

Motivation of Cadre in Effectiveness in Stimulating The Growth and Development of Children Under Two Years Old in Jambi

Rumita Ena Sari^{1✉}, Ismi Nurwaqiah Ibnu², Adila Solida³, Roza Rizana⁴

Public Health Study Program, Universitas Jambi^{1,2,3,4}

e-mail: *rumita_ena@unja.ac.id¹

Input : March 05, 2025

Accepted : April 05, 2025

Revised : March 18, 2025

Published : April 17, 2025

ABSTRACT

Early childhood development refers to the cognitive, physical, language, motor, social and emotional development of children from conception to 8 years of age. This study aims to analyse the effectiveness of cadres in the stimulation of growth and development of under-two children in Jambi city. This study is a quantitative study with a cross-sectional design. The sample was taken with a multistage technique, namely 118 cadres. Data collection using questionnaires. Data analysis with multiple logistic regression. Based on the results of multivariate analysis, the possibility of growth motivation (PR 10,981 and P value 0,000) was the most influential variable on the effectiveness of cadres in stimulating the growth and development of infants under 2 years. The possibility of growth motivation was the most influential variable on the effectiveness of cadres in stimulating the growth and development of infants under 2 years. It is expected that cadres receive tiered training, cadres become mentors to new cadres, informal education opportunities, and recognition as exemplary cadres.

Kata kunci: *Stimulation, Children, Development, Cadre, Effectiveness*

INTRODUCTION

The convergence of evidence and a unique commitment to the right of all children to be healthy and develop their full potential has led to early childhood development gaining traction as a critical issue, for cross-sectors through the promotion of care. This convergence is relevant for all situations, but especially in the context of development and humanitarian crises. The health sector should play a central role in promoting caregiving through actions within its mandate and through advocacy and engagement with other sectors (WHO, 2019).

Early childhood development refers to the cognitive, physical, language, motor, social and emotional development of children from conception to 8 years of age. Evidence shows that the early years of life are critical for a child's healthy growth and development. During this period, important neural pathways are formed that lay the foundation for health, learning, productivity and social well-being throughout the life course, so children need stimulus and checks on their

growth and development (WHO, 2019). In 2022, the number of children under five in Indonesia reached 30.7 million, or equivalent to 11.20% of the Indonesian population. The large number of toddlers, if raised with optimal growth and development stimulus, will create a smart generation so that this country has quality human resources, and a developed country is realised (Een Nuraenah, 2023).

The stimulation of early detection and intervention of growth and development (SDIDTK) programme for children under five years of age is conducted in community health centres in partnership with institutions, family members, and community empowerment, including trained cadres. The programme is designed to conduct early detection of growth and development disorders such as developmental delays, visual and hearing impairments, emotional, mental-emotional disorders, and GPHH (Disorders of Attention Concentration and Hyperactivity). In the early detection and intervention programme for growth and development of under-fives, the role of mothers and families of under-fives is needed to carry out growth and development stimuli based on the age range of under-fives, the role of cadres is to assist in monitoring the growth and development of under-fives by assisting in early screening of growth and development of under-fives and educating mothers of under-fives about the procedures for growth and development stimulus (Pratiwi & Windiyani, 2021). Trained cadres conduct early screening of growth and development of toddlers using the growth and development screening questionnaire. Then the role of health centre staff is to intervene early if there are deviations in the growth and development of infants who have been screened early by cadres.

The coverage rate of the under-five SDIDTK programme implemented in Jambi City in 2017 was 80.8%, in 2018 it was 89% and in 2019 it was 88%, 2021 it was 89%. The decrease in the coverage rate in 2019 was because only 6 health centres achieved 100% coverage and there was 1 health centre with the lowest coverage out of 20 health centres in Jambi City. In 2021, only 3 health centres achieved 100% coverage, and in 2022, also only 3 health centres achieved 100% (Jambi, 2020).

In 2022, the author conducted a study on the stimulation of early detection and intervention of growth and development of under-five children with under-five respondents who came to the posyandu in the opposite direction with a sample of 13 villages spread across 4 working areas of the Jambi City health centre. Based on research conducted in the working areas of theolak kemang, tahtul yaman, koni and putri ayu health centres, Jambi City, the age of women under 20 years of age who have children under two is 42% growth and development was not accordance with their age range (Rumita Ena Sari, Evy Wisudariani, Esra Lasmarida, Oka Lesmana, 2022).

