

Baseline Assessment on the Implementation of Nurturing Care Interventions for Children Living in Humanitarian Settings



Author: Donatella Massai
Global Health Cluster Consultant for the Baseline Assessment, 2024

TABLE OF CONTENTS

Acronym list	iii
EXECUTIVE SUMMARY	
Objectives of the Baseline Assessment	1
Main Findings	2
Opportunities for Improved Implementation	2
INTRODUCTION AND ACKNOWLEDGEMENTS	4
1. BACKGROUND AND METHODOLOGY	
1.1. Specific Objectives and Scope of the Baseline Assessment	5
1.2. Methodology	6
1.2.1. Data Collection Methodology	6
Review	6
Online Survey	8
Semi-structured Interviews	9
1.2.2. Data Analysis Methodology	9
1.3. Data collection outputs	9
2. FINDINGS	
2.1. Baseline Assessment: Status of the Implementation	10
2.1.1. Implementation of Nurturing Care Key Highlights	10
2.1.2. Strategic Actions - Health Interventions and Services	14
2.2. Baseline Assessment Qualitative Findings	15
2.2.1. Current State of Intersectoral Coordination	15
2.2.2. Existing Effort and Success Stories	17
2.2.3. Challenges and Approaches	19
3. Reflections and Recommendations	
3.1. Reflections: Creating an Enabling Environment	20
3.1.1. The Role of the Health Sector	20
3.2. Recommendations: Supporting the Implementation	22
3.2.2. Advocacy and Resource Mobilization	22
3.2.3. Capacity Building	24
4. PROGRAMMATIC SUPPORT	25
4.1 Workplan	26
5. REFERENCES	27

Acronym List	
APB	Action pour le Bien-Être
CHW	Community Health Workers
ECD	Early Child Development
FA	Flash Appeal
GHC	Global Health Cluster
HCC	Health Cluster Coordinator
HNO	Humanitarian Need Overview
HRP	Humanitarian Response Plan
MHPSS	Mental Health and Psychosocial Support
M&E	Monitoring and Evaluation
INGO	International Non-Governmental Organization
NC	Nurturing Care
NCF	Nurturing Care Framework
NGO	Non-Governmental Organization
PIN	People in Need
RCCE	Risk Communication and Community Engagement
UNICEF	United Nations Children's Fund
WHO	World Health Organization

EXECUTIVE SUMMARY

To survive, thrive, and reach their developmental potential, all children need Nurturing Care (NC). That is, they need to be healthy, well-nourished, safe from harm, provided opportunities to learn and interact with their world, and cared for by a responsive caregiver. Children living in humanitarian settings are often deprived of NC resulting in short and long-term negative impacts on their health, education and well-being. It is therefore imperative that interventions for young children (especially pregnancy to age 3), be enhanced to ensure all children, even in crisis situations, receive nurturing care.

Objectives of the Baseline Assessment

The primary objective of this baseline assessment was to evaluate the current state of implementation of nurturing care interventions for children living in humanitarian settings. This involved assessing existing practices and interventions, identifying gaps and barriers, and documenting best practices to enhance the implementation of interventions that ensure children living in humanitarian settings receive nurturing care. Given the challenges faced in these settings, such as resource constraints, coordination issues, and awareness gaps, the assessment aimed to provide actionable recommendations for improving the delivery of interventions that can equip caregivers to provide their children nurturing care.

The Nurturing Care Framework (NCF), developed in 2018, provides a comprehensive roadmap that outlines why efforts must begin in the earliest years, from pregnancy to age 3; how nurturing care protects children from the worst effects of adversity; and what caregivers need in order to provide nurturing care. In addition to describing what children need (the five components of nurturing care), it gives attention to how sectors and stakeholders can work together to ensure caregivers are supported to provide their children nurturing care. This includes creating the enabling conditions (policies, services, communities, caregiver capabilities'), providing three levels of support (universal support for all, targeted or indicated support for those who need more), and actions that can be taken to ensure a whole-of-society and whole-of-government approach to ensuring children receive nurturing care.

A thematic brief, Nurturing care for children living in humanitarian settings was developed in 2020. It summarizes what programme planners and implementers can do 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. It provides examples of what to put in place to ensure all children living in humanitarian settings receive nurturing care.

As this report focuses on efforts to ensure children living in humanitarian settings receive nurturing care, we have used the proposed actions in the thematic brief as the reference point, focusing specifically on the extent to which interventions are addressing one or more components of nurturing care.

Main Findings

The thematic analysis of the semi-structured interviews reveals a complex landscape of challenges and successes in the implementation of Nurturing Care for children living in humanitarian settings. Addressing resource constraints, awareness gaps, coordination issues, and the need for robust monitoring and evaluation systems are key areas that require attention. However, the success stories from various Health Clusters demonstrate the potential of NC interventions to significantly improve the health and well-being of young children and their caregivers.

- **Implementation Variability:** Different contexts implement NC interventions to varying degrees. Some clusters have made significant progress, while others are still in the initial stage.
- **Resource Constraints:** A number of Health Cluster Coordinators (HCCs) highlight the difficulty of securing consistent funding for effective implementation of interventions that address multiple nurturing care components.
- **Awareness and Knowledge Gaps:** In several Health Clusters, stakeholders need more targeted training and awareness programs to ensure they understand and effectively use the Thematic Brief.
- **Coordination Issues:** Effective implementation requires coordinated efforts across various sectors. However, in several instances coordination issues remain problematic, thus frequently leading to fragmented interventions and missed opportunities for comprehensive care.
- **Community Engagement:** Community health workers and local partnerships play a crucial role in equipping caregivers to provide nurturing care. Due attention should be given to their active involvement.
- **Monitoring and Evaluation:** A robust monitoring and evaluation system is essential to assess progress, identify gaps, and ensure accountability for the implementation of nurturing care interventions.



WHO / Mobeen Ansari

Opportunities for Improved Implementation

Despite the challenges, several opportunities exist for enhancing the implementation of interventions that can ensure children living in humanitarian settings receive nurturing care:

- **Strengthening Advocacy and Resource Mobilization:** Increasing efforts to raise awareness about the importance of nurturing care and securing funding from diverse sources can help address resource constraints.
- **Enhanced Training Programs:** Developing comprehensive training programs for health workers, community care workers, and caregivers can bridge knowledge gaps and improve the implementation of interventions that address multiple components of nurturing care.
- **Improved Coordination Mechanisms:** Establishing stronger coordination mechanisms, creating ad hoc working groups, establish multisectoral mechanisms and allocating dedicated resources among different sectors can ensure a more integrated and holistic approach to nurturing care.
- **Leveraging Community Engagement:** Building on existing community engagement efforts can enhance the reach and impact of nurturing care interventions.
- **Developing Robust M&E Systems:** Implementing effective monitoring and evaluation frameworks can provide critical insights into the progress and impact of nurturing care initiatives, facilitating continuous improvement.

To further the above efforts, we have developed a comprehensive workplan starting from July 2024 through December 2025 (see “Programmatic Support” section below). This plan outlines priority activities designed to increase the implementation of actions and activities that facilitate nurturing care. The workplan includes capacity building, developing indicator frameworks, conducting meetings at country health cluster and inter-cluster levels to familiarize partners with NC, creating tools for advocacy, and producing dissemination and training materials for community health workers. By systematically addressing these areas, the health clusters in coordination with the other relevant clusters and their partners can enhance the implementation and effectiveness of nurturing care initiatives in crisis contexts.

This structured approach aims to ensure sustained progress in implementing NC, ultimately enhancing the lives and developmental outcomes of young children and their caregivers in humanitarian settings.

INTRODUCTION AND ACKNOWLEDGEMENTS

Addressing the pressing needs of young children during the first three years of life and their caregivers in humanitarian settings has been a critical priority of the Global Health Cluster. Efforts have focused on applying evidence-based health interventions and leveraging local and international capacities to ensure a more predictable and effective health cluster response. Tailored health services for young children and their caregivers, integrating diverse resources and expertise to build a resilient and responsive health response in times of crisis, have been central to these efforts.¹

Despite these initiatives, significant gaps remain. An analysis of Humanitarian Response Plans carried out in 2018² revealed that only 58% mentioned nutrition interventions and less than 25% included health interventions, underscoring the urgent need for more comprehensive and integrated child health strategies in humanitarian contexts. However, the present exercise– on the basis of the online survey – indicates that a growing number of interventions are now including nutrition in their response plans, specifically from 58% to 90%.

