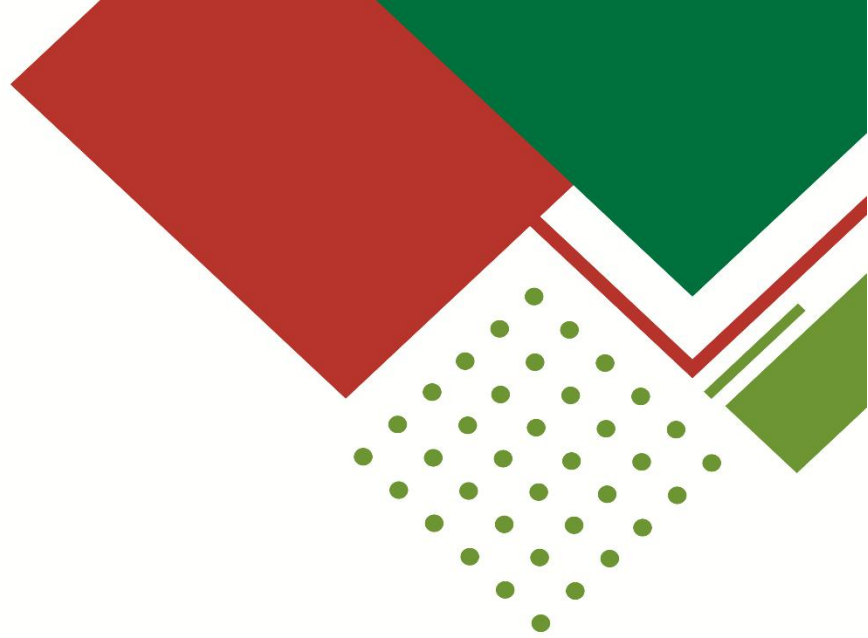




THE RIGHT TO A GOOD START IN LIFE: A CHILD'S RIGHT TO HOLISTIC EARLY CHILD DEVELOPMENT

HOPE
AND
HOMES
FOR
CHILDREN



CHILD
IDENTITY
PROTECTION

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1. The right to a good start in life: Key findings and recommendations.....	3
2. What is early child development and where do rights come in?	5
3. Key global frameworks for ECD and ECDiE	8
4. The right to a life without discrimination	10
5. The right to survival and development	15
6. The right to identity and participation	19
7. Right to family life.....	22
8. The Right to protection from violence, abuse, and exploitation	26
9. Right to inclusive social protection.....	29
10. The Right to health, nutrition and an adequate standard of living	31
11. Right to early learning	34
12. What does this mean for an ECD UNGA resolution?	39
References.....	44

Acknowledgements

This position paper was authored by Dominic Richardson, Managing Director at the Learning for Well-being Institute, with contributions from other members of the Child Rights Connect Inclusive Social Protection Taskforce, and endorsed by the following organisations:

- Hope and Homes for Children
- Lumos
- Make Mothers Matter
- Child Identity Protection
- CINDI
- Learning for Wellbeing Foundation
- Learning for Wellbeing Institute
- TheirWorld
- Miracle Foundation India
- Platforma de Infancia
- Family for Every Child
- Better Care Network
- Moving Minds Alliance
- SOS Children’s Villages
-

THE RIGHT TO A GOOD START IN LIFE:

A CHILD'S RIGHT TO HOLISTIC EARLY CHILD DEVELOPMENT

1. The right to a good start in life: Key findings and recommendations

Early Childhood Development (ECD) is a fundamental human right, essential for ensuring that all children have the opportunity to survive and to thrive – regardless of socioeconomic status, gender, or crisis situation. The Convention on the Rights of the Child (CRC), is one of the multiple international agreements that affirm that children have rights to survival, development, health, education, protection, and participation. States Parties are obliged to respect, protect, and fulfil these rights by investing in ECD policies and programmes, particularly in the case of marginalized and vulnerable populations. This obligation extends to children affected by emergencies, displacement, and disaster – those children who often experience the most severe violations of their early rights.

At present, more than one billion children are deprived of their basic rights. Governments must take urgent action to fulfil their obligations under international human rights frameworks by prioritizing ECD investments, integrating services and adopting inclusive policies, and quality implementation. The priority recommendations spanning all rights, are as follows:

ECD investments:

- **Increase finance:** Expand public investment and dedicated GDP allocations to universally accessible, inclusive Early Childhood Development (ECD) programmes, ensuring stable funding across economic cycles (Sections 4, 5, 9,10, and 11), including crisis-responsive and scalable ECD financing mechanisms that address acute vulnerabilities in emergency settings.
- **Finance for the disadvantaged:** Prioritize and strengthen national budgets specifically targeting disadvantaged and marginalized or vulnerable children and families, to improve equity and reduce childhood poverty and social exclusion (Box 3 and Sections 9.2 and 10.2). Failure to invest early on in the most marginalized children is not only breach of multiple human rights treaties, but creates irreversible inequities, undermines future economic productivity, and weakens peacebuilding and climate resilience.
- **Community and integrated initiatives:** Fund and support community-based and integrated programmes that comprehensively address health, nutrition, protection, and early learning, particularly in under-served and crisis-affected areas (Sections 4, 5 and 8). These should include caregiver mental health, and mobile ECD outreach for displaced populations.

Policy design and integrated approaches:

- **Comprehensive and integrated policy frameworks:** Establish cross-cutting legal and policy frameworks integrating health, education, social protection, nutrition, birth registration, and ECD services to ensure universal access, cross-sector coordination in a well-defined, multi-sectoral coordination structure, and effective implementation (Sections 2, 3, 5, 5, 6, 8 and 9). Emergency preparedness must also be integrated into ECD system design and planning.
- **Equity and inclusion:** Design inclusive, gender-responsive policies that actively promote non-discrimination, equal access, and the engagement of all caregivers – including fathers and diverse family forms – and all children (including disabled children, those in out-of-home care, migrants)

to address systemic inequalities and ensure equitable early learning and caregiving environments (Sections 4 and 10).

Holistic family and community support: Develop universal support systems for families and caregivers in all their diversity, including integrated financial and social protection packages, parental leave, community-driven nutrition interventions, child protection services, and comprehensive mental health and psychosocial services for caregivers and families (Sections 7, 9, 10). These systems must prioritize marginalized communities and be adaptable for delivery in fragile and displaced settings.

When implementing future reforms:

- **Workforce capacity and professional development:** Provide comprehensive, specialized training and supportive supervision for educators, the caregiving workforce, and community health workers who support young children, on: the science of early child development; the imperative for nurturing care; and inclusive, gender-responsive, trauma-informed, and protective caregiving practices, to enhance quality and responsiveness of early childhood services (Sections 4, 5, 6 and 11). Ensure that the workforce is afforded at an absolute minimum a living wage and related employment rights and benefits.
- **Accessible infrastructure and coordinated service delivery:** Expand early childhood services through community-based, technology-enabled, and crisis-responsive solutions, supported by strengthened governance, monitoring systems, and coordinated multi-sectoral emergency responses (Sections 4, 5, 6 and 8).
- **Family and community engagement:** Strengthen responsive caregiving programmes, actively engaging and supporting families and communities – including caregivers from extended families – to equip them with effective ECD knowledge and nurturing skills, to address harmful social norms and reduce gendered parenting and violence, in order to ensuring relevance, sustainability, and enhanced effectiveness of early childhood development interventions (Sections 4, 5, 7 and 8).

In line with these overarching recommendations to governments, the priority focus for the United Nations General Assembly (UNGA) now is to:

Reaffirm commitment to ECD through global leadership. Early Childhood Development (ECD) must be explicitly reaffirmed as a global political priority. To this end, the United Nations General Assembly (UNGA) should adopt a resolution that recognizes every child's right to a good start in life and urges governments to uphold their obligations under international human rights law through robust, equitable ECD systems. Such a resolution would reinforce the indivisibility of children's rights and also demonstrate global consensus on the moral and developmental imperative of investing in the early years. This is particularly vital in a time of overlapping global crises, where the youngest and most vulnerable children face escalating risks to survival and development. By so doing, UNGA would send a clear signal that the world's most marginalized children must not be left behind. **Similarly, the proposed Optional Protocol to the Convention on the Rights of the Child, which explicitly recognizes the right to early childhood care and education,** and guarantees free public pre-primary education, should be explicitly recognized in international human rights law.

Prioritize the most at-risk children in resolutions – placing those on the margins, at the centre. Effective early childhood development systems must begin where the need is greatest – prioritizing the youngest children who face the highest barriers to care and opportunity. Such children include those with disabilities, those from ethnic minorities, unaccompanied and separated minors, children in institutional

care, and children affected by displacement, climate change, and statelessness children. These children are not only the least likely to access essential ECD services, but also the most vulnerable to irreversible developmental harm if neglected. A rights-based and equitable approach to ECD demands that these children be placed at the centre – not on the margins – of investment, policy, and implementation strategies. Doing so is both a moral obligation and a pragmatic necessity to reduce long-term inequality and promote inclusive, peaceful societies.

Recognize the urgency for action and irreversible cost of inaction: The failure to invest in early childhood development – particularly for children in crisis-affected or marginalized situations – carries profound and often irreversible consequences. Inadequate access to nurturing care, early learning, health, and social protection and child protection services in the early years leads to life-long cognitive, emotional, and physical impairments. Personal costs compound into social costs, widening inequality, eroding human capital and weakening peace and development prospects. The early years are not simply the most effective time to invest; they are often the only window in which permanent damage can be prevented.

The evidence is unequivocal: underinvestment in this period not only violates children’s rights but forfeits a generation’s potential. Immediate, sustained action is needed to avert these harms and fulfil the international promise of a good start for every child.

2. What is early child development and where do rights come in?

Holistic early child development refers to when a child – or a cohort of children – are able to develop to their fullest potential, thereby achieving “physical, mental, spiritual, moral and social development.” (United Nations Convention on the Rights of the Child, 1989).¹ The broadest definitions of early childhood, as defined by an age range – and applied in this paper – cover ages 0 to 8, including the prenatal period.

Holistic early childhood development can only be achieved for all children when safe, loving, healthy, stimulating, stable, and adequately resourced environments – including families, homes, day care centres and schools, communities and societies at large – are present. These environments are often most fragile in crisis-affected settings, making urgent government and international support essential in order to uphold children’s rights in emergencies (Moving Minds Alliance, 2022a; UNICEF et al., 2020; Masten & Narayan, 2012).

It is the responsibility of governments to provide these conditions, as outlined in the Articles of the UNCRC, and succinctly captured in its preamble, “Convinced that the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community” (UNCRC, 1989:3).

The protection and assistance that families and children of all ages need is best provided through specific statutory policies and government-mandated programmes. More specifically, policies for holistic early child development refer to a suite of policies that protect and promote the child’s health, personal and social growth, cognitive and emotional development, living standards and family life. Such policies include social protection and cash benefits – including maternity protection, paid parental leaves and work-life balance policies - child and family health services, education and care services and supports, and social

¹ The UNCRC uses this phrase or similar on three occasions, as well as more general references to well-being and mental health, social integration and individual development, cultural or spiritual development. This particular phrase is taken from Art. 27 on living standards, justified through more general reference here to the provision of assistance and support to families.

and human services (Richardson et al., 2023:16). Beyond direct transfers and services, policies such as urban planning and play spaces, digital safety, and protection of environmental conditions are necessary to ensure children's rights and holistic child development are fully achieved.

The UNCRC outlines governments' responsibilities to all children from 0 to 18 years of age. Where age-related provisions are mentioned, these refer only to the expression of views (Art. 12), age-appropriate rest, leisure and play (Art. 31), age for entry into employment (Art. 32) or hostilities (Art. 38), and the application of penal law (Art. 40) and punishment (Art. 37). Provisions related to rights to survival and development, health, education, protection from exploitation and abuse, child participation and more, are not bound by age and so apply to all children (*see Box 1 for more detail on supporting legal frameworks*).²

To this end, the right to conditions conducive to holistic ECD is a fundamental human right, and achieving this for all children is essential for ensuring that they have the opportunity of a good start in life and developing to their full potential.

Governments are required to respect, protect, and fulfil all children's rights, equally. The Convention upholds every child's right through Article 2 on non-discrimination and supports child rights and holistic development through the principle of indivisibility ("everyone is entitled to all the rights..."). This principle is reiterated in the UN Secretary-General Guidance Note on Child Rights Mainstreaming (Call to Action for Human Rights, 2023) and upheld in complementary rights conventions, such as the United Nations Convention on the Rights of Persons with Disabilities (CRPD) (OHCHR, 2007). The application of these principles is especially critical in emergencies, where structural inequality, displacement, and systemic exclusion jeopardise children's most basic developmental rights (Moving Minds Alliance, 2023a; UNESCO, 2018; UNHCR, 2019).

