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Nurturing Care Initiatives for Holistic Early Childhood Development in Meghalaya, India

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Abstract: : Early Childhood Development (ECD), covering the period from birth to eight years, is a critical stage that lays the foundation for lifelong health, learning, behaviour, and socio-emotional well-being. During this phase, rapid brain development occurs, making children highly responsive to environmental influences, care-giving practices, and social interactions. Recognizing the importance of this developmental stage, the Nurturing Care Framework (NCF) was introduced in 2018 by the World Health Organization, UNICEF, and the World Bank. The framework provides a comprehensive approach to support optimal child development through five interconnected components: good health, adequate nutrition, responsive care-giving, opportunities for early learning, and security and safety. These components highlight the importance of coordinated actions by families, communities, and service systems to ensure that children grow and develop in supportive and nurturing environments. In the Indian context, improving early childhood services remains an important priority, particularly in geographically remote and socio-culturally diverse regions. The state of Meghalaya, located in the north-eastern part of the country, is characterized by hilly terrain, dispersed rural settlements, and predominantly tribal communities. These geographical and socio-cultural conditions create unique challenges in ensuring equitable access to maternal and child health services, nutrition programs, early learning opportunities, and child protection systems. Strengthening early childhood support systems in such contexts requires attention not only to infrastructure and service delivery but also to cultural practices, community participation, and local knowledge systems that influence care-giving and child-rearing practices. Promoting awareness among caregivers, strengthening the role of

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front-line workers, and improving coordination among health, nutrition, and education services are essential to enhance early childhood outcomes. A culturally responsive and community-based approach is particularly important in regions like Meghalaya, where traditional values and community networks play a vital role in shaping care-giving behaviours and supporting the holistic development of young children.

Keywords: *Early childhood development; nurturing care framework; Meghalaya; responsive care-giving; child health; early learning*

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I. INTRODUCTION

Early childhood refers to the period of life from birth to eight years old, a critical phase for a child's physical, cognitive, emotional, and social development. During this time, the foundation for lifelong learning, behaviour, and well-being is established. The importance of early childhood is underscored by the fact that this stage of life is marked by rapid brain development, which is strongly influenced by both genetics and the quality of the environment. The care, nutrition, and stimulation provided during these early years have a profound impact on the child's future health and success in life [1]. The Nurturing Care Framework (NCF), launched in 2018 by WHO, UNICEF, and the World Bank, provides a comprehensive approach to promoting early childhood development. The NCF emphasizes five interrelated components that are crucial for the healthy development of children: good health, adequate nutrition, responsive caregiving, security and safety, and opportunities for early learning [2]. These components work together to ensure that children have the necessary conditions to grow, learn, and thrive, highlighting the importance of a supportive and nurturing environment during the critical early years of life. The Nurturing Care Framework (NCF) was developed as a response to the growing need for a comprehensive approach to support children's survival, development, and well-being. It aims to address critical issues such as neonatal mortality and child development in a way that ensures children not only survive but thrive. This framework aligns closely with the Sustainable Development Goals (SDGs) 2030, particularly those focused on health, education, and equality, emphasizing the need to provide optimal care to children during their formative years [3].

A Lifelong Impact Starting from Conception—The importance of NCF is underscored by its focus on the early stages of life, from conception through the first few years, when the foundation for brain development, learning, and emotional well-being is established. According to [4], early interventions in the areas of health, nutrition, caregiving, and early learning are critical to ensuring that children can grow to their full developmental potential. The period from conception to age three is particularly sensitive, as the brain undergoes rapid development. A nurturing environment during these years, which includes nutrition, security, affection, and stimulation, plays a pivotal role in laying the foundation for lifelong success [1].

Nurturing Care as a Protective Shield—Promoting nurturing care helps to mitigate the impact of early stressors, such as neglect, malnutrition, or violence, which can have detrimental effects on a child's physical and cognitive development. Research by [5] reveals that early life adversity, including biological and psychosocial stressors, can hinder brain development and impair long-term health outcomes. The NCF's framework addresses this by ensuring that children's basic needs including safety, nutrition, and healthcare are met, while also fostering their psychological and emotional growth. The inclusion of responsive caregiving, opportunities for early learning, and a safe, secure environment is key to protecting children from harmful stressors.