The Nurturing Care Framework, launched alongside the seventy-first World Health Assembly in 2018, articulates the importance and benefits of ensuring young children (especially from pregnancy to age 3) receive the five inter-related and indivisible components of nurturing care (good health, adequate nutrition, safety, and security, opportunities for early learning and responsive caregiving).³

Ensuring children living in humanitarian settings receive nurturing care can protect children from adversity, foster resilience and enable children to survive and thrive, even in the most challenging conditions.⁴ The thematic brief: Nurturing care for children living in humanitarian settings.⁵ outlines actions that can be taken to ensure coordinated and multisectoral support for young children and their families. This baseline assessment analyses if and how these recommended actions are being applied.

The successful implementation of interventions that address one or multiple components of NC requires an intersectoral effort to meet the diverse needs of young children and their families, integrating health services with nutrition, education, Water, Sanitation, and Hygiene (WASH), protection, child protection, and food security, to provide an enhanced support system to young children and their caregivers, ensuring they receive the essential care and support needed in emergencies.⁶

Finally, we would like to extend our deepest gratitude to the Health Cluster teams for sharing their experiences and dedicating their time to complete the online survey and participate in semi-structured interviews. Special recognition goes to Ms. Sheila Manji, ECD Specialist, Department of Maternal, Newborn, Child and Adolescent Health and Ageing, Child Health and Development, WHO Geneva for her invaluable insights.

We also acknowledge the work of implementing partners who work tirelessly to meet the health needs of young children and their caregivers during emergencies.

1. BACKGROUND AND METHODOLOGY

1.1. Specific Objectives and Scope of the Baseline Assessment

The main objective of this baseline assessment was to evaluate the current state of implementation of Nurturing Care for children in humanitarian settings. This involved assessing existing practices and interventions related to nurturing care, including the coverage of the five key components: good health, adequate nutrition, safety and security, responsive caregiving, and opportunities for early learning.

A key aim was to identify gaps and barriers that hindered the effective delivery of nurturing care interventions. This required understanding challenges related to resources, policies, and coordination among partners.

The assessment analyzed the impact of emergencies, such as conflicts, natural disasters, and disease outbreaks, on the well-being and development of young children. This included evaluating the immediate and long-term effects on their physical, emotional, and cognitive development.⁷

The assessment also identified and documented best practices and successful interventions that effectively supported nurturing care in humanitarian contexts. These examples could serve as models for replication and scaling up in other similar settings.

Finally, the assessment developed recommendations for interventions and policies that could enhance the enabling environments for nurturing care. These recommendations were tailored to the specific needs and challenges identified.

The assessment was conducted in selected humanitarian settings across different regions, including conflict zones, refugee camps, and areas affected by natural disasters where the health cluster was activated.⁸ This geographical diversity ensured a broad understanding of the challenges and solutions in different contexts. The assessment directly involved the health cluster coordinators and indirectly the health cluster partners in 29 countries and regions. Their perspectives and experiences were integral to understanding the current situation and developing practical solutions.⁹

The focus was on children from pregnancy to age 8, with particular emphasis on the critical early years (pregnancy to age 3). Each of the five components of Nurturing Care was thoroughly evaluated.

For good health, this included access to preventive and curative health services, maternal health, and child immunizations among others. Adequate nutrition covered the availability of nutritious food, breastfeeding practices, and interventions to address malnutrition. Safety and security assessed physical safety, protection from violence, and access to safe environments. Responsive caregiving looked at caregiver-child interactions, mental health support for caregivers, and programs to promote more timely responses. Opportunities for early learning examined access to early learning materials, safe play spaces, and educational programs for young children.

This baseline assessment aimed to provide a robust foundation for improving the implementation of Nurturing Care for children in humanitarian settings, ultimately contributing to their survival, development, and well-being.

The time frame of this exercise was from April 22nd through June 21st, 2024.

1.2. Methodology

1.2.1 Data Collection Methodology

Review

Guided by the recommended actions outlined in the thematic brief: Nurturing care for children living in humanitarian settings, we examined 20 Humanitarian Response Plans (HRPs), 2 Flash Appeals, 1 Joint Response Plan, 1 Humanitarian Needs Overview and 2 regional response plans, to identify good practices supporting nurturing care. The Health Clusters included in this analysis are Afghanistan, Bangladesh (Cox's Bazar), Burkina Faso, Cameroon, Central African Republic, Chad, Colombia, Democratic Republic of Congo, Ethiopia, Haiti, Honduras, Madagascar, Mali, Mozambique, Myanmar, Niger, Nigeria, occupied Palestine Territories, Somalia, South Sudan, Sudan, Ukraine, Venezuela and Yemen. This review also included the Pacific region and the Whole of Syria comprising the Syria Damascus, cross-border operations with Turkey and Northeast Syria.¹⁰

These Response Plans were qualitatively analyzed based on expected sectoral and inter-sectoral actions outlined in the five components of the Nurturing Care thematic brief. The analysis was stratified by sector—health, education, WASH, protection, child protection, and food security—and according to the components of Nurturing Care to determine the extent to components of nurturing care were being addressed, including parent/caregiver support promotion.

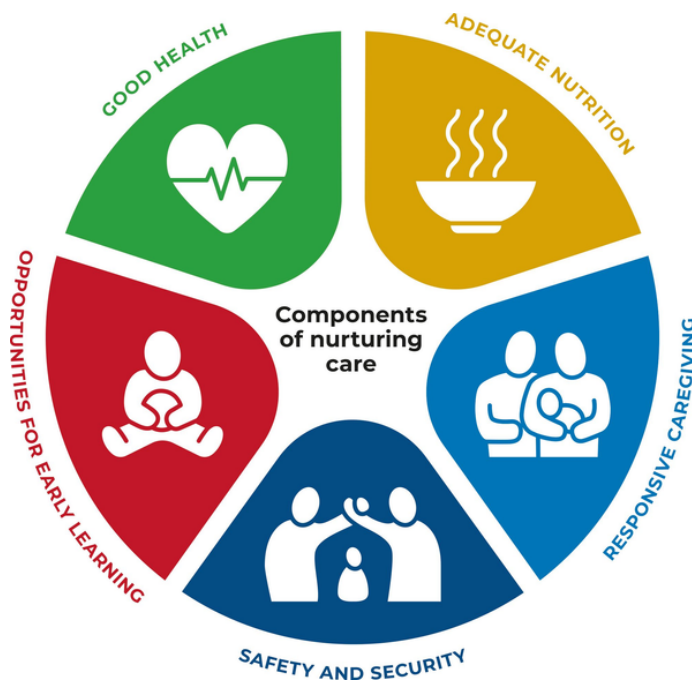
What is nurturing care?

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.

Figure 1. Components of Nurturing Care



Source: WHO, UNICEF, World Bank. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: WHO; 2018.

In reviewing the 2023-2024 humanitarian response plans (24 countries and 2 regions), we screened the key interventions and services related to NC. It was often observed that non-specific terms were used to describe sectoral and inter-sectoral interventions in early childhood health interventions, which could be interpreted as supporting one or more components of NC. However, it was difficult to ensure this with certainty because clear terms were not always used, and there was almost no direct mention or use of nurturing care terminology.

Health Clusters are implementing several interventions that address one or more components of Nurturing Care. However, there are still significant gaps and inconsistencies in the implementation of these interventions. This underscores the need for a more coordinated and comprehensive approach to ensure that all NC components are fully addressed and integrated into humanitarian responses.

The findings from the desk review have been integrated with the insights gathered from the semi-structured interviews and the online survey to provide a comprehensive view of NC implementation. By combining these data sources, we were able to triangulate the information to identify key strengths, gaps, and opportunities for improvement in nurturing care practices across different humanitarian contexts.