By investing in early childhood development policies and programmes – with particular consideration for marginalized and vulnerable populations and children in emergency situations – governments can effectively meet their commitments to children globally, including the provision of a comprehensive and universal portfolio of child and family support policies from day one.

² Although free primary school provision may be considered age-related, governments may set their own age boundaries.

Box 1: Defined legal standards for ECD for all children

The CRC includes the right to life, survival, and development (Art. 6); equal rights for all children (Art. 2); the right to prioritize children's best interests in matters affecting them (Art. 3); and the right to express their views freely, with their opinions given due weight (Art. 12). It includes every child's right to education (Arts. 28 and 29) and the right to play (Art. 31).

The CRC also highlights every child's protection from all forms of violence, abuse, and neglect (Art. 19), ensures heightened protection in armed conflict (Art. 38), and provides special care for refugee children (Art. 22). Additionally, it ensures the right to receive appropriate care, treatment, and reintegration into society for any child subjected to abuse or exploitation (such as trafficking, armed conflict, or torture) (Art. 39).

The CRC secures children's rights to essential services, including the right to health (Art. 24), social security (Art. 26), and an adequate standard of living (Art. 27). It emphasizes the role of parents and families in guiding the child's exercise of their rights (Art. 5) and ensures that children are not separated from their parents against their will unless absolutely necessary (Art. 9). Importantly, Article 4 obliges states to take legislative, administrative, and financial measures to fully realize children's rights, including during crises.

Key guidance for early childhood development (ECD) and ECD in Emergencies (ECDiE) is provided in the General Comments by the Committee on the Rights of the Child. General Comment No. 7 emphasizes holistic development in early childhood. General Comment No. 15 outlines the right to health, including emergency healthcare services. General Comment No. 19 stresses the importance of public budgeting for children's rights, advocating transparent and accountable processes. General Comment No. 26 highlights the impact of climate change on children's well-being and calls for child-centred environmental policies.

Complementary instruments, such as the International Covenant on Economic, Social and Cultural Rights (ICESCR), The Convention on the Elimination of All Forms of Discrimination Against Women and the CRPD reinforce the child's rights to health and inclusive education (Art. 24) ensuring protection for children with disabilities, particularly in emergencies.

Key considerations for the type and timing of interventions for the best start in life

The articles of non-discrimination, and the indivisibility of children's rights, are at the cornerstone of ECD policies and the justification for governments to deliver a comprehensive and coherently managed set of child and family policies for holistic ECD.

Imbalance in efforts to deliver on child rights creates inequality and costs lives. The high rates of relative investment in education services seen in the majority of lower- and middle-income countries – in contrast to more economically developed countries (Richardson et al., 2023) – results in fewer low-income children surviving the first 5 years of life, fewer children entering school due to poverty and its effects, and fewer children learning at the right level (UNICEF 2024; Richardson et al., 2024; Schafer et al., 2024). Children affected by emergencies face these disparities on an even greater scale and intensity – underscoring the need for early, integrated, and sustained ECD investment (Moving Minds Alliance, 2023b; Britto et al., 2017; Schafer et al., 2021).

Simply put, when social protection and cash benefits, child, maternal and family health services, education and care supports, and social and human services do not complement each other, and later childhood policies, this leads to a failure to achieve all rights for all children – in particular for marginalized children and those in emergency settings – and has the costly economic and social consequence of exacerbating differences between children, based on family background and place of birth.

Delivering a coherent, inclusive, and well-funded early childhood system is a legal obligation – and the most strategic investment a society can make in sustainable development, social cohesion, and peace (Moving Minds Alliance, 2022a UNICEF Programme Division, 2017; 2023a UNICEF, 2015; ECPC, 2018; Britto et al., 2017; Fredman et al., 2022; 2023c UNESCO, 2018; The Alliance for Child Protection in Humanitarian Action, 2020; WHO, 2020).

This is why, following a section that reviews conceptual and normative ECD and ECD in emergency (ECDiE) frameworks, this paper has been broadly organized by rights and related policies that contribute to holistic ECD, from this point onwards.

3. Key global frameworks for ECD and ECDiE

Beyond the CRC, three global frameworks are central to understanding what the agreements, the requirements and the recommendations to effectively deliver on ECD for all children in all settings.

First, the Sustainable Development Goals (SDGs) serve as an internationally defined and agreed global framework for promoting ECD and ECDiE. SDG 1 (poverty), SDG 2 (hunger), SDG 3 (health), SDG 4 (education), SDG 5 (gender equality), SDG 13 (climate action), and SDG 16 (peace, justice, and strong institutions) are all pivotal for safeguarding all children's rights. SDG Target 1.3 emphasizes the importance of implementing social protection systems that align with Article 26 of the CRC, which not only fulfils every child's right to social protection, but in so doing, guarantees safety nets for vulnerable children and families during crises. SDG Target 4.2, which calls for universal access to quality pre-primary education, is particularly critical for promoting early learning and school readiness, especially in fragile and crisis-affected contexts (Moving Minds Alliance, 2022a; UNESCO, 2018; UNICEF Programme Division, 2017).

Anchored in the SDGs, the Nurturing Care Framework (NCF) seeks to guide national and local actions to help every child survive and thrive (World Health Organization et al., 2018). The framework translates global goals into actionable priorities by identifying what is required for ECD from pregnancy to age 5 and responds to growing recognition that holistic child development is foundational for individual and societal well-being (UNICEF et al., 2018).

Nurturing care is conceptualised as a stable, responsive, emotionally supportive environment that provides stimulation, protection, and opportunities for learning (UNICEF, 2017). The NCF is made up of five inter-related areas deemed essential for early childhood development: good health; adequate nutrition; responsive caregiving; opportunities for early learning; and security and safety. These domains reflect the full range of a child's developmental needs, and their interdependence underscores the importance of multi-sectoral approaches. The Framework promotes contextualised and multi-sectoral collaboration among all sectors directly or indirectly working with children, as well as finance ministries, to create enabling environments for families through five strategic actions: (1) lead and invest, (2) focus on families and communities, (3) strengthen services, (4) monitor progress, and (5) use data and innovate (World Health Organization et al., 2018), while recognizing the dynamic nature of age-related development. The Moving Minds Alliance contextualises and applies the Nurturing Care Framework to humanitarian settings, demonstrating how its five interconnected components – health, nutrition,

responsive caregiving, early learning, and security and safety – can be delivered together in emergency contexts to protect young children’s development and well-being during crises. (Moving Minds Alliance, 2023c; WHO, UNICEF & World Bank, 2018; Schafer et al., 2021).

Children in crisis situations face heightened risks; this makes ECD in emergencies (ECDiE) a critical intervention to uphold their rights. As part of ensuring that all children receive the necessary ECD services, the ECDiE framework recommends comprehensive, sustainable strategies to uphold children's rights in emergencies (INEE, 2024). It also builds on the Minimum Standards for Education in Emergencies, emphasizing that early childhood interventions must be included in humanitarian coordination, resourcing, and response plans from the outset (INEE, 2021). It emphasizes the importance of a holistic approach that considers the interconnections between health, education, environmental sustainability, public budgeting, and social protection to create resilient systems that protect and promote the rights of young children in the face of adversity. Moving Minds Alliance’s guidance reinforces this, calling for integrated delivery platforms that reach young children and their caregivers through bundled services in nutrition programmes, mobile outreach, safe spaces, and primary care (2023b). Box 2 contains the defined legal frameworks relevant children in emergencies.

Box 2: Defined legal frameworks for ECD for children in emergencies

Children in crisis situations face heightened risks, making ECD in Emergencies (ECDiE) a critical intervention to uphold their rights. ECDiE integrates health, nutrition, education, and child protection measures to mitigate adversity's impacts and support young children’s development. The CRC requires states to take legislative, administrative, and resource measures to protect children's rights during crises (Article 4).

The normative framework for ECDiE is strengthened by Human Rights Council Resolutions. Resolutions such as 19/37 (right to education in emergencies) and 29/10 (protection of children’s rights in humanitarian situations) reaffirm governments’ obligations to uphold children's rights during crises. Resolution 34/16 emphasizes investment in early childhood development, including social protection measures aligned with Article 26 of the CRC, while Resolution 48/13 recognizes the right to a clean, healthy, and sustainable environment – particularly relevant for children in disaster-affected areas.

Reports from Special Procedures further guide action:

- Special Rapporteur on the Right to Education (2015, A/HRC/29/30) on education in emergencies;
- Special Rapporteur on the Right to Health (2016, A/71/304) on health rights in emergencies;
- Special Rapporteur on Human Rights and the Environment (2020, A/75/161) on the rights of the child and the environment.

These reports highlight the interconnectedness of health (Article 24 CRC), education (Articles 28 and 29 CRC), and environmental factors in protecting young children’s well-being during crises.

4. The right to a life without discrimination

The CRC prohibits discrimination in any form, and guarantees that all children, regardless of their background, gender, disability, socio-economic status, ethnicity, or other characteristics, are entitled to equal access to quality early childhood care, education, and services (Article 2). In humanitarian and crisis contexts, these rights are often at greatest risk of being violated. Young children face overlapping layers of discrimination when displaced, traumatised, or affected by poverty or conflict (Moving Minds Alliance, 2022a; UNICEF Programme Division, 2017; Masten & Narayan, 2012).

Marginalized and vulnerable children are at most risk of discrimination and in turn seeing their rights go unmet. Such children include children with disabilities, those from ethnic minorities, unaccompanied and separated minors, children in institutional care, and children affected by displacement, climate change, or statelessness. Box 3 below summarizes the categories of children most at risk of exclusion from early childhood development and lists key examples of the different ways in which exclusion commonly occurs, by group.

Non-discrimination in ECD promotes equity today and in the future by ensuring all children get a fair start in life. Equitable systems mean that all children have access to quality ECD policies and services that can improve physical health and safety, and boost cognitive and social skills (Richardson et al., 2024). In particular, ECDiE must be prioritized to address the specific vulnerabilities of children living through crises. Millions of young children now spend their entire early years in emergencies, and yet ECD interventions are often underfunded, fragmented, or omitted from response plans (Moving Minds Alliance, 2022a; Masten & Narayan, 2012; UNICEF et al., 2020).

For the future, preventing inequalities between children in the early years, will reduce the risk of poverty and long-term inequality in educational, employment, and social participation outcomes, later in life. Altogether, non-discrimination is not only a child's right, but it has the potential to directly benefit the communities and societies in which children grow, through increasing the number of people who can fulfil their potential, driving more inclusive environments across the board, and creating a virtuous cycle of social development.

Box 3: Children most at risk of exclusion from Early Childhood Development

Children with disabilities are excluded due to stigma, inaccessible infrastructure, and lack of inclusive services (Ponguta et al., 2022; Moving Minds Alliance, 2022d).

Children in humanitarian emergencies, affected by conflict, natural disasters, or protracted crises; often deprived of basic survival and developmental services (UNICEF et al., 2020; Masten & Narayan, 2012).

Refugee and displaced children face legal and systemic barriers to accessing national health, nutrition, and early learning services (UNHCR, 2019b; UNESCO, 2018).

Children from ethnic, linguistic, or racial minorities are discriminated against in policy design and practice; curricula and service delivery often lack cultural relevance (Derman-Sparks & Edwards, 2019; Farago et al., 2017).

Girls in gender-inequitable environments are disproportionately withdrawn from school, denied health care, or burdened with caregiving roles (INEE, 2021; Ewerling et al., 2020).

Children without parental care are at high risk of institutionalization, abuse, and developmental harm without stable caregiving environments (Moving Minds Alliance, 2023c; UNICEF UK, 2015).

Children in extreme poverty are excluded due to inability to afford private ECD services, geographic isolation, or lack of access to documentation (Richardson et al., 2024; ILO & UNICEF, 2023).

Children in informal or undocumented households are often invisible to state systems due to lack of birth registration or legal status (UNICEF, 2019; Clark et al., 2020).

Children affected by gender-based violence or child marriage are exposed to trauma that undermines emotional and cognitive development (Moving Minds Alliance, 2023c; Save the Children, 2022a).

Children in conflict with the law or recruited by armed actors – Frequently overlooked in early intervention frameworks; denied rehabilitative care and developmental support (UN SRSG CAAC, 2022).

4.1 Barriers to achieving rights to non-discrimination for young children

In many regions, inclusive policies for Early Childhood Development (ECD) services remain insufficient. Without comprehensive legal frameworks mandating inclusive practices, children with disabilities or those from minority backgrounds often lack essential support (Farago et al., 2017). Moreover, quality private ECD services are typically expensive, placing them out of reach for low-income families. This cost barrier deepens educational inequalities between income groups from the earliest years (Adams et al., 2021). In emergencies, the siloed nature of humanitarian systems means ECD services often fall through the cracks, despite spanning across health, protection, nutrition, and education (Moving Minds Alliance, 2022a; UNICEF et al., 2020).

Gender disparities further complicate children's access to essential services such as healthcare, nutrition, education, and child protection. For instance, gender inequalities in caregiving impact the quality of nurturing care children receive, and gender inequalities in caregiving can mean girls receive less or lower quality care.

Caring for a child during the early years is absolutely vital and often rewarding, but also time-consuming, strenuous work which is unpaid and unrecognized. Fathers' limited involvement in caregiving roles, although increasing in certain geographical and cultural contexts, reinforces traditional gender stereotypes, placing most caregiving responsibilities on mothers (Diniz et al., 2023). This inequitable distribution of care work and responsibilities is at the root of gender inequalities: motherhood has a high cost for women, in particular in terms of lost earnings, aborted career, financial dependence and limitations of pension rights. It also affects their health, in particular their mental health. In a 2024 survey conducted across Europe, half of the mothers surveyed reported mental health issues – a huge number that requires action (Make Mothers Matter, 2025).

ECD policies should therefore be part of a broader national care policy framework, that seeks to redistribute care work more fairly between men and women, but also across society, with families, communities, the private sector and governments at every level taking their share of costs and responsibilities. ECD policies must promote active fatherhood: involving fathers from the outset is a triple win as it benefits the mothers, the children and the men themselves. Until this becomes reality, however, ECD policy must recognize that in most families it is generally the mother, frequently supported by their own mother or other female relatives, who are mostly responsible for caring for babies and young children.

Breastfeeding is also key for early child development: research shows that children who are breastfed have better cognitive development and fewer behavioural problems later in childhood (*see, for example NPEU, n.d.*). ECD policy must therefore specifically support mothers (and breastfeeding), in particular during the critical 'first 1000 days', which start at pregnancy through a child's second birthday. Single mothers face specific challenges, including poverty, social exclusion and stigmatization, that can impact their ability to provide adequate nurturing care to their child. This must be recognized and addressed in the context of ECD policy.

In emergency contexts, many ECD programmes overlook the need for gender-responsive approaches. Traditional caregiving structures rarely emphasize the importance of engaging fathers, further burdening mothers and limiting the potential positive impact fathers can have in child development (*Ibid.*). This lack of supportive childcare infrastructure disproportionately impacts adolescent girls, exacerbating gender inequalities.

Children with disabilities are frequently overlooked and under-served in ECD provisions: children with disabilities have the right access ECD services alongside the peers, and may also need specialized services to respond to their individual needs, including access to medical care and therapeutic interventions to enable them to grow and develop to their full potential. Stigma against children with disabilities in many parts of the world, including from ECD practitioners, can have extreme consequences, such as children born with disabilities being abandoned, and parents being advised by professionals to institutionalize their child solely on the basis of disability. Programmes which are not designed with children with disabilities in mind will fail to meet these children's needs, for instance, late identification of developmental delays and learning difficulties, which can contribute to their exclusion from an early age.

ECD programmes frequently suffer from limited funding, leading to poor infrastructure and inadequately trained and underpaid staff – more often than not, women. This shortcoming affects marginalized communities in particular, limiting their access to quality early education (Adams et al., 2021). Additionally, educators often lack the training required to recognize and address discrimination, hindering the creation of genuinely inclusive learning environments (Derman-Sparks and Edwards, 2019).

In crisis-affected areas, caregivers often struggle with trauma and mental health conditions that hinder their ability to offer responsive care (Moving Minds Alliance, 2023b; Baron et al., 2021; Britto et al., 2017). This results in inequitable developmental outcomes for children from disadvantaged households.

Even when inclusive policies are formally in place, their enforcement can be inconsistent, especially in rural or remote areas and under-served communities. This weak enforcement allows discriminatory practices to continue unchecked (Ibid.). Moreover, implicit biases among educators and caregivers in ECD settings can unintentionally lead to unequal interactions and opportunities for children (Schubert Center for Child Studies, 2014).

Furthermore, gender norms become ingrained during early childhood. In some communities, a strong cultural preference for sons leads to unequal distribution of resources such as nutrition, healthcare, and education, significantly disadvantaging girls' development and even their survival (Anukriti et al., 2021). These disparities frequently result in lifelong consequences, limiting women's educational and economic opportunities.

Cultural insensitivity is another critical issue, affecting migrant or displaced children in particular, since ECD curricula often fail to reflect diverse cultural backgrounds, causing these children to feel excluded (Derman-Sparks and Edwards, 2019).

Children experiencing conflict or displacement frequently suffer trauma that significantly affects their developmental outcomes. Additionally, gender disparities intensify during emergencies, in which women and girls in particular face increased vulnerabilities due to reduced access to critical services such as healthcare, nutrition, education, and protection (Ewerling et al., 2020). In crisis settings, traditional gender roles often place caregiving responsibilities solely on women, restricting their ability to participate economically and further reinforcing gender inequalities (Ibid.). This is a specific concern during the early years of a child's life when the child's greater dependency on their parents – and in particular on their mothers – accentuates the risks of exclusion.

Examples from policy and practice: Supporting young children in crisis

In response to the humanitarian crisis precipitated by the war in Ukraine, UNICEF and UNHCR jointly established 'Blue Dot Hubs' – safe spaces designed to provide comprehensive support to refugees, with a particular focus on young children and their families. These hubs are strategically located along major transit routes and border crossings in countries including Bulgaria, Hungary, Italy, Moldova, Poland, Romania and Slovakia.

Each Blue Dot Hub offers child- and family-friendly spaces where young children can rest, play, and engage in structured activities that promote psychosocial well-being. These environments are staffed by trained professionals, including social workers, psychologists, and counsellors, who provide mental health support tailored to the needs of children and their parents affected by displacement and trauma.

For infants and toddlers, the hubs provide dedicated areas equipped for breastfeeding, diaper changing, and other essential care needs. Parents have access to group parenting activities and receive immediate psychological support to help them cope with the challenges of displacement.

Beyond immediate care, Blue Dot Hubs assist in the identification and referral of unaccompanied and separated children, facilitating family reunification efforts. They also offer legal aid, information on rights and services, and referrals to healthcare and education providers, ensuring a holistic approach to the well-being of young refugees.

Since their inception, these hubs have been instrumental in providing support to vulnerable populations. As of September 2022, 36 Blue Dot Hubs had been established, offering protection and support services to approximately 234,000 refugees. The initiative exemplifies a coordinated, compassionate response to a humanitarian crisis, delivering essential services to young children and their families during times of profound upheaval (UNHCR and UNICEF, 2025).

In Bangladesh, Lebanon and Jordan, Humanity & Inclusion has implemented inclusive early childhood education and rehabilitation programmes specifically designed for refugee children with disabilities. These interventions identify children with physical, intellectual, and sensory impairments, and provide access to inclusive preschools with adapted materials, teacher training, and mobile rehabilitation services. Families receive home-based support and participate in caregiver training groups, ensuring continuity of care in crisis settings. This approach has significantly improved school readiness and participation for disabled children in displacement (Ponguta et al., 2022).

In Jordan's Za'atari and Azraq refugee camps, UNICEF and UNHCR have integrated disability-inclusive features into their Child-Friendly Spaces. These safe spaces provide early learning, protection, and psychosocial services, and are adapted with ramps, tactile toys, and sign language resources. Staff receive training on supporting children with diverse developmental needs, including invisible disabilities such as autism and trauma-related challenges. The approach has helped increase access to protective services and inclusive early education for disabled refugee children, while also offering caregiver mental health support (Moving Minds Alliance, 2023c; UNHCR, 2019b).

The *Baytna* programme in Lebanon and Syria delivers responsive caregiving support to refugee families, including children with developmental delays and disabilities. Through group-based sessions, caregivers learn stimulation techniques and receive emotional support, while children participate in structured play and self-regulation activities. The programme includes referral pathways to specialized services for children requiring further assessment or assistive devices. Evaluations show improved developmental outcomes and reduced caregiver stress, even in highly insecure settings (Fundación Universidad de Los Andes, 2020; Moving Minds Alliance, 2023b).

4.2 Recommendations on the non-discrimination of young children in ECD policies and services

- Expand government and international investments to ensure universal and inclusive Early Childhood Development (ECD) programmes are in place, of good quality, supported by necessary infrastructure and resources to ensure equal access across all preschool children in the population. This includes prioritizing ECD in emergencies and refugee settings, where children are at heightened risk of exclusion (Moving Minds Alliance, 2023a; UNHCR, 2019; Bendini & Devercelli, 2022).
- Develop and enforce policies that guarantee equal access to quality ECD services for all children. Ensure such policies are actively implemented across all regions and supported by community-based models such as mobile schools and play-based learning hubs.
- Implement gender-responsive policies and specialised services for children with disabilities, to help address systemic inequalities in ECD programmes to ensure equitable opportunities for all children. Integrate gender-transformative pedagogy into ECD staff training (Moving Minds Alliance, 2022d; Plan International, 2017; VVOB, 2020).
- Promote active participation of fathers and other caregivers in childcare initiatives to encourage shared responsibilities and challenge traditional gender norms. Proven models, such as the Caregiver Support Intervention and the EFFECTS study in Tanzania, show that engaging men improves outcomes for both caregivers and children (Moving Minds Alliance, 2023b; Miller et al., 2020; Kumar et al., 2021).
- Provide educators with training on inclusive, non-discriminatory, and gender-responsive practices. Training should be trauma-informed and include tools for supporting caregivers facing distress or displacement (Moving Minds Alliance, 2023b; Baron et al., 2021; Britto et al., 2017).
- Expand access in under-served areas by utilizing mobile schools, technology, and community-based solutions to improve ECD services in rural and crisis-affected regions.
- Raise awareness and reduce stigma through promoting community engagement initiatives to challenge biases and foster acceptance of all children. This should include storytelling, social-emotional learning, and inclusive curricula that reflect diverse cultural identities.

5. The right to survival and development

All children have the right to survival and development (CRC Articles 6 and 27). This right means that all young children should receive adequate nutrition, healthcare, stimulation and early learning opportunities, and protection from harm or neglect. The earliest years of life are beset by mortality risks related to birth, illness and poverty, and are critical for cognitive, emotional, and social development. Approximately 90% of brain growth occurs in the first five years, with about 80% occurring during pregnancy and within the first two years (Harvard Center on the Developing Child, 2022). In humanitarian and protracted crisis settings, these risks are significantly amplified. Conflict, displacement, and disaster disrupt access to nurturing care, nutrition, and health services – often just when children need them most (Moving Minds Alliance, 2022a; UNICEF et al., 2020; Masten & Narayan, 2012).

True to the Nurturing Care Framework, the right to survival and development therefore can only be fully realized through integrated approaches to policies and programmes that work together to support age-related needs and in response to the unique risks each child's environment presents, particularly in emergency and fragile contexts and most notably in crisis settings where young children face heightened

risks of malnutrition, disease, and violence. When children are well-nourished and healthy, feel secure and protected, experience responsive care, and have opportunities to learn and explore, they not only do they survive, but they can thrive and reach their full potential. But ensuring survival is not enough – for children to thrive, nurturing environments that promote early learning, caregiver mental health, and social-emotional growth even in crisis, are required (Moving Minds Alliance, 2023a [WHO, UNICEF & World Bank, 2018; Bendini & Devercelli, 2022]; 2023b (Miller et al., 2020; Center on the Developing Child, Harvard University, n.d.).

It is also critical to acknowledge that children facing intersecting forms of discrimination – such as those with disabilities, girls, and children from ethnic minorities – experience significantly heightened risks to their survival and development, particularly during emergencies. Children with disabilities, for instance, are disproportionately excluded from essential services due to structural barriers, stigma, and lack of inclusive infrastructure. Globally, they are ten times less likely to attend school and are routinely left out of both health screenings and immunization programmes in humanitarian settings (Ponguta et al., 2022; UNHCR, 2019). Many parents of children with disabilities in conflict zones report resorting to institutional care due to the lack of inclusive services in their communities (Moving Minds Alliance, 2022d; Save the Children, 2022b).

Similarly, displaced children – including refugees and those in informal settlements – face systemic exclusion from national health and education systems. In many host countries, only one-third of refugee children have access to primary education, and less than half are covered by national health plans (UNHCR, 2019b; UNESCO, 2018). In some contexts, undocumented status prevents access to even the most basic prenatal and paediatric care (Clark et al., 2020).

Girls in these settings face additional challenges: Girls are more likely to be withdrawn from school during displacement, while discriminatory social norms often result in boys receiving prioritized access to food, healthcare, and schooling (INEE, 2021; Ewerling et al., 2020). The compounded effect of these vulnerabilities means that such children not only face a higher risk of dying before age five but are also far less likely to reach critical developmental milestones. Without targeted, inclusive, and crisis-responsive ECD interventions, these disparities will deepen across generations, with lifelong consequences for both individuals and societies.

