



Nurturing care for children affected by HIV

Early childhood development and children affected by HIV

Over the last three decades, scientific findings from a range of disciplines have converged. They prove that in the early years, we lay down critical elements for health, well-being and productivity, which last throughout childhood, adolescence and adulthood. Failure to meet a child's needs during this critical period limits the child's ability to achieve their full developmental potential and threatens the future of human capital and society in general.¹

This is particularly so for children affected by HIV who experience several interrelated factors that may hinder the achievement of a child's full developmental potential. These risk factors include:

- being born too small or prematurely;^{2,3}
- having more severe pneumonia and diarrhoeal disease;^{4,5}
- being exposed to infectious diseases such as tuberculosis;
- receiving suboptimal breastfeeding and nutrition, resulting in poor growth;
- being cared for by a mother or caregiver who is experiencing health challenges, both physically and mentally;
- being excluded from opportunities to interact with other children, adults, and their surroundings;
- growing up surrounded by or experiencing extreme poverty and/or violence; and
- being exposed to maternal HIV and to antiretroviral medicine resulting in worse developmental outcomes compared to their non-HIV-affected peers.

What is nurturing care?

To reach their full potential, children need the five interrelated and indivisible components of nurturing care: good health, adequate nutrition, safety and security, responsive caregiving and opportunities for early learning. This begins in pregnancy and continues throughout the life-course.

We have made great strides in improving child survival, but we also need to create the conditions to help children thrive as they grow and develop. Nurturing care protects children from the worst effects of adversity and produces lifelong and intergenerational benefits for health, productivity and social cohesion.

Nurturing care happens when we maximize every interaction with a child. Every moment, small or big, structured or unstructured, is an opportunity to ensure children are healthy, receive nutritious food, are safe and learning about themselves, others and their world. What we do matters, but how we do it matters more.

Children affected by HIV include:

- children living with HIV
- children who are exposed to HIV and uninfected
- children with caregivers or household members living with HIV

The health services sector has a longstanding relationship and multiple contacts with families affected by HIV, including offering HIV prevention, testing and treatment services to women and children. In this capacity, health care providers can help change the life trajectory of children affected by HIV. Routinely provided services can support families and caregivers to care for themselves so they, in turn, can provide nurturing care to help children reach their full developmental potential. This brief outlines what is already happening and what can be strengthened or added to maximize the available opportunities within existing health services to change the life trajectory of young children affected by HIV for the better.

Nurturing care ensures children affected by HIV survive and thrive

More children affected by HIV are surviving. Advances in access to routine services and HIV prevention and care services means that more mothers living with HIV are surviving as are more of the 1.3 million infants born to them each year.¹ But the work is not yet done.

Surviving is not enough. For these children to achieve their full potential, we must put in place the enabling environment and necessary conditions to help them thrive. This is particularly true for children who are living with HIV and those exposed to HIV even if they are uninfected.

- Worldwide, 530 000 children aged five years and younger are living with HIV and 5.4 million children aged five years and younger are HIV-exposed and uninfected.¹
- In Botswana, Eswatini, Lesotho and South Africa, countries with the highest burden of HIV, more than one in five children are HIV exposed and uninfected.¹

A new focus is needed on securing HIV-free survival and optimal early childhood development.

Routine services for maternal, newborn and child health and nutrition and HIV prevention and care services can help achieve this by identifying, protecting and supporting families and caregivers so they can provide their children nurturing care.

A new focus – survival and optimal early childhood development. For children to be able to lead healthy, productive, and fulfilling lives, they need nurturing care. Nurturing care promotes children's development and protects them from the harmful effects of adversity by lowering their stress levels and promoting emotional and cognitive coping mechanisms. Primary caregivers are the closest people to the child and thus the best providers of nurturing care. But, they cannot do it alone. Every routine health service and HIV prevention and care service is an opportunity to support the physical and mental well-being of the caregiver and child, as well as model and build the confidence and capacity of caregivers to provide their children nurturing care. Applying a nurturing care lens to all interactions with caregivers and children can ensure children survive, thrive, and reach their full developmental potential.

The solution - apply a nurturing care lens within existing health services.

Routine services, such as for antenatal, childbirth and postnatal care, immunization and sick child care, can ensure that all children, independent of any risk receive universal support. However, because children affected by HIV experience additional risks, services specifically designed to prevent and manage HIV can go one step further by providing targeted support for nurturing care to families and children affected by HIV. By applying a nurturing care lens, these touchpoints in the health system that already interface with HIV-affected children and their caregivers can contribute substantially to optimizing early childhood development (see Figure 1).

What are the nurturing care components?