The qualitative data from the interviews has provided in-depth perspectives on the experiences and challenges faced in the Health Cluster response, while the survey data has offered quantifiable metrics on awareness and coordination efforts. Together, these insights enrich the findings section of this report, allowing us to develop targeted recommendations for enhancing the implementation and effectiveness of ensuring children living in humanitarian settings receive nurturing care.

Online Survey

The online survey for this baseline assessment was designed to gather insights from Health Cluster Coordinators (HCCs) on the implementation of interventions that contribute to one or more components of NC for children living in humanitarian settings. The survey consisted of five sections, each targeting different aspects of awareness, coordination, and challenges related to the implementation of nurturing care interventions.

The survey began with the identification of the Health Cluster, collecting basic information to contextualize the responses. Following this, the awareness section included three primary questions and six follow-up questions aimed at measuring the level of awareness among health cluster partners regarding the NC implementation. The next section focused on coordination, with three primary questions and seven follow-up questions, addressing existing coordination practices that may support implementation of NC interventions. Subsequently, the strengthening capacity section contained two multiple-choice questions to assess the capacity of health clusters to implement interventions for specific NC components. This part included items to define enablers, opportunities, and challenges, with integrating nurturing care interventions into health cluster activities.

The final section, addressing challenges, included three primary questions and seven follow-up questions, focusing on obstacles that hinder implementation of interventions. It also investigated whether HCCs believe that all potential interactions with young children and their caregivers during health service delivery are utilized to ensure children's health, access to nutritious food, safety, and guidance on nurturing care.

The survey was launched on 15 May 2024 and remained open through May 21st, 2024. We received 21 responses out of 29 Health Cluster Coordinators invited to participate, resulting in a response rate of 72%.

The survey provided insights into the awareness and coordination efforts of health cluster partners, assessed the capacity of health clusters to implement specific actions that can promote NC, and evaluated the support systems available for caregivers. Additionally, it explored the impact of emergencies on the well-being and development of young children and investigated existing best practices and successful interventions.

These insights were integrated into the findings section, serving as a crucial resource for guiding future efforts to enhance the delivery of interventions that can ensure caregivers are supported to care for themselves and provide their young children nurturing care.

Semi-structured Interviews

For the baseline assessment, we developed a semi-structured interview process to gather in-depth qualitative data from HCCs on the implementation of interventions addressing one or more NC components for children living in humanitarian settings. The questionnaire comprised of 10 questions and was addressed to all Health Cluster Coordinators. We successfully interviewed 20 out of 28 coordinators, including representation from Whole of Syria (WoS) and the Pacific, yielding a response rate of 71%.

- **Data Collection:** The semi-structured interviews were conducted in multiple languages: one in Spanish, three in French, and the remainder in English. The interviews took place between May 21st and June 7th, 2024. Despite time zone differences, the scheduling process proceeded smoothly, facilitated by sending a few reminders. All interviews were recorded with the explicit permission of the participants, and all coordinators consented to the process.
- **Transcription:** All interviews were transcribed verbatim to ensure accuracy. Translations were made when necessary to ensure the content was fully understood and correctly represented.

The data gathered will help develop targeted strategies to address identified gaps and strengthen services ultimately promoting the survival, development, and well-being of children in humanitarian settings.

1.2.2 Data Analysis Methodology

Initial Review: The transcripts underwent an initial review to familiarize the researcher with the content and to identify preliminary themes and patterns.

- **Coding Framework:** Following the initial review, a comprehensive coding framework was developed. This framework included the following themes: Implementation of Nurturing Care, Inter-sectoral Coordination, Capacity Building, Community Engagement, Funding, Monitoring and Evaluation, Challenges and Solutions, Success Stories, Future Directions, and Assessment of Implementation Progress.
- **Manual Coding:** Each transcript was manually coded to ensure reliability and consistency. Segments of text were assigned to relevant themes and sub-themes identified in the coding framework.
- **Thematic Analysis:** The coded data were analyzed to identify recurring concepts, key issues, sentiments, and illustrative quotes. Thematic analysis facilitated the extraction of key insights and patterns from the data, providing a comprehensive understanding of the implementation of Nurturing Care across different contexts.
- **Comparative Analysis:** Themes and patterns identified were compared across different Clusters to highlight common challenges, successes, and unique aspects of each context. This comparative analysis provided a nuanced understanding of the implementation landscape.

1.3. Data collection outputs

The data collected through this baseline assessment, encompassing the online survey responses, interview transcripts, notes, and coding from the semi-structured interviews, has been systematically gathered and organized. This comprehensive collection of data is intended to serve as a valuable resource for stakeholders, offering insights that can inform future planning and implementation efforts.

2. FINDINGS

2.1. Baseline Assessment: Status of Implementation

2.1.1. Implementation of Nurturing Care: Key Highlights

The thematic analysis of the semi-structured interviews reveals several key highlights in the implementation of Nurturing Care for children living in humanitarian settings and some specific and critical gaps. The following appear the most common:

Awareness and Knowledge Gaps

Awareness and knowledge gaps about the NC were a recurring theme. In Ethiopia, many health workers were not familiar with the specific term "Nurturing Care", despite engaging in activities that align with its components. As an interviewee put it "There is a clear acknowledgment that the "Nurturing Care" is not widely recognized or used in our health programs." This highlights the need for more targeted training and awareness programs to ensure that all stakeholders understand and implement the NC consistently.

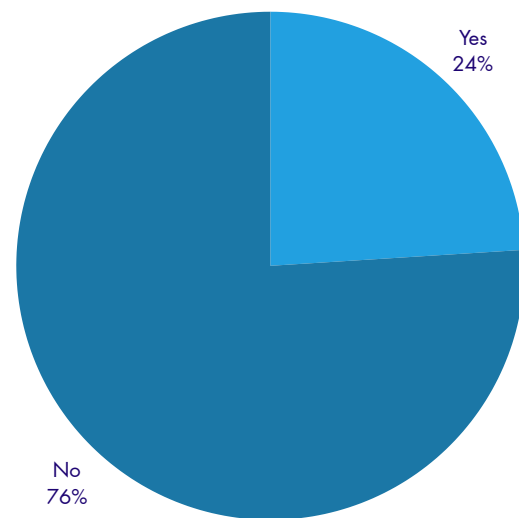
Coordination Issues

Effective implementation of NC requires coordinated efforts across various sectors. However, coordination challenges were frequently reported. In North East Nigeria, for instance, the lack of integration between the health and nutrition sectors was a significant barrier.¹¹ A health cluster coordinator stated, "The nurturing care framework has not been fully implemented; existing interventions are fragmented." This fragmentation often leads to inefficiencies and missed opportunities for comprehensive care.

The pie chart in Figure 2 below, highlights a significant opportunity for using existing health services as an entry point to support all NC components. According to the data, only 24% of health clusters consider that they are currently utilizing all potential routine or non-routine interactions with young children and their caregivers to ensure the children's health, access to nutritious food, and safety. This means that a substantial 76% of health cluster coordinators believe that they are not fully leveraging these interactions. This gap represents a critical area for improvement and underscores the need for refining what is offered and how to ensure health services are more nurturing.

Figure 2: Opportunities to Support Nurturing Care

Are all potential routine or non-routine interactions with young children and their caregivers during health services utilized to ensure the children's health, access to nutritious food, safety, and to offer guidance on nurturing care?



One of the challenges in addressing this gap is the difficulty in collecting data in humanitarian settings. Many Health Cluster Coordinators and their partners face significant obstacles in gathering basic health outcomes data due to the volatile and resource-constrained environments in which they operate. This lack of consistent data collection further complicates efforts to monitor and evaluate the effectiveness of health interventions and the implementation of NC interventions.

Community Engagement

Community engagement emerged as a crucial factor for the successful implementation of nurturing care. In South Sudan, community health workers played a pivotal role in supporting health interventions. Local partnerships and active involvement of community members enabled the tailoring of health services to meet specific local needs. A health cluster coordinator highlighted, "We have community health workers who engage directly with families, ensuring that health interventions are adapted to the community's unique context."

Monitoring and Evaluation

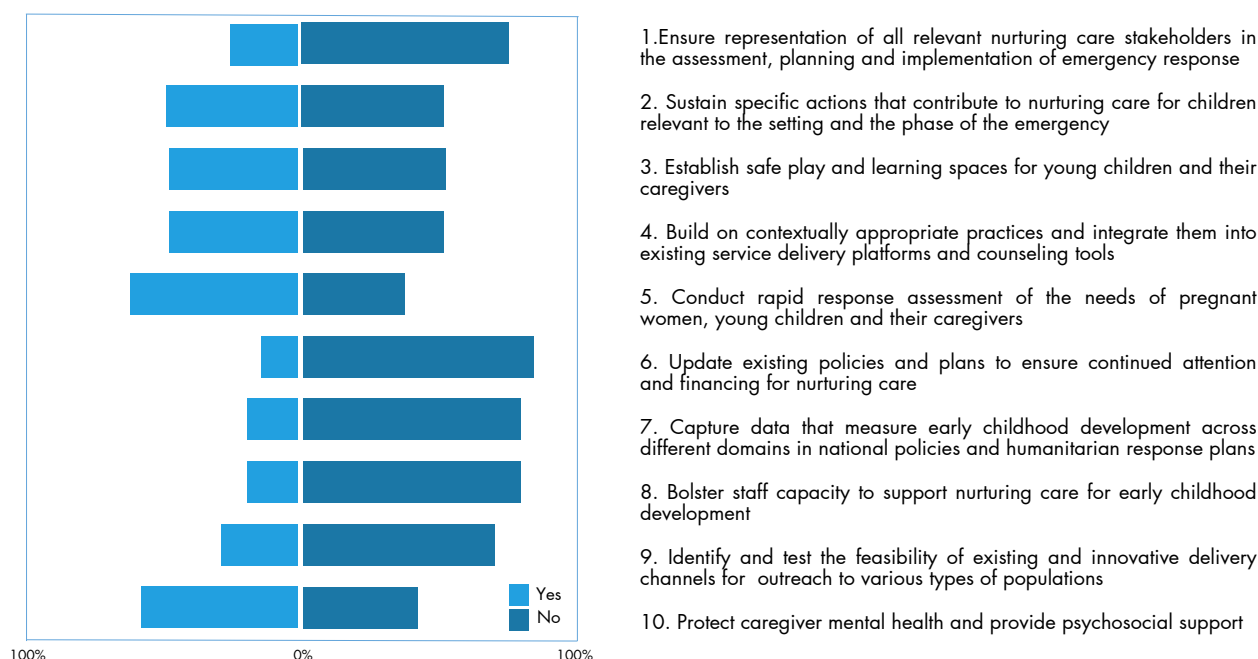
The need for a monitoring and evaluation (M&E) system has also emerged as a recurring theme in the semi-structured interviews. Effective M&E systems help in assessing progress, identifying gaps, and ensuring the accountability of nurturing care initiatives. Several HCCs emphasized the importance of establishing clear indicators and regular monitoring to track the implementation and impact of NC interventions on early childhood development. This approach not only improves program effectiveness but also facilitates continuous learning and adaptation.

Resource Constraints

Not surprisingly, the challenge of resource constraints was a recurrent theme. Many HCCs highlighted the difficulty in securing consistent funding for nurturing care activities. This issue was particularly evident in Mozambique, where health partners struggled with limited financial resources. An interviewee noted, "There is an implicit integration of holistic child health within these programs although not formally recognized as NC." This indicates that while nurturing care components are being applied, the lack of formal recognition and funding hampers their effectiveness.

In summary, the thematic analysis reveals a complex landscape of challenges and successes in the implementation of interventions that ensure children living in humanitarian settings receive nurturing care. Awareness gaps, coordination issues, the need for robust M&E systems, and resource constraints are key areas that require attention. However, the success stories from various Clusters demonstrate the potential of enhancing existing services to address all five components of NC and significantly improve the health and well-being of young children and their caregivers.

Figure 3: Recommendations for advancing nurturing care for early childhood development in humanitarian settings



The implementation of Nurturing Care interventions and its recommendations has demonstrated variability across different contexts, often characterized by fragmented efforts with various Health Clusters adopting its components in disparate and sometimes uncoordinated ways. In some instances, the components of nurturing care are indirectly supported through activities, such as vaccination and malnutrition treatment. However, these efforts are often not formally recognized as being a NC intervention due to limited awareness, capacity, and resources. This may lead to a lack of cohesive strategy and fragmented service delivery.

In many regions, specific targeting for children under three years of age was considered insufficient if not absent, despite broader health interventions being in place. For example, in Syria (Damascus), while health services such as vaccination, nutrition, and psychosocial support were provided, there was no specific focus on young children. This general approach often failed to address the unique needs of this vulnerable age group.

There was often a significant gap in awareness and coordination among health actors. In Ethiopia, for instance, while many activities aligned with the components of nurturing care, there was a lack of formal recognition or integration of these efforts as being aligned with NC. This indicates a broader issue of awareness and the need for systematic integration into existing health programs.

A participant stated, "There is a clear acknowledgment that the specific term 'Nurturing Care' is not widely recognized or used in our health programs."

Some regions have made notable progress in integrating NC components through health and community engagement. For instance, in Haiti, comprehensive child health efforts have integrated various health services such as vaccination, nutrition, mental health, and epidemic prevention. This integrated approach helps build resilience and ensures that multiple aspects of child well-being are addressed.

Supporting caregivers is a crucial component of NC, and some Health Clusters have effectively integrated this aspect into their health responses. In Colombia, emergency shelters for migrant crises provide mental health support for caregivers, which in turn helps them support their children's health needs. This coordinated effort with local organizations like the Colombian Red Cross exemplifies how caregiver support can be integrated into broader health strategies.

A coordinator noted, "In temporary emergency shelters particularly for the migrant crisis... care for caregivers to ensure mental health support or stabilization for the caregiver who then can support the children's health access."

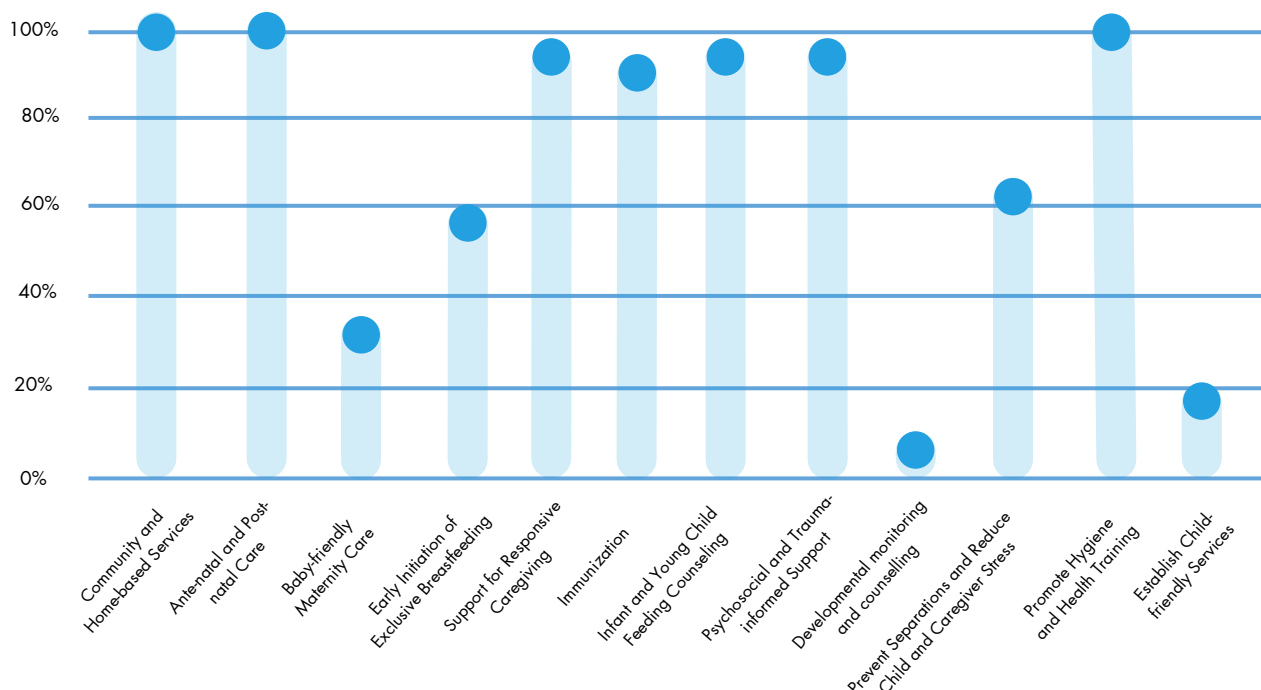
In contexts like Syria and Northeast Nigeria, the ongoing conflict, and socio-economic conditions present significant challenges to the implementation of NC. Despite these challenges, efforts are ongoing to integrate nurturing care components into existing health responses. In Syria, for example, various health activities and interventions are maintained despite the lack of a dedicated early childhood development program and resources.

From the above, it emerges that the implementation of interventions addressing one or multiple components of NC across different contexts reveals both common challenges and unique adaptations. While some Health clusters have successfully implemented certain interventions of nurturing care into broader health initiatives, others struggle with formal recognition and targeted implementation. This underscores the need for ongoing support, clear guidelines, and enhanced coordination to fully realize the potential of nurturing care in humanitarian settings.



2.1.2. Strategic Actions - Health Interventions and Services

Figure 4: Implementation of Nurturing Care Framework Actions



The bar chart above, illustrates the types of interventions related to NC across Health Clusters. It shows that 100% of the clusters are implementing community and home-based services, antenatal and postnatal services, and promoting hygiene and health training. More than 80% of the clusters support responsive caregiving, immunization, infant and young child feeding counseling, and psychosocial and trauma-informed support. However, areas such as baby-friendly maternity care, early initiation of exclusive breastfeeding, and establishing child-friendly services have lower implementation rates, indicating significant gaps. Developmental monitoring and counselling are particularly challenging, as these activities require continuous tracking, which is difficult to maintain during emergencies.

Enhancing existing interventions in humanitarian settings to address all components of NC involves a range of health and inter-sectoral interventions and services aimed at supporting young children and their caregivers. This integration is evidenced by the diverse activities undertaken across various clusters, as demonstrated in figure 4 above even if these actions are not always explicitly labeled or understood as being aligned with NC.

However, significant gaps remain in implementing certain NC actions such as baby-friendly maternity care, early initiation of exclusive breastfeeding, and establishing child-friendly services. Developmental monitoring and counselling pose substantial challenges.

Many Health Cluster Coordinators emphasize the difficulty of monitoring these activities over time, especially in emergency settings where continuous tracking is very difficult. They also emphasized the importance of community engagement and M&E as an effective way to ensure health activities encompass a more nurturing care approach, as follows:

Community Engagement

Community engagement is a crucial aspect of ensuring children receive nurturing care. Effective community engagement strategies enhance the acceptance and sustainability of health interventions. In various Health Clusters, health partners engaged local communities through health workers and community health workers (CHWs). These workers disseminated information about good practices and provided direct health services, thereby fostering a nurturing environment for children.

For instance, CHWs are integral to community engagement, although challenges such as limited funding and weak coordination sometimes still hinder their efforts. In Colombia, community analysis with local organizations helped tailor health interventions to meet the specific needs of the community, promoting greater acceptance and effectiveness of the programs. Such community-driven approaches ensure that interventions are culturally appropriate and directly address the concerns of the populations served.

Monitoring and Evaluation

A robust monitoring and evaluation (M&E) system is essential for assessing the progress and impact of NC interventions.

In Ethiopia, the Health Cluster employed a range of indicators to monitor child health outcomes, including vaccination coverage and the number of children receiving health services. These indicators, while comprehensive, often needed to be supplemented with joint inter-sectoral monitoring tools providing a more holistic evaluation of interventions enabling nurturing care.

In Niger, the use of community feedback mechanisms and accountability frameworks enhanced the monitoring process. By involving the community, health partners ensured that interventions were responsive to the actual needs and preferences of the populations served.¹²

Despite the challenges, the implementation of NC interventions in humanitarian settings is progressing. However, to fully realize its potential, there is a need for more structured capacity-building efforts, better awareness among stakeholders, and dedicated resources. Enhanced community engagement and robust monitoring and evaluation systems are critical for assessing progress and ensuring that nurturing care interventions are effectively implemented. Efforts should focus on filling the gaps in specific NC components and strengthening intersectoral coordination to provide comprehensive support to children and their caregivers in crisis situations.

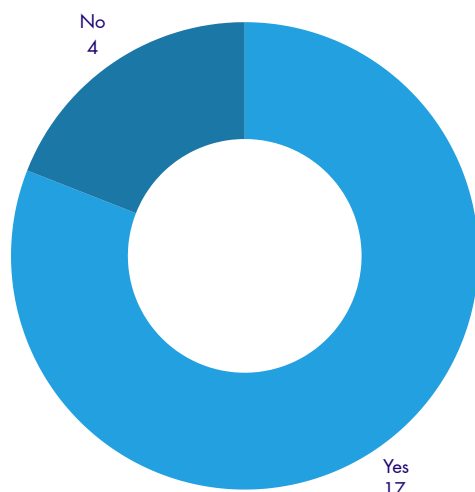
2.2. Baseline Assessment Qualitative Findings

2.2.1. Current State of Intersectoral Coordination

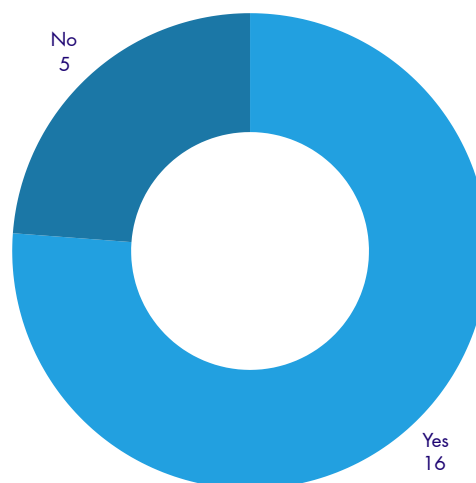
Intersectoral coordination is pivotal for ensuring children living in humanitarian settings receive nurturing care, yet its implementation often faces challenges and remains fragmented.¹³ In several Health Clusters, efforts were made to improve coordination among health, nutrition, protection, WASH, education, and food security, though these efforts were often informal and not systematically integrated.

Figure 5: Multisectoral Mechanisms

Have high-level, multi-sectoral mechanisms been established to identify and enhance cross-sectoral opportunities for supporting the nurturing care approach in humanitarian settings?



Is there any early childhood development focal point or related working group in your country context?



For example, in Syria (Damascus), efforts were ongoing to integrate health and protection services through a comprehensive assistance approach, including malnutrition and mental health and psychosocial support (MHPSS). Yet, these have been described as still informal and not fully structured.

Similarly, Colombia has established an emergency response group for early childhood led by UNICEF, aiming to coordinate sectors for early childhood needs. However, challenges persist in integrating sector needs such as vaccination and nutrition into a comprehensive approach.

In Mozambique, intersectoral efforts face significant challenges due to limited resources and structural issues. Efforts to coordinate between health, nutrition, and protection sectors are ongoing, but the lack of dedicated personnel and budget constraints hamper these initiatives.

A respondent stated, **"Coordination is there, but it is only partially implemented due to budget constraints."**

Moving forward, several steps should be taken to enhance intersectoral coordination to create the enabling environments for nurturing care in humanitarian settings.

Firstly, formalizing intersectoral coordination mechanisms is crucial. This involves establishing national frameworks and dedicated working groups to streamline efforts across sectors. Effective informal collaboration among health, nutrition, and protection sectors at the field level needs to be formalized at the national level to enhance the structured implementation of interventions that collectively ensure caregivers are supported to provide their children NC.

