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*Migration, displacement and education:
Building bridges, not walls*

EARLY CHILDHOOD DEVELOPMENT AND EARLY LEARNING FOR CHILDREN IN CRISIS AND CONFLICT

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“For education to fulfill its role as a catalyst for equity, it must begin with early childhood interventions that help mitigate the disadvantages faced by children born into poor and non-literate environments. Investment in quality early childhood care and education produces a double benefit: it is both fair and efficient.”

- UNICEF 2016. *State of the World’s Children Report*, p. 42

“All wars, whether just or unjust, disastrous or victorious, are waged against the child.”

-Eglantyne Jebb

Abstract¹

There is an urgent need for a comprehensive response, including early learning and family support programs, to the rapidly growing population of young children worldwide living in crisis and conflict. Substantial evidence from neuroscience to economics indicates that the early years of a child’s life lay the foundation for long-term health, learning and behavior. The first months and years are not only a critical period in an individual child’s lifelong capacity for learning, but weak learning foundations of children can compromise the long-term development of nations.ⁱ Yet a review of Refugee and Humanitarian Response Plans conducted for this paper revealed that only 9 percent of plans included the essential elements of early learning. Relative to health and nutrition programming, early education and parenting interventions were more likely to be omitted from the Response Plans.

The rationale for focusing new attention on the educational needs of young children living in fragile conditions is strong: there is a broad body of scientific evidence; the international legal framework of the United Nations Convention of the Rights of the Child asserts that all children have the right to health, education, legal registration, and protection from violence and separation from parents, beginning at birth; and the Sustainable Development Goals for all will be not reached without a focus on the earliest years of life in crisis and conflict situations.ⁱⁱ

This background paper presents the case for increased attention and investment in early childhood in conflict and crisis contexts, with focused attention on early learning and family support.ⁱⁱⁱ The scale of the problem, current science and evidence, current global standards and principles, and case studies are all discussed and priority recommendations are offered.

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1. INTRODUCTION: THE URGENT NEED FOR INVESTMENT IN THE EARLY YEARS FOR CHILDREN LIVING IN CRISIS AND CONFLICT

A. The scale of the crisis

In the last 20 years the number of forcibly displaced people has nearly doubled — from 33.9 million in 1997 to 65.6 million in 2016. Much of this escalation in people on the move has resulted from the conflict in Syria as well as conflicts, unrest and human rights violations in sub-Saharan Africa.^{iv} In the short term, prospects for peace and a return home do not appear possible for millions of people.

Between 2011 and 2016 the global refugee population increased 65 percent.^v Most of these refugees are in ‘protracted refugee situations.’² The length of time of these protracted refugee situations is also increasing — lasting an estimated 26 years on average.^{vi} For babies and young children who have been forced to flee their home countries because of persecution, war or violence, or for those born into refugee situations, this is a lifetime. Children are 51 percent of the refugee population,^{vii} and more than 16 million babies were born in conflict zones in 2015 alone — 1 in 8 of all births worldwide.^{viii}

These babies and young children are the most vulnerable people in the world. In conflict and crisis contexts, children under five have the highest illness and death rates of any age group — twenty times higher than standard levels.^{ix} If the very youngest children survive, prolonged deprivation and elevated stress levels put them at extremely high risk of inadequate cognitive, social and emotional development, with important consequences for their ability to learn and benefit from future educational opportunities. Unless the basic needs and rights of the youngest affected by crisis, conflict and forced displacement are addressed, the central ambition of the 2030 Agenda for Sustainable Development to ‘leave no one behind’ will not be realized.^x

B. Early childhood development — life-saving and essential in crisis response

In situations of conflict and crisis, including natural disasters, risks to young children are compounded. Stress on the child is exacerbated through repeated exposure to violence, loss or separation from caregivers,^{xi} and the damage and deterioration of support systems including government health and welfare services, schools and communities.^{xii,xiii}