5.1 Barriers to achieving rights to survival and development for young children

Despite advancements in healthcare and nutrition, preventable diseases and malnutrition remain the leading causes of death among young children. High rates of infant and child mortality continue to pose significant challenges in many low-income and crisis-affected regions (WHO et al., 2018). Limited access to basic lifesaving interventions for the youngest children, including ‘skilled delivery at birth, quality postnatal care, breastfeeding and adequate nutrition, vaccinations, and treatment for common childhood diseases’ (WHO, 2025), are amongst the causes.

Caregivers’ mental health is a powerful determinant of early childhood outcomes. Without targeted support for caregiver well-being – especially in emergencies – children face increased risks of low birth weight, malnutrition, developmental delays, and insecure attachment. Globally, there is a critical shortage of mental health and personal social services (MHPSS) adapted for crisis settings, particularly for perinatal and adolescent mothers (Moving Minds Alliance, 2023a).

A major contributing factor is the inadequate investment in early childhood services. Many governments do not allocate sufficient resources for early childhood health, nutrition, and education – especially for

marginalized and under-served communities (UNICEF, 2021a). This lack of funding intensifies existing vulnerabilities, leaving children without the critical support they need in their earliest years.

In humanitarian settings, services are frequently siloed, with limited investment in coordinated systems for ECD that address both physical survival and developmental needs. ECD often falls outside the core mandates of any one humanitarian cluster, leading to serious programming gaps (Moving Minds Alliance, 2022a; UNICEF et al., 2020).

Another key issue is the absence of integrated policies across different sectors. When health, education, and social protection services are delivered separately, their overall effectiveness is significantly reduced. Such fragmented approaches often result in missed opportunities to support young children comprehensively and holistically (Ibid.).

For children with disabilities, a lack of specialized and inclusive services in early childhood can significantly impede their lifelong development. Early identification and intervention can be the difference between them ever hitting their personal milestones, be they walking unaided or feeding without a tube. ECD systems which do not include such services violate the rights of children with disabilities, with lifelong consequences.

In emergency situations, caregiving environments frequently become disrupted. Conflicts, displacement, and natural disasters interrupt children's access to essential services, increasing their vulnerability to violence, exploitation, poor health outcomes, and psychosocial distress (UNHCR and Save the Children, 2018).

Exposure to toxic stress presents a particularly severe risk to early childhood development. Without nurturing and protective caregiving, adverse experiences such as violence or neglect can lead to toxic stress, negatively affecting a child's learning abilities, behaviour, and long-term physical and mental health (Harvard Center on the Developing Child, 2020).

Toxic stress is especially pervasive in emergency contexts. Moving Minds Alliance research shows that children living in conflict and displacement are at higher risk for disrupted brain development, emotional trauma, and long-term health impacts due to prolonged stress without buffering relationships (Moving Minds Alliance, 2022b; National Scientific Council on the Developing Child, 2020; The Impact of Early Adversity, 2007).

Furthermore, limited investment in cognitive and emotional development restricts children's full potential. Too often, ECD services prioritize basic survival needs without adequately incorporating critical elements such as early learning, play, and responsive caregiving, which are essential components for healthy brain development (WHO et al., 2018). Integrating early learning and stimulation into crisis response – from nutrition to protection services – yields long-term benefits in child development, caregiver wellbeing, and community resilience (Moving Minds Alliance, 2022c; Maalouf-Manasseh et al., 2016; WHO, UNICEF & World Bank, 2018).

Additionally, schools and early childhood centres frequently lack structured programmes designed to foster emotional regulation, resilience, and positive social skills among young children (OECD, 2022a).

Examples from policy and practice: breastfeeding supports

A wide range of interventions have the potential to reduce child mortality and promote development in the early years. These include behavioural interventions (e.g., promoting breastfeeding), integrating community health workers (CHWs) engaging with families, home visits, nutritional supports, cash transfers and integrating early childhood development (ECD) services (*see Section 7 for the last three*).

Examples of effective breastfeeding supports can be found in China and the United Kingdom. In China, expectant mothers received weekly text messages which provided guidance on exclusive breastfeeding (EBF), infant feeding, and encouraged communication with healthcare professionals from the third trimester until the child's first birthday. The programme resulted in a modest but positive effect, increasing both the duration and rate of EBF at six months (Jiang et al., 2014). In the United Kingdom, a clinic-based parenting and health support pilot was delivered by midwives and chiropractic professionals. New mothers who attended the session reported increased breastfeeding and exclusive breastfeeding practices, along with high satisfaction with the session (Miller et al., 2016).

5.2 Recommendations to better promote the survival and development of young children

- Universal birth registration must be ensured. Every child should be registered at birth to secure their legal identity, facilitate their access to essential services, and guarantee protection of their rights. Birth registration serves as a foundational step for the realization of all other rights.
- Investment in early childhood services across the board must be expanded. Increased funding for healthcare, nutrition, early learning, and child protection programmes is essential to deliver comprehensive and holistic support during the critical early years of life. This is needed for all children in all contexts, including and necessarily crisis settings. For all children, safe places to play, outside of early learning centres, is also a right and foundational to their development.
- Donors and governments should explicitly earmark funding for ECDiE, ensuring that crisis-affected children are not excluded from systems of care and learning (Moving Minds Alliance, 2023a; (Global Campaign for Education, 2021; Bendini & Devercelli, 2022).
- Cross-sectoral integration needs to be strengthened. Policies must be developed and implemented to ensure effective coordination between health, education, and social protection sectors, maximizing the impact and reach of ECD initiatives. Models such as the Nurturing Care Framework should be used to design integrated programmes that support responsive caregiving, nutrition, learning, and safety as interconnected needs (Moving Minds Alliance, 2023a; WHO, UNICEF & World Bank, 2018; Bendini & Devercelli, 2022).
- Universal access to quality maternal and child health services – including respectful and high-quality maternity care and maternal mental health services – must be provided to ensure mothers and their babies reach their full potential for health and well-being: a necessary condition for mother-child bonding and a key factor for early child development.
- Responsive caregiving and parental support programmes should be promoted. Community-based initiatives must be expanded to equip parents and caregivers with the knowledge, skills, and resources needed to provide nurturing care and stimulate early learning. Successful approaches

include whole-family psychosocial support (e.g., Caregiver Support Intervention, *Baytna*, and *Semillas de Apego*) which improve child and caregiver well-being simultaneously (Moving Minds Alliance 2023b; Miller et al., 2020; Fundación Universidad de los Andes, 2020]).

- Early learning must be systematically integrated into all early childhood development programmes. Interventions should incorporate play-based learning and stimulation to foster cognitive, emotional, and social development from the earliest stages. Early learning in emergencies is not a luxury – it's a right and necessity. Including structured and informal play, storytelling, and safe learning spaces is essential to mitigate the effects of trauma and strengthen children's resilience (Moving Minds Alliance, 2023a; UNESCO, 2018; Bendini & Devercelli, 2022).

6. The right to identity and participation

The CRC guarantees that all children have the right to a legal identity, birth registration, nationality, name and family relations, and participation in matters affecting their lives (Articles 7, 8, and 12). In the vast majority of cases, identity is essential to ensuring access to essential services such as healthcare, education, and social protection. Without official documentation, children are at risk of statelessness, marginalization, and exclusion from critical ECD programmes. Having an identity also recognizes the role that social interaction and relationships in families and communities have on early child development.

These risks are particularly acute in emergencies, where young children often go unregistered due to disrupted systems, loss of documentation, and lack of access to administrative services (Moving Minds Alliance, 2022a; UNICEF et al., 2020; Clark et al., 2020)

Participation is equally vital to ensure that children's voices are heard and considered in decision-making processes at local, national and international levels. A child's right to be heard, when recognized, and respected, supports their social, emotional, and cognitive development while fostering agency, active citizenship and empowerment. Meaningful participation in early childhood settings – such as play-based learning, responsive caregiving, and self-expression activities – also nurtures children's confidence, emotional well-being, and social identity (Moving Minds Alliance, 2023b; Lansdown, 2018; Britto et al., 2017).

6.1 Barriers to ensuring the legal registration and participation of young children

The lack of universal birth registration remains a significant global challenge. Over 200 million children under the age of five, worldwide, are without a birth certificate (UNICEF, 2024c). This leaves them vulnerable to exclusion from critical services such as healthcare, education, and social protection.

Multiple barriers to registration further deepen these inequities. Administrative hurdles, prohibitive costs, lack of public awareness, and discriminatory laws systematically prevent marginalized groups (including refugees, families in street situations, displaced persons, and indigenous communities) from securing birth certificates for their children.

Practices as abandonment of children, use of baby boxes, and use of anonymous gametes in third-party reproduction also complicate birth registration and access to a legal identity.

In protracted crises, these barriers are compounded by displacement, loss of documents, and the absence of civil registration offices in refugee and conflict settings (Moving Minds Alliance, 2022a; UNICEF et al.,

2020; Clark et al., 2020). In addition, young children often miss the critical window for documentation due to being on the move, or their families' fear of persecution.

Statelessness and legal identity issues compound these vulnerabilities. Stateless children, particularly those living in conflict zones or displacement settings, face severe difficulties in accessing essential services and protection necessary for their development and well-being. In some cases, the lack of birth registration leads to a lifelong exclusion from ECD, education, and health systems, thereby perpetuating cycles of poverty, invisibility, and vulnerability (Moving Minds Alliance, 2023c; UNICEF, 2013; UNHCR, 2019).

Limited opportunities for child participation in decision-making further marginalize young and disadvantaged children. Cultural norms, combined with the absence of inclusive legal and policy frameworks, and a lack of appropriate resources, often prevent children from expressing their views on matters that directly affect their lives, and from participating in social and political life. There is increasing awareness amongst experts of the critical importance of age-appropriate participation of the youngest children: Play-based activities can help young children express their views and experiences, informing policy and service provision.

Young children in particular are often overlooked in efforts to promote participation, despite strong evidence that participatory ECD programmes foster identity, autonomy, and resilience from the earliest years (Moving Minds Alliance, 2022d; Plan International, 2017; Ponguta et al., 2020).

Gender discrimination in nationality laws also remains a critical concern. In several countries, women are not permitted to pass their nationality to their children, increasing the risk of statelessness – especially for children born to unmarried mothers, refugees, or displaced or undocumented fathers.

Examples from policy and practice: integrated health and registration service and children as co-creators in learning

A study by Paleker et al., (2023) evaluated efforts to close the birth registration gap among newborns delivered in health facilities in low- and middle-income countries. It revealed that successful intervention models included integrating civil registration services into health facilities, authorizing health workers to register births, and linking registration with routine child health services. These approaches consistently increased registration rates, with some countries, including South Africa and Tanzania, achieving 68-70% improvements. Success hinged on intersectoral collaboration, simplified legal procedures, and community awareness efforts. However, challenges such as outdated policies, costs, and missed outreach to non-facility births, persist.

The *Moorabool Literacy Trails* initiative in Australia is an illustrative example of child participation in early learning comes. This community-based programme engaged young children in a series of interactive literacy experiences, including storytelling, performances, and games that took place in local parks and community spaces. Designed in collaboration with schools and kindergartens, the initiative encouraged children to participate as active learners and contributors within their community. The programme not only supported early literacy and numeracy development, but also reinforced children's agency by making them visible and valued participants in public educational life. Feedback from children, parents, and educators highlighted high levels of engagement, contextual relevance, and enjoyment. The initiative is a model for embedding participation in local service design and delivery, illustrating how educational outcomes can be strengthened when children are positioned as co-creators of their learning environments (Moore et al., 2022).

6.2 Recommendations for delivering on the legal registration and participation of young children

- Ensure universal birth registration, including catch-up birth registration wherever necessary, implement these policies for free, and in immediate and accessible ways (integrated in health care settings), including mobile and digital registration systems for remote and conflict-affected areas. Mobile clinics, refugee camps, and mother-baby safe spaces should be targeted sites for integrated birth registration alongside ECD services (Moving Minds Alliance, 2023a; UNICEF, 2013; UNHCR, 2019).
- Implement emergency birth registration and documentation programmes in refugee and humanitarian contexts to ensure legal recognition for displaced children (UNHCR, 2019). Coordination between civil registration bodies and humanitarian agencies is essential to ensure the visibility of crisis-affected children.
- Remove discriminatory barriers by allowing both parents to register their children and reform nationality laws where necessary, to allow both parents to confer nationality to their children equally, ensuring no child is left stateless (UNHCR, 2021a). Advocacy should centre on the rights of displaced mothers and female-headed households, who face disproportionate legal and social barriers (Moving Minds Alliance, 2022d; UNHCR, 2021b; Plan International, 2017).

