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EARLY CHILDHOOD DEVELOPMENT

Shifting the curve from survival to thriving. A universal approach to nurturing the development of every child

POLICY BRIEF

THE PROBLEM

India is undergoing a profound demographic transition.

The country has moved from high fertility and high birth rates towards smaller families and lower fertility. India's crude birth rate declined from 20.2 per 1,000 population in 2017 to 19.1 in 2022 - a decline of about 5.4%. India's total fertility rate was 2.0 in 2022, close to but below the replacement-level benchmark of 2.1.

Over the longer term, the transformation is even more striking: the crude birth rate declined from 36.9 per 1,000 in 1971 to 20.2 in 2017, while total fertility fell from 5.2 to 2.2.

THIS CHANGES THE POLICY QUESTION

The question is no longer simply: How do we ensure that children survive?

It must increasingly become: How do we ensure that every child who is born has the opportunity to thrive?

As fertility declines and family sizes become smaller, each child's health, development, learning and wellbeing become even more important to families, communities and the country's future human capital.

This calls for a shift:

FROM SURVIVE → TO THRIVE

FROM TARGETED INTERVENTIONS → TO UNIVERSAL NURTURING CARE

FROM SECTORAL SERVICES → TO AN INTEGRATED ECD SYSTEM

THE POLICY AMBITION

Shift the population curve towards better developmental outcomes, not simply identify children who are already falling behind.

WHY A UNIVERSAL NURTURING CARE APPROACH?

EVERY CHILD NEEDS NURTURING CARE

ECD should not be positioned only as a response for children who have developmental difficulties. Every child needs nurturing care. WHO, UNICEF and partners define nurturing care around five interconnected components:

1. GOOD HEALTH

Children need access to preventive, promotive and responsive health services.

2. ADEQUATE NUTRITION

Children need adequate nutrition and responsive feeding to support healthy growth and brain development.

3. RESPONSIVE CAREGIVING

Children need caregivers who recognize and respond appropriately to their signals, needs and emotions.

4. OPPORTUNITIES FOR EARLY LEARNING

Children need opportunities to communicate, play, explore and learn from birth.

5. SAFETY & SECURITY

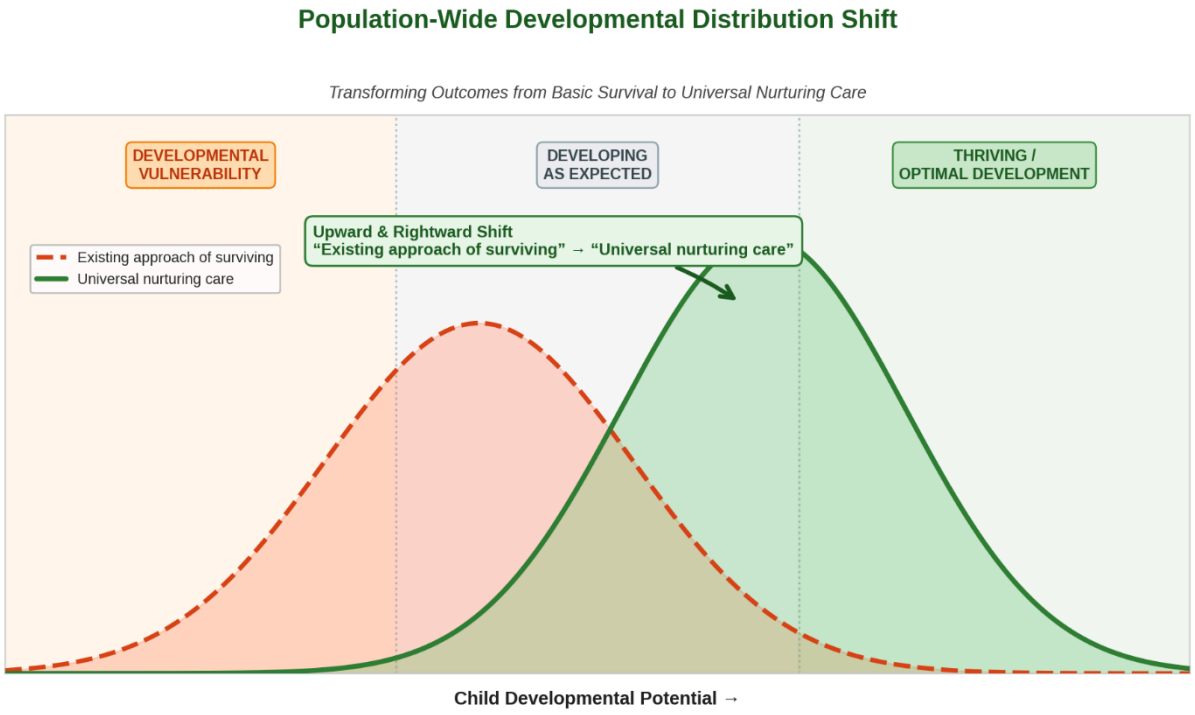
Children need protection from violence, neglect, injury and unsafe environments.