The detrimental effects of conflict and crisis are exceptionally acute in the first years of a child’s life, when the brain undergoes its most rapid period of development and is extremely sensitive to environmental influence.^{xiv,xv} During this foundational stage of human development, severe and prolonged stress or deprivation can affect brain architecture and epigenetic structures that regulate gene expression and influence the physiological response to stress and disease. Prolonged adversity, chronic neglect, caregiver mental illness, exposure to violence, and/or the accumulated burdens of poverty — without adequate adult

² 25,000 or more refugees of the same nationality in exile in a particular country for five consecutive years is classed as a ‘protracted refugee situation.’

caregiver support to mitigate it — can lead to ‘toxic stress’ and have lifelong implications for physical and psychosocial health.^{xvi,xvii,xviii}

Experiences of severe, prolonged stress and psychosocial deprivation affect not only the individual child — the effects can extend to subsequent generations and to the broader community through biological, behavioral and socioeconomic processes, leading to the intergenerational transmission of adversity, disadvantage and violence, and the reinforcement of inequities. This threatens the future peace, social cohesion and stability of societies.^{xix,xx}

C. Specific threats to children in crisis and the ECD response

While children in all resource poor settings can face immense obstacles to achieving their development potential, young children in crisis contexts are especially vulnerable to specific physical, developmental, mental and emotional threats. Early childhood development interventions in emergency contexts and for families on the move enable a focus on these specific threats by supporting caregivers and enabling them to provide what children need most immediately, as well as building physical and emotional resilience in caregivers and children to cope with continuing threats. Early childhood development interventions also enable adults to rebuild family life and children to benefit from future opportunities such as continued schooling. Some of the largest specific threats to children in these contexts and examples of targeted ECD responses include:

Threats to Children Under Five	Early Childhood Development Response
Physical and psychological harm — separation from primary caregivers, injury and exposure to violence, abuse, neglect, sexual violence, trafficking, child labor	Preventative measures and policies that promote family cohesion and unification throughout the migration process, and laws, policies and educational programs targeting the elimination of child abuse, neglect, separation from parents, sexual violence, trafficking and child labor, safe places for children to play and learn — childcare, preschools, or health centers with spaces for mothers and children — can help protect children from harm.
Malnutrition — sub-optimal breastfeeding and lack of access to nutritious food can lead to malnutrition and stunting — impacting children’s chances for healthy body and brain development	Provision of nutrition programming; nutritious meals as part of or connected to other interventions; breastfeeding support; programs that focus on the food security of families.

<p>Inadequate health care — illnesses, injuries, deficiencies or special health needs of children</p>	<p>Clean water, adequate sanitation, access to medical advice, preventative, and acute care. Health care services that engage caregivers and support them to engage in responsive care. Follow-up to assessed special health care needs.</p>
<p>Immediate and long-term threats to learning, health and wellbeing — impaired ability to recover from physical and psychological harm due to prolonged exposure to stress, violence, neglect, trauma, deprivation, and instability</p>	<p>Caregiver support to ensure a stable, nurturing relationship with parent or other caregivers and family; cognitive stimulation, learning through play, opportunities to express and process emotions; preschool programs for all children</p>
<p>Caregiver depression, anxiety, PTSD and other mental burdens that go untreated can affect ability to provide nurturing, responsive and stimulating parenting.</p>	<p>Mental health, psychosocial and emotional support for caregivers to enable them to responsibly care for their child, teach them through play, and support the development of neural networks is essential to learning and development. Parenting support groups, social network building, stress reduction tools and strategies, including art and music, and home visits — especially for parents of younger children — can provide respite for caregivers and an additional nurturing adult. Quality daycare and preschool for all children as well as income support programs give parents greater capacity to ensure healthy development.</p>
<p>Normalization of violence/aggression; experiences of discrimination</p>	<p>Focused curriculum for crisis settings that includes problem-solving skills, healthy ways to process emotions, conflict resolution, and sharing can mitigate violent behavior and the acceptance of violent behavior. Home visits, especially for smaller children. Attention to social cohesion and intergroup relations between migrant, refugee or displaced populations and host communities in programming.</p>

D. Early learning and caregiver support

Learning begins at birth. While early learning often refers to preschool-related education for children 3 to 6 years old, in this paper early learning also covers the ages 0 to 3, including structured settings as well as learning that takes place outside of a dedicated learning environment. Examples including learning through play at a center or child-friendly space, in the community, or in the home, even before children reach preschool age.