If we look further into monitoring the growth and development of toddlers, trained cadres should conduct growth screening according to age ranges to assess the milestones that have been by toddlers. Posyandu cadres only weigh and measure body length, and head circumference. Ideally, growth and

development monitoring is done by measuring body length, and head circumference, early developmental screening with questionnaires.

Based on interviews with cadres, they have never been trained to conduct early developmental screening. So, the criteria for assessing growth and development assessed by cadres are based on perception only, for example, if 2 years old cannot walk, 3 years old cannot talk, it means there is a problem with growth and development. In fact, if from the age range of 0 months screening has been carried out every month, then all forms of growth and development deficiencies can be stimulated and given intervention as early as possible so that the growth and development of toddlers can be optimal (Hendrawati et al., 2021). Therefore, cadres and health centre officers must be increased in effectiveness so that the stimulation programme for detection and early intervention of growth and development of toddlers is optimal.

Based on early survey our research found that maternal education, maternal employment, early breastfeeding initiation practices (IMD), breastfeeding, smoking behaviour in the house, and stimulus had a relationship with the growth and development of infants in 13 urban villages in Jambi City, and the stimulus variable was the most dominant variable in influencing the growth and development of infants in Jambi City. This stimulus must be given by the mother to her child, which when viewed from the characteristics of the highest mother's education with a high school education of 71.5% and a low education, namely not finishing elementary school with a proportion of 28.5%. As many as 42% of mothers were not good at providing stimulation to under-fives, so that 40% of under-fives had poor growth and development. This requires the role of cadres in an effort to teach mothers about how to stimulate babies according to their age range (Rumita Ena Sari, Evy Wisudariani, Esra Lasmarida, Oka Lesmana, 2022).

To assist field workers in programme evaluation, practical methods were developed to estimate the effectiveness of public health interventions within the capacity of existing programmes achieved. The method and materials were tested in seven countries (Afghanistan, Zimbabwe, Tanzania, Uganda, Guatemala, Philippines, and Ghana). In this method, four core components were assessed using a questionnaire: (1) effectiveness of the intervention; (2) level of human resources available (i.e., quality of recruitment, training, and continuing education); (3) infrastructure (i.e., supplies, salaries, transport, and supervision); and (4) level of community support (i.e., access and demand). Using the assessment tools provided, programme staff can determine whether all the necessary elements are in place for a successful programme that can deliver specific interventions. Based on the results of the programme assessment, weaknesses can be identified, explicitly discussed, and addressed. The utility of this tool can be two-fold: (1) to assess effective programme design and implementation; and (2) to highlight the inevitable need for capacity building as the health situation changes (McDonnell, Yassin, Brown, Perry, & Thacker, 2007).

The coverage rate of the under-five SDIDTK programme implemented in Jambi City in 2017 was 80.8%, in 2018 it was 89% and in 2019 it was 88%, 2021 it

was 89%.z The decrease in the coverage rate in 2019 was because only 6 health centres achieved 100% coverage and there was 1 health centre with the lowest coverage out of 20 health centres in Jambi City. In 2021, only 3 health centres achieved 100% coverage, and in 2022, also only 3 health centres achieved 100% coverage. The results of the author's research in the year found that maternal education, maternal employment, early breastfeeding initiation practices (IMD), breastfeeding, smoking behaviour in the house, and stimulus had a relationship with the growth and development of infants in 13 urban villages in Jambi City, and the stimulus variable was the most dominant variable in influencing the growth and development of infants in Jambi City. This stimulus must be given by the mother to her child, which when viewed from the characteristics of the highest mother's education with a high school education of 71.5% and a low education, namely not finishing elementary school with a proportion of 28.5%. As many as 42% of mothers were not good at providing stimulation to under-fives, so that 40% of under-fives had poor growth and development. This requires the role of cadres in an effort to teach mothers about how to stimulate babies according to their age range.

Measuring the effectiveness of cadres in a programme is essential. Based on the above background, what is the effectiveness of cadres in the Toddler Growth Stimulation and Detection Programme in Jambi City?

