Nurturing care for children living in humanitarian settings

NURTURING CARE
FOR EARLY CHILDHOOD DEVELOPMENT

What is nurturing care?

What happens during early childhood (pregnancy to age 8) lays the foundation for a lifetime. 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. This requires providing children with nurturing care, especially in the earliest years (pregnancy to age 3).

Nurturing care comprises of five interrelated and indivisible components: good health, adequate nutrition, safety and security, responsive caregiving and opportunities for early learning. 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 large, 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.

Why is nurturing care important in humanitarian settings?

The early years in a child's life are critical in building a foundation for optimal development through a stable and nurturing environment, as described in the *Nurturing Care Framework (1)*.

However, infants and young children in humanitarian settings face massive challenges to survive and, even more so, to thrive. As the number of crisis-affected people continues to rise, so does the proportion of future generations who experience the severe distress of displacement and conflict. When children are deprived of opportunities to develop, the ability of families, communities and economies to flourish is limited.

More than 29 million children were born into conflict-affected areas in 2018 *(2)*. Young children in these situations face compounded risks to their development stemming from a continuum of experiences which may include forced displacement, migration and resettlement in a new setting, such as a refugee camp, or integration within host communities. These experiences are likely to result in mothers, infants and young children having limited access to preventive and curative health services; high risk for malnutrition; elevated levels of insecurity, violence and stress; and other potential effects arising from socioeconomic adversity or extreme poverty.

This brief summarizes actions that programme planners and implementers should take to minimize the impact that emergencies have on the lives of young children and their families. It calls upon all relevant stakeholders to invest in evidence-based policies and interventions that have been shown to build resilience and mitigate the harmful effects of emergencies.

Defining 'emergencies'

The needs of women and children affected by emergencies have reached an unprecedented scale. An emergency is defined as a humanitarian crisis in a country, region or society demanding decisions and follow-up in terms of extraordinary measures that exceed the ability of the affected community or society to cope using its own resources, and therefore requiring urgent action to save lives as well as prevent additional morbidity and mortality. An emergency may be caused by conflict; disease outbreaks (such as COVID-19); or other events, such as massive food contamination, chemical or radionuclear spills, extreme weather and geological events. The emergency may be of varying length and severity, and the situation may change from day to day. It's therefore that we use the phrase humanitarian settings to express the variety of circumstances that affect families and young children who are confronted with an emergency.

Key facts and best practices

The disruption of essential services can be severely detrimental to young children and their families. Morbidity and mortality rates for children under 5 years of age among crisis-affected populations may be as high as twenty times that of children living in less fragile contexts *(3)*. And when children do survive, an estimated 43% of under 5s in low- and middle-income countries—inclusive of humanitarian contexts—are at risk of not reaching their developmental potential *(4)*. For parents and caregivers in conflict settings there is an increased risk of mental health challenges, including anxiety and depression, paired with a lack of support services *(5-8)*. These effects have been linked to a reduced capacity to provide consistent, responsive care, a paramount component of any child's health and development *(9-11)*.

Reflective of these challenges, an integrated set of crisis-sensitive services across health, nutrition, education, sanitation and child protection sectors is needed. These services must be designed, planned and costed to be adaptable when responding to emergencies, starting during pregnancy and continuing throughout a young child's life. In order to maximize the well-being of children, humanitarian response must also adopt a multi-generational approach that allows for 'caring for the caregivers'. Some families will need only limited assistance while others will require intensive support, especially when they are affected by significant trauma as well as basic health and survival issues.

To meet these different needs, services should include a mix of interventions of different intensity (see Table). Attention to children with developmental difficulties and disabilities is particularly important, as they are often the least likely to receive appropriate care. Provision of interventions may also differ at the onset of a crisis versus during a protracted crisis.