Good health

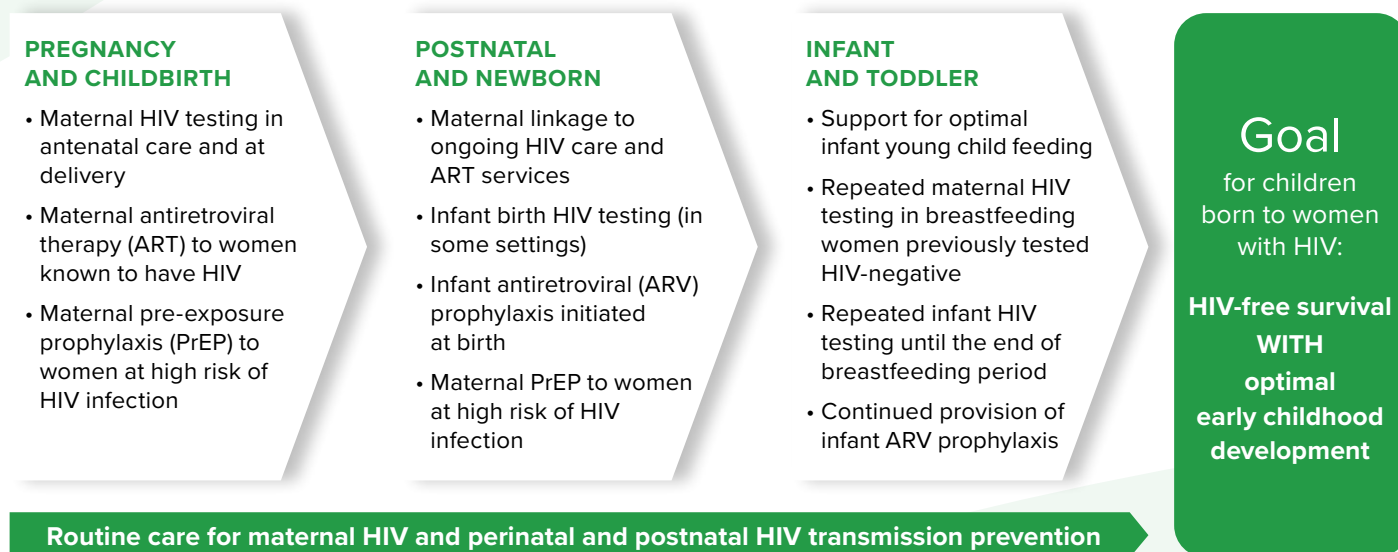
Refers to the health and well-being of the children and their caregivers. Why both? We know that the physical and mental health of caregivers can affect their ability to care for the child.



Adequate nutrition

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

Figure 1. Applying a nurturing care lens to support children affected by HIV



Remember

Routine MNCH and HIV prevention and care services, play an instrumental role in ensuring the good health and adequate nutrition of caregivers and children.

Routine maternal, newborn and child health services. High-quality child health services – including immunization, vitamin A supplementation, deworming, growth monitoring and counseling, TB screening, and preventing and managing acute illnesses – all help to secure good health and adequate nutrition for children affected by HIV. High-quality pre-conception and maternal health services promote the physical, mental, and nutritional well-being of the mother, which in turn, has a direct impact on the health and nutrition of the child.

HIV prevention services. The successful expansion of programmes to prevent perinatal and postnatal transmission of HIV has resulted in an enormous decline in the numbers of children under 5 years currently living with HIV. Such services play an instrumental role in ensuring that children that are HIV exposed begin their life in good health. When children are in good health they can maximize everyday moments that support their physical, emotional, social, and cognitive development.

HIV care for caregivers living with HIV. Services that provide treatment and care for caregivers living with HIV ensure caregivers have the strength to care for their children. Infants and very young children are completely dependent on their caregivers to recognize and respond to their needs.

These needs are not only for nutrition and safety, but also for social engagement, cognitive stimulation, emotional regulation and soothing. Parents who are in poor health will be less able to recognize and respond to their children's needs, which can have negative consequences for children's health, growth, and development. For example, parents in poor health may be too weak or stressed to notice if the child is ill, hungry, happy, sad, tired, or interested in the object just out of their reach. But when parents receive psychosocial support and care for their physical and mental health, they are better able to care for their children



Safety and security

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



Opportunities for early learning

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



Responsive caregiving

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

Strengthen

Optimizing support for the nurturing care of children affected by HIV also means early identification and sustained care for families that are affected by HIV. Unfortunately, progress in preventing perinatal and postnatal HIV transmission has not yet fully translated into continuity of appropriate care that caregivers and their children may need. Here are a few examples of services we can strengthen.

Early identification of disease to improve maternal and child health outcomes

- **Emphasize repeat HIV testing** of all pregnant and breastfeeding women not known to be living with HIV and link these women and their children to HIV services when required. Early identification of mothers living with HIV ensures more timely linkages to treatment and care for the mothers and perinatal and postnatal HIV testing and prevention interventions for their children.
- **Regularly screen for TB contacts** and related symptoms among children affected by HIV and their families and link to TB prevention or treatment services when required. Children affected by HIV are more often exposed to TB in the home. Regular screening and linkage provides opportunities for preventive therapy or early treatment.