METODOLOGY

This study was a quantitative study with a cross-sectional design. This research was conducted from June 2023 to August 2023 in Jambi City with respondents from Posyandu cadres of the Stimulation Detection and Early Intervention of Growth and Development (SDIDTK) Programme in Jambi City. The population in this study were cadres of the Stimulation Detection and Early Intervention of Growth and Development (SDIDTK) in 44 Posyandu, consisting of 13 sub-districts with 4 public health centres areas, namely Puskesmas Koni, Puskesmas Putri Ayu, Puskesmas Thahtul Yaman and Puskesmas Mekar Sari in Jambi City with a total of 220 cadres. The sampling technique used in this study was multistage sampling with 118 cadres as respondents. Data collected used a questionnaire that has been tested for validity and reliability with a calculated r value greater than the r table value = 0.361 and Cronbach alpha value = 0.90. Data analyzed used multiple logistic regression test. The independent variables in this study are motivation that consist of achievement motivation, the work it self motivation, advancement motivation, recognition motivation, and the possibility and growth motivation, based on Herzberg theory of motivation (Ramadhania, Gondodiputro, Wijaya, Didah, & Mandiri, 2020), while the dependent variable in this study is the effectiveness of cadres whose operational definition is the ability of cadres in stimulation and early detection of growth and development of infants under two years of age in accordance with the age range based on guidelines issued by the Ministry of Health (Handayani, Nurlisis, & Afni, 2021).

RESULT AND DISCUSSION

Based on the results of univariate analysis, the following results were obtained:

Table 1. Distribution of requencies individual characteristics of respondents

Variables	n	f(%)
Cadre Efferctivity		
Low	65	55,1
High	53	44,9
Age		
Young	43	36,4
Old	75	63,6
Education		
High School	118	100
Marriage Status		
No	13	11
Yes	105	89
Income		
Under Minimum Wage	92	78
Minimum wage	26	22
Training		
No	81	68,6
Yes	37	31,4
Knowledge		
Low	18	15,3
High	100	84,7
Motivation		
Low	61	51,69
High	57	48,31

Source : Statistical Primary Data Research

Based on results table 1, 44,9 cadre effective in stimulation children under 2 years old with 63,6% cadres ages minimum 40 years old. 100% cadres graduate high school. 89% or cadres married, and 78% cadres income under minimum wage. Only 31,4% cadres has training in stimulation growth and development program, but 84,7% cadres has high knowledge. Last, 51,69% of cadres has low motivation. Motivation consists of achievement motivation, recognition motivation, the work it self motivation, advancement motivation, the possibility and growth motivation. Based on univariat analysis, 55,9% cadres have high recognition motivation, and 71,% cadres have the work it self motivation. 74,5% cadres have responsibility motivation, and 68,6% cadres have advancement motivation. The final one, 65,% cadres demonstrated high possibility and growth motivation.

Furthermore, bivariate modelling was carried out using the kai squared test. Based on the test results, the following results are presented in table 2:

Table 2. Cross-tabulation of Motivation with Cadre Effectiveness

No	Variables	Effectiveness		Total	P Value	PR
		Low	High			

		n	f(%)	n	f(%)	n	f(%)		
1	Recognition Motivation							0,245	1,157
	Low	31	59,6	21	40,4	52	100		
	High	34	51,5	32	48,5	66	100		
	Total	65	55,1	53	44,9	118	100		
2	The Work It Self Motivation							0,000	2,396
	Low	32	94,1	2	5,9	34	100		
	High	33	39,3	51	60,7	84	100		
	Total	65	55,1	53	44,9	118	100		
3	The Possibility Of Growth Motivation							0,000	2,643
	Low	38	92,7	3	7,3	41	100		
	High	27	35,1	50	64,9	77	100		
	Total	65	55,1	53	44,9	118	100		
4	Responsibility Motivation							0,331	0,880
	Low	15	50	15	50	30	100		
	High	50	56,8	38	43,2	88	100		
	Total	65	55,1	53	44,9	118	100		
5	Advancement Motivation								
	Low	34	91,9	3	8,7	37	100	0,000	2,401
	High	31	38,3	61,7	53	81	100		
	Total	65	55,1	53	44,9	118	100		

Source : Statistical Primary Data Research

Based on table 2, the highest motivation that have correlation with effectiveness cadres in stimulation development children was the work it self motivation, the possibility growth motivation, and advancement motivation with P value 0,000. Motivation that have highest PR value was the possibility of growth motivation PR = 2,643. It means if the motivation of the possibility of growth cadres is increased, it will increase the effectiveness of cadres by 2.643 times in stimulating the growth and development of children under 2 years.

Based on double logistic regression test, in the final calculation of the model, two variables were found to have an influence on the effectiveness of cadres in stimulating the growth and development of children under two years old. The first is the possibility of growth motivation with a P value of 0.000 and a AOR value of 10.961, followed by the motivation of the work itself with a P value of 0.007 and a AOR value of 9.090. Furthermore, it will be displayed in table 3 below:

Table 3. Final Model of Multiple Logistic Regression Test

Variabel	AOR	95% CI	P Value
The possibility of growth motivation	10,961	28,750-41,945	0,000
The work itself motivation	9,090	18,290-45,169	0,007

Source : Statistical Primary Data Research

Based on multivariate analysis the possibility of growth has significance influence with effectiveness cadres in stimulation development children under two as many as 10,961 times. The questionnaire that distributed to respondents asked about opportunities to learn new things, opportunities for self-development, develop personally and professionally, possibility to move up in roles/responsibilities, skill improvement, organisational support for personal development, and feeling that the job provides positive challenges. Based on results, 81% cadres want their skills to be continuously improved with training to become more proficient. 78 per cent of cadres wanted the possibility of being given more responsibility in the future. This study is in line with studies highlighting that CHWs' motivation is influenced by nonmonetary factors such as training and skill development. CHWs showed a strong desire to improve their competencies through continuous training, which in turn improved their performance and job satisfaction (Sarriot, Davis, Morrow, Kabore, & Perry, 2021). This study is in line with studies that found that in low- and middle-income countries (LMICs), training improved CHWs' motivation, job satisfaction and performance. CHWs who received training felt more confident and willing to take on more responsibility in community health services (Van Iseghem et al., 2023).

As many as 69% of cadres want the community health centre organisation and the health office to encourage cadres to develop. Based on the results of short interviews, cadres want to be facilitated with workshops that bring in child psychologists so that they can learn from experts. This research in line with this study highlights the importance of training and access to information for health cadres to perform their duties effectively (Linnea Stansert Katzen, Reid, Laurenzi, & Tomlinson, 2024). Additional training increases confidence and job meaning for cadres, and strengthens their role in the community. The journal stated that 'Training and access to information emerged as crucial for health cadres in enabling them to feel capable of carrying out their responsibilities. The additional training received provided the information needed to carry out their work more effectively.

This study is in line with research which states that additional training and supervisory support increases the knowledge, confidence and motivation of health cadres. Cadres felt more capable of providing better services to their communities. The journal excerpt states that 'The additional training provided in this study improved the knowledge and confidence of health cadres, and there appears to be scope for further research on the quality of health cadre training as well as the need for ongoing field and other training (L. Stansert Katzen et al., 2024). This study is in line with the article which emphasises that training for health cadres should be sustainable and responsive to the needs of the population, including adding evidence-based interventions and new approaches such as expert workshops to improve their skills. Training for effective health cadre programmes also needs to be seen not only as training for health cadres, but also training for communities, health cadre supervisors, and others in the

health system to help these stakeholders appreciate and understand and utilise health cadres effectively (Schleiff, Aitken, Alam, Damtew, & Perry, 2021).

In the questionnaire on the work itself motivation which is the second variable that influences cadre effectiveness, several questions were asked including I feel my work is challenging and makes me grow. My work gives me a sense of personal achievement. My tasks are varied enough and not boring. I feel my work is important and impactful. I enjoy the daily activities of my job. I have opportunities to use my skills in this job. I feel trusted to handle important tasks. Based on the results of the study, 69% of respondents felt that their work was challenging. Respondents argued through interviews with researchers that their work requires increased knowledge and skills that can be supported by regular training. The results of this study are in line with positive perceptions of training having a significant impact on job satisfaction and reducing stress in the workplace. This emphasises the importance of regular training to improve employees' skills and knowledge, especially in challenging jobs (Rawashdeh & Tamimi, 2021). The results of this study are in line with the results of the analysis which shows an increase in employee job training by 17% from 2022 to 2024. This shows that job training has a positive impact on the development of employee skills and performance (Nurhaliza, 2025).