When attention is paid to meeting the developmental needs of children, populations will build resilience against adversity and strengthen their ability to achieve their full human potential. Investing in early childhood development programmes in the uncertainty and instability of protracted crises and displacement lays a foundation for life-long success and resilience, social cohesion, and sustainable and peaceful societies *(13-17)*. Prioritization of responsive caregiving ensures that parents and caregivers provide the necessary forms of intervention, helping to formulate long-term buffers from conflict and crisis. On a macro scale, investments in early childhood development can produce up to 13% return per year by improving health, growth and development outcomes, and boosting learning and productivity in later life, thereby improving social cohesion and the prosperity of nations *(13)*.

To advance well-being and reduce inequities around the world, leadership is needed to drive early childhood development in emergencies. Global and national stakeholders should come together behind a comprehensive approach for preparedness and response, requiring robust investments and continued prioritization across development and humanitarian settings.

What are the nurturing care components?

GOOD HEALTH

Refers to 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 provide adequate care to her young child.

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.

Table. **Examples of interventions according to different levels of implementation intensity**

SERVICE/ PROGRAMME TARGET	LOW-INTENSITY (UNIVERSAL SUPPORT)	MEDIUM-INTENSITY (TARGETED SUPPORT)	HIGH-INTENSITY (INDICATED SUPPORT)
Interventions for caregivers and families	**Key messages** focused on responsive caregiving, early learning and caregivers' mental health. Delivered through in-person interactions, telehealth, digital messages, text messages, phone calls, pamphlets, posters or other media. Distributed at registration points, distribution centres, health clinics, community centres and other safe spaces. **Mass media content (television, radio, etc.)** designed to promote early childhood development through culturally-relevant, engaging content. Content may include modelling of responsive caregiving behaviours.	**Parenting support groups** that include a focus on responsive caregiving, early learning and caregivers' mental health. **Integration of early childhood development support within existing caregiver groups,** such as mother-to-mother feeding support groups, parent committees and others.	**Intensive home visiting,** typically conducted weekly or bi-weekly for at least 6 months to one year. Visits include psychosocial support for caregivers, guidance on responsive caregiving, and tailored support for early learning activities depending on the child's developmental stage and abilities. **Individual or small group support for caregivers with disabilities or substantive health issues such as HIV, and adolescent caregivers** to provide more intensive help.
Interventions for children	**Early learning kits** including culturally relevant and developmentally appropriate local toys, books and games that can be combined with existing food or non-food item distributions, and cash transfer programmes. **Mass media content (television, radio, etc.)** designed to engage young children in play and early learning activities.	**Safe play and learning spaces** can be established within existing community buildings, waiting areas, safe and secure outdoor spaces and other safe places. These can range from low-intensity self-guided experiences in which children engage (such as in waiting areas) to more intensive child care settings with trained facilitators. **Pre-schools/child care services** can be established in tents, vacant classrooms and other safe community spaces where children engage in developmentally appropriate play and learning activities with trained facilitators/ teachers.	**Individual or small group intensive support for children with disabilities** such as occupational therapy, psychologists and social workers where available. **Individual or small group support for children and/ or caregivers experiencing high levels of stress or recovering from traumatic experiences,** delivered by trained mental health professionals or para-professionals.
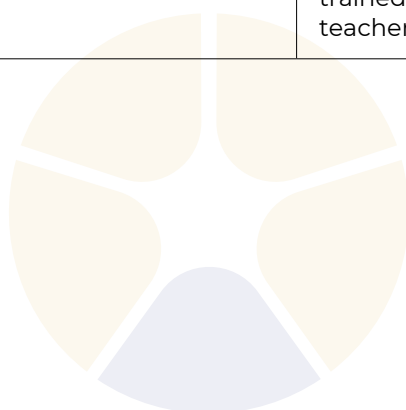
Sub-optimal standards and insufficient investment for early childhood development in humanitarian settings

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All too often, the needs of children and their caregivers are not prioritized or comprehensively included when it comes to directing investments in response to global crises. Humanitarian standards (which outline the essential elements and best practices for high-quality response) vary in their attention to young children and their caregivers.