Routine care for caregivers and children

- In all contacts that caregivers and young children have with health services, **encourage exclusive breastfeeding and healthy child feeding habits**. Many women living with HIV and their families still experience challenges related to infant feeding choices. Continually encourage and reinforce the benefits of exclusive breastfeeding for the first six months with continued breastfeeding and complementary foods after six months, while mothers are receiving antiretroviral therapy. This can support women living with HIV to sustain optimal breastfeeding practices and improve nutritional outcomes for their children.

- **Always ask about the caregiver's well-being and their HIV care.** Enquire about the welfare of all caregivers in the family. It is crucial that caregivers living with HIV tend to their own health in order to have the energy and emotional availability to care for their children.
- **Encourage mothers to invite male partners** to the health facility for HIV testing and other health related services and information. Engage male partners at the health facility to discuss the importance of nurturing care and their important role in their child's healthy development.



Figure 2. Recommendations for Care for Child Development

NEWBORN, BIRTH UP TO 1 WEEK	1 WEEK UP TO 6 MONTHS	6 MONTHS UP TO 9 MONTHS	9 MONTHS UP TO 12 MONTHS	12 MONTHS UP TO 2 YEARS	2 YEARS AND OLDER
<p>Your baby learns from birth</p>  <p>PLAY Provide ways for your baby to see, hear, move arms and legs freely, and touch you. Gently soothe, stroke and hold your child. Skin to skin is good.</p>  <p>COMMUNICATE Look into baby's eyes and talk to your baby. When you are breastfeeding is a good time. Even a newborn baby sees your face and hears your voice.</p>	 <p>PLAY Provide ways for your child to see, hear, feel, move freely, and touch you. Slowly move colourful things for your child to see and reach for. <i>Sample toys: shaker rattle, big ring on a string.</i></p>  <p>COMMUNICATE Smile and laugh with your child. Talk to your child. Get a conversation going by copying your child's sounds or gestures.</p>	 <p>PLAY Give your child clean, safe household things to handle, bang, and drop. <i>Sample toys: containers with lids, metal pot and spoon.</i></p>  <p>COMMUNICATE Respond to your child's sounds and interests. Call the child's name, and see your child respond.</p>	 <p>PLAY Hide a child's favourite toy under a cloth or box. See if the child can find it. Play peek-a-boo.</p>  <p>COMMUNICATE Tell your child the names of things and people. Show your child how to say things with hands, like "bye bye". <i>Sample toy: doll with face.</i></p>	 <p>PLAY Give your child things to stack up, and to put into containers and take out. <i>Sample toys: Nesting and stacking objects, container and clothes clips.</i></p>  <p>COMMUNICATE Ask your child simple questions. Respond to your child's attempts to talk. Show and talk about nature, pictures and things.</p>	 <p>PLAY Help your child count, name and compare things. Make simple toys for your child. <i>Sample toys: Objects of different colours and shapes to sort, stick or chalk board, puzzle.</i></p>  <p>COMMUNICATE Encourage your child to talk and answer your child's questions. Teach your child stories, songs and games. Talk about pictures or books. <i>Sample toy: book with pictures</i></p>

● Give your child affection and show your love ● Be aware of your child's interests and respond to them ● Praise your child for trying to learn new skills

- Use all encounters with caregivers and their children, including child-focused consultations, as an opportunity to reinforce that parents sustain lifelong antiretroviral therapy for their own and their child's well-being.
- Monitor parents and other caregivers for mental health difficulties and link to mental health and psychosocial support services when required. Parents and other caregivers living with HIV more often experience mental health difficulties. Early identification and support will facilitate safer and more secure environments for children affected by HIV.
- Review immunization records in all child-focused consultations to identify gaps, arrange to redress missed immunizations as soon as possible, and counsel when the next immunization is needed. Children affected by HIV have more infectious diseases but this can be mitigated by receiving all available and recommended immunizations.
- Document and accurately interpret growth charts in child health cards for early identification of children with food insecurity, growth faltering or malnutrition and link to nutrition support programmes when required.
- Assess for unsafe environments, including physical danger, household deprivation or environmental risks and link children and families to community networks and social protection schemes when required. Families affected by HIV more often experience social adversity.
- Monitor children's development as part of counselling on responsive caregiving and opportunities for early learning. Children affected by HIV more often experience developmental delays and will benefit from early identification and referral to relevant support services.
- Explain to caregivers how playing and communicating helps children learn new skills. Show caregivers that there are many ways to interact with their child to stimulate his or her development. (See Figure 2).
- Create a health facility environment that ensures confidentiality and in which families feel at ease to disclose personal, social, financial and environmental vulnerabilities and challenges. Unfortunately, in HIV-affected communities, domestic violence, poverty and mental health disorders create highly stigmatized situations. Fostering an empathetic, supportive and confidential environment can improve the uptake of support services available to alleviate these situations.