The WHO Nurturing Care Framework provides a roadmap for helping children survive and thrive and emphasizes the policies, services and environments required to enable families to provide nurturing care.

Add the framework round diagram

THE DEVELOPMENT CURVE

Children do not begin life on an equal developmental trajectory. Their developmental potential is shaped by the 5 components of the nurturing care framework above. When these conditions are strengthened early and universally, the distribution of developmental outcomes can shift towards thriving.



Caption: Universal nurturing care program can help shift the curve of developmental potential across the whole population.

WHY UNIVERSAL?

A predominantly risk-based approach asks: Which children are at risk?

A universal ECD approach asks: What does every child and caregiver need and which children need additional support?

Universal provision creates a common foundation of nurturing care, while proportionate additional support can be provided to children and families facing greater risks or developmental concerns.

ALL CHILDREN
↓
Nurturing care for every child

CHILDREN/FAMILIES NEEDING ADDITIONAL SUPPORT
↓
Enhanced counselling, monitoring, referral and follow-up

CHILDREN WITH DEVELOPMENTAL CONCERNS / DISABILITIES
↓
Timely assessment, intervention and coordinated support

This approach avoids making ECD synonymous with disability or developmental delay.

Instead:

Developmental monitoring and early identification become one component of a universal nurturing-care system.

WHO's 2026 guidance similarly emphasizes that children with developmental delays and disabilities also need nurturing care, with coordinated and family-centred support across policies, services, communities and caregiver capabilities.

FROM THE DEVELOPMENT CURVE TO THE SERVICE DELIVERY SYSTEM

WHAT DOES IT TAKE TO SHIFT THE CURVE?

A population-level improvement in child development cannot be achieved through referral services alone. It requires a whole-system approach that reaches families before concerns emerge and provides additional support when concerns are identified.

THE UNIVERSAL ECD PATHWAY

PROMOTE

Create environments in which every child can receive nurturing care.

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SUPPORT

Strengthen caregiver knowledge, confidence and responsive practices.

↓

MONITOR

Support families and frontline workers to understand children's development.

↓

IDENTIFY

Recognize developmental concerns as early as possible.

↓

REFER

Connect children requiring additional assessment or intervention to appropriate services.

↓

FOLLOW UP

Ensure families do not disappear between services.

↓

LEARN & IMPROVE

Use programme data and implementation learning to strengthen systems.

WHAT SHOULD HAPPEN AT EACH LEVEL?