Young children are particularly dependent on parental and caregiver support as a source of resilience that enables them to withstand and recover from significant challenges and adverse experiences.^{xxi,xxii,xxiii} Responsive care — including the ability to be sensitive to children’s movements, sounds and gestures, as well as interpret and respond to them — can protect and buffer children from the negative effects of conflict and crisis and support their health and development.^{xxiv}

Responsive care is particularly critical during the prenatal period through the third year of life, when the child is primarily dependent on adult caregivers and parents, not just for protection and survival, but also to help them emotionally cope and build foundational capacities for self-regulation, learning, language and exploration. These healthy social interactions — responsive communication, cuddling, smiles, eye contact — stimulate connections in the brains, create trust between caregivers and form a foundation of protective interaction that protects children against injury and illness, enriches learning and supports a child to learn to build healthy social relationships.^{xxv}

Caregivers living through conflict and crisis face tremendous obstacles to healthy parenting and responsive care. Traumatic experiences, a sense of hopelessness, insecurity and depression can prevent caregivers from attending to and positively engaging with their children.^{xxvi,xxvii} Thus, caregiver support is perhaps the most critical piece of ECD response in crisis contexts. The belief — often misplaced even in less challenging contexts — that parents on their own will be able to provide everything a young child needs to survive and thrive is an even larger blind spot in crisis contexts.

When caregivers, family members and community systems are unable to provide young children with nurturing and supportive care, children can experience severe stress and psychosocial deprivation, which can have long-term effects on health, learning and behavior.^{xxviii,xxix,xxx} Research exploring the role of age and developmental stage at the time of traumatic exposure suggests that young children are more vulnerable than older children to the risks of separation from caregivers, disruption in routines or violent media reports.^{xxxi} Despite this, support for responsive caregiving and opportunities for early learning are often not integrated into crisis services and require targeted focus and dedicated investment.^{xxxii}

In humanitarian contexts, early childhood development programming is incomplete without attention to early learning and responsive caregiving and must also incorporate attention to mental health and psychosocial support. Given the high levels of exposure to trauma, stress and adversity experienced by much of the refugee and displaced population, relatively high levels of

depression and anxiety have been reported by caregivers and children.^{xxxiii} Yet virtually no evaluations exist of interventions to promote the mental health and well-being of caregivers and their young children in humanitarian contexts.^{xxxiv}

2. EARLY CHILDHOOD DEVELOPMENT IN GLOBAL FRAMEWORKS, STANDARDS, POLICIES AND PRACTICE IN REFUGEE CONTEXTS

A. The Nurturing Care Framework



In 2016 the Lancet series, *Advancing Early Childhood Development: From Science to Scale*, offered new scientific evidence for interventions as well as possibilities for implementation of ECD at scale. The Lancet series emphasized the importance of nurturing care, especially for children ages 0-3.^{xxxv} Following the Lancet series, in May 2018, the World Health Organization, UNICEF and others launched the Nurturing Care Framework.^{xxxvi}

The concept of nurturing care includes health, nutrition, security and safety, responsive caregiving, and early learning. It is a 'crucial entry point for multi-sectoral collaborations to support

families and reach young children living in conflict zones and transitional or refugee contexts, as well as marginalized communities subject to structural violence and inequality.^{xxxvii}

The Nurturing Care Framework will ultimately provide a plan of action that builds on scientific and implementation knowledge, and outlines what families and caregivers need to take a family-centered approach and provide nurturing care for young children. The Framework offers the required strategic actions, targets and milestones for progress, and calls for increased commitment at all levels. It will take additional work to adapt the framework for use in humanitