxes, improving caregiver experience and increasing service utilization.
Digital Health Promotion Tools	UNICEF's Bebbo app offers guidance on nutrition, play, and child development up to age 6, with expert content and interactive tools available in 15 countries across Europe and Central Asia.
Printed Health Promotion Materials	In Indonesia, growth monitoring posters at a village health center improved parent knowledge, attitudes, and behavior around child development and motivated independent monitoring at home.

Contact Points at Facility and Community Levels

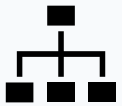
Community	
Contact Point	**Examples of interventions that promote nurturing care**
Group Parenting Sessions	A study in Indonesia embedded parenting and psychosocial stimulation messages into twice-weekly nutrition rehabilitation sessions at community centers, resulting in lower maternal stress and higher dietary diversity among children under 2.
Home Visits	The Reach Up and Learn program — adapted from the Jamaica Home Visit intervention — trains health workers to build responsive caregiving skills and has been successfully implemented in Bangladesh and Colombia.
Mass Media	South Africa's Side-by-Side Campaign combines a radio drama in nine languages, SMS-based messaging for mothers, a family health booklet, and printed materials to promote caregivers' role in early childhood development.
Digital Health Promotion Tools	The Side-by-Side Campaign's MomConnect platform delivered health and development messages directly to pregnant women and new mothers via SMS.
Printed Health Promotion Materials	The Side-by-Side Campaign distributed a Road to Health booklet to families at birth — used by community health workers to track growth and immunization — alongside printed nurturing care guidance in all 11 official languages.

Leadership & Governance

ENABLING FACTORS

Health sector policies and plans clarify the role of PHC in nurturing care

Roles of primary health system actors to implement policies and plans that promote nurturing care are clear across all levels of government



Mechanisms are in plan to monitor implementation of policies and plans which promote nurturing care

A multisectoral policy framework for nurturing care facilitates coordination across sectors

Health Workforce

ENABLING FACTORS
Health workers receive adequate and contextualized training, and supportive supervision
Tools and job aids are readily available and accurately used
Design of interventions to promote nurturing care consider existing staff capacity and ways to incentivize the workforce

Case Study

Prescription to Play in Bhutan: Incorporating playful parenting in the pre-service training of health assistants

Prescription to Play (P2P) was launched to help **improve the playful parenting skills of caregivers** and enable children to reach their full potential.

The program helps health assistants (HAs) nationwide deliver group and individual parenting sessions to caregivers on responsive caregiving, playful parenting, and adequate nutrition.

Pre-Service Training

- Partnered with medical schools **to ensure HAs receive training** in delivering parenting sessions and monitoring developmental milestones **before resuming their roles.**
- HAs also receive **in-service and refresher training adapted to their on-the-job experiences**

Impact

The P2P team has identified substantial impact after just three group sessions, including **improved caregiver understanding of playful parenting and child development**, **more play materials in homes**, and **increased engagement of fathers in caregiving and stimulation**.

Lessons from Bhutan's Experience

Implement pre-service training for health care professionals

Establish strong partnerships with academic institutions

Prioritize practical training for healthcare professionals

Health Information Systems

ENABLING FACTORS

Clear consensus and guidance on what child development indicators and outcomes should be monitored, and when and how to monitor them

Existing HIS are adequately resourced to collect and use agreed indicators

Robust coordination between sectors and ministries allow for data sharing and aggregation to show a comprehensive picture of child development outcomes

Data is accessible and available to PHC decision makers and caregivers in a user-friendly format

Case Study

Kenya's experience integrating nurturing care indicators into administrative collection via the DHIS-2

With technical support from UNICEF and funding from the Conrad N. Hilton Foundation, Kenya's Ministry of Health explicitly **incorporated nurturing care data elements into the existing DH0S-2 register in 2020-2021.**

This integration was necessary to capture information about the many existing nurturing care for ECD interventions that were already being provided through mother-child health clinics around the country in a single, standardized way.