As many as 72% of respondents feel enjoy with their job. This is a good sign that the cadres' work is voluntary. Based on the interview results, cadres are happy to be involved in the programme because they have a busy life and feel valued in the community. Cadres are happy when they are involved in community activities related to government organisations such as the family welfare empowerment team, or are invited to represent the kelurahan at government events. This research is in line with studies that found that health volunteers remain motivated because they feel valued by the community and the organisation they belong to. Social recognition and a sense of belonging to the organisation increased their engagement and performance (Jigssa, Desta, Tilahun, McCutcheon, & Berman, 2022; Singh, Cumming, Mohajer, & Negin, 2021; Vareilles et al., 2025)

CONCLUSION

Based on results table 1, 44,9 cadre effective in stimulation children under 2 years old with 63,6% cadres ages minimum 40 years old. 100% cadres graduate high school. 89% or cadres married, and 78% cadres income under minimum wage. Only 31,4% cadres has training in stimulation growth and development program, but 84,7% cadres has high knowledge. Last, 51,69% of cadres has low motivation. Motivation consists of achievement motivation, recognition motivation, the work it self motivation, advancement motivation, the possibility and growth motivation. Based on univariat analysis, 55,9% cadres have high recognition motivation, and 71,% cadres have the work it self motivation. 74,5% cadres have responsibility motivation, and 68,6% cadres have advancement motivation. The final one, 65,% cadres demonstrated high possibility and growth motivation. The highest motivation that have

correlation with effectiveness cadres in stimulation development children was the work it self motivation, the possibility growth motivation, and advancement motivation with P value 0,000. Motivation that have highest PR value was the possibility of growth motivation PR = 2,643. It means if the motivation of the possibility of growth cadres is increased, it will increase the effectiveness of cadres by 2.643 times in stimulating the growth and development of children under 2 years. In the end, based on multivariat analysis the possibility of growth has significance influence with effectiveness cadres in stimulation development children under two as many as 10,961 times. It hoped that Cadres can take the initiative to seek and attend training organised by Puskesmas, the Health Office, or partner organisations such as PKK, BKKBN, etc. Join or form a community of cadres at the sub-district or city level to share knowledge and best practices. Invite expert resource persons (paediatricians, psychologists, nutritionists) periodically for discussions. Cadres can record their experience of activities, documentation of mentoring results, training certificates as a form of portfolio. This can be the basis for getting a bigger role or awards from relevant agencies. For public health center and health department, Develop a structured cadre development programme by creating a training curriculum with basic, intermediate and advanced levels according to the needs of the field. Establish an appreciation system and non-material incentives such as annual appreciation certificates for the selection of 'exemplary cadres'. Establish a cadre forum per sub-district with regular monthly meetings. Involve cadres in programme planning. Involve cadres in deliberations or FGDs when developing Posyandu activities or other health promotion activities. Ask for cadres input on effective methods or realities in the field with the aim of cadres feeling ownership of the programme. This can increase intrinsic motivation.

REFERENCES

- Een Nuraenah, E. S. F. (2023). The Relationship Between Knowledge and Role Parents in Stimulating The. *International Journal Of Health Science*, 3(1).
- Handayani, R., Nurlisis, & Afni, N. (2021). Analisis Pelaksanaan Stimulasi Deteksi Intervensi Dini Tumbuh Kembang (SDIDTK) di Upt Puskesmas Sungai Piring. *Jurnal Kesehatan Komunitas*, 6(3), 363–368. <https://doi.org/10.25311/keskom.vol6.iss3.553>
- Hendrawati, S., Mardhiyah, A., Mediani, H. S., Nurhidayah, I., Mardiah, W., Adistie, F., & Maryam, N. N. A. (2021). Pemberdayaan Kader Posyandu dalam Stimulasi Deteksi dan Intervensi Dini Tumbuh Kembang (SDIDTK) pada Anak Usia 0 – 6 Tahun di Desa Cileles Kecamatan Jatiningor Kabupaten Sumedang. *Media Karya Kesehatan*, 1(1), 39–58. <https://doi.org/10.24198/mkk.v1i1.17263>
- Jambi, D. K. P. (2020). Profil Kesehatan Jambi Tahun 2020, (08), 28–29.
- Jigssa, H. A., Desta, B. F., Tilahun, H. A., McCutcheon, J., & Berman, P. (2022). Factors contributing to motivation of volunteer community health workers in Ethiopia: The case of four woredas (districts) in Oromia and Tigray