Did you know?

- ✓ The human brain develops faster from conception to age three years than at any other time.
- ✓ More than 80% of a human brain is formed in the first three years.
- ✓ The care and support parents and other caregivers provide children in the earliest years is critical for healthy brain development.
- ✓ In the first years of life, parents, close family members, and other caregivers are the closest to the young child and thus the best providers of nurturing care. In order to provide caregivers with time and resources to provide nurturing care, policies, services, and community supports need to be in place.
- ✓ Nurturing care improves health, productivity and social cohesion throughout a lifetime, and the benefits continue into the next generation.
- ✓ In low- and middle-income countries, 250 million children younger than five years – more than 40% of children – have greater risk of not reaching their developmental potential because of poverty and neglect.
- ✓ Every US\$ 1 invested in early childhood development interventions can return as much as US\$ 13.
- ✓ Nurturing, protecting and supporting caregivers and children is essential to achieve the Sustainable Development Goals.⁶

Add

Adding a nurturing care lens to routine maternal, newborn and child health (MNCH) and HIV prevention and care services can improve the quality of the engagement between health care workers and caregivers. As a mother's experience of care improves, she may be more likely to return for care for both herself and her children. Doing so supports the achievement of perinatal and postnatal HIV prevention targets and the UNAIDS 95–95–95 targets and puts children on a trajectory to survive, thrive and reach their full developmental potential. Below are examples of actions that can be taken at national-, facility- and community-levels.

National-level actions

- **Create a multisectoral coordination mechanism** to examine opportunities for supporting nurturing care through routine MNCH and HIV prevention and care services. (see Kenya's Smart Start Siaya model).
- Agree on, add, and **monitor nurturing care-relevant indicators** through routine electronic health data systems and where possible disaggregate data by HIV infection and exposure status. Build healthcare worker capacity to collect high quality data for use in program decision making (see Eswatini - Measuring progress in early childhood development).
- **Update national pre-service and in-service training of healthcare workers** posted in routine MNCH services and HIV prevention and care services to include content on developmental risks for children affected by HIV, parental well-being, nurturing care and strategies on how they can support families during consultations to provide nurturing care for young children.
- Use public awareness campaigns, video messaging and radio communication to **generate demand for services** that care for the caregivers and support caregivers to provide nurturing care (see Botswana's Early Moments Matter and South Africa's Side-by-Side campaigns).
- **Adopt child-friendly policies**, including social protection policies such as resources in cash or in kind for the most vulnerable families (Botswana's Early Moments Matter).





Kenya

Children < 5 years in 2018

- Number of children living with HIV: 30 000
- Number of children HIV exposed uninfected: 263 000
- Prevalence of children HIV exposed uninfected: 4%

Kenya's Smart Start Siaya model

Siaya County in western Kenya experiences high child and maternal mortality and has a general population HIV prevalence of 21%, much higher than the national prevalence of 6%. In 2018, the government embarked on a process to right the future for Siaya's children and families. The Smart Start Siaya model is built on five pillars: i) government-led whole-of-government action; ii) a multisectoral whole-of-society approach; iii) informed by the evidence of the first 1000 days being critical; iv) a life-course approach emphasizing the continuum of care; and v) riding on every opportunity and every available platform. To realize this, the Smart Start Siaya implementation approach is one of planning together as all sectors, implementing by sector and monitoring progress jointly. The Smart Start Siaya model has garnered high-level government and diplomatic support to create an enabling policy environment and ensure accountability, philanthropic donor support to champion nurturing care in the county and achieve capacity development in early childhood development.



Eswatini

Children < 5 years in 2018

- Number of children living with HIV: 3 000
- Number of children HIV exposed uninfected: 50 000
- Prevalence of children HIV exposed uninfected: 33%

Eswatini – measuring progress in early childhood development

Eswatini is the country with the highest HIV prevalence. One in three children is HIV exposed and uninfected. By establishing a national Early Child Development Technical Working Group, a multisectoral early child care and development framework has been developed that integrates support for optimal early childhood development into all health system platforms.

Eswatini is measuring progress towards achieving nurturing care with measurable indicators. Indicators include:

- % of mothers and fathers engaged in activities with children that promote learning and stimulation;
- % of children living in households providing early stimulation;
- % of children 0–23 months left alone within the past week;

- % of children left with a child younger than 10 years in the past week;
- % of children younger than 2 years who have books in the household; and access to early childhood development support materials;
- % of children who have handmade toys.

The Working Group is advocating for the inclusion of these early childhood development indicators into the electronic patient-level client management information system being scaled up in health facilities across Eswatini. Adding the ability to disaggregate these indicators by HIV-affected households or families could be a powerful platform to understand whether implementing the early child care and development framework is influencing HIV-affected and HIV-unaffected households equally. The Working Group promotes strengthening the use of the existing development tracking tools within the national child health card, incorporating the nurturing care approach into national HIV guidelines, and overseeing the development of additional tools that integrate early childhood development for rural health motivators to support the nurturing care agenda in Eswatini.