- Invest in digital civil registration infrastructure to improve efficiency, accessibility, and security of records. Digital innovations can also facilitate the linking of birth records to ECD enrolment and health services in emergencies.
- Establish child-friendly legal frameworks and participatory platforms where children can express their views in decision-making processes (Lansdown, 2018), including at both policy and service delivery levels, and in a safe, effective and meaningful way. Early childhood programmes should include participatory pedagogy – play, expression, peer interaction, and choice – to ensure young children experience voice and agency (Moving Minds Alliance, 2022d; (Plan International, 2017; VVOB, 2020).
- Conduct community outreach and advocacy campaigns to educate parents on the importance of birth registration and child participation (UNICEF, 2020). Messaging should be culturally sensitive and adapted to crisis contexts, with the support of local community leaders and health workers.

7. Right to family life

Strong family structures and community support systems are vital to ensure children’s emotional security, cognitive development, and overall well-being. The CRC guarantees that every child has the right to grow up in a nurturing and supportive family environment (UNCRC, 1989 preamble). It recognizes the role of parents and guardians in providing guidance and support in accordance with the child’s evolving abilities (Article 5); that children should not be separated from their parents unless it is in their best interests (Article 9); that children and their families have the right to live together and that governments should support family reunification (Article 10). It ensures special protection and alternative family-based care for children who cannot live with their families, such as foster care or adoption (Article 20); guarantees that every child has the right to a standard of living that supports their development, and that parents (with government assistance) are responsible for providing for their needs (Article 27). In addition, the 2006 CRPCD recognizes the right of all children with disabilities, as far as possible, to know and be cared for by their parents (Article 18.2), and the responsibilities of States Parties, where the immediate family is unable to care for a child with disabilities, to undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting (Article 23.5).

These CRC and CRPD provisions are further reinforced in further UN General Comments, including the 2006 CRC General Comment no.9 on the rights of children with disabilities and the 2017 CRPD General Comment no.5 on living independently and being included in the community, as well as the UN Guidelines for the Alternative Care of Children, the UN 2019 Resolution on Children without Parental Care, and the 2022 UN CPRD Guidelines on deinstitutionalization, including in emergencies.

The importance, relevance, and interlinkages of the CRC and CRPD regarding the rights of children to family life are crucial to assert the rights-based global commitments to family care for all children. As evidenced in the section below, children’s optimal development, from birth throughout childhood, is inherently linked to whether they are able to enjoy the care and support only available in a safe, loving, nurturing family environment. Secure caregiver-child attachment in the early years is a major protective factor against the impacts of crisis, stress, and displacement – and a predictor of long-term well-being and development (Moving Minds Alliance, 2023b; Masten & Narayan, 2012; Britto et al., 2017).

It is also essential to note that among the millions of children growing up in institutional facilities, children with disabilities are disproportionately represented, due to a wide range of factors, explored further hereafter.

7.1 Barriers to delivering on the right to a family life

Deprivation of family care can take many forms, such as child institutionalization, homelessness, child-headed households and association with armed forces. Many families face pressures that hinder their ability to care for their young children, and in the worst cases, these challenges can lead to the unnecessary separation of children from their families. Family separation and deprivation of family care, at all stages of childhood, but particularly when it takes place during early childhood, can have devastating consequences on children's development, well-being, health and safety. Recent research has highlighted the long-term impact of family separation on young children's neurological and emotional development, particularly in crisis settings (Moving Minds Alliance, 2023c). There are, for instance, strong bodies of evidence on the harm of child institutionalization on young children's development, particularly their physical growth, cognition, attention, and socio-emotional development and health.³

While institutions vary in name, form and size, some core characteristics of institutional facilities, and their harmful impact on early childhood, can help us understand these findings. These include structural neglect, in part due to high staff turnover with little training, depersonalization, poor and insufficient caregiver–child interactions, segregation of children with disabilities or other health problems, and poor nutrition. These defining elements of institutionalization severely deprive young children of the foundational resources and support they need. Children under three years of age, in particular, are vulnerable to the effects of institutionalization, including brain impairment, development delays poor health, hearing and vision problems, reduced cognitive and social ability, among other issues (Johnson et al., 2006; UNICEF, 2012).

In contrast, a healthy, nurturing and safe family environment can provide children with the vital support they need in early years to grow up, develop and thrive. Early intervention to prevent family separation and placement of children in institutions must therefore become a critical element of holistic ECD policies and measures. Family breakdown can often be prevented when its root causes are identified and adequately tackled. Root causes include:

- **Structural, social, economic, and environmental forces:** Many families lack access to essential support systems, such as parental leave, safe childcare, and psychosocial services, which are critical during the early years of caregiving. In low-income and humanitarian settings, this lack of support is especially acute (Moving Minds Alliance, 2023c; Staab, 2015; Baron et al., 2021). The lack of access to affordable childcare and essential parental support services, makes the provision of quality care during critical early childhood years challenging (OECD, 2022; ILO, 2024). The lack of maternity protection and the absence or inadequacy of paid parental leave policies further undermines early caregiving, as parents are forced to return to work prematurely, which can limit parent-child interactions. Economic pressures exacerbate this issue, as financial hardship pushes caregivers into employment under stressful conditions, negatively impacting the quality and frequency of nurturing interactions with their children (Moving Minds Alliance, 2023c; Staab, 2015; Baron et al., 2021). Inclusive social protection systems can go a long way in strengthening families' resilience and ensuring children fully enjoy their right to grow up in safe, loving, nurturing family environment.
- **Stigma and discrimination:** Certain communities, families (e.g., single parent households), and children are stigmatized and discriminated against, both at the community and structural levels. This can critically impact children with disabilities or children from ethnic minorities, whose parents are often actively encouraged to place their children in institutions by communities and

³ See, for instance, evidence cited in published materials related to the [Bucharest Early Intervention Project](#).

professionals. For the families of children with disabilities, in contexts where the vast majority of persons with disabilities are institutionalized, it can be impossible to imagine raising their young child in a happy family home. Inclusive ECD services are a core element of shifting societal views towards minoritized populations. Disability-related stigma is a major driver of institutionalization, particularly in crisis settings where inclusive community-based care is lacking (Moving Minds Alliance, 2022d; Ponguta et al., 2022).

- **Lack of access to services:** Children and families are often separated as a result of a lack of access to high-quality, community-based supports and services which would enable them to stay together. Access to education is a critical area of concern. In many contexts, families' only option to educate their child is to send them away to a residential institution, effectively forcing them to choose between their child's right to education and to family. This is especially true for families of children with disabilities. Access to other services, such as healthcare, can also drive separation. Community-based support programmes, particularly those targeting marginalized populations, remain limited or inaccessible, leaving many parents without the necessary resources or guidance for effective caregiving (Save the Children, 2022b).
- **Exposure to violence against children:** Children and families can be exposed to violence and abuse in the community or household. These risks are often compounded by social, economic, environmental forces, and stigma and discrimination. Robust preventative services which reduce the risk of, and addressing these factors when they do arise, are therefore a crucial component of keeping families together and preventing child protection risks. When a child's best interest is incompatible with remaining in the care of the immediate family, either in the short- or long-term, the child protection system must be designed to ensure the child is cared for in alternative family-based environments, such as kinship care or foster care. Institutionalization only exposes children to the risk of yet more violence.
- **Humanitarian crises:** Humanitarian crises –including violent conflicts and natural disasters – disrupt families, separating thousands of children from caregivers each year, for periods ranging from hours to years (UNICEF, 2024a). Those children already deprived of family care, and those who lose parents or are separated from their families during conflict are incredibly vulnerable to compounded risks including physical and emotional harm, violence, trafficking (UNICEF UK, 2015). Early intervention significantly improves reunification outcomes (UNICEF, 2024a)) Caregivers also experience severe stress and trauma during crises, negatively affecting their mental health, emotional bonding, and caregiving capacity. In conflict-affected regions, approximately one in five people experience a mental health condition, compounding these challenges.

Family-strengthening must be embedded in ECD and protection programming to address stressors before separation becomes likely. Interventions must include economic support, mental health care, and accessible early childhood services (Moving Minds Alliance, 2022c; Morris et al., 2012; IASC, 2007).

Examples from policy and practice: Programmes that include and support caregivers

Programmes that include and support parents and other caregivers' ability to care for their children are essential for ECD. To effectively support caregivers, it's essential to utilize a holistic approach that addresses both their mental health needs and provides them with the time, resources, skills and tools necessary for responsive caregiving. This could include access to mental health services, training in parenting skills, education on ECD, resources for providing safe and stimulating home learning environments, and community support networks.

In Rwanda, Hope and Homes for Children has developed a model of Active Family Support to prevent family separation and placement of children in institutions, based on a holistic, whole-of-family strengthening measures across five key domains: living conditions, family and social relationships, education, health, and household economy, and includes targeted, individual as well as family-wide support. (<https://hopeandhomes.rw/what-we-do/>).

Inclusive system of childcare can include community and/or family engagement models. For instance, Uganda's culturally-responsive curriculum and Australia's Parent-Child Mother Goose Program. The latter is an example of how incorporating local cultural elements and actively engaging families through shared activities strengthens early learning outcomes, reduces parental stress, and ensures programmes remain relevant and accessible (Terrett, White, and Spreckley, 2012).

ECD policies must also support a family's connection with the labour market – quality, formal employment for parents is important, since formal employment not only increases income and hence expenditures on children and their living conditions, but also gives parents access to social welfare benefits and services, in many cases protecting the family from poverty risks when a baby is born, or as the child grows.

Recent evidence suggests that universal systems of childcare (available to the children of the unemployed or those job seeking or training) that are not conditional on employment or the ability to pay fees, maximize female labour market participation. Even modest investment in universal childcare provisions is estimated to dramatically increase women's access to work: by investing an additional 0.4% of GDP per year in universal preschool and childcare services across G20 countries 67 million more women could enter the workforce over three years (Theirworld, 2024).

Tailored services for young children with disabilities and their families are essential to ensuring the child's full and healthy development and to supporting families to keep their child safely at home. In Moldova, the development of a holistic early intervention approach for young children with disabilities has so far prevented over 13,000 children from being separated from their families. Early Intervention Centres, at the regional level, provide children with disabilities with a range of therapeutic interventions including physiotherapy, speech therapy and play therapy, and provide parenting advice and a community of support to their families. Services like these provide significantly better value for money than institutions: an intervention of this type costs approximately €400 per child per year, compared to a cost between €12,500 and €17,300 per child per year to look after a young child in an institution. Moreover, the outcomes for children are significant: in 2024, 80% of children accessing these services showed cognitive improvements, and 100% of parents reported satisfaction with the services the family was receiving (Lumos, 2025).

Work-life balance policies also support ECD as they are also key for the well-being of employed parents with young children. For example, the right to request flexible working arrangements integrated in the 2019 EU Work-life balance directive, allows parents to better reconcile paid work with their care responsibilities (European Commission, 2019). The private sector also has a key role to play in supporting parents. In addition to offering flexible working conditions, it can support breastfeeding, support parents' return to work after maternity / paternity / parental leave and recognize and harness the skills that parents develop through caring for their children.

7.2 Recommendations for delivering on a right to family life

- Explicitly recognize the harm of institutionalization to children's development and health and educational outcomes and take steps to progressively end the use of institutions for children, while recognizing that successful, holistic early childhood development requires a family environment.
- Commit to the reform of child protection and care systems by transitioning toward family- and community-based care (e.g., foster care, kinship care, or in-country adoption) and progressively eliminating the institutionalization of children. Develop cohesive policies, budgets, and support measures that strengthen the resilience of the most at-risk families and communities, enabling them to care for their children and prevent unnecessary family separation. These reforms must embed disability-inclusive strategies and gender-responsive approaches to family care from the outset (Moving Minds Alliance, 2022d; UNICEF, 2015; Ponguta et al., 2022).
- Increase investment in support to caregivers and their access to essential services, including: social protection; healthcare; training and support to access the labour market; mental health; and childcare services.
- Expand caregiver training through developing and supporting training programmes that equip caregivers with skills in stress management, self-care, and conflict resolution to strengthen their ability to navigate caregiving challenges effectively. Allocate resources to programmes that promote and safeguard the mental health and psychosocial well-being of caregivers, including in crisis situations, recognizing their vital role in fostering nurturing and supportive environments for children. Integrate mental health – in particular maternal health, with other services by facilitating coordination between mental health services and other essential support systems, such as nutrition and education, to create a comprehensive and effective support network for caregivers and children. Early childhood-focused programmes such as *Baytna*, demonstrate effective integrated delivery in humanitarian contexts (Moving Minds Alliance, 2023b).
- Adopt whole-family approaches by promoting interventions that address the mental health needs of caregivers while providing tools for responsive caregiving, ultimately improving overall family well-being. These approaches should be prioritized in ECDiE policy and planning frameworks.
- Explore the role of holistic ECD, developed conjointly with inclusive, child-sensitive social protection systems and measures, as a powerful entry point to strengthen families' resilience and prevent family breakdown and separation.
- Develop and expand holistic, community-based interventions and services which support families to provide loving care for their children, including specialized services for families of children with disabilities, to ensure they can provide appropriate care which supports the children's full development.
- Invest in the training, professional development, and strengthening of the social service workforce to ensure the delivery of adequate early interventions, support families and prevent family breakdown.