Secondly, integrating intersectoral efforts into planning and funding processes is essential. This includes ensuring that budget allocations account also for coordination costs. Formal recognition of these resources can enhance the impact of intersectoral coordination.

Thirdly, enhancing data collection and sharing among sectors can improve coordination and targeted interventions. Formalizing data collection and sharing mechanisms can support more effective intersectoral coordination.

Finally, fostering a culture of collaboration and mutual support among sectors is vital. This involves regular meetings, joint planning, and shared objectives to ensure cohesive and efficient service delivery.

"There is an emergency response group for early childhood led by UNICEF... to assess children's health needs and design response strategies."

-Colombia

2.2.2. Existing Effort and Success Stories

Existing efforts and success stories demonstrate the potential for enhancing attention to nurturing care for children living in humanitarian settings. These examples illustrate the range of possibilities for strengthening attention to nurturing care in crisis situations. It is the combination and complementarity of these different efforts that ensures families and children are supported, and that caregivers are supported to care for themselves and in turn provide their children nurturing care.



Integrated Community Centers:

Establishing centers that provide a range of services including legal aid, health, and MHPSS.



Emergency Response:

Deploying integrated medical teams to provide immediate care in remote and conflict-affected areas.



Holistic Child Health Programs:

Combining health services with educational and nutritional support to ensure comprehensive child development.



Integrated Health Interventions:

Implementation of a multisectoral approach involving health, nutrition, and protection sectors, addressing malnutrition and providing comprehensive care.



Early Childhood Care Policy:

Successful coordination of early childhood care policy managed by key organizations and local partners.

Comprehensive Child Health Efforts:

Integrating various health aspects such as vaccination, nutrition, mental health, and epidemic prevention. Care for caregivers to ensure mental health assistance, enabling better support for children.



Multisectoral Packages:

Development of a multisectoral packages targeting the same population and areas, enhancing integrated service delivery.



In Afghanistan, initiatives to integrate health, nutrition, and protection services have led to improvements in child well-being. Despite the ongoing conflict and socio-economic challenges, the holistic approach to child health has proven effective.

An interviewee mentioned, "Pilot projects involving multiple sectors have successfully integrated different aspects of child health, though tracking outcomes remains a challenge."

In South Sudan, the implementation of nurturing care components into health and nutrition programs has shown promising results. Efforts to create safe spaces for breastfeeding and provide nutritional support have been particularly successful.

An interviewee noted, "Adapting activities to the emergency context, such as creating safe spaces for breastfeeding in displacement areas, has been crucial."

In Yemen, collaborative efforts among partners have facilitated the successful implementation of various components of the NC. The triangle-based approach, involving health, nutrition, and protection, has improved the delivery of services.¹⁴

A coordinator stated, "We use the same approach for mental health and psychosocial support, but we also provide Nurturing Care integrating nutrition, education, and protection."

In Niger, mobile clinics operated by local NGOs have been instrumental in providing maternal and child healthcare in hard-to-reach areas. These efforts have included preventive, curative, and promotional activities, focusing on vulnerable groups such as children aged 0-5, pregnant women, and breastfeeding mothers.

An interviewee highlighted, "Action pour le Bien-Être organizes mobile clinics in hard-to-reach areas and provides basic care to displaced populations."

In Central African Republic (CAR), various health, nutrition, and protection interventions have been implemented without formal reference to the NC components but align closely with its components. Efforts such as family planning, HIV screening, and vaccination have positively impacted child health outcomes. An interviewee shared, "Support for early initiation of exclusive breastfeeding and continuation after six months is a key aspect of our nutrition and health interventions."

These success stories underscore the critical role of Nurturing Care interventions in improving outcomes for young children in humanitarian settings. Many of the examples touch on health and nutrition related interventions and in some instances safety and security. Further work is needed to understand how best to support caregivers to provide early learning opportunities and responsive caregiving

2.2.3. Challenges and Approaches

Figure 6: Challenges in Implementing Nurturing Care



Ensuring nurturing care for children living in humanitarian settings faces several significant challenges, as identified through the thematic analysis of interviews and documents. These challenges include coordination among sectors, access, advocacy capacity, funding, security, awareness, and technical capacity and resources. Each challenge presents unique obstacles to integrating nurturing care into health responses effectively.

One of the major challenges is insufficient coordination among different sectors. Ensuring all children receive nurturing care requires collaboration across health, nutrition, WASH, education, protection, child protection, and food security sectors. However, this coordination is often inadequate, leading to fragmented services and missed opportunities for comprehensive care.

Securing consistent funding for nurturing care activities is another significant challenge. Many Health Cluster Coordinators (HCCs) highlighted the difficulty in obtaining financial resources to support these initiatives.

Security and access issues also pose significant challenges. In conflict-affected regions, in Syria for instance, ensuring the safety of health workers and access to vulnerable populations is often difficult.

A health cluster coordinator mentioned, "We are working with education and child protection clusters on various health interventions." This highlights the need for strategies to improve access to people in need (PIN) and ensure that our interventions integrate the components of nurturing care.

Awareness and advocacy are critical for ensuring more stakeholders and sectors commit to ensuring children in crisis situations receive nurturing care. However, there are significant gaps in awareness and advocacy capacity among stakeholders.

In Ethiopia, for example, many health workers were not familiar with the specific term "Nurturing Care", despite engaging in activities that align with its components.

Limited technical capacity and resources further impede the implementation of activities that can strengthen the enabling environments for NC. Health systems in many humanitarian settings lack the necessary infrastructure and trained personnel to deliver interventions effectively. Strengthening technical capacity and resources is essential for the effective implementation of nurturing care activities.

To overcome these challenges, several approaches can be adopted:

- **Enhanced Coordination:** Strengthening coordination mechanisms among sectors is crucial. Integrating health, nutrition, education, WASH, food security, and protection services can ensure comprehensive care for young children and their caregivers.
- **Sustainable Funding:** Securing long-term funding commitments from donors and integrating nurturing care into existing funding streams can provide the financial stability needed for effective implementation.
- **Protecting health care workers:** Protecting health workers and ensuring their safe access to vulnerable populations can mitigate the impact of conflict and insecurity on nurturing care activities.
- **Capacity Building:** Providing targeted training and capacity-building programs for health workers and other stakeholders can improve awareness and technical skills, ensuring that missing nurturing care components are effectively integrated into health responses.
- **Community Engagement:** Involving communities in the planning and implementation of nurturing care activities can enhance their effectiveness and sustainability.
- **Monitoring and Evaluation:** Establishing robust monitoring and evaluation systems can help track progress, identify gaps, and ensure accountability. Regular assessments and feedback loops can facilitate continuous improvement and adaptation of nurturing care initiatives.

3. Reflections and Recommendations

3.1. Reflections: Creating an Enabling Environment

3.1.1. The Role of the Health Sector

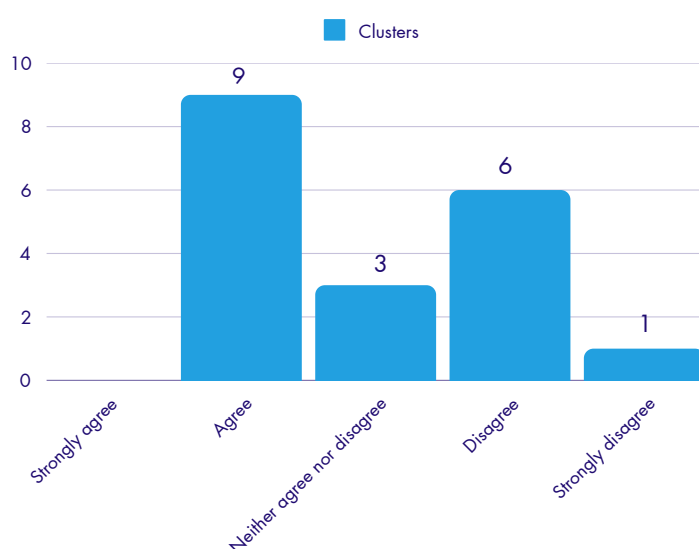
Enhancing existing health actions to address the holistic development and well-being of children is crucial. The Health Cluster plays a pivotal role in this integration by coordinating efforts, sharing best practices, and addressing gaps in the implementation of activities that can ensure all children receive nurturing care.¹⁵

The Health Cluster facilitates coordination among various stakeholders, including government agencies, international and local organizations, and multilateral actors, to ensure a coherent implementation of actions that will create the enabling conditions for all children to receive NC.¹⁶

Building the capacity of health practitioners and community health workers is a key role of the Health Cluster. Training programs can help ensure that health actors are aware of and can refine their existing services to support caregivers to care for themselves and provide their children nurturing care.