Botswana

Children < 5 years in 2018

- Number of children living with HIV: 2 000
- Number of children HIV exposed uninfected: 62 000
- Prevalence of children HIV exposed uninfected: 24%

Botswana – from policy to action

Botswana has an HIV prevalence of 18.5% among its 2.3 million people. Through strong political will and collaboration with development partners, three ministries signed a policy framework for holistic early childhood development in 2018, galvanizing a multisectoral approach to planning and implementing interventions to improve early childhood development. To move from policy to action, the government, with the support of UNICEF, is conducting an Early Moments Matter campaign with three objectives: i) to increase public understanding of the benefit of stimulation, love, protection and good nutrition in the early years; ii) to mobilize the government to improve early childhood development by increasing investment and scaling up interventions and comprehensive policies; and iii) to mobilize the private sector to implement policies that promote early childhood development for employees and communities, including maternity and paternity leave and support for national early childhood development initiatives. Integrating these initiatives into the existing strong routine child health and HIV prevention, testing and treatment programmes has the potential to substantially realize nurturing care for early childhood development among HIV-affected families in Botswana.



South Africa

Children < 5 years in 2018

- Number of children living with HIV: 60 000
- Number of children HIV exposed uninfected: 1 400 000
- Prevalence of children HIV exposed uninfected: 23%

South Africa's Side-by-Side campaign

The South African National Early Childhood Development Policy published in 2015 delegated responsibility for ensuring that children not only survive but thrive to the National Department of Health. The National Department of Health has embarked on the Side-by-Side campaign with the goal that children should receive nurturing care and protection to enable them to reach their full health, educational and earning potential, as a result of optimal childhood development. Side-by-Side describes the supportive relationship between a child and caregiver and everyone who helps and advises the caregiver;

conveys partnership and togetherness; and speaks to the childrearing journey on which caregivers embark with their children and everyone who helps them. The caregiver-held Road to Health Book issued for each child at birth is used to guide caregivers according to the five pillars of what children need to grow and develop: nutrition, love, protection, health care and extra care (see Figure 3). The scope of work of community health workers has been aligned with these five pillars, ensuring that community health workers have the tools to play a key role in providing comprehensive services to support early childhood development. Radio dramas that incorporate Side-by-Side messages on nurturing care are being broadcast on 11 national radio stations in 10 official languages and reach 4.2 million listeners each week. South Africa has the largest population of children affected by HIV in the world. Integrating the Side-by-Side campaign into HIV prevention and care services within the health system has great potential to benefit HIV-affected families.

Figure 3. The Road to Health booklet's five themes: what children need to grow and develop



NUTRITION Good nutrition is important for you and your child to grow and be healthy. It starts with breastfeeding.



LOVE Your child learns from looking at you when you hold them close to you and love, play and talk to them.



PROTECTION Your child can be protected from disease and injury by getting immunised and by playing in safe places.



HEALTHCARE Your child needs help from you or a health worker when they are sick or injured.



EXTRA CARE Your child may need special care or support and knowing what to do and where to go will help both of you.