ACIEcD strategy is embedded within the existing system

Community based ECD interventions	Community – Facility Linkages	Facility – based ECD interventions
• Integrated services by AWWs, ASHAs and Panchayats for centre, home and community based parenting skills development – pilot ongoing; H&FW, WDCW, PR&RD partnered. • MCP card-based development screening and decision support for early stimulation – Materials developed, New MCP card and trainings in progress. • Joint trainings, resources and monitoring by H&FW, WDCW	• Strengthening capacity of RBSK mobile teams and PHC-MOs in screening, counselling and initiating early stimulation – Draft Manual ready, to be tested. • Strengthening follow-up of SNCU, NRC, DEIC children through AAAs – protocols being developed, to be piloted. • Parent support groups; engagement of Self Help Groups – piloted for low vision and ROP. • Engage Mahila Mandals, NGOs for children with disabilities.	• SNCU-DEIC linkage for screening, treatment for admitted and follow-up till 12 months (extendable to 3 years for high risk of NDD) – Draft guidelines ready; DSE and ECD parent skill development included, manuals to be developed. • ROP screening and treatment, peer group support – piloted. • Planning for CHC level Special educator for continuation of therapy closer to home.

Roles and responsibilities at each level need to be clearly defined and standardised

STATE / POLICY LEVEL

State- and Policy-Level Translation of the ECD Strategy

- Policy decisions for workforce and role revision: Revise community-level job roles and responsibilities to formally integrate ECD-related functions, supported by clear guidelines, competencies, and accountability mechanisms.
- Handholding and implementation support: Provide sustained handholding to frontline workers, administrators, and supervisors to support the transition to modified roles and ensure effective operationalisation at the community level.
- Reinforcement and performance accountability: Establish repeated reinforcement, supportive supervision, and periodic appraisal mechanisms to institutionalise the revised roles and prevent implementation from reverting to existing practices.
- Establish a State ECD Council: Create a dedicated State Early Childhood Development Council to establish multi-departmental ownership and provide a platform for joint governance, resource pooling, coordinated planning, and operationalisation of ECD interventions.

- Multi-sectoral governance and coordination: Strengthen mechanisms for collaboration across Health, Women and Child Development, Education, Panchayati Raj, and other relevant departments to enable integrated planning, implementation, and problem-solving.
- Global governance models: Draw on international experiences such as Singapore's Early Childhood Development Agency (ECDA), Abu Dhabi's Early Childhood Authority (ECA), and the Philippines' Early Childhood Care and Development Council, which demonstrate how dedicated ECD governance structures can strengthen coordination, quality standards, accountability, and integrated service delivery.
- Support for administrators and supervisors: Build governance and implementation capacity among district and block-level administrators and supervisors to enable joint operationalisation, adaptive management, and context-specific local problem-solving.
- Routine monitoring and review: Integrate ECD indicators and implementation reviews into existing state and district child health programme review mechanisms, supported by routine monitoring and periodic programme reviews.
- Strengthen population-level measurement: Incorporate ECD-related indicators into periodic national and state-level maternal and child health (MCH) surveys, including ECD service utilisation, parenting and caregiving practices, and children's developmental quotient, to enable comprehensive assessment of child development and inform policy and programme planning.

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THE POLICY SHIFT: FROM PROGRAMMES TO NURTURING CARE FOR ALL

FIVE SHIFTS NEEDED

01 | FROM SURVIVAL TO THRIVING: Child survival remains essential but survival alone is not the endpoint.

Policy ambition: Every child survives, develops, learns and thrives.

02 | FROM TARGETED ECD TO A UNIVERSAL FOUNDATION

ECD should not begin only when a developmental concern is identified.

Policy ambition: Establish nurturing care as a universal foundation, with additional support according to need.

03 | FROM SEPARATE SERVICES TO CONVERGENCE

Health, nutrition, child development, ECCE, disability and social protection systems influence the same child.

Policy ambition: Align services around the needs of the child and caregiver.

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04 | FROM TRAINING TO CONTINUOUS CAPACITY

One-time training does not guarantee sustained practice.

Policy ambition: Combine training with practical tools, mentoring, supervision and programme monitoring.

05 | FROM DETECTION TO A CONTINUUM OF SUPPORT

Identification without referral and follow-up does not change outcomes.

Policy ambition:

Promote → Support → Monitor → Identify → Refer → Follow up

POLICY PRIORITIES

POLICYMAKERS & STATE LEADERS

Make ECD a cross-sectoral policy priority. Embed nurturing care within relevant health, nutrition, child development and early learning policies and plans.

PROGRAMME MANAGERS

Build ECD into existing delivery platforms. Use routine contacts and existing frontline systems rather than creating parallel structures.

DISTRICT LEVEL

Make referral pathways functional. Know where children can be referred, how families reach services and how follow-up is ensured.

FRONTLINE SYSTEMS

Equip workers to support every caregiver. Provide practical ECD tools (MCP card), training, mentoring and supportive supervision.

MONITORING SYSTEMS

Measure more than coverage.

Track implementation quality, caregiver support, developmental concerns, referral completion and follow-up.

THE DEMOGRAPHIC CASE FOR INVESTING IN CHILD DEVELOPMENT

India's demographic transition makes the quality of each childhood increasingly important. This is not an argument for increasing fertility. It is an argument for ensuring that every child who is born has the conditions required to reach their full potential. As UNFPA emphasizes, fertility decline should be understood through reproductive agency and people's ability to achieve their desired family size not simply through population targets. The policy response to demographic change should therefore be investment in human potential not pressure to produce more children.

FROM POLICY TO IMPLEMENTATION

ACIECD: A PRACTICAL RESOURCE FOR SYSTEM STRENGTHENING

The ACIECD approach translates the principles of nurturing care into practical tools that can be used within existing programme and service-delivery systems.

FOR FRONTLINE WORKERS

ECD Manual for Frontline Workers – Resource library

Practical guidance to support caregivers, promote development and recognize developmental concerns.

FOR EARLY IDENTIFICATION & REFERRAL

Part B – Referral Guide - Resource library

Practical guidance for recognizing concerns and supporting appropriate referral and follow-up.

FOR CAREGIVERS

Responsive Parenting Guide - Resource library

Practical guidance on responsive feeding and nutrition, caregiving, stimulation, early learning, health and safety.

FOR PROGRAMME MANAGERS & POLICYMAKERS

All the above resource materials that can guide and support training, implementation, convergence, monitoring, planning and scale-up.

Prospects for the future

The goal of early childhood development is not simply to prevent poor outcomes, but to create the conditions in which every child has the opportunity to thrive. The Nurturing Care Framework provides the foundation for this vision, while national policies and programmes create the broader enabling environment. At the state level, this vision must be translated into multi-sectoral governance, policy alignment, resource pooling, coordinated planning,

and system-level support. Districts serve as the critical bridge for operationalisation, bringing departments together, strengthening supervision, supporting local problem-solving, and embedding ECD within routine programmes and review mechanisms. Frontline workers and supervisors translate these systems into practice through strengthened roles, continued handholding, supportive supervision, and reinforcement, while families and communities make nurturing care real through everyday caregiving, responsive interactions, early learning, health, nutrition, and protection. Together, these interconnected actions from policy to state, district, frontline systems, and families can shift the developmental curve from surviving to thriving, creating the conditions for healthier, more capable generations.

KEY REFERENCES

1. WHO, UNICEF, World Bank Group et al. *Nurturing care for early childhood development: A framework for helping children survive and thrive to transform health and human potential.* 2018.
2. WHO. *Operationalizing nurturing care for early childhood development: The role of the health sector alongside other sectors and actors.* 2019.
3. WHO. *Nurturing care handbook.* 2022.
4. WHO & UNICEF. *Nurturing care for children with developmental delays and disabilities: Thematic brief.* 2026.
5. Office of the Registrar General, India. *Sample Registration System Statistical Report 2022.*
6. UNFPA India. *State of World Population 2025: The Real Fertility Crisis.* 2025.
7. UNFPA India. *India's real fertility crisis is about choice, not numbers.* 2025.
8. Early Childhood Care and Development Council. *Early Childhood Care and Development Council. Republic of the Philippines.*
9. Abu Dhabi Early Childhood Authority. *Abu Dhabi Early Childhood Authority and UNICEF Partner to Promote Global Innovation in Early Childhood Development. Abu Dhabi: Early Childhood Authority.*
10. Early Childhood Development Agency. Singapore: Early Childhood Development Agency.