The Health Cluster also plays a significant role in advocating for policies that support the implementation of activities that will ensure children receive NC and mobilizing resources to fund these initiatives.

Figure 7: Filling the Gaps



Since the Nurturing Care Framework was developed in 2018 and the specific Nurturing Care Thematic Brief for Children Living in Humanitarian Settings was introduced in 2020, how do you agree with the following statement: "In your country, progress has been made in integrating the Nurturing Care for Children Living in Humanitarian Settings Thematic Brief into existing health responses."

The Filling the Gaps (figure 7) portrays the current level of agreement from HCCS on the level of implementation of the NC. While many HCCs concur, that progress has been made toward its implementation, a sizeable number of HCCs acknowledge that important gaps persist. The chart also indicates the specific steps that would be recommended to generate more buy-in to secure stronger consensus on the package of interventions that would collectively ensure children receive nurturing care.

- Develop capacity building material.
- Move From sectoral to multisectoral intervention using existing platforms (ICSC).
- Develop tools to support the integration of the nurturing care approach.
- Develop material to advocate with donors and other stakeholders.
- Organize health cluster meetings focused on the nurturing care approach.
- Put young children and caregivers at the center of our interventions in all strategic documents.
- Develop a monitoring framework for progress and accountability

To elevate this level of agreement, the Health Cluster is crucial in driving comprehensive efforts across various areas. By developing capacity-building materials and transitioning from sectoral to existing inter-sectoral approaches, the Health Cluster can ensure a more comprehensive approach. Additionally, the creation of advocacy tools and the organization of targeted health cluster meetings would foster a greater understanding and commitment to the nurturing care approach. Ensuring young children and caregivers are central to strategic documents and establishing a robust monitoring framework will further solidify these efforts.

Through these actions, the Health Cluster can significantly enhance the implementation of NC interventions, leading to a higher percentage of strong agreement and ultimately improving the outcomes for young children and their caregivers.

An interviewee remarked, "There is a clear acknowledgment that the specific terms 'Nurturing Care Framework and NC' are not widely recognized or used in our health programs, but advocacy is helping to change that."

Effective data collection and monitoring are essential for assessing the impact of NC interventions and identifying areas for improvement. The Health Cluster supports the development of data collection systems that disaggregate data by age and gender to better understand and address the needs of young children.

Health Cluster partners have a unique opportunity to interact with young children, caregivers, and their families through routine and non-routine health services. It would be of the utmost importance to utilize these interactions to ensure children's health, access to nutritious food, and safety.

For instance, routine immunization visits can be leveraged to provide nutrition counseling and parenting advice on how to comfort a child. Similarly, antenatal, and postnatal care appointments can be opportunities to solicit and respond to parental concerns about their child's development, counsel parents on how to support their child's health and development, understand and respond to their child's attempts to communicate, engage in enjoyable activities supportive of the child's development and provide anticipatory guidance. Additionally, during home visits for sick children, health workers can offer mental health support to caregivers and, solicit and respond to the caregivers' concerns about her own well-being or that of her child. Health campaigns, such as those for deworming or vitamin supplementation could be expanded to include attention to topics such as how to provide enjoyable learning activities using everyday materials, play and talk with children, and provide safe environments for children.

By applying a nurturing care lens in every health interaction, Health Cluster partners can significantly enhance existing services to address the health and development of the child and the overall well-being of the families.

Additionally, the Health Cluster can work with other sectors to address non-health needs, such as education and protection. In Colombia, for example, the Health Cluster collaborates with education and protection sectors to provide comprehensive support for children in emergency shelters. This intersectoral approach ensures that all aspects of a child's well-being are addressed.

3.2. Recommendations: Supporting the Implementation

3.2.2. Advocacy and Resource Mobilization

Advocacy and resource mobilization are pivotal in creating the enabling conditions for nurturing care in humanitarian settings. Effective advocacy raises awareness among stakeholders on the importance of nurturing care for children under three and their caregivers, while resource mobilization secures the necessary funding to implement the vital interventions.

Health and nutrition programs already support two components of nurturing care: good health and adequate nutrition. For example, promoting breastfeeding practices and providing nutritional support to young children and their caregivers. These must continue. Additional interventions touching on caregiver well-being and the other three components of nurturing care must be designed and integrated into Health Cluster or Inter-cluster services service packages and programming.

One respondent noted, "We provide general care including nutrition and vaccination, but specific funding for nurturing care activities is still needed."

In Yemen, partnerships with organizations such as UNICEF and the World Bank have been crucial in channeling resources toward nurturing care initiatives. These partnerships have facilitated the integration of health, nutrition, and protection services, ensuring comprehensive support for children and their caregivers.¹⁷

South Sudan has also faced challenges in securing dedicated funding for nurturing care, despite ongoing efforts to integrate its components into existing health and nutrition programs. The lack of specific funding streams has often resulted in fragmented service delivery.

A respondent mentioned, "We are implementing components of nurturing care, but the absence of dedicated funding makes it difficult to consistently deliver a holistic intervention."

In the Central African Republic, funding for nurturing care activities often comes through integrated health and nutrition programs. These programs include essential interventions like maternal and child health services, immunizations, and nutritional support, targeting both young children and their caregivers. However, the need for targeted advocacy to secure specific funding for additional nurturing care interventions remains a critical challenge.

Ethiopia exemplifies the necessity for structured funding efforts. Although activities align with nurturing care components, such as malnutrition and stunting interventions, there is a clear need for targeted advocacy to attract dedicated and predictable funding for interventions that can address the other components of nurturing care.

Further efforts are needed to enhance advocacy and resource mobilization to elevate attention to and investment in interventions that can ensure children receive nurturing care. Developing comprehensive advocacy strategies to raise awareness among donors and stakeholders about the importance of nurturing care for young children and their caregivers is essential. Establishing dedicated funding streams and fostering strategic partnerships will be crucial in securing the necessary resources. Increased investment in resources and support for health workers will be essential to build a better response capable of delivering nurturing care interventions in crisis situations.

3.2.3. Capacity Building

Capacity building and training are pivotal components in the effective implementation of interventions that go beyond the status quo.¹⁸ Across various contexts, the emphasis on skills and knowledge development of healthcare workers remains critical. Skills to focus on include listening empathetically, problem-solving, asking open-ended questions among others.

In Mozambique, there has been a notable lack of focused capacity-building or training sessions specifically on NC. However, general training for healthcare workers, especially those targeting child health, indirectly supports the components of nurturing care. For instance, the emphasis on vaccination and malnutrition treatment aligns with the good health and adequate nutrition components.

Similarly, in Burkina Faso, capacity-building efforts include briefings and practical training sessions for community health workers and mothers at displacement sites. These sessions are crucial for promoting optimal practices such as early initiation of breastfeeding and the introduction of complementary foods. However, the high turnover of health workers necessitates continuous training, making it a resource-intensive process.

One respondent mentioned, "We are mobilizing more than 200 community workers," reflecting the challenge of achieving a critical mass of dedicated human resources.

In Colombia, capacity building has been directed at caregivers in temporary emergency shelters, particularly for the migrant crisis. These initiatives focus on providing mental health support and stabilization for caregivers, which in turn enhances children's health access.

In Ethiopia, the absence of specific training sessions focused on NC has been a significant gap. Despite this, there is a strong inter-cluster collaboration focusing on malnutrition and stunting, which aligns with the components of nurturing care.

The need for more structured training programs was emphasized by a respondent who stated, ***"There is a lack of focused capacity-building or training sessions on NC or related child development principles,"*** indicating the need for enhanced training efforts to fully integrate nurturing care into existing health programs.