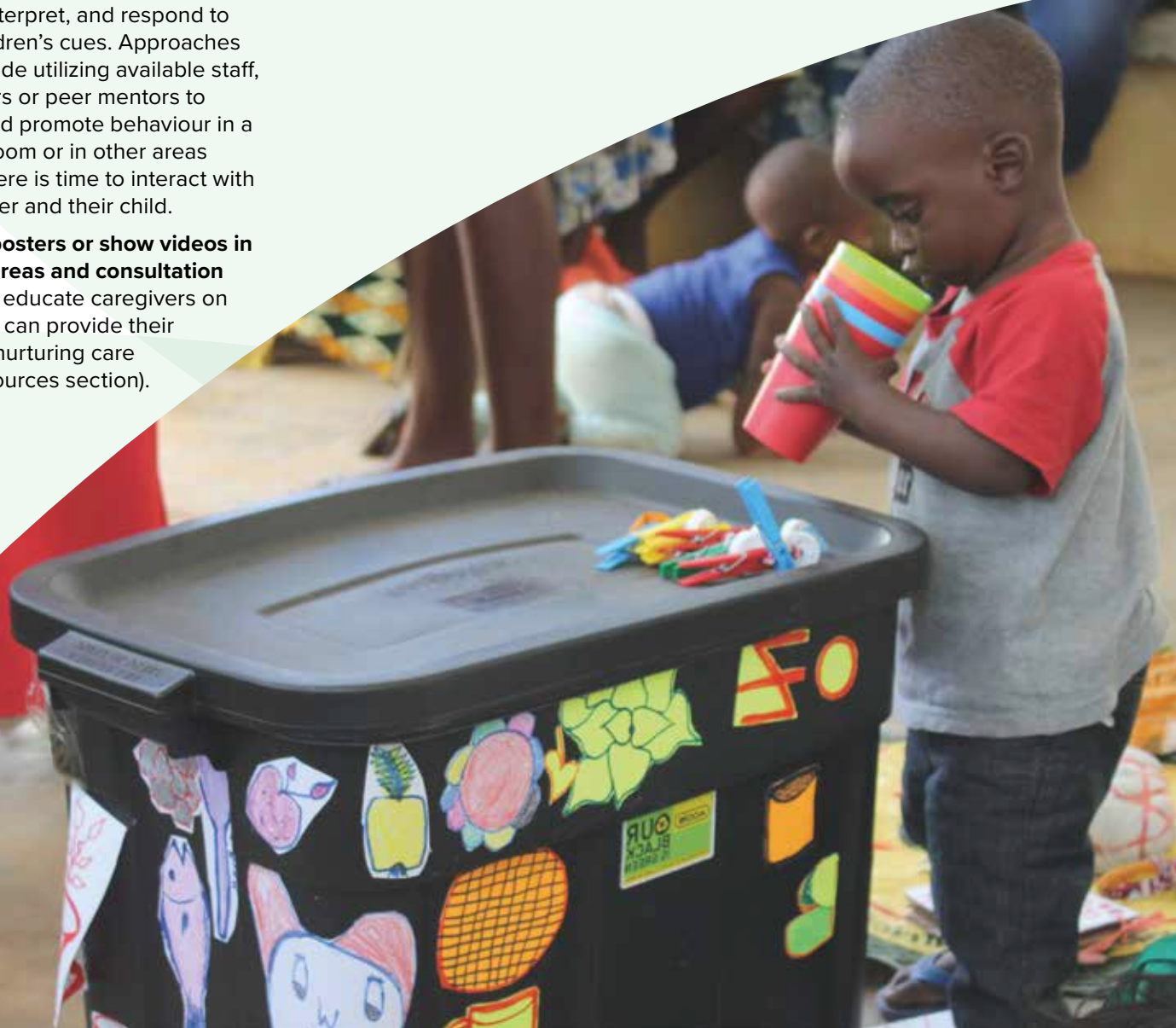
Facility-level actions

- **Equip health-care workers with the knowledge, resources and skills to assess caregiver well-being** and refer caregivers to mental health and psychosocial support services or social protection programs if needed; observe and counsel on caregiver-child interactions; and model, demonstrate and practice age-appropriate communication and play activities during consultations (see Box 1).
- **Develop and maintain colourfully-decorated playboxes or play areas** comprised of low-cost and locally-developed age-appropriate materials to make waiting areas more engaging and attractive for caregivers and children while waiting for services.
- **Provide opportunities for caregivers to learn about and engage in age-appropriate early learning activities** with their children and develop skills to notice, interpret, and respond to their children's cues. Approaches may include utilizing available staff, volunteers or peer mentors to model and promote behaviour in a waiting room or in other areas where there is time to interact with a caregiver and their child.
- **Display posters or show videos in waiting areas and consultation rooms** to educate caregivers on how they can provide their children nurturing care (see Resources section).

Box 1.

What can you do during a consultation for early infant HIV diagnostic testing?

When the mother sits down with her infant the first thing the health worker can do is to acknowledge the mother and then deliberately and purposively greet the infant. Make eye contact with the infant and say "Hello, how are you today?". This in itself will be quite a change from what many women will have experienced in terms of adult acknowledgement of their infant. Smiling, playing with the child and speaking in gentle soothing tones is also an important way to model best practices related to nurturing care. If a blood draw is planned, the health care worker should acknowledge to the mother that all blood draws hurt, and that it is likely her infant will not like this procedure and will cry. The health worker should stress that there are many ways to reduce pain related to needles. The health care worker could then ask the mother about what she has learned about how to soothe her infant when s/he is distressed. Some caregivers sing to their infant, others hold them, some may even breastfeed them to soothe them, or a combination of these things. The health worker can also explain that one thing that reduces an infant's experience of pain is when they are looking into the eyes of their mother while listening to her voice talking or singing to them.