As a result, the DHIS-2 data capture and reporting tools now include the following data elements and indicators:

- Delayed developmental milestones new cases
- Delayed developmental milestones old cases
- Children with delayed developmental milestones referred
- Children under 5 years with delayed developmental milestones
- Children with delayed developmental milestones receiving therapeutic play service
- Proportion of children under 5 with delayed developmental milestones

In using the DHIS-2 to capture routine health information at the county level, health leadership teams are **provided with more frequent and disaggregated information to support with local decision-making**.

Lessons from Kenya's Experience

Training updates are minimal

Digital information systems may be better suited to revisions than paper-based systems

A coalition of champions to advocate for nurturing care indicators is critical

Sustainable Financing

ENABLING FACTORS

PHC decision-makers have access to robust data on costs and cost-effectiveness to inform financing plans

PHC decision-makers explore use of varied resource mobilization strategies

Donors increase financing for interventions that promote nurturing care through PHC and better coordinate investments with one another

The Global Toolkit is Now Available!

Access the **Executive Summary** and **Full Toolkit** on our website: https://r4d.org/phc-child-development-toolkit/

Executive Summary
Key insights, enabling factors and practical actions at a glance.

Full Global Toolkit
Comprehensive guidance, tools, and resources to strengthen PHC for optimal child development.


SUMMARY
June 2026

Strengthening Primary Health Care to Promote Early Childhood Development

The Challenge

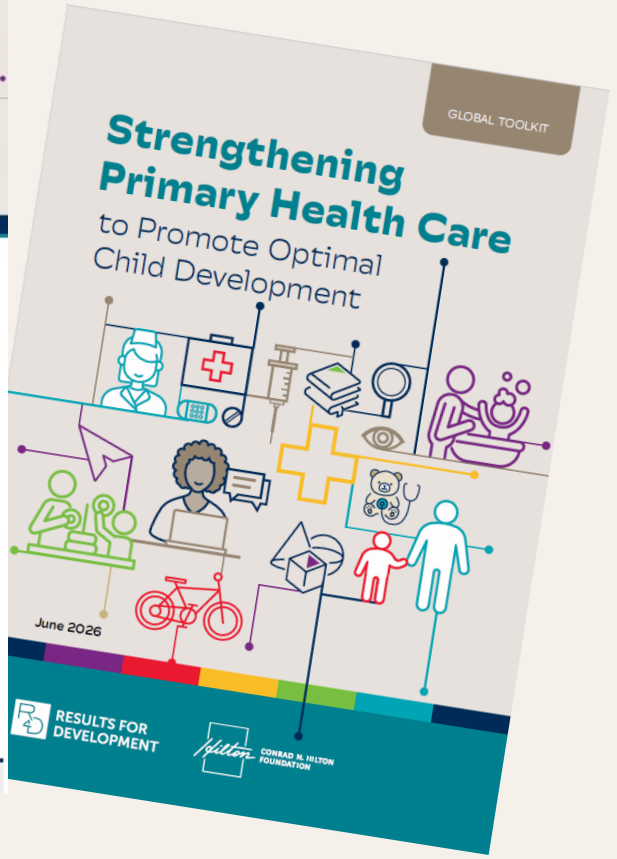
Primary health care systems have made important strides in improving health and nutrition outcomes for children globally. However, there are still 250 million children under the age of 5 in low- and middle-income countries (LMICs) who are at risk of not reaching their full developmental potential due to poverty and stunting. Moreover, while 86 percent of children aged 2 to 5 in LMICs have a healthy weight, fewer than one in three of these children receives adequate developmental stimulation or is protected from physical punishment. This not only hinders children's optimal childhood development — reflecting linguistic, cognitive, physical, motor, and socioemotional outcomes — but has consequences for their health and economic success in adulthood.