According to a recent analysis of the most common humanitarian standards, responses do address the nutrition, health, safety and learning needs of young children. However, no one set of standards provides comprehensive guidance on all of these areas, and there is little attention to responsive caregiving and early learning activities for children, especially those under the age of 3 *(12)*. An analysis of humanitarian response plans in 2018 showed that only 58% mentioned nutrition interventions, fewer than 25% mentioned safety and security or health interventions, and even fewer mentioned interventions to support responsive caregiving or early learning *(13)*.

As relates to financing, less than 3% of US$ 75.8 billion, or US$ 2.5 billion, of overseas development assistance in crisis-affected countries is allocated to early childhood *(19)*. Many of the obstacles to improve early childhood development outcomes in low- and middle-income countries can be traced to domestic public financing constraints. Symptoms of insufficient and/or inequitable budget allocation may include low coverage as well as poor developmental and learning outcomes *(18)*, particularly for displaced and refugee populations that are often neglected in national budgets. There is an overall lack of information on how much countries spend on early childhood development. Ultimately, early childhood development falls through the cracks of international and national responses during emergencies.

What can be done?

As per the *Nurturing Care Framework (1)* and the recent World Health Organization *Guideline: improving early childhood development (20)*, the following recommendations apply to all settings, including in emergencies:

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1 All infants and children should receive responsive care during the first 3 years of life; parents and other caregivers should be supported to provide responsive care.

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2 All infants and children should have early learning activities with their parents and other caregivers during the first 3 years of life; parents and other caregivers should be supported to engage in early learning with their infants and children.

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3 Support for responsive care and early learning should be included as part of interventions for optimal nutrition of infants and young children.

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4 Psychosocial interventions to support maternal mental health should be integrated into early childhood health and development services.

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These recommendations remain the same in humanitarian settings, but implementing them may involve adaption given specific needs and challenges. In any setting, opportunities exist through varying interventions and services, building on the strengths of caregivers and peer support. Actions can be taken at different phases of an emergency, with interventions adjusted based on the length and type of humanitarian, security or displacement factors at play in a given context (see Table).

Refugee settlements

The Baytna initiative in Greece, developed by the Refugee Trauma Initiative, uses group gatherings to deliver psychosocial support and early learning opportunities to children aged 0-6 and their caregivers who have fled to Europe from Afghanistan, the Syrian Arab Republic and elsewhere. First-year results showed a clear correlation between high attendance and developmental progress for children as well as empowerment and well-being of primary caregivers. Using an early childhood development approach allows Baytna staff to work with the whole family and offer resources to support children's needs, as well as give the staff a place to tackle difficult and painful issues for the sake of the whole family. Baytna provides a nurturing environment for children, and gives families a place to take a breath, regroup and refocus the energies that helped them to safety on the development of their children and rebuilding their lives.

Conflict-affected areas

In conflict-affected areas of eastern Ukraine, COVID-19 has impacted education and parenting services in many ways. In order to adapt to the outbreak, the government, in collaboration with UNICEF and other partners, has adjusted its programme to virtual and blended formats. Telemedicine, with direct access to experts, has been combined with targeted visits to vulnerable families. Health workers who carry out these visits have personal protective equipment and prepare extensively to support families. This model of universal and targeted services reflects the *Nurturing Care Framework*'s intensity of interventions. In addition to adapted health services, a comprehensive, inclusive early childhood development programme was created in targeted communities to ensure that parents, including those with children with developmental delays or disabilities, continue to be supported. Finally, alternative learning approaches have been designed to ensure that young children and preschoolers continue to have access to quality and inclusive home-based learning.

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 additional US$1 invested in early childhood development can yield a return of between US$6 and $US17 *(21)*.

Nurturing, protecting and supporting caregivers and children is essential to achieve the Sustainable Development Goals.

Children's well-being and future are primary concerns expressed by every population, particularly the most vulnerable, in crisis settings throughout the world.

Many existing services already contribute to improving early childhood development, and at a minimum, these should be supported and enhanced by leveraging opportunities to involve everyone who has contact with primary caregivers, infants and young children. Where displaced and refugee families have been integrated into host communities, services should address the entire population. When interventions are inclusive and grounded in cultural and contextual realities, they can be highly valued by families and communities experiencing crisis.

