As more children survive, PATH is ensuring that they thrive.

As children around the world gain better access to health care and improved nutrition, more and more have the opportunity to live healthy, productive lives. Since 1990, deaths among children under the age of five declined by 55 percent worldwide, meaning that 20,000 fewer children died each day in 2016 than in 1990. While child mortality remains a major problem in many low-resource settings, today, governments, health systems, communities, and caregivers must answer a new question: how do we ensure that our youngest children not only survive, but thrive?

According to a recent Lancet review, 43 percent of children under five worldwide—an estimated 250 million—remain at risk of suboptimal development. Yet emerging evidence shows that children who receive nurturing care for early childhood development (ECD), which includes health, nutrition, responsive caregiving, early learning, and security and safety, are more likely to develop to their full potential.

Figure 1. Components of nurturing care.

Since 2012, PATH has been at the forefront of a movement to integrate nurturing care for ECD services into existing health systems—an important platform to reach children under three in low-resource settings. As a result of PATH’s programs, which prioritize partnership with government, thousands of children now have the opportunity to live fuller and healthier lives.

Nurturing care for early childhood development has been overlooked by health systems.

In many countries, ECD services have most commonly targeted preschool-aged children (three to six years old) through the education system. These services do not reach children during their most important period of brain growth, which can contribute to poor health outcomes like stunting and delayed cognitive development. This has steep economic costs for countries—in one study, children who experienced developmental delays early in life were estimated to forfeit a quarter of average adult income per year. These economic losses may cost countries up to twice their current gross domestic product expenditures on health and education.

Children’s brains grow most rapidly before the age of three.

The human brain develops most rapidly early in life, creating one million neural connections in just its first few years. Research has long demonstrated that early experiences, especially before the age of three, can build either a strong or a fragile foundation for later development. Unfortunately, stress in early childhood, often caused by extreme poverty and malnutrition, can be toxic to the developing brain. During this “window of opportunity,” nurturing care is critical in protecting young minds and bodies from the serious dangers of poor development, which can reverberate across the entire life course.
The health system, however, provides a natural setting to reach children under three and their caregivers. During visits to health facilities or through community-based services, such as home visits, health workers can monitor developmental milestones, refer children with suspected developmental delays, and counsel on responsive caregiving and early learning. Through these services and improved caregiving practices, families and communities can give children the best opportunities to reach their full potential.

**In partnership with PATH, countries are making nurturing care for ECD a health system priority.**

Recognizing the need for innovation to reach children under three, PATH began partnering with governments—including Cote d’Ivoire, Kenya, Mozambique, South Africa, and Zambia—to use the health system and other relevant platforms as entry points for supporting families and communities to help children thrive. PATH’s three-part model prioritizes country leadership, and ensures that strong, supportive policies drive the scale-up of nurturing care for ECD within health systems.

PATH works with governments to build an enabling policy environment, ensuring ECD is included in policies, guidelines, training curricula, and government work plans and budgets.

While nurturing care for ECD happens in the community and at home, political will and government commitment are essential to ensure implementation at scale. Through advocacy, PATH aims to integrate nurturing care into relevant national policies and guidelines. In Kenya, for example, previous child health strategies and guidelines primarily focused on child survival. PATH advocated for the development of the Neonatal, Child and Adolescent Health Policy as an overarching guide for all child health services, making sure that the new policy included ECD content for children ages zero to three.

But policy itself is only a start. Modifying curricula and job aides are critical for translating policy change into sustained, high-quality service delivery. In Mozambique, PATH and partners worked with the Ministry of Health to include ECD content in pre-service training curricula of nurses and community health workers. In Kenya and Mozambique, a series of consultations strengthened content on developmental screening and counseling in revised Integrated Management of Childhood Illness (IMCI) program packages. This work is particularly important for sustainability and reaching scale, so that all children—not just a few—have access to nurturing care.

**PATH works with countries to integrate ECD into health systems by focusing on health workers and service providers.**

As the direct link to parents and caregivers, health care workers are on the frontlines of delivering nurturing care for ECD services and messages. PATH aims to give these service providers—and the government staff responsible for training them—the tools and resources needed to integrate ECD content into routine service delivery.

When PATH began to develop its health system-based model, it adapted the World Health Organization and UNICEF’s Care for Child Development (CCD) package to train a cadre of government staff. These CCD master trainers then build the capacity of facility-based service providers and community health workers (CHWs) to integrate ECD content and messages into services like antenatal and postnatal care, child immunizations and growth monitoring, pediatric services, and community-based interventions. In an effort to move away from costly standalone trainings, PATH works with government and other development partners to include nurturing care content in capacity-building activities and existing curricula—such as the IMCI package in Kenya and Mozambique, and Essential Nutrition Actions in Cote d’Ivoire. This “top-down” approach is cost effective and reinforces the inclusion of nurturing care for ECD as an essential component of the health system.

But training is not enough—service providers need mentorship and continued support as they practice and master new counseling skills. In Kenya and Mozambique, for example,
PATH is working with governments to institutionalize supportive supervision for nurturing care for ECD by updating supervision norms and tools. Trained mentors also directly observe service providers and offer coaching on areas of weakness. These activities, offered for a limited period after initial trainings, ensure continuous quality improvement in service delivery.

Global momentum for nurturing care is taking hold: The Nurturing Care Framework.3

As countries prioritize ECD integration in health, global momentum for this approach is also growing. One important step is the World Health Organization’s Nurturing Care for Early Childhood Development Framework. The Framework builds upon state-of-the art evidence of how child development unfolds and of the effective policies and interventions that can improve ECD. It describes how a whole-of-government and a whole-of-society approach can promote and strengthen the nurturing care of young children, what the guiding principles for doing so are, and what strategic actions are needed, and the monitoring of targets and milestones that are essential to progress. PATH was a key contributor to the Framework’s guidance on health sector integration. PATH will continue to support countries as they use the Framework to guide the scale-up of new approaches through the health sector and beyond.

PATH builds the evidence base for sustainably integrating ECD into health policies and programs in the countries that need it most.

In sub-Saharan Africa, there is a significant gap in research on how best to incorporate ECD into service delivery. PATH is working to answer important questions about health sector integration through ongoing evaluation and research. In Mozambique, evaluations of home visits and facility-based services that incorporate ECD content demonstrated that integration in low-resource settings is not only possible, but also made caregivers feel more positive about the quality of health services they received. Moreover, health workers felt more confident in the services they are providing. In Kenya, PATH is evaluating the impact of health sector integration on the knowledge, attitudes, and practices of caregivers, as well as child growth and developmental outcomes. The study will estimate the cost-effectiveness of integration and offer learnings for anticipated expansion, led by national governments, into new regions and countries.

Every child deserves the chance to reach their full potential.

PATH’s pioneering approach in ECD and nurturing care offers a road map for governments and partners interested in reaching caregivers and children with the newest approaches to ECD and health. Many governments are poised to lead the introduction or expansion of ECD integration into the health system and are prepared to commit resources to the “thrive” agenda. As a partner and supporter, PATH is walking hand in hand with them as they use the health system to reach their countries’ youngest children.

For more information
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