Growing evidence shows that nurturing care can protect young children from the worst effects of adversity and promote their optimal development. According to the Nurturing Care Framework, nurturing care refers to the environments and practices that support infants and young children in reaching their full potential: (1) good health, (2) adequate nutrition, (3) responsive caregiving, (4) opportunities for early learning, and (5) safety and security. Primary health care (PHC) systems, which are already delivering key health and nutrition interventions to children ages 0 to 3, can be further strengthened to provide more comprehensive services that address all five components of nurturing care, including those that have traditionally fallen outside the scope of PHC.

Why does promoting nurturing care for optimal child development matter for PHC?

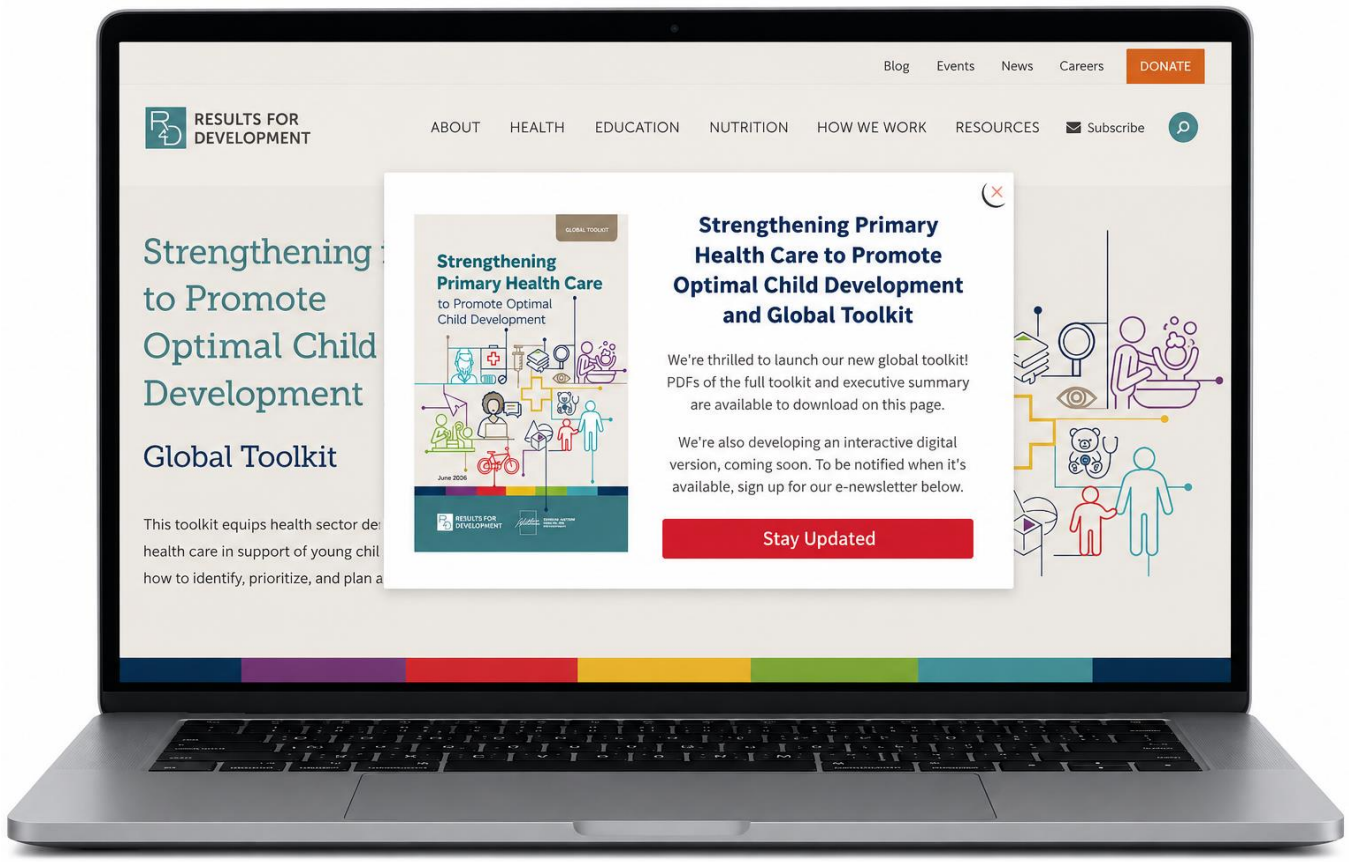
PHC systems are an important and trusted first contact for children and families, with existing contact points such as well-child visits that are well-positioned to promote nurturing care. There is growing experience and evidence on the value of leveraging these contact points to significantly improve young children's development.