8. The Right to protection from violence, abuse, and exploitation

The CRC guarantees that every child has the right to be free from violence, abuse, neglect, and exploitation (CRC Articles 19, 32, 34, and 35). Exposure to violence during early childhood, including indirect violence

such as domestic violence or conflict, can have long-term consequences on brain development, emotional well-being, and overall life outcomes. In humanitarian settings, these consequences are amplified by toxic stress, family separation, and loss of routine caregiving relationships, often during the most sensitive periods of brain development (Moving Minds Alliance, 2023c; Masten & Narayan, 2012; Britto et al., 2017). The resulting toxic stress also increases the likelihood of mental health disorders later in life. Although less researched and documented, evidence shows that violence against women during pregnancy and the perinatal period is associated with poor health outcomes for the child (Feletti et al., 1998; National Scientific Council on the Developing Child, 2020).

Protection from violence is critical to ensuring a safe and nurturing environment where children can thrive. Young children are particularly vulnerable during emergencies, such as armed conflict or natural disasters, which disrupt their development and protective environments.

Governments must implement legal frameworks, community-based interventions, and child protection systems to prevent and respond to violence against young children. ECD programmes must therefore integrate domestic violence prevention to help protect children from harm, including in emergency situations. ECDiE plays a vital role in delivering safe, predictable, and developmentally appropriate spaces for children, which buffer the effects of crisis and trauma (Moving Minds Alliance, 2023c; UNICEF, 2020; Britto et al., 2017).

8.1 Barriers to protecting children from violence, abuse and exploitation

Many children worldwide experience physical, emotional, or sexual violence within their homes, schools, institutions, or communities (UNICEF, 2021b). Young children lack the verbal tools to express their distress, making them particularly vulnerable to unrecognized trauma and unmet psychosocial needs in crises (Moving Minds Alliance 2023c; Save the Children, n.d.). In some contexts, harmful social norms can normalize violence, including corporal punishment of children and violence against women.

Millions of young children are forced into hazardous labour, depriving them of their basic rights and severely hindering their development (ILO, 2020; ILO 2025). Additionally, children – particularly those in crisis-affected regions – face increased risks of human trafficking, child marriage, and sexual exploitation. Children with disabilities, unaccompanied and separated minors, and those from marginalized groups are at heightened risk of violence and exploitation during displacement, especially in overcrowded shelters and informal settlements (Moving Minds Alliance, 2022d; UNHCR, 2017; Ponguta et al., 2022).

Weak child protection systems further complicate these challenges, as many countries lack adequate enforcement mechanisms to effectively prevent and respond to child abuse (Save the Children, 2022c) and domestic violence. There is an urgent need for stronger safeguarding policies and accountability structures, especially during emergencies, to protect vulnerable children (Moving Minds Alliance 2023c; The Alliance for Child Protection in Humanitarian Action, 2020).

Institutionalization of children, including young children, worldwide continues to harm children: Institutionalization is a form of violence against children, and children within institutions face a heightened risk of exposure to violence of all kinds.

In conflict zones specifically, children face a heightened risk of direct physical violence and profound psychological trauma (UN SRSG CAAC, 2022). When left unaddressed, these exposures disrupt all aspects of development – cognitive, emotional, and social – and increase the risk of cycles of violence and exclusion into adulthood (Moving Minds Alliance, 2023c; Masten & Narayan, 2012; Britto et al., 2017).

8.2 Recommendations to better protect children from violence, abuse and exploitation

- Implement and enforce child protection laws to prohibit all forms of violence, including corporal punishment, domestic violence and trafficking (CRC General Comment No. 13, UNICEF, 2021b). Include emergency-specific provisions for the protection of displaced, unaccompanied and separated young children.
- Expand social services for at-risk children, including the establishment of child protection systems and emergency response services to support children affected by violence, abuse, or exploitation. Ensure these services are accessible in informal settlements, refugee camps, and mobile populations.
- Mainstream tailored and responsive child protection services for children affected by crises, including safe spaces and rehabilitation programmes for children affected by armed conflict, trafficking, and exploitation. Programmes providing child-friendly spaces must integrate early learning and mental health components to meet the children's holistic developmental needs (Moving Minds Alliance, 2023c; UNICEF, 2020; Baron et al., 2021).
- Invest in community-based child protection mechanisms by training caregivers, teachers, and community members to identify and report cases of child abuse and neglect and domestic violence. Localized systems are particularly effective in crisis-affected areas where formal structures may be overwhelmed or inactive.
- Ensure access to mental health and psychosocial support through trauma-informed care and counselling services for both children and parents affected by violence, particularly in humanitarian settings. Interventions such as Reach Up and Learn and *Semillas de Apego* demonstrate scalable models for delivering MHPSS in fragile contexts (Moving Minds Alliance, 2023b; IRC, 2022; Fundación Universidad de Los Andes, 2022).
- Prevent violence in nursery schools and homes through the promotion of non-violent discipline strategies, child-friendly school environments, and parenting programmes that include positive discipline and awareness raising on the impact of violence on child development. Caregiver training in stress management and responsive caregiving is especially important in post-conflict or displacement settings (Moving Minds Alliance, 2023b; Miller et al., 2020; Fundación Universidad de Los Andes, 2022).
- Develop case management systems to respond to various forms of violence against children effectively. Ensure these are inclusive of disability and gender considerations, and function both in developmental and emergency phases.
- Provide the governance and monitoring infrastructure to enable integrated coordinated efforts among multiple stakeholders, including governments, local authorities, the child protection workforce, and international organizations. Establish minimum preparedness standards for child protection in emergencies across all humanitarian clusters.
- Monitor and regularly evaluate child protection programmes to identify gaps and enhance resilience for future crises. In emergency settings, conduct rapid assessments. Use ECD-sensitive indicators to track child well-being and service effectiveness in humanitarian contexts.

9. Right to inclusive social protection

The CRC guarantees that social protection systems must prioritize the needs of young children and their families to support ECD, particularly in crisis and emergency settings (Article 26). Inclusive social protection helps families navigate economic shocks, empowering parents and other caregivers to provide responsive care, access essential health and nutrition services, and support early learning opportunities. Crisis-responsive social protection also plays a vital role in buffering families from the destabilizing effects of conflict, displacement, and disaster. ECD-focused social transfers can help maintain access to essential services, even in fragile contexts (Moving Minds Alliance, 2022c; UNICEF, 2020; Ruel et al., 2013).

Universal child benefits, paid and sufficiently-long maternity and paternity leave, as well as shared parental leave, social protection floors and subsidized childcare programmes are crucial mechanisms when it comes to supporting ECD. Studies indicate that increased investment in social protection programmes can significantly reduce childhood poverty and enhance developmental outcomes (Richardson et al., 2024, UNICEF, 2024a). Evidence also shows that linking cash transfers to nurturing care – particularly mental health, nutrition, and early learning interventions – amplifies impact for both caregivers and young children (Moving Minds Alliance, 2023b; UNICEF, 2020; Baron et al., 2021).

9.1 Barriers to delivering on the right to social protection

A significant challenge facing early childhood development is the absence of universal child benefits and comprehensive family support programmes. Many countries lack adequate social protection measures, leaving families without essential financial assistance during critical early years (ILO/UNICEF, 2023; OECD, 2022b). Additionally, existing parental leave policies and social assistance schemes are often non-existent, insufficient, or linked to formal employment, thereby limiting parents' ability to adequately care for their children in their earliest and most formative years (ILO, 2024). Crisis-affected families – especially displaced, informal, and migrant households – are often excluded from national social protection systems altogether, further deepening inequities during the early years (Moving Minds Alliance, 2022a; UNICEF et al., 2020; Clark et al., 2020).

Economic disparities between countries further restrict access to early childhood services in low-income countries. For example, children in European countries receive about 28 times more investment in early years support compared to children in African countries, underscoring the substantial inequalities in global social protection systems (Theirworld/Learning for Well-being Institute, 2024)). Specifically, European Union countries invest an average of approximately \$72,000 per child under six years of age, while African Union countries average only around \$690 per child, reflecting deep-seated inequities (Ibid).

Another major barrier is the limited integration between social protection systems and ECD services – often due to the lack of social protection for children, or universal social protection for those of preschool age (ILO, 2024). This division means that families often receive cash transfers without linkages to caregiving support, early learning, or psychosocial services, and thus miss out on a vital opportunity to promote nurturing care (Moving Minds Alliance, 2022c; Ruel et al., 2013; Maalouf-Manasseh et al., 2016). Without integrated approaches that provide the income needed to cover transaction costs of service take-up, many families – especially those in vulnerable or marginalised groups – struggle to access the comprehensive support needed for children's early learning, health, and overall well-being.

Examples from policy and practice: Universal child benefits

Universal child benefits are the simplest way to achieving every child's right to social protection. They are considered a 'foundational policy' for children (ILO, UNICEF and Learning for Well-Being Institute, 2024). Coverage matters when the aim is to achieve the best effects, and recent evidence for countries that implement universal child benefit designs – ensuring all children are covered from birth – shows significantly lower poverty rates, and better learning and female labour market participation outcomes than for countries that do not (Theirworld 2024).

Indeed, estimates suggest that increasing spending on universal child benefits by 0.6% of GDP per year across G20 countries could lift 16.7 million children out of poverty within two years. Higher benefit rates expedite the poverty reduction: in Brazil alone, a 1.2% GDP investment in UCBs could lift 8.5 million children out of poverty in just two years (Ibid).

South Korea's transformation of its early years' system demonstrates how countries can successfully shift from targeted to universal support. The data show that Korea now invests 28.9% of its child policy portfolio in the early years – placing it among the leading G20 nations – through a systematic approach to universal coverage (Ibid). The change was achieved through three key steps: first, establishing universal childcare coverage in 2013, then introducing universal child benefits in 2018, and finally integrating previously fragmented services under unified ministerial oversight. This integration has connected early childhood education, healthcare and social welfare into a cohesive system (Kang and Huh, 2024).

9.2 Recommendations for delivering on the right to social protection

- Implement universal maternity protection and child benefits and comprehensive cash transfer programmes to support all families, ensuring financial security and reducing childhood poverty. Crisis-responsive cash programmes should be adapted to reach displaced and informal families, including those with young children under five years of age.
- Establish integrated family support packages that combine financial assistance (child benefits), time resources (paid parental leave), and essential services supporting early child development (e.g., high quality childcare/nursery and pre-primary school education; maternal and child healthcare; breastfeeding support; home visiting; parental counselling; maternal mental health services; and early learning) to avoid fragmented approaches and coverage gaps. ECDiE frameworks such as the Nurturing Care Framework should inform how benefits and services are bundled for maximum developmental impact (Moving Minds Alliance, 2022c; WHO, UNICEF & World Bank, 2018; Solon et al., 2020b).
- Expand paid maternal, paternity and parental leave policies to support parents in providing nurturing care during the critical, early years. Ensure access to informal workers, single parents, and refugee caregivers, who are often excluded from formal labour protection.
- Establish unified policy frameworks that align early childhood development, social protection, and economic participation, ensuring clear accountability mechanisms and sustained funding. These frameworks must account for gender inequality, disability inclusion, and crisis resilience to truly reach the most marginalized (Moving Minds Alliance, 2022d; Staab, 2015; Ponguta et al., 2022).

- Commit dedicated GDP investments to universal social protection and ECD systems, ensuring these investments remain protected across economic cycles. This includes ringfencing funds for emergency-responsive ECD services and early recovery efforts targeting the youngest children.
- Strengthen national budgets to sustain long-term funding commitments for ECD services, prioritizing the most vulnerable families - in particular single-parent households. Donors and national governments should co-finance scalable models that integrate nutrition, play-based learning, and psycho-social support within social protection delivery (Moving Minds Alliance, 2023b).

10. The Right to health, nutrition and an adequate standard of living

Every child has the right to the highest attainable standard of health, adequate nutrition, clean water, sanitation, and an adequate standard of living (CRC Articles 24 and 27). The CRPD (Article 7) also underscores the rights of children with disabilities to equal opportunities in early development. The first 1,000 days of life, including during pregnancy, are particularly critical for brain development, immune system strength, and lifelong well-being.⁴ Without proper nutrition, healthcare, and social protection mechanisms, children are at heightened risk of developmental delays, chronic illnesses, and lower educational attainment. Children in crisis situations face heightened risks, making ECDiE a crucial intervention to uphold their rights. Moving Minds Alliance emphasizes that ECDiE must deliver integrated care – including nutrition, health, responsive caregiving, and psychosocial support – to protect and promote early development during crises (Moving Minds Alliance, 2023c).