In Haiti, training sessions on mental health and epidemic-prone diseases for community health workers are a key part of capacity-building efforts. Given the prevailing security challenges, there is a focus on coaching and training community health workers who play a vital role in conducting sensitization sessions on various health topics in hard-to-reach areas.

In Ukraine, capacity-building efforts have focused on primary healthcare providers to enhance their skills in managing and implementing interventions that address the five components of NC. Training sessions have been conducted to improve the ability of healthcare workers to provide holistic care, including mental health and psychosocial support.

While there are varying levels of specific capacity-building efforts directly tied to nurturing care, many Health Clusters have effectively integrated some of its key components into broader health and training programs. The persistent need for structured training, heightened awareness, and dedicated resources underscores the ongoing challenges and opportunities in enhancing the capacity to support nurturing care in humanitarian settings.

In various contexts, efforts focus on vaccination and malnutrition treatment, practical training for community health workers, and integrating mental health support for caregivers in emergency shelters. The importance of structured training programs and feedback mechanisms is critical to ensuring effective implementation. Training healthcare workers on a holistic approach to integrate nurturing care components into everyday practice remains a key priority.

Ongoing efforts should focus on developing comprehensive training modules that encompass all the NC components, providing continuous education opportunities for healthcare workers, and establishing robust monitoring and evaluation systems to track progress.

4. PROGRAMMATIC SUPPORT

Further work is crucial to fully integrate Nurturing Care into the health and inter-sectoral actions and activities to improve the lives and development of young children and their caregivers. Despite significant progress, several gaps and challenges remain in implementing interventions that address all of the NC components effectively in humanitarian settings. These include resource constraints, coordination issues among sectors, and limited awareness and understanding of NC among health partners. Addressing these challenges requires a structured, phased approach that ensures all stakeholders are equipped with the necessary tools, knowledge, and resources.

To pursue the above agenda, we propose a workplan to be implemented from July 2024 to December 2025. The workplan identifies priority activities essential for advancing the integration of NC into existing interventions for children living in humanitarian settings.

This timeframe would allow for a systematic implementation, evaluation, and adaptation of strategies to meet the evolving needs of young children and their caregivers. It also provides sufficient time to develop and disseminate advocacy materials, conduct capacity-building sessions, and developing a monitoring and evaluation framework, and effectively start collecting the data. By working within this structured approach, we can enhance the effectiveness and sustainability of our interventions, ultimately leading to better health outcomes and developmental support for young children and their caregivers in humanitarian settings.

WORKPLAN*

2024

Q3: JULY - SEPTEMBER

1. Capacity Building Initiatives
2. Develop Indicator Framework
3. Future Planning

Q4: OCTOBER - DECEMBER

1. Inter-Cluster Coordination
2. Development of Advocacy Tools

2025

Q1: JANUARY - MARCH

1. Dissemination and Outreach
2. Monitoring and Evaluation System

Q2: APRIL - JUNE

1. Feedback and Iteration
2. Expansion of Training Programs
3. Future Planning

Q3: JULY - SEPTEMBER

1. Review and Assessment
2. Community Engagement

Q4: OCTOBER - DECEMBER

1. Comprehensive Evaluation

*For a detailed version of the workplan please see the annexes.

5. REFERENCES

1. World Health Organization. Improving humanitarian health responses for children through nurturing care. *Child Protection and Practice*. 2024;2:100035. Authors: Kadir A, Doull L, Patterson JM, Khan M, Cummings R, Noble DJ, Banerjee A. Accessed June 21, 2024. <https://www.sciencedirect.com/science/article/pii/S2950193824000354>
2. Early Learning Partnership. Early Years Fellowship Capstone Publication (Cohort 2). World Bank Group; August 1, 2023. Accessed June 21, 2024. <http://documents.worldbank.org/curated/en/099217511072332787/IDU04735ac840dcff049600843600c0ffa70cd12>
3. Nurturing Care Framework. Nurturing Care Framework Website. Accessed June 21, 2024. Chromeextension://efaidnbmnnnibpcajpcgclclefindmkaj/https://iris.who.int/bitstream/handle/10665/272603/9789241514064-eng.pdf
4. Hughes K, Bellis MA, Hardcastle KA, et al. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *Lancet Public Health*. 2017;2(8):e356-e366. doi:10.1016/S2468-2667(17)30118-4
5. World Health Organization, United Nations Children's Fund, World Bank Group. Nurturing care for children living in humanitarian settings: Thematic brief. World Health Organization; 2020. Accessed June 21, 2024. <https://apps.who.int/iris/handle/10665/337762>
6. World Health Organization. Towards a grand convergence for child survival and health: A strategic review of options for the future building on lessons learned from IMNCI. Published November 15, 2016. Accessed June 21, 2024. <https://www.who.int/publications/i/item/WHO-MCA-16.04>
7. Save the Children. Stop the war on children: The forgotten ones. Accessed June 21, 2024. [Global Health Cluster Guide. A Practical Handbook. Available at: https://iris.who.int/bitstream/handle/10665/334129/9789240004726-eng.pdf?sequence=1.](https://iris.who.int/bitstream/handle/10665/334129/9789240004726-eng.pdf?sequence=1) Last accessed: 21.06.2024
8. Global Health Cluster. (2023, March). Country health cluster dashboard. World Health Organization. <https://healthcluster.who.int/publications/m/item/health-cluster-dashboard-q1-march-2023>
9. World Health Organization. Health Cluster National Partners' Capacity Survey - 2019. Published May 31, 2019. Accessed June 21, 2024. [9. Inclusive Coordination: Building an Area-Based Humanitarian Coordination Model - Jeremy Konyndyk Center for Global Development, Patrick Saez Center for Global Development](#)
10. Global Health Cluster. Health cluster annual cluster coordination performance monitoring report 2022. World Health Organization. October 25, 2023. Accessed June 21, 2024. <https://healthcluster.who.int/publications/m/item/cluster-coordination-performance-monitoring-report-2022>

11. World Health Organization (WHO). Integrated programming for better health outcomes, a multisectoral approach. Published 2020. Accessed June 21, 2024. 12. Nurturing Care Framework Website. Available at: <https://nurturing-care.org>. Last accessed on June 21, 2024.

12. Sanderson D, Sitko P. Urban area-based approaches (ABAs) in post-disaster contexts. International Institute for Environment and Development. Accessed June 21, 2024. <https://www.iied.org/10825iied>

13. Inter-Cluster / Sector Collaboration (ICSC). What is Inter-Cluster / Sector Collaboration (ICSC)? Manual. Published September 2, 2023. Accessed June 21, 2024. [https://healthcluster.who.int/publications/m/item/what-is-inter-cluster-sector-collaboration-\(icsc\)](https://healthcluster.who.int/publications/m/item/what-is-inter-cluster-sector-collaboration-(icsc))

14. International Rescue Committee. Transforming tomorrow: Innovative solutions for children in crisis—Learning from Ahlan Simsim’s experience in the MENA region. Published March 13, 2024. Accessed June 21, 2024. <https://www.rescue.org/report/transforming-tomorrow-innovative-solutions-children-crisis-learning-ahlan-simsims-experience>

15. Global Health Cluster. Global Health Cluster guide: A practical handbook. World Health Organization; 2020. Accessed June 21, 2024. <https://iris.who.int/bitstream/handle/10665/334129/9789240004726-eng.pdf?sequence=1>

16. Taylor ME, Schumacher R, Davis N. Mapping Global Leadership in Child Health. Published May 2016. Accessed June 21, 2024. <https://mcsprogram.org/resource/mapping-global-leadership-child-health/>

17. Konyndyk J, Saez P. Inclusive coordination: Building an area-based humanitarian coordination model. Center for Global Development. Published [insert date, if available]. Accessed June 21, 2024. <https://www.cgdev.org/publication/inclusive-coordination-building-area-based-humanitarian-coordination-model>

18. Global Health Cluster. Health cluster coordination course. World Health Organization. February 15, 2020. Accessed June 21, 2024. <https://healthcluster.who.int/our-work/capacity-development/e-learning>