The Nurturing Care Framework: ECD approaches in fragile contexts

World Vision International
Go Baby Go!

WVI Core model for 0-3 Child Development

• **Developed** - in close collaboration across sectors

• **Advised by** - evidence *(Lancet Series on ECD, science of brain architecture, attachment theory, risk & resiliency factors for child development, meta-analysis of parenting programs)*

• **Aims to** - strengthen caregivers’ competencies, confidence, and well-being so they can provide **nurturing care**
### Critical Elements of Model Design

<table>
<thead>
<tr>
<th>Timing</th>
<th>Content</th>
<th>Intensity/Dosage</th>
<th>Training and Supervision</th>
<th>Delivery Platforms</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Age-appropriate messages guided by brain, health, nutrition and early learning science</td>
<td>• Structured and contextualized curriculum (align with nurturing care framework)</td>
<td>• Calibrate the minimum dosage and intensity to achieve results (consult evidence) • In emergencies rapid cycles and high demand is a challenge</td>
<td>• Competency-based training • Supportive supervision and feedback loops • Fidelity of Implementation</td>
<td>• Home visits • Group learning sessions • Clinics, Food Distribution Points, Child Friendly Spaces</td>
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Nurturing Care Framework

Components of Nurturing Care:

- Good Health
- Adequate Nutrition
- Opportunities for Early Learning
- Responsive Caregiving
- Security and Safety
Go Baby Go - Parenting Program

How the broader system supports caregivers

How caregivers meet these needs

Requirements for baby’s developing brain

Water, Sanitation and Hygiene

Safe & Secure Home Environment

Linkages to social services

Responsive Caregiving

Sound policies for children 0<3

Supportive & Positive Parenting

Healthy & Nutritious Eating

Strengthening the Family Environment

Early Stimulation

Secure Baby-Caregiver Attachment

Nutrition/ Breastfeeding

Strong community networks

Learning Through Play & Communication

Referrals to specialized services
Fragile Context Country Examples

World Vision Palestine

Research Study: Enhanced Timed Targeted Counseling (ETTC) with Mental Support and Promotion for Caregivers and Children Under One
ETTC Model

- **Target group** – Pregnant women (3rd trimester) caregivers of children under 12 months, from North and South areas of West Bank
- **Delivery mode** – monthly HH visits
- **Delivery cadre** – Community health volunteers
- **Intervention package** - promotes key family practices around the nurturing care framework, including maternal mental health; timely referrals
- **Outcomes of Interest:**
  - children with age-appropriate development - *primary*
  - maternal mental health - *primary*
  - maternal/child health and nutrition practices - *secondary*
- **Research design** - Cluster randomised case control study
Results

Attachments scales – MAAS/MPAS
• **13.1 % increase in positive mother-fetus/child attachment** in the intervention sites

Edinburgh Postnatal Depression scale (EPDS)
• **21.4% decrease in postnatal depression**

**Relationship between depression and Maternal Mental Health**
• Significant decrease in parent-child interaction, hostility, spending valuable time with their children.

**Age appropriate child development**
• Children achieve their development in most of the domains, especially in communication and motor domains.
World Vision Lebanon

Early Childhood Care and Development Programming for 0-6 Old Children
Target Group – Syrian refugees, and most vulnerable Lebanese population – in total 11,103

Implementation period – 2016 - 2017 years

Intervention Package:
• **Sector specific**: builds parental knowledge and skills on ECCD good and harmful practices - using Go Baby Go (0-3 age), Learning Roots (3-6 age) models
• **Other sector interventions**: winterization, cash assistance, food assistance, WASH

Measurement Tools: *WV ECD Caregiver Survey, Age stage Questionnaire (ASQ)*

Delivery mechanism: group learning sessions, usually held in parent’s houses
<table>
<thead>
<tr>
<th>Outcome Indicator</th>
<th>Location</th>
<th>Baseline</th>
<th>Evaluation</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Proportion of children aged 0 to 5 years who are developmentally on track</em></td>
<td>Bekaa</td>
<td>27.3%</td>
<td>63.6%</td>
<td>36.3%</td>
</tr>
<tr>
<td></td>
<td>South</td>
<td>15.9%</td>
<td>85.7%</td>
<td>p&lt;0.004</td>
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<tr>
<td></td>
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<td></td>
<td><strong>69.8%</strong></td>
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<td></td>
<td></td>
<td></td>
<td>p&lt;.0001</td>
</tr>
<tr>
<td><em>Proportion of parents and caregivers who promote learning and reading readiness for children aged 0 to 5 years</em></td>
<td>Bekaa</td>
<td>38.2%</td>
<td>49.7%</td>
<td>12.5%</td>
</tr>
<tr>
<td></td>
<td>South</td>
<td>54.2%</td>
<td>66.3%</td>
<td>12.1%</td>
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<td></td>
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<td>(p&lt;.0005)</td>
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Learning

- Targeting most vulnerable parents/families is key

- Even under duress, caregivers are able to apply simple, applicable concepts

- ECD integration into existing programming platforms is feasible

- Existing gaps – more evidence; innovations such as effective delivery mechanisms financing; measurement tools; effective cooperation between relief and development, multiple sectors and partners.

- We can do something!

- ECD programming constantly producing positive results