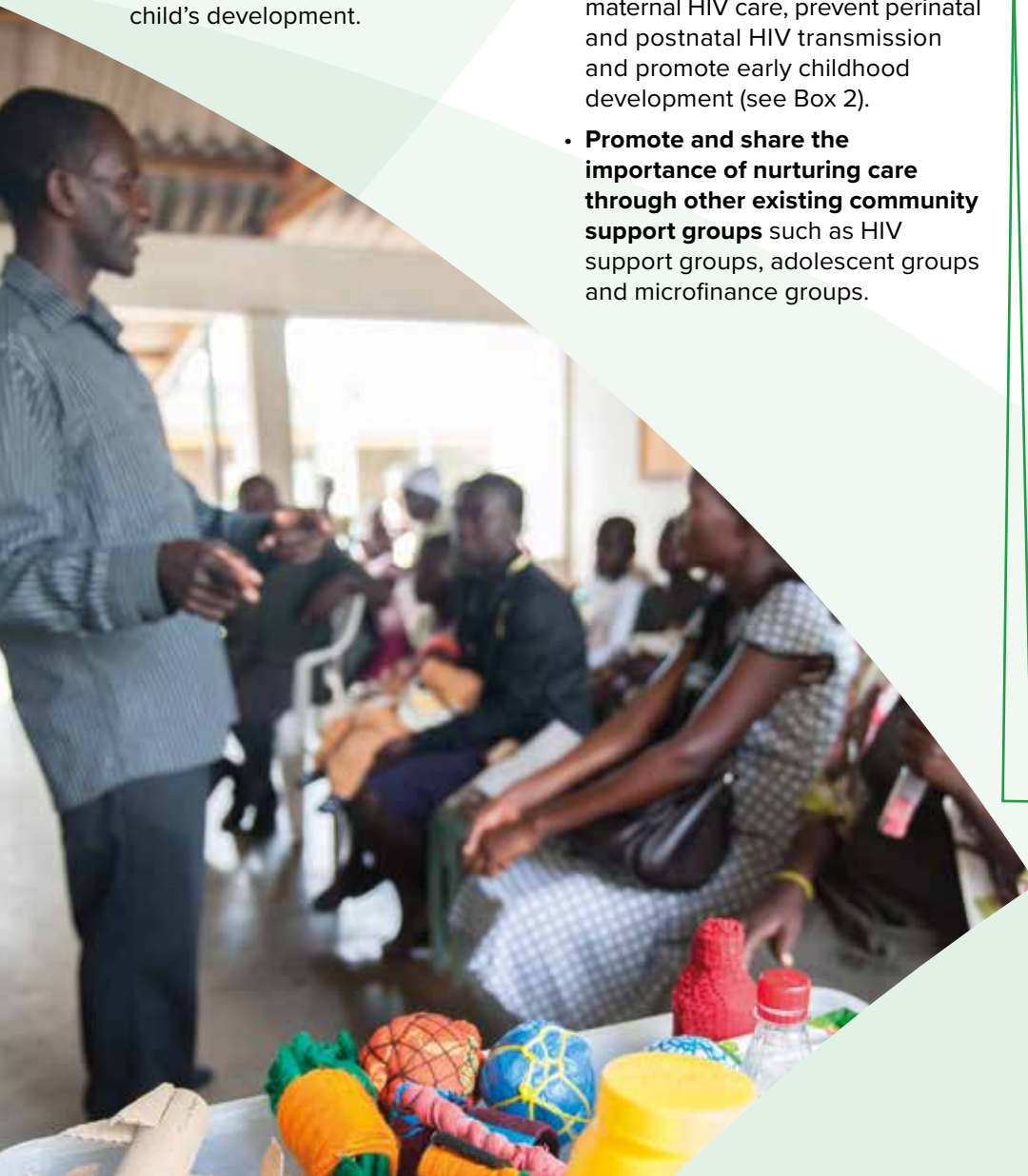


Community-level actions

- **Ensure that families who face adversities, including but not exclusively families who are affected by HIV, receive home visits from trained cadres** such as community health workers or Mentor Mothers. Visits can align with the specific needs and goals of the families to include: antiretroviral therapy adherence support; observing and counselling on caregiver-child interactions; modelling responsive caregiving; demonstrating and practicing age-appropriate early learning activities; identifying caregivers who may be experiencing isolation, emotional or economic stress, or poor mental health; and identifying children who require referrals for support with nutritional deficits, developmental delays or health or safety concerns. Engage male partners in the home to promote their understanding of nurturing care and their role in their child's development.
- **Strengthen, build on or create platforms for parents to come together** to provide peer support and share their experience in caring for themselves and supporting their children's health, growth and development. These platforms can reinforce the importance of testing and treatment for HIV, encourage parents to share what they are already doing, discuss challenges, and learn in a non-judgmental setting.
- **Use existing community health outreach programmes**, such as antenatal clinics, immunization and HIV testing, as opportunities to engage caregivers and others in nurturing care.
- **Set up and support Postnatal Clubs, which support mothers living with HIV and their HIV-exposed children through the postnatal period.** Postnatal Clubs can synergistically support optimal maternal HIV care, prevent perinatal and postnatal HIV transmission and promote early childhood development (see Box 2).
- **Promote and share the importance of nurturing care through other existing community support groups** such as HIV support groups, adolescent groups and microfinance groups.