10.1 Barriers to delivering on the health, nutrition and an adequate standard of living for young children

Malnutrition, including that of future parents (WHO et al., 2020), and limited healthcare access continue to pose serious threats to young children, particularly in low-income and crisis-affected regions. Conditions such as stunting, wasting, and micronutrient deficiencies remain widespread, resulting in long-term cognitive impairments and health issues. Many children lack essential health services, including child and maternal prenatal and postnatal care, immunizations, and regular growth monitoring, especially in low-resource and emergency contexts (UNICEF, 2021a). In displacement settings, where services are interrupted or inaccessible, this gap is especially dangerous for infants and pregnant women. Inadequate care during the first 1,000 days has lifelong consequences (Moving Minds Alliance, 2022c; World Food Programme, 2020; WHO, UNICEF & World Bank, 2018).

Breastfeeding is a critical factor in giving a child the healthiest start in life. It supports healthy growth and protects against life-threatening and chronic illnesses, stimulates brain development, fosters attachment between mother and infant, and protects women's health. Breastmilk acts as a baby's first vaccine and breastfeeding leads to lower health care and nutrition costs, and ultimately healthier families and a smarter workforce. Yet, globally, less than 40% of children under the age of 6 months are fed only breastmilk. Barriers include lack of information, inadequate support, non-existent or short maternity leave, as well as a lack of social acceptance. Worse, aggressive marketing by milk substitute milk producers

⁴ https://thousanddays.org/resources/?_topics=1000-day-window

lead many mothers – in particular in developing countries – to think that it is best for their child, when it can have the opposite effect if bottles are prepared with unclean water.

Additionally, maternal mental health and caregiver well-being significantly influence child outcomes. It is estimated that globally nearly 1 in 5 women will develop mental health problems during pregnancy or within the first year postpartum, the most prevalent peripartum mental health problems being depression and anxiety. Peripartum illness not only adversely affects the mother and her overall health, but it also disrupts the mother-baby dyad and family relationships, which in turn affects the baby's health and early development. The neglect, stress or even violence that can result from a mother's mental health problems can produce physiological disruptions or biological memories that undermine a child's physical, cognitive and emotional development and their potential for productive participation in society later in life. Unfortunately, not only mental health services are often insufficient, but the stigma and the lack of knowledge surrounding peripartum mental illnesses are significant barriers to accessing healthcare. Many cases of postpartum mood disorders therefore go undetected and are therefore untreated.

This translates into a high financial cost on society as a whole. A 2014 study by the London School of Economics showed that the economic costs to society of peripartum mental illness in the UK is about £8.1 billion for each one-year cohort of births, of which 72% relates to the child and 28% to the mother (PSSRU LSE, 2014). The LSE report also suggests that the cost to the public sector of peripartum mental health problems is 5 times the cost of improving services (Ibid).

Issues like postpartum depression and caregiver stress negatively impact children's health and development, increasing the risks of stunting and poor overall well-being, particularly in humanitarian settings (Asare et al., 2022). Research commissioned by Moving Minds Alliance highlights that caregiver stress reduces child feeding, immunization, and stimulation – key pillars of early survival and development. Yet scalable psychosocial interventions can cost as little as \$10 per participant per year and deliver lasting gains (Moving Minds Alliance, 2023b). Unfortunately, early childhood mental health support remains limited, with many countries failing to integrate emotional and behavioural care into early childhood programmes. Psychosocial services are also frequently underfunded in emergency contexts, leaving critical emotional needs unaddressed among children and their primary caregivers who are mostly the mothers (WHO, 2021, Save the Children, 2022a). Failing to address mental health in emergencies undermines recovery and development efforts for both children and caregivers (Moving Minds Alliance, 2023b).

The widespread problem of fragmented policies and insufficient funding for ECD programmes further complicates these issues. Many governments do not allocate adequate resources to early childhood services, reducing their effectiveness and limiting their impact (UNICEF, 2021a; Richardson et al., 2023). Additionally, programmes often lack integrated approaches, failing to link early childhood development with nutritional support, which further diminishes potential outcomes for children (Ibid). The lack of cross-sectoral planning and financing – particularly in humanitarian responses – results in children falling through the cracks of isolated systems (Moving Minds Alliance, 2022a).

Children with disabilities require high-quality health care and support from their earliest days. Systems are frequently inadequately set up to identify young children with disabilities: a lack of identification in early childhood in turn affects the health provision which these children receive. High-quality healthcare in early childhood for children with disabilities is essential: children with disabilities may face additional barriers to hitting cognitive, socio-emotional and development milestones, and the provision of tailored, holistic support is paramount to respecting their right to the highest attainable standard of health.

Children living in crisis situations and facing displacement experience compounded vulnerabilities to their living conditions. Conflicts, natural disasters, and displacement events disrupt essential nutrition, healthcare, and caregiving practices, heightening children's risks and worsening existing inequalities (UNHCR & Save the Children, 2018). Prolonged exposure to these adverse conditions without stable, protective caregiving environments can lead to toxic stress. Such stress severely impacts children's developmental trajectories, affecting learning, behaviour, and both physical and mental health in the long term (Harvard Center on the Developing Child, 2020).

Lastly, the critical role of early relationships and nurturing interactions has often been overlooked, particularly within humanitarian responses. Recognizing and supporting foundational caregiver-child relationships is essential for fostering resilience and promoting healthy child development, and parent and child mental health (see for example Wang and Lo, 2020). Interventions supporting these relationships – such as caregiver coaching, home visits, and group-based psychosocial support – can be rapidly scaled up in fragile settings and should be core to ECDiE policy (Moving Minds Alliance, 2023b; [Miller et al., 2020; IRC, 2022; Fundación Universidad de Los Andes, 2022]).

Examples from policy and practice: Integrating health and social services

The combination of health care and social supports is critical to achieving every child's right to health and nutrition in the early years. For instance, across multiple countries worldwide, interventions involving nutritional supplementation or multisectoral approaches to healthcare policies (e.g., conditional cash transfers) were especially effective in reducing stunting and mortality in children under ten years of age. In at least four countries, significant impacts on both survival and growth outcomes were found, reinforcing the importance of integrated approaches that link health, nutrition, and social protection systems for the survival and development of all children (Aguilera et al., 2019).

More specifically, in rural Tanzania, a programme that provided community health worker home visits every 4 to 6 weeks to pregnant women and mothers with children under the age of one – alongside conditional cash transfers – increased uptake of antenatal and child health clinic services (along with improved children's cognitive, language, and motor development). This demonstrates how integrated health and parenting supports together with financial assistance can yield developmental and health benefits during the critical first year of life (Sudfeld et al., 2021). In Niger, an unconditional cash transfers with behaviour change communication aimed at improving child health and nutrition did not significantly improve anthropometric indicators, such as stunting, but did lead to more diverse diets and a shift in household food distribution towards younger children (Premand and Barry, 2022).

10.2 Recommendations for delivering on the health, nutrition and an adequate standard of living for young children

- Guarantee the right to health and nutrition by implementing universal access to maternal and child healthcare, including essential nutrition programmes. Strengthen food security policies with a focus on maternal and young children's dietary needs. Ensure that nutrition programmes are integrated with nurturing care and mental health support.
- Ensure cross-sectoral coordination through strengthening collaboration among health, education, social protection and employment sectors to integrate ECD services effectively. Foster

partnerships with NGOs and humanitarian agencies to maximise impact. Humanitarian clusters must coordinate to provide bundled care – combining IYCF, vaccination, and psychosocial interventions within community hubs.

- Commit to sustainable funding by increasing budget allocations for maternal and early childhood health and nutrition programmes. Prioritize funding for crisis-affected and disadvantaged communities, including children with disabilities. Include ECD in humanitarian funding appeals and national recovery strategies.
- Promote and support breastfeeding by raising awareness on its multiple benefits on early childhood development and its costs effectiveness, supporting mothers through counselling at health facilities, home and work, providing adequate paid maternity leave, and implementing, monitoring and enforcing the International Code of Marketing of Breast-milk Substitutes.
- Ensure sustainable funding and appropriate policies are available for achieving the principle of non-discrimination wherever necessary, for all children, including children with disabilities, with reference to necessary conventions and their principles, such as those in the CRPD (Article 7). Disability-inclusive planning must be mainstreamed across all ECD health and nutrition policies.
- Integrate early childhood care in emergencies by ensuring ECD services, including Infant and Young Child Feeding (IYCF), remain operational during crises. Establish child-friendly spaces offering nutrition, healthcare, and psychosocial support. Mobile outreach teams and safe spaces should include play, nutrition, MHPSS, and parenting support, tailored to young children's needs.
- Ensure conditions that allow all caregivers and children to develop early relationships and nurturing interactions, including through universal and adequate parental leave policies and childcare services, parenting interventions, stimulating home environments, and supports to encourage both employers and employees to best manage work-family balance.
- Enhance mental health and psychosocial support to caregivers, particularly in high-risk settings, including the expansion of maternal mental health services covering the whole perinatal period, including postpartum depression screening and counselling. Embed MHPSS into community health worker training and early recovery systems.
- Promote community-led support and approaches that engage families and communities, including fathers and extended caregivers, in child nutrition and development initiatives. Support culturally relevant, community-driven strategies to sustain ECD interventions. Engaging men and extended kin in caregiving has shown to improve child well-being and reduce household stress, particularly in fragile contexts (Moving Minds Alliance, 2022d; Galvin et al., 2022; Hein et al., 2020).
- Ensure that national climate-sensitive policies, systems, and action plans address the direct and indirect impacts of climate change on the youngest children and their caregivers. In particular, develop climate-resilient health systems that support maternal, newborn, and child health (MNCH) outcomes and embed all five components of nurturing care into basic benefit packages and primary healthcare.

11. Right to early learning

All children have the right to learn. The right to development and right to education for all children are protected under the CRC (Articles 6, 28, and 29) and CRPD (Article 24), without discrimination. In

September 2025, governments will discuss a Proposed Optional Protocol to the Convention on the Rights of the Child that seeks to recognize the right to early childhood care and education and ensure that the right to free public pre-primary education is explicitly recognized in international human rights law.

The World Conference on Early Childhood Care and Education,⁵ organized by UNESCO in November 2022 in Tashkent, Uzbekistan, reaffirmed the right of every young child to inclusive quality and equitable Early Childhood Care and Education (ECCE). In the Tashkent declaration, Member States committed to:

- ensuring quality, inclusive ECCE services for all children by allocating at least 10% of education expenditures to pre-primary education
- adopting a whole-of-government, multi-sectorial and integrated approach to ECCE policy
- strengthening the education and training systems of ECCE personnel
- transforming ECCE practices, by putting innovation at the heart of the practices and by relying on neuroscience discoveries.

Robust evidence shows that participation in pre-primary education sets strong foundations for future learning and life chances, as it promotes cognitive and emotional development. Early learning experiences are crucial for positive educational outcomes, including timely primary school entry, reduced dropout rates, and improved overall well-being. Yet half of the world's young children, at least 175 million, are not enrolled in pre-primary programmes (UNICEF, 2019a). In emergencies and crisis settings, quality early learning also promotes psychosocial healing, builds resilience, and offers safe and stimulating environments that help children recover from adversity (Moving Minds Alliance, 2022c; UNICEF, 2020; Morris et al., 2012).

Early stimulation, which includes talking, singing, reading, and playing, is also part of early learning. Early stimulation implies an ongoing, attentive, and responsive interaction between the caregiver and the child (which is often referred to as the 'serve and return' concept), which is conducive to early bonding (ELP, 2018). When adults respond appropriately to a baby's gestures, babbling, or cries, neural connections are strengthened, thereby contributing to communication and social skills. Conversely, when adults do not respond to the baby's gestures or cries, or when their responses are inappropriate or unreliable, brain development may be disrupted, impairing mental, physical, and emotional health. A nurturing environment where parents and other caregivers are in capacity to provide such responsive caregiving is critical to ECD and must be promoted and supported (Ibid).

A lack of access to early learning opportunities during this time can lead to long-term developmental deficits. Governments must prioritize investment in ECE, ensuring universal, unconditional, and equitable early learning opportunities, as reinforced by Sustainable Development Goal (SDG) 4.2, which calls for universal access to pre-primary education.

11.1 Barriers to delivering on the right to early learning

Conflict, displacement, and poverty severely intensify educational inequalities, placing over 250 million young children at risk of developmental delays (Lu et al., 2016). The instability caused by crises significantly reduces children's ability to cope with stress. Over time, this accumulated stress can become 'toxic', altering both brain chemistry and physical health, with potentially lifelong consequences (Harvard Center on the Developing Child, 2020). In the absence of early learning, toxic stress is compounded, and children's developmental recovery is severely hindered (Moving Minds Alliance, 2022b; National Scientific Council on the Developing Child, 2020). Despite clear evidence highlighting the benefits of Early Childhood

⁵ <https://www.unesco.org/en/early-childhood-education/2022-world-conference>.