Sustain specific actions that contribute to nurturing care for children relevant to the setting and the phase of the emergency

1. Continue community- and home-based services, including outreach, throughout an emergency. The following forms of support should be seen as essential:

   - antenatal and postnatal care
   - baby-friendly maternity care, perinatal maternal mental health care and kangaroo mother care
   - early initiation of exclusive breastfeeding
   - support for responsive caregiving and early learning activities
   - immunization
   - infant and young child feeding counselling and support for nutrition
   - prevention and integrated management of common childhood illness
   - psychosocial and trauma-informed support for young children and their caregivers
   - developmental monitoring and counselling to identify children at risk of sub-optimal development or experiencing delay or disability.

2. Prevent separations and reduce child and caregiver stress.

3. Promote hygiene and health training, investing in accessible, adequate and safe water, sanitation and hygiene facilities.

4. Establish child-friendly services that allow for singing, playing and reading in all intervention and support spaces.

Establish safe play and learning spaces for young children and their caregivers

1. Enable positive and responsive interaction within safe spaces such as community centres, clinics, homes and other designated structures.

2. Make or purchase stimulating and developmentally appropriate toys, pictures and other materials to encourage play, talk and other early learning and psychosocial support opportunities.

3. Ensure that vulnerable populations, including victims of gender-based violence and child abuse, are targeted for inclusion in safe and secure spaces through community outreach and awareness-raising.

4. Ensure spaces, structures, materials and communications are accessible to children and families with disabilities.

Build on contextually appropriate practices and integrate them into existing service delivery platforms and counselling tools

1. Understand the affected populations' beliefs and cultures as they relate to early childhood practices, and work together to design inclusive and culturally sensitive approaches to address nurturing care in services, health facilities and the community.

2. Provide information, care and support in formats that are accessible, inclusive and consultative, including affected persons with disabilities, adolescent mothers, and families affected by adverse health conditions such as HIV.

3. Prioritize remote and face-to-face support for caregiver mental health and child protection, help alleviate family conflict and support caregivers to reduce stress.

Children are some of the most vulnerable among the forcibly displaced, representing 50% of the world's refugees *(22).*

Displaced populations

Ahlan Simsim is a programme in the Middle East to support young children affected by conflict and displacement with high-quality early childhood development services. Through the collaborative efforts of Sesame Workshop, the International Rescue Committee and New York University's Global TIES for Children, Ahlan Simsim reaches children ages 0-8 and their caregivers in Iraq, Jordan, Lebanon and the Syrian Arab Republic. Services for families, caregivers and their children are delivered through home visits, group-based parenting programmes, playgrounds and digital support for caregivers using text messages and social media. The digital engagement provides parenting tips that empower caregivers to take responsibility for nourishing children's ability to think, solve problems, express themselves, control their emotions, and develop healthy relationships with others. The culturally appropriate Middle Eastern adaptations reach caregivers through WhatsApp, videos and audio messaging, allowing low-literacy caregivers to access the tips.

Photo credit: © Ahmad Al-Jarery / International Rescue Committee

Selected resources

The Early Childhood Development Task Team
aims to serve as a community of practice for front-line providers, field managers, technical staff and other relevant stakeholders working in the field of early childhood development in emergencies and in humanitarian settings.

https://inee.org/task-teams/early-childhood-development

Inter-Agency Standing Committee
its Reference Group on Mental Health and Psychosocial Support in Humanitarian Settings has developed multiple resources including during the COVID-19 pandemic.

https://interagencystandingcommittee.org/mental-health-and-psychosocial-support-resources-covid-19

Moving Minds Alliance
seeks to catalyse a new way of responding to crises that addresses the inter-sectoral needs of the youngest refugees and their families.

https://movingmindsalliance.org/

Early Childhood Peace Consortium
is a network dedicated to leveraging social services to mitigate conflicts and promote social cohesion.