Box 2. Postnatal Clubs in South Africa

Postnatal Clubs (PN Clubs) are one-stop shops designed to improve maternal and infant health outcomes of mothers living with HIV and their infants who are HIV-exposed within a friendly service environment with minimal waiting time. Each PN Club enrolls up to 15 mothers and their infants born in the same month to offer routine postnatal care and HIV services as well as provide nine group education sessions at health facilities. While the focus is on optimizing adherence and retention in HIV services as well as improving uptake of maternal and infant postnatal care, this holistic and patient-centered model also incorporates components of early childhood development support within the education sessions. The group sessions begin when infants are six weeks of age and are brought for their first vaccines. Sessions continue monthly for six months, and subsequently are spaced out to every three months until infants reach 18 months of age. Each Club begins with an hour-long group education session facilitated by a peer mentor after which mother-infant pairs receive comprehensive clinical services from facility nurses. PN Clubs were piloted in Cape Town, South Africa by Medecins sans Frontières (MSF) in partnership with mothers2mothers and the City of Cape Town. Education sessions include: psychosocial support; nutrition assessments; depression screening; family planning initiation and refills; refills for antiretroviral medications; growth monitoring; immunizations; early infant diagnosis testing; development milestone assessments; play and stimulation activities; and support for parenting skills.





Selected Resources

Applying a nurturing care lens within HIV prevention and care services

Tanzania and Zambia – Strengthening services (Elizabeth Glazer Pediatrics Foundation)
<https://www.pedaids.org/wp-content/uploads/2019/01/ECD-Brief-Jan.2019.pdf> and
<https://www.pedaids.org/wp-content/uploads/2019/04/ECD-Tanzania-Brief.pdf>

Mozambique – Playboxes (PATH)
<https://www.path.org/resources/playboxes-improving-health-facility-waiting-areas-mozambique-through-play/>

Training packages to support attention to early learning and responsive caregiving within health services

WHO/UNICEF Care for child development. Geneva: World Health Organization, 2012
https://www.who.int/maternal_child_adolescent/documents/care_child_development/en and
https://www.unicef.org/earlychildhood/index_68195.html

Reach up and learn: <https://www.reachupandlearn.com/>

The essential package: Holistically addressing the needs of young vulnerable children and their caregivers affected by HIV and AIDS
<https://resourcecentre.savethechildren.net/library/essential-package-holistically-addressing-needs-young-vulnerable-children-and-their>

Nurturing care for early childhood development materials (PATH)
<https://www.path.org/programs/maternal-newborn-child-health-and-nutrition/ecd-materials/>

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References

1. Slogrove AL, Powis KM, Johnson LF, Stover J, Mahy M. Estimates of the global population of children who are HIV-exposed and uninfected, 2000–18: a modelling study. *Lancet Glob Health*. 2020;8:e67–75.
2. le Roux SM, Abrams EJ, Donald KA, Brittain K, Phillips TK, Nguyen KK et al. Growth trajectories of breastfed HIV-exposed uninfected and HIV-unexposed children under conditions of universal maternal antiretroviral therapy: a prospective study. *Lancet Child Adolesc Health*. 2019;4642:1–12.
3. le Roux, Stanzi M, Donald KA, Brittain K, Phillips TK, Zerbe A, Nguyen KK et al. Neurodevelopment of breastfed HIV-exposed uninfected and HIV-unexposed children in South Africa. *AIDS*. 2018;32:1781–91.
4. Brennan AT, Bonawitz R, Gill CJ, Thea D, Kleinman M, Useem J et al. A meta-analysis assessing all-cause mortality in HIV-exposed uninfected compared to HIV-unexposed uninfected infants and children. *AIDS*. 2016;30:2351–60.
5. Brennan AT, Bonawitz R, Gill CJ, Thea DM, Kleinman M, Long L et al. A meta-analysis assessing diarrhea and pneumonia in HIV-exposed uninfected compared to HIV-unexposed uninfected infants and children. *J Acquir Immune Defic Syndr*. 2019;82:1–8.
6. Black MM, Walker SP, Fernald LCH et al., Early childhood development coming of age: science through the lifecourse. *Lancet*. 2017, 389(10064):77-90.

Nurturing care framework for early childhood development

The **Nurturing Care Framework for early childhood development: A framework for helping children SURVIVE and THRIVE to TRANSFORM human potential** builds on state-of-the art evidence of how child development unfolds and of the effective policies and interventions that can improve early childhood development. **WHO, UNICEF** and the **World Bank Group** developed the Framework in collaboration with the **Partnership for Maternal, Newborn & Child Health**, the **Early Childhood Development Action Network** and many other partners to provide a roadmap for attaining the Sustainable Development Goals and the survive, thrive and transform goals of the Global Strategy on Women’s, Children’s and Adolescents’ Health. Launched alongside the 71st World Health Assembly in May 2018, it outlines: i) why efforts to improve health and well-being must begin in the earliest years, from pregnancy to age three years; ii) the major threats to early childhood development; iii) how nurturing care protects young children from the effects of adversity and promotes physical, emotional and cognitive development; and iv) what families and caregivers need to provide nurturing care for young children.

For more information:

<https://nurturing-care.org>

<https://ecdan.org/>

<http://www.who.int/hiv/en/>

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