- regions. *Human Resources for Health*, 16(1), 1–11. <https://doi.org/10.1186/s12960-018-0319-3>
- Nurhaliza, D. (2025). Analisis Pelatihan Kerja Untuk Meningkatkan Kinerja Karyawan Pt. Prada Makmur Banjarmasin. *Jurnal Maneksi*, 14(01), 213–219. Retrieved from <https://repository.uniska-bjm.ac.id/692/1/15310194.pdf>
- Pratiwi, E. N., & Windiyani, W. (2021). Pengetahuan Kader Tentang Stimulasi Deteksi Intervensi Dini Tumbuh Kembang Anak. *Jurnal Kebidanan*, 10(1), 50–53. <https://doi.org/10.35890/jkdh.v10i1.170>
- Ramadhania, N., Gondodiputro, S., Wijaya, M., Didah, D., & Mandiri, A. (2020). Cadres of the Integrated Health Post for Elderly and Their Satisfaction: Herzberg Theory Approach. *Sosiohumaniora*, 22(3), 309. <https://doi.org/10.24198/sosiohumaniora.v22i3.27259>
- Rawashdeh, A. M., & Tamimi, S. A. (2021). The impact of employee perceptions of training on organizational commitment and turnover intention. *European Journal of Training and Development*, 44(2/3), 191–207. <https://doi.org/10.1108/EJTD-07-2019-0112>
- Rumita Ena Sari, Evy Wisudariani, Esra Lasmarida, Oka Lesmana, M. S. (2022). Management Implemented of Stimulation, Detection, and Early Intervention of Growth Toddler At Municipality Jambi; A Qualitative Study. *International Journal of Public Health Excellence (IJPHE)*, 2(1), 302–317. <https://doi.org/10.55299/ijphe.v2i1.232>
- Sanriot, E., Davis, T., Morrow, M., Kabore, T., & Perry, H. (2021). Motivation and Performance of Community Health Workers: Nothing New Under the Sun, and Yet... *Global Health Science and Practice*, 9(4), 716–724. <https://doi.org/10.9745/GHSP-D-21-00627>
- Schleiff, M. J., Aitken, I., Alam, M. A., Damtew, Z. A., & Perry, H. B. (2021). Community health workers at the dawn of a new era: 6. Recruitment, training, and continuing education. *Health Research Policy and Systems*, 19(Suppl 3), 113. <https://doi.org/10.1186/s12961-021-00757-3>
- Singh, D., Cumming, R., Mohajer, N., & Negin, J. (2021). Motivation of Community Health Volunteers in rural Uganda: the interconnectedness of knowledge, relationship and action. *Public Health*, 136, 166–171. <https://doi.org/10.1016/j.puhe.2016.01.010>
- Stansert Katzen, L., Skeen, S., Dippenaar, E., Laurenzi, C., Notholi, V., le Roux, K., ... Tomlinson, M. (2024). Community Health Workers' experiences of an intervention to provide them with increased support and supervision: a qualitative study of a home visiting model in rural South Africa. *Discover Health Systems*, 3(1). <https://doi.org/10.1007/s44250-023-00064-4>
- Stansert Katzen, Linnea, Reid, S., Laurenzi, C., & Tomlinson, M. (2024). From the periphery to inclusion within the health system: promoting community health worker empowerment as a way forward. *BMC Primary Care*, 25(1), 1–11. <https://doi.org/10.1186/s12875-024-02523-0>
- Van Iseghem, T., Jacobs, I., Vanden Bossche, D., Delobelle, P., Willems, S., Masquillier, C., & Decat, P. (2023). The role of community health workers in primary healthcare in the WHO-EU region: a scoping review. *International*

Journal for Equity in Health, 22(1), 1–15. <https://doi.org/10.1186/s12939-023-01944-0>

Vareilles, G., Marchal, B., Kane, S., Petrič, T., Pictet, G., & Pommier, J. (2025). Understanding the motivation and performance of community health volunteers involved in the delivery of health programmes in Kampala, Uganda: a realist evaluation. *BMJ Open*, 5(11), e008614. <https://doi.org/10.1136/bmjopen-2015-008614>

WHO. (2019). *Operationalizing Nurturing Care for Early Childhood Development*. Geneva.