https://ecdpeace.org/about-us/early-childhood-peace-consortium-ecpc

Emergency Nutrition Network
is working with programmers, policy-makers and researchers to strengthen know-how and evidence to overcome malnutrition in countries affected by conflict or natural disasters.

https://www.ennonline.net/aboutenn/

Disease outbreaks

When the Zika virus began to spread in Latin America and the Caribbean in 2016, mother-child health and early childhood development services were identified as essential entry points to provide child care and support to affected infants and their families. Over three years, eight countries began to use the WHO/UNICEF package *Care for child development (20)* as part of their family-centred, nurturing care response, and thus were able to adapt and strengthen their programmes to provide more appropriate support to parents and other caregivers. Of particular concern were families with young children born with congenital Zika syndrome and/or other congenital disorders. Care for child development counselling, as part of early intervention actions, helped to strengthen responsive caregiving practices, promote inclusion within the family, and assist families in addressing the potential long-term health and developmental issues of congenital Zika syndrome and other disorders. In El Salvador over 5628 families were supported to engage in early learning activities and provide responsive care to their children, including 77 children with congenital Zika syndrome. The impact of the response was twofold: enhancement of child care and family support components in mother-child health and early childhood development services and mainstreaming of support for nurturing care into childhood disability services. The experience also helped stakeholders and implementers across sectors develop a deeper understanding of the importance of sustaining ongoing support for families with young children with developmental disabilities during times of crisis.

Photo credit: © UNICEF/UN0148706/Volpe

Services focused on single interventions are unlikely to address the underlying conditions and needs of a young child.

Action for early childhood development in humanitarian settings involves raising awareness and strengthening planning by governments across the education, health, sanitation and social affairs ministries as well as across national and subnational levels among both development and humanitarian authorities. Progress will require the different humanitarian and child development-related sectors (e.g. emergencies, health, nutrition, education, water and sanitation, child protection) to work together. Strengthened action to prepare and respond with integrated services must also occur across these sectors with international and local nongovernmental stakeholders.

Even in circumstances where countries and global actors have adopted cross-sectoral early childhood development policies and interventions, there is usually a lack of explicit inclusion of crisis-affected populations. Clear outcomes and standards should be defined for early childhood development in emergencies as well as an assessment of how to carry out interventions in a crisis setting. This work needs to start with strengthening the identification of early childhood as a necessary component of humanitarian response, in alignment with the *Nurturing Care Framework*, which may be expressed in various ways.

Conduct rapid response assessment of the needs of pregnant women, young children and their caregivers

1. Review humanitarian assessment tools to ensure that they address all five nurturing care components and examine options for how services can be sustained or initiated.

2. Assess activities across sectors and services to understand what they already do and how they could do better to ensure attention to one or more components of nurturing care.

3. Develop contingency options to determine how interventions can be maintained or carried out in the midst of an emergency.

4. Disaggregate indicators by age, sex and disabilities.

Update existing policies and plans to ensure continued attention and financing for nurturing care

1. Address all components of nurturing care in national policies and plans as part of preparedness efforts before a crisis occurs.

2. Update global and regional humanitarian response plans to include an integrated package of interventions for nurturing care across the health, nutrition, education, child protection and social services sectors, covering all phases of an emergency.

3. Clarify responsibility, accountability, activities and costs for early childhood development-related actions in a humanitarian setting for all international, national and subnational responders.

4. Consider designating an early childhood focal point within humanitarian response mechanisms to facilitate accountability of comprehensive and costed inclusion of nurturing care and young children's needs into policy and planning. Make sure this responsibility is taken over by national authorities at the appropriate time.

Capture data that measure early childhood development across different domains in national policies and humanitarian response plans

1. Develop capacity with and for national actors to collect, analyse and use data to work cross-sectorally, with the intent of strengthening planning, policies and services.

2. Collect timely information to evaluate whether interventions that support nurturing care are delivered in an equitable and safe manner and are having a positive effect.

3. Capture information across population groups including infants, young children, caregivers and families to reflect not only child development, but also caregiver mental health, behaviours and interactions with children.

4. Disaggregate indicators by age, sex, disability and, where relevant and safe, ethnicity or nationality.

Ensure representation of all relevant nurturing care stakeholders in assessment, planning and implementation of emergency response

1. Work with national disaster and emergency coordination bodies to position nurturing care into humanitarian response implementation frameworks.

2. Enable participation of the affected population in all phases of the planning and implementation cycle, harnessing their local capacity as service providers, facilitators and mentors.

3. Engage with United Nations emergency clusters and coordinators for health, nutrition, education, water, hygiene and sanitation, and protection to promote multisectoral actions which address all five components of nurturing care in an integrated manner.

4. Collaborate with United Nations agencies and engage with a wide array of stakeholders, including faith-based and civil society organizations, who have a national presence and are involved in health, education, food security, labour, housing, migration, and community development, amongst other sectors.

Once basic services have been established and are functional, relevant stakeholders should dedicate resources for preventive and promotive care, mental health, trauma-informed psychosocial support, counselling to support parenting practices, and care for children with additional needs.

This requires capacity-building of front-line workers and coordination between programmes, sectors and agencies.

Currently there is limited support for responsive caregiving, early learning activities and caregiver mental health in the essential service packages that are provided in many settings. Achieving more support will require national and local authorities and the various organizations and partners that support them to ensure that all five components of nurturing care and caregiver mental health permeate across policies, plans, services and tools – before, during and after an emergency.

Bolster staff capacity to support nurturing care for early childhood development

1. Determine capacity-building requirements for staff, considering scale and delivery platforms. Analyse who already has training on relevant skills, such as counselling on responsive caregiving and early learning activities, mental health and psychosocial support, and disability inclusion, and decide where additional expertise is needed.

2. Adapt job-aids and resources for all relevant workers including health care professionals, community-based caregivers, peer counsellors, educators and protection service providers to ensure fit-for-purpose content to support age-appropriate services.

3. Produce and distribute training materials in multiple relevant languages, if needed.

4. Develop a coherent set of inclusive messages in simple language for use through multiple channels and coordinate their dissemination in various accessible formats such as audio, local sign language or print.

Identify and test the feasibility of existing and innovative delivery channels for outreach to various types of populations

1. Identify which community health workers, mobile health teams, educators and protection service providers are from the local area and have ongoing access to family homes, and build their capacity to lead activities.

2. Consider which digital (such as WhatsApp or messenger texting) or other outreach channels (such as radio and television) provide low-cost and low-contact engagement opportunities with a wide variety of caregivers and activate them for wider use.

3. Identify which economic support interventions exist and can increase cash assistance to pregnant women and caregivers of young children.

4. Design inclusive social protection schemes providing targeted interventions for families of children with disabilities, such as top-up cash assistance or distribution of assistive devices.

Protect caregiver mental health and provide psychosocial support

1. Address caregiver mental health in essential services, starting from pregnancy, using a mix of approaches and services including community-based support by peer and lay counsellors.

2. Provide psychological first aid or basic emotional or psychological support and interventions for caregiver mental health from the very beginning of a crisis, especially where there have been interpersonal violence exposures.

3. In delivering mental care and services, pay special attention to children and families who experience bereavement.

While a growing number of countries and global actors have prioritized early childhood development, there is usually a lack of explicit inclusion of crisis-affected populations in policy and programming. A deeper commitment to nurturing care for young children will require the different humanitarian and child development-related actors to work together to craft policies, plans, services and tools before, during and after a crisis. Progress will require clear outcomes and standards to be defined and reflected in assessments as well as rigorous data collection tools that enable real-time action for interventions that promote nurturing care in crisis settings.

Moving forward

The actions proposed in this brief should be carried out by all relevant global and national stakeholders to help families and communities who are living with adversity to build a nurturing environment for young children. Globally, multiple partnerships exist to support implementation, facilitate learning, and strengthen the evidence of what works to provide nurturing care for young children in humanitarian settings. By working together, it will be possible to intensify the actions and make a difference towards the goal of leaving no child behind.

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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

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