Care and Education (ECCE) in mitigating trauma, fostering resilience, and enhancing long-term stability, ECCE often remains overlooked in humanitarian response efforts (Moving Minds Alliance, 2022a; UNESCO, 2018; UNICEF et al., 2020). Integrating ECCE into emergency response plans, as outlined by the CRC General Comment No. 7 and the Inter-Agency Network for Education in Emergencies (INEE) Minimum Standards, is critical, yet is often neglected.

Additionally, access to quality early childhood education remains limited globally, especially in low-income and conflict-affected regions. While early childhood interventions are highly cost-effective in reducing poverty and inequality, investments in equitable, inclusive, and quality early learning programmes are still insufficient (Theirworld, 2024; Richardson et al., 2023). In 2019, approximately 175 million children worldwide lacked access to any form of pre-primary education (UNICEF, 2019a). In conflict-affected areas, on average, one in three children miss out on essential early education experiences (Zubari and Rose, 2017). This disparity is even more pronounced in low-income countries, where only one in three children attends preschool, compared to over 80% in high-income countries (UNICEF, 2019a). These inequities reflect a failure of national and humanitarian systems to recognize early learning as a life-saving and developmentally-essential intervention (Moving Minds Alliance, 2022c; UNICEF, 2020; UNICEF, 2019b).

Children with disabilities are often excluded from early education services, and where the provision does exist, it is too often segregated. Separating young children with disabilities from their non-disabled peers from this early age compounds and embeds a culture of discrimination. Socializing with diverse peers from early childhood is an important component of psychosocial development which should not be overlooked.

In some countries, the government provides no public pre-primary education. As a result, families seeking early childhood education must rely on private providers that often charge prohibitive fees. When access to pre-primary is tied to income, it deepens education inequalities and creates significant long-term barriers and exclusion for children from low-income families. A lack of government-funded pre-primary also exacerbates unequal access for rural children, as private providers tend to concentrate in urban areas where families are more able to afford their fees. (Initiative for Social and Economic Rights and Human Rights Watch, 2024)

Another critical reason for limited access is inadequate teacher training and resources. Early childhood educators in low-income settings often lack proper professional training, with only about half adequately prepared, severely affecting the quality of children's learning experiences (UNESCO, 2019).

Furthermore, psychosocial trauma and toxic stress directly impair children's brain development, reducing their learning potential and overall development. ECD programmes that include play, caregiver support, and structured stimulation can reverse or mitigate these effects – but are rarely prioritized in humanitarian budgets (Moving Minds Alliance, 2023b; UNICEF, 2020a; Britto et al., 2017). Effective ECD programmes during emergencies can play a crucial role in mitigating these adverse effects, yet their implementation remains limited (World Bank, 2018).

Educational inequality, particularly affecting disadvantaged groups and girls, is rising, with crisis-affected regions experiencing especially stark disparities (INEE, 2021). Girls face additional obstacles, including cultural biases and increased household responsibilities, significantly limiting their access to pre-primary education. Girls in crisis-affected countries are notably less likely to attend preschool than their counterparts in non-crisis settings (Ibid.). Children with disabilities are also frequently overlooked in crisis-affected countries when it comes to the provision of early childhood education, with damage to infrastructure often requiring creative solutions to supporting young children with disabilities to receive education during a crisis situation.

Fragmented humanitarian responses exacerbate these issues. Lack of cross-sector coordination frequently leads to insufficient funding and support for early learning programmes, particularly in

emergency contexts (Murphy et al., 2018). Moving Minds Alliance emphasizes that a failure to deliver inclusive early learning in emergencies undermines global equity and resilience goals and erodes progress on SDG 4.2 (Moving Minds Alliance, 2022a; UNESCO, 2018; UNICEF Programme Division, 2017). The widespread failure to prioritize early learning in humanitarian responses threatens global commitments such as Sustainable Development Goal 4, exacerbating existing inequalities and perpetuating cycles of disadvantage and poverty among vulnerable children.

International law does not explicitly address early childhood care and education. The first global report on early childhood care and education, published jointly by UNICEF and UNESCO in 2024, recommends that “A new, legally binding international framework establishing the right to ECCE is needed to articulate states’ obligations pertaining to the legal right to ECCE, promoting greater state accountability and monitoring and ensuring minimum resource allocation for ECCE. Establishing a legal right to ECCE could also ensure that ECCE services and programmes are of good quality by establishing minimum quality standards for ECCE infrastructure and personnel.” (UNESCO and UNICEF, 2024: 19). The previous Special Rapporteur on the Right to Education also recommended that “All States and stakeholders work to define and enshrine a right to ECCE, from birth until primary school, in a legally-binding human rights instrument.” (UNGA, 2022, A/77/324).

Examples from policy and practice: Inclusive early learning in crisis and early learning in the home

The *Ahlan Simsim* programme, implemented in Lebanon for Syrian refugee children aged between 5 and 6 years of age, delivered short-term, remote early learning with a strong emphasis on inclusion. The programme used multimedia content, distributed learning kits, and guided parenting sessions to promote social, emotional, and school readiness skills. Significant positive effects were reported in children's motor and social-emotional development, with additional gains in literacy and numeracy among children whose caregivers also received parenting support (Global Ties for Children, 2023). The programme was designed to be low-cost, scalable, and disability-inclusive, showing that even remote models can effectively and inclusively support early learning in crisis contexts.

The home learning environment is also key to early learning opportunities for children, and multiple policies and programmes play a role in supporting families provide such conditions, without which many children would be left behind.

Resources are important. For instance, in Nicaragua, a short-term conditional cash transfer (*Atención a Crisis*) programme improved children's cognitive, motor, and language development by enabling families to spend more on nutritious food, healthcare, and early learning materials, with sustained effects two years after the programme ended (Macours, Schady & Vakis, 2012). In the United States, a programme that provided online educational games to 4- to 7-year-olds, was shown to significantly boost foundational learning on several fronts (Schmitt et al., 2018).

Resources are not everything, though: parenting practices, time and safe spaces are also needed. For instance, in Rwanda and Ghana, programmes focusing on book reading and parental involvement were linked to better literacy, numeracy, and socio-emotional outcomes, particularly when harmful caregiving practices were reduced as part of the parenting response (Friedlander, 2019; Lim et al., 2023). In Pakistan, the *Responsive Stimulation* programme, which directly supported parent-child interactions, improved children's verbal and executive functioning through enhanced home interactions (Obradović et al., 2016).

11.2 Recommendations for delivering on the right to early learning

- Raise awareness of the importance of early learning through daily interactions and play and support families and communities in providing nurturing environments where parents and other caregivers in capacity to provide responsive caregiving and multiple early learning experiences to very young children.
- Increase public expenditures in early childhood, in a portfolio of policies that prioritize funding to scale up inclusive, high-quality early childhood care and education (ECCE) programmes, and policies to support families provide optimal home learning environments (social protection, housing, and parenting policies). Allocate earmarked humanitarian and development financing to support early learning in emergencies, including pre-primary education and home-based learning for children aged between 0 and 3 years, in line with SDG 4.2 and INEE minimum standards (Moving Minds Alliance, 2022c; WHO, UNICEF & World Bank, 2018).

- Guarantee universal access to early learning by providing free, inclusive, and quality ECCE for all children, in line with Sustainable Development Goal 4.2 (Zubairi & Rose, 2017). Remove eligibility restrictions based on displacement, nationality, or documentation.
- Integrate early learning into humanitarian response plans and prioritize early learning interventions in educational strategies for displaced and conflict-affected children (INEE, 2021). Embed ECCE in multisector emergency response frameworks, including nutrition, child protection, and shelter services.

Eliminate gender disparities in ECCE by developing and enforcing policies that remove financial, cultural, and structural barriers to girls' participation in early education, ensuring gender equity from the earliest learning stages (INEE, 2021). Prioritize flexible delivery models that address harmful social norms, caregiving burdens on girls and promote gender-equitable participation.

- Expand early learning opportunities by increasing access to structured early learning experiences for children aged between 0 and 2 years and provide high-quality pre-primary for children aged between 3 and 6, particularly in emergency contexts.
- Use mobile learning units, radio, digital tools, and play kits to reach young children in crisis-affected areas.
- Strengthen teacher training programmes through investing in specialized training for early childhood educators to create high-quality, inclusive, and responsive learning environments (UNESCO, 2019). Include trauma-informed care, inclusive pedagogy, and community-based teaching models.
- Enhance multi-sectoral collaboration by promoting collaboration between education, health, nutrition, and child protection services, ensuring comprehensive and coordinated support for child development (Murphy et al., 2018). Appoint early learning focal points within humanitarian coordination structures.
- Expand psychosocial support in ECCE programmes through integrating trauma-informed practices and child-friendly spaces into early education programmes to mitigate the negative impacts of toxic stress and displacement (World Bank, 2018). Train educators to recognize and respond to signs of trauma, and offer caregivers linked mental health resources.
- Support the Intergovernmental Working Group created by the UN Human Rights Council with the mandate of “exploring the possibility of, elaborating, and submitting to the Human Rights Council a draft optional protocol to the Convention on the Rights of the Child with the aim to: (a) Explicitly recognize that the right to education includes early childhood care and education; (b) Explicitly state that, with a view to achieving the right to education, governments shall: (i) Make public pre-primary education available free to all, beginning with at least one year; [and] (ii) Make public secondary education available free to all.” (HRC Res 56/5, 2024).

12. What does this mean for an ECD UNGA resolution?

Early Childhood Development (ECD) is recognized under international human rights law as a fundamental entitlement of every child, underpinning their right to survive, develop, and thrive regardless of socioeconomic status, gender, or crisis context. Anchored in the Convention on the Rights of the Child, this right obliges governments to enact policies and programmes that protect, support, and empower young children – especially those from vulnerable and marginalised backgrounds. This includes children

in humanitarian and emergency contexts, whose rights are most often at risk of violation and whose developmental foundations are under acute threat (Moving Minds Alliance, 2022a; UNICEF et al., 2020; Masten & Narayan, 2012).

Indeed, investment in ECD must begin where the needs are greatest: with the youngest children, who face the highest barriers to survival, development, and protection. This includes children displaced by conflict, living with disabilities, coming from marginalized ethnic communities, and/or growing up without parental care. These children are not only the least likely to access essential ECD services, but the most likely to experience irreversible harm without urgent action. A universal and equitable ECD system must place these children at its centre – not its margins.

At a time when hundreds of millions of children are currently denied these basic rights – at immeasurable personal costs to them and their families and significant social costs to the societies in which they live – the United Nations General Assembly must reaffirm and accelerate the bodies’ commitment to ensuring every child’s right to a good start in life. This is especially urgent in light of evidence of underinvestment in the early years widening inequality, weakening human capital, and undermining sustainable peace and development (Moving Minds Alliance, 2023b).

This translates into a resolution for every country to fulfil its international obligations to deliver on sustained, universally available and comprehensive systems of ECD policies that:

- are inclusive
- are integrated across sectors
- guarantee the quality and continuity of services – especially for children affected by conflict, poverty, or displacement.

Only then, will delivering on all children’s rights, indivisibly and without discrimination, be possible.

From the evidence presented in this paper, common challenges by rights and by sector, lead to three strategic action areas: financing, policy integration, and quality implementation.

- First, **financing**. Public investment on ECD policies must increase and be sustained, with additional funding earmarked for children with disabilities, children who are disadvantaged or living in crisis situations. This includes predictable, crisis-responsive financing for ECDiE, which remains drastically underfunded despite its proven impact (Moving Minds Alliance, 2023c; The Alliance for Child Protection in Humanitarian Action. (2020).
- Second, **policy integration**. Comprehensive, cross-sector policy frameworks are essential – linking civil registration with child protection, social protection, health, nutrition, education, and family care services, as well as employment policies for parents. An emphasis on intersectoral coordination is needed, overseen by an accountable coordinating body at a governance level, and supported by effective case management at the delivery level, so no child falls between gaps in policies and services.
- Finally, **quality implementation**. Reforms must build workforce capacity, expand community-anchored service delivery, and actively involve families in nurturing care, in particular mothers. This includes training frontline workers in trauma-informed, gender-responsive, and inclusive early childhood approaches, as well as scaling family support programmes in emergency-affected regions (Moving Minds Alliance, 2023c; Britto et al., 2017; Staab, 2015).

These actions, taken together, represent the clearest path to upholding all children’s rights and fostering development of each child’s full potential from the earliest years onwards. An UNGA resolution affirming

these obligations would reinforce the indivisibility of child rights, recognize the transformative power of investing in the early years, and align global leadership with the needs of the world's youngest and most at-risk children.

ENDORSING ORGANISATIONS

We express our deepest gratitude to our partners who have continued to help us advance children's rights and give a voice to children to effect change around the world.

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Matter



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