Multisectoral Approach to Effective Implementation—The NCF requires a multisectoral approach for effective implementation [5]. As [6] argue, integrating nurturing care into public health systems, particularly in India, calls for collaboration across healthcare, education, and social services. Frontline workers and community-based interventions play a vital role in delivering these services. However, the framework faces challenges in terms of limited professional capacity, inadequate community involvement, and weak referral systems. Overcoming these barriers is essential for nurturing care to reach its full potential, especially in marginalized communities [6].

Supporting Families and Communities—In Maharashtra, a model proposed by [7] advocates for empowering families, communities, and service providers to ensure the nurturing care interventions are sustainable and

impactful. By building local capacity, such interventions can significantly improve early childhood development outcomes [7].

Global Relevance and Challenges—The importance of the NCF extends far beyond India. It is crucial in low- and middle-income countries (LMICs), where children face greater risks of developmental delays and missed opportunities for growth. [8], in their review on nurturing care for children with developmental disabilities in sub-Saharan Africa, highlight the framework's potential to support vulnerable children. [9] warn that neglecting nurturing care exposes children to harmful risks that can affect brain development and overall well-being. Furthermore, earlier versions of the NCF have been critiqued for their inadequate attention to the needs of children with disabilities [9]. [10] argues that the NCF must evolve to be more inclusive, ensuring that all children, regardless of their physical or developmental status, are adequately supported [10].

This article critically examines the advancements, difficulties, and future directions of nurturing care in Meghalaya, a north-eastern Indian state with challenging terrain, tribal communities, and less fortunate health clues. Nurturing care has received policy attention recently, but there are still enduring obstacles to comprehensive ECD services.

A. *Contextual Overview about the State of Meghalaya*

Meghalaya, meaning "abode of clouds" in Sanskrit, is a state located in the north-eastern region of India. It shares borders with Assam to the north and Bangladesh to the south. Spanning an area of approximately 22,429 square kilometers, the state is home to over three million people, with a predominantly tribal population comprising major ethnic groups such as the Khasi, Garo, and Jaintia [11]. Meghalaya is particularly notable for its matrilineal social system, especially among the Khasi and Garo tribes, where lineage and inheritance are traced through the mother [12].

The state's terrain is largely hilly and forested, and it receives some of the highest annual rainfall in the world. While the capital city, Shillong, is relatively urbanized and acts as the state's educational and administrative hub, the majority of Meghalaya's population lives in rural areas where access to basic services like healthcare, nutrition, and early education remains limited [13, 14]. Agriculture and allied activities form the backbone of the economy, with most rural households engaged in subsistence farming. Despite its cultural richness and ecological diversity, Meghalaya faces several developmental challenges, including poor health indicators, high rates of childhood malnutrition, and inadequate early learning infrastructure [15]. In response, the state government has implemented strategic frameworks such as the Meghalaya Health Policy 2021 and launched the Early Childhood Development Mission to promote integrated and holistic child development. Nevertheless, persistent gaps such as difficult terrain, shortage of trained professionals, and limited inter-sectoral coordination continue to affect the effective delivery of services [11, 16]. Meghalaya has a unique socio-cultural landscape dominated by tribal communities. While the state performs better on some indicators like gender equity, it continues to struggle with maternal and infant mortality, under nutrition, and poor access to quality ECD services [17]. Remote and hard-to-reach areas remain under served due to infrastructural constraints and a shortage of trained human resources [18].

B. *The Five Pillars of Nurturing Care: A Guide to Early Childhood Development*

The Nurturing Care Framework (NCF), developed by WHO, UNICEF, and the World Bank, provides a globally recognized road map to ensure optimal child development, especially during the first 1,000 days of life.