Promoting nurturing care can spur progress for PHC goals, too, by focusing on both health promotion and disease prevention. There is evidence that when health services also deliver developmental monitoring and counselling and promote responsive caregiving, early learning, safety and security, and caregiver well-being, caregivers' utilization and perception of the quality of PHC services improves. This is essential for identifying and addressing health and developmental risks while promoting positive health behaviors that can improve health outcomes across the life course. In this way, PHC can mitigate developmental challenges, promote strong health and well-being across the life course, and support health and well-being for all through the achievement of universal health coverage (UHC) and Sustainable Development Goal (SDG) 3.



Online Version of Global Toolkit

Alongside the full Toolkit, R4D is launching **an interactive digital version** that distills three years of **lessons**, **resources**, **tools**, and **case studies** into a more accessible format — equipping health sector decision-makers with practical guidance on where and how to strengthen primary health care in support of young children's optimal development.

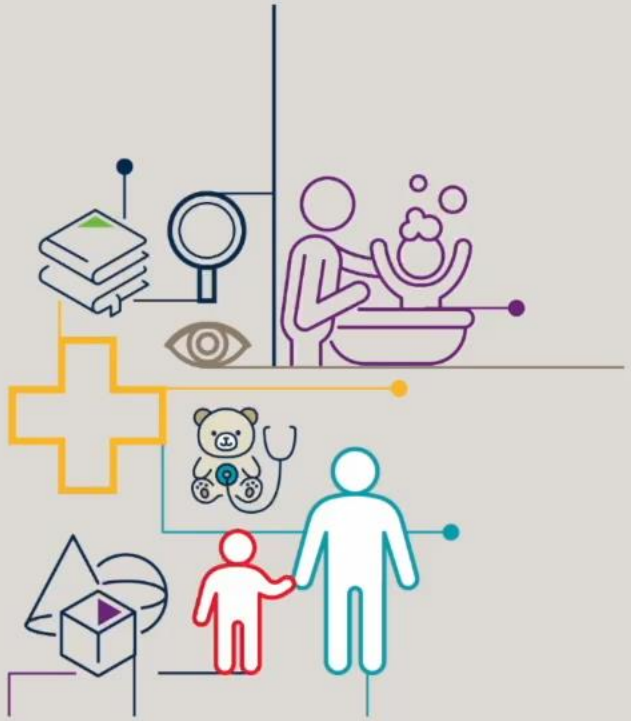


Visit https://r4d.org/phc-child-development-toolkit/ for more information

Strengthening Primary Health Care to Promote Optimal Child Development

Global Toolkit

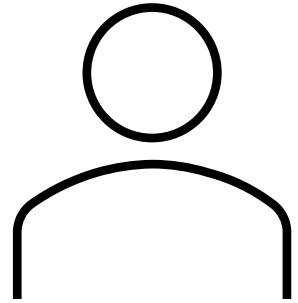
This toolkit equips health sector decision-makers to identify where and how to strengthen primary health care in support of young children's optimal development. It provides practical guidance on how to identify, prioritize, and plan actions.



Panel Discussion

Dr. Donald Mogoi
County Executive Committee Member for Health, Nyamira County, Kenya

Dr. Theopista Masenge
President, Pediatric Association of Tanzania



Dr. Marina Karagianis
Early Childhood Development Focal Point, Ministério da Saúde de Moçambique

Q&A Session

Boniface Kakhobwe

ECD Specialist, UNICEF