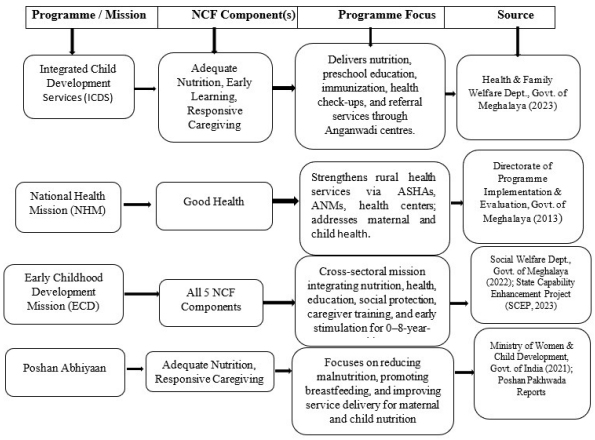

Fig. 1. Key interventions, their components, and corresponding outcomes based on secondary data and reports

TABLE 1
Key Components of NFC

Component	Key Actions	Impact
Good Health	Provide access to maternal and child health services, immunization, and hygiene	Reduces mortality and illness
Adequate Nutrition	Promote exclusive breastfeeding and complementary feeding	Supports brain growth and immunity
Responsive care-giving	Train caregivers in responsive interaction and bonding	Builds emotional resilience
Early Learning	Integrate play and stimulation in early years	Enhances cognitive development
Security & Safety	Ensure safe environments free from abuse and Toxic Stress	Promotes psychological well-being

Sources: [19]

II. METHODOLOGY

This article is grounded in a synthesis of secondary data drawn from a variety of credible sources, including peer-reviewed journals, government reports, policy briefs, and published news articles. The review adopts an analytical approach to assess the extent and effectiveness of interventions implemented under the Nurturing Care Framework (NCF) in the state of Meghalaya.

To complement the desk-based research, the article also integrates primary insights gathered from a small-scale case study involving ten rural women from Meghalaya. These mothers were selected to offer first-hand perspectives on the accessibility, awareness, and effectiveness of services related to early childhood care, nutrition, healthcare, early learning, and safety.

The core of the analysis is structured around the five pillars of the Nurturing Care Framework: Good Health, Adequate Nutrition, Responsive Caregiving, Opportunities for Early Learning, and Security and Safety.

By evaluating Meghalaya initiatives within this framework, the paper aims to identify existing strengths, persistent gaps, and recommend actionable strategies to ensure holistic early childhood development across the state.

A. *Early Childhood Development in Meghalaya: Gaps and Ground Realities*

TABLE 2
Demographic profile of the ten respondents

Case No	Qualification	Age	Number of Children	Occupation
Case 1	Primary school 8 standard	34	6	House wife
Case 2	Primary School (8Standard)	36	6	Housewife
Case 3	Primary School (7 Standard)	25	2	Labour
Case 4	Higher Secondary (12 Standard)	30	2	House wife
Case 5	Secondary (10 Standard)	35	3	House wife
Case 6	Primary School (7 Standard)	35	4	House wife
Case 7	Higher Secondary (12 Standard)	34	4	House wife
Case 8	Primary School (8 Standard)	36	6	House wife
Case 9	Primary School (8 Standard)	37	4	House wife
Case 10	Primary School (8 Standard)	37	3	House wife

The socio-demographic profile of the ten rural mothers from Meghalaya revealed that the majority had only primary-level education (7th–8th standard), with only two having completed higher secondary education. Most respondents were in their early to late thirties, an active child-rearing age, and had between two to six children, with four mothers caring for six children each. Except for one respondent engaged in labour work, all the housewives had limited family income and performed the primary role as caregivers. This data indicated that the respondents face multiple challenges such as low educational attainment, high care-giving responsibilities, and economic dependency. These factors can significantly impact their capacity to provide responsive care-giving, adequate nutrition, and early learning opportunities, core components of the Nurturing Care Framework, underscoring the need for targeted, community-based interventions to support early childhood development in such contexts.

TABLE 3
Good Health

Case No	Response Related to Good Health
Case 1	Yes – Mentioned reliance on customs and desire for Anganwadi/health staff support
Case 2	Yes – Indicated limited knowledge of health and child Care
Case 3	No direct comment recorded
Case 4	Yes – Expressed lack of regular health updates and difficulty with postnatal care
Case 5	No specific response mentioned
Case 6	Yes – Reflected awareness gaps and traditional beliefs in child Care
Case 7	Yes – Interested in learning more if given the opportunity
Case 8	Yes – Difficulty accessing ANC services due to distance and financial constraints
Case 9	Yes – Lack of postnatal care knowledge, highlighted reliance on elders
Case 10	No direct response on healthcare but likely similar constraints

Ensuring children have access to healthcare, immunization, nutrition, and maternal well-being is critical for promoting healthy growth and development. According to the [11], only 53.2% of mothers availed antenatal care (ANC) [11]. The policy emphasizes the need for high-quality ANC throughout all three trimesters and the postnatal period. Child Development Project Officers (CDPOs) are expected to address key concerns such as nutrition, anemia, and immunization, with ASHAs and Anganwadi workers conducting joint visits to monitor antenatal and postnatal care. Meghalaya also reported the highest percentage of home deliveries in 2020–21 and 2021–22 at 40.6% and 42.8%, respectively [20]. Additionally, postnatal check-ups within two days of delivery are significantly low (56%), compared to 93–95% in states like Kerala, Goa, and Tamil Nadu. While immunization rates were previously poor (44%), a significant improvement was noted with coverage reaching 84% in 2019–20 and 91% in 2020–21, attributed to adaptive management strategies using Problem-Driven Iterative Adaptation (PDIA) methods [15]. However, responses from ten mothers indicated limited knowledge of early childhood care, nutrition, and healthcare, compounded by geographical isolation, financial constraints, and inadequate updates from service providers: "We follow many customs passed down through generations, and with more support from Anganwadi and health staff, we can strengthen our understanding of child care."

TABLE 4
Adequate Nutrition

Aspect	Key Insights from Respondents ($N = 10$)
Awareness and Feeding Practices	Most mothers had limited awareness about the importance of exclusive breastfeeding and balanced diets for children. Traditional beliefs and home-based practices were commonly followed, often in place of Modern guidance.
Access and Acceptability of Support	Several mothers shared that while supplementary food was available, it was not always preferred by their children or easy to access due to distance or family responsibilities. This led to inconsistent usage.

Despite progress, nutritional indicators remain unacceptably high. Encouragingly, Meghalaya showed a greater proportion of children consuming iron-rich foods compared to other states [21]. Exclusive breastfeeding for six months has also been highlighted as a priority in the [11], linked to better immunity, reduced infections, and improved cognitive outcomes.

Nevertheless, qualitative findings revealed that many mothers were unaware of the benefits of exclusive breastfeeding, and due to gaps in their training, Anganwadi workers were often unable to offer mothers the nutritional guidance they needed. Cultural barriers and food preferences also led to low uptake of supplementary food. One mother explained [11], "The food provided at the Anganwadi is sometimes not preferred by my child, and the distance required to collect it can be challenging, which makes it difficult for us to consistently access the meals."

TABLE 5
Responsive Care-giving

Aspect	Detailed Findings from Respondents ($N = 10$)
Current Understanding and Practices	Most mothers were unfamiliar with structured care-giving approaches like Kangaroo Mother Care (KMC), yet many naturally practiced emotional bonding through holding, cuddling, and responding to their babies' needs. Their care-giving was based on instinct, family traditions, and peer advice, rather than formal training.
Interest in Parenting Knowledge & Support	Despite low formal awareness, many mothers showed a strong interest in learning more about care-giving techniques if proper guidance was available. expressed a willingness to adopt new practices if explained in a relatable, culturally sensitive way and felt they could better care for their Children with such support.

Responsive care-giving promotes secure emotional bonds through love, attention, and engagement. The [11] recognizes the importance of Kangaroo Mother Care (KMC), especially during the prenatal to early childhood stages, for preventing malnutrition and supporting development [11]. In line with this, the Early Childhood Development Mission launched in 2022 emphasized KMC as a core strategy for positive parenting. However, feedback from mothers indicated low awareness and guidance regarding KMC [22]. One respondent shared: "I haven't had the opportunity to learn about this yet, but I'm eager to gain more knowledge when guidance is available." This reflects the need for enhanced outreach and training of frontline workers to educate mothers on responsive care-giving techniques.

TABLE 6
Opportunities for Early Learning

Aspect	Detailed Insights from Respondents ($N = 10$)
Understanding and Home-Based Practices	Most mothers did not have a clear understanding of "early learning" beyond school-age education. While they engaged in informal practices such as talking to, singing to, or playing with their children, they did not recognize these as learning tools. The shift to nuclear families has reduced traditional intergenerational support for early stimulation.
Awareness and Demand for Early Learning Support	Very few mothers were aware of ICDS services related to early learning. However, some expressed a strong willingness to receive more guidance and support if it helped in their child's development. This reveals a disconnect between available programs and community-level communication, but also an opportunity for targeted awareness efforts.

Early learning begins at home through play, exploration, and interactions with caregivers. Traditionally in Meghalaya, extended families provided a nurturing environment with lullabies, stories, and daily engagement [23]. However, with the growing trend of nuclear families, many young parents lack understanding of early stimulation and learning. To address this, the [24] aims to provide holistic support from conception to eight years of age, with training for over 15,000 ASHAs and Anganwadi workers to assess child development. Yet, awareness remains low [22]. One mother remarked "My understanding of early education services from ICDS is limited, and I would welcome more guidance". This indicates a disconnect between available services and community awareness, highlighting the importance of location-specific communication strategies and community sensitization.

TABLE 7
Security and Safety

Aspect	Detailed Insights from Respondents ($N = 10$)
Awareness of Child Safety Issues and Laws	Most mothers had limited understanding of formal child safety laws, such as those under the POCSO Act. They expressed uncertainty about rights and responsibilities as caregivers, with some fearing they unintentionally overlook issues due to lack of legal knowledge. Formal literacy was almost absent in household discussions.
Need for Guidance and Community Confidence	Several respondents conveyed a strong desire for clear, simple inform about how to keep their children safe from both physical threats and emotional stress. They believed that receiving accessible safety information would increase their confidence as parents and help them protect their children better in the home and Community environments.

Creating a safe environment free from violence, neglect, and toxic stress is fundamental to child development. Meghalaya has made efforts toward social protection and child safety, yet challenges persist. A 2024 report from The Shillong Times revealed that 1,747 cases under the POCSO Act were pending, underscoring judicial delays and systemic bottlenecks [25].

Parents expressed concerns about lack of clarity and awareness regarding child safety laws. One mother shared: "Clear information from the government on child-related laws and safety would help us feel more confident as caregivers." Awareness gaps among caregivers and insufficient training for frontline workers like Anganwadi teachers further hinder effective protection mechanisms. Strengthening legal literacy and regular capacity-building sessions can improve the implementation of child protection laws [26].

The application of the Nurturing Care Framework in Meghalaya reveals both promising efforts and persistent gaps in early childhood development services. While the state has made strides in improving immunization coverage and recognizing the importance of exclusive breastfeeding and Kangaroo Mother Care, significant challenges remain in areas such as maternal healthcare, nutritional diversity, responsive caregiving, and community awareness. Ground realities, including geographical barriers, socio-cultural norms, and limited outreach from service providers, highlight the urgent need for context-sensitive strategies that bridge policy provisions with the lived experiences of rural families. Engaging communities, training frontline workers, and enhancing intersectoral coordination will be essential to fully realize the aspirations of the NCF in Meghalaya [11].

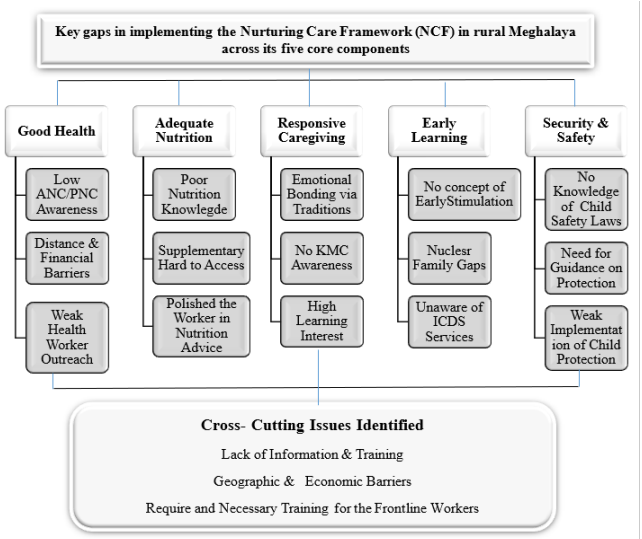

Fig. 2. The chart systematically highlights the key gaps in implementing the Nurturing Care Framework (NCF) in rural Meghalaya across its five core components

Figure 2 highlights key gaps in implementing the Nurturing Care Framework in rural areas of Meghalaya across its five components: good health, adequate nutrition, responsive caregiving, early learning, and security and safety. The figure illustrates how maternal and child health services are impacted by low awareness of prenatal and postnatal care, geographic distance, financial obstacles, and limited outreach from health professionals. Inadequate nutrition is a result of poor understanding of balanced diets and challenges in obtaining supplemental nutrition programs. Traditional practices have a significant impact on responsive caregiving, and although caregivers are interested in learning more about Kangaroo Mother Care, there is still little knowledge of it. Additionally, a lot of parents are unaware of early stimulation and the services offered by Integrated Child Development Services. Children's safety is also impacted by inadequate implementation procedures and a lack of knowledge about child protection regulations. Overall, the figure shows deficiencies in frontline worker training, accessibility, and awareness.

B. Way Forward

To effectively implement the Nurturing Care Framework in Meghalaya, a multisectoral and culturally sensitive approach is essential. Strengthening early childhood development requires not only enhancing services but also empowering communities through awareness, access, and active participation.

C. Enhance Community Awareness and Engagement

Conduct regular information sessions at the village level on maternal health, nutrition, early learning, and child safety. Leverage local media and community leaders to disseminate messages in local dialects. Promote parent and caregiver engagement through mothers' groups and peer support networks.

D. Capacity Building of Frontline Workers

Provide ongoing training to Anganwadi workers, ASHAs, and ANMs on early stimulation, responsive caregiving, and developmental milestones. Encourage cross-sector collaboration between ICDS, Health, Education, and Social Welfare departments for integrated service delivery.

E. Improve Access to Health and Nutrition Services

Strengthen last-mile delivery of health services, especially in remote and hard-to-reach areas through mobile health clinics and home visits. Ensure quality and cultural acceptability of supplementary nutrition, considering local food preferences in meal planning. Support exclusive breastfeeding through home-based counseling and trained community volunteers.

F. Strengthen Child Protection Mechanisms

Build awareness of child rights and protection laws like the POCSO Act through school-based and community programs. Train frontline workers on identifying signs of abuse and linking families to support services. Create safe, child-friendly community spaces that encourage positive interactions and emotional security.

G. Monitoring and Accountability

Regularly monitor service delivery and feedback from families to ensure responsiveness to community needs. Encourage the use of local data and participatory methods to track child development outcomes and identify service gaps.

III. CONCLUSION

This article critically examines the implementation of the Nurturing Care Framework (NCF) in Meghalaya through an in-depth analysis of its five core components: good health, adequate nutrition, responsive caregiving, opportunities for early learning, and security and safety. While Meghalaya has taken commendable steps through policies like the Meghalaya Health Policy 2021 and the Early Childhood Development Mission, significant gaps remain between policy intentions and ground realities. The findings revealed that although institutional structures and schemes exist, their outreach and impact are uneven due to challenges such as infrastructural deficits, lack of intersectoral coordination, cultural disconnects in program design, and limited frontline worker training. Field data from mothers and community observations further highlighted how caregiving practices, access to learning materials, nutritional adequacy, and safe environments are still hindered by socioeconomic barriers and geographic isolation.

The key insight from this research stresses the need for a contextualized, community-driven, and integrated approach to ECD that not only ensures access but also strengthens awareness, participation, and accountability at the grassroots level. Holistic early childhood development in Meghalaya requires greater investment in capacity building of grassroots-level workers, adopting culturally responsive strategies, monitoring frameworks, and mechanisms that amplify the voices of caregivers and local service providers. By adopting a truly nurturing care approach rooted in the lived realities of Meghalaya's communities, the state can move closer to achieving its vision

of ensuring every child not only survives but thrives. This article thus offers a timely reflection and call to action for aligning national frameworks with state-specific needs and aspirations in early childhood development.

IV. ETHICAL APPROVAL

Institutional Ethics Committee Pasteur Institute (IECPI), Lawmali, East Khasi Hill District, Shillong, Meghalaya. DHR Registration No EC/NEW/INST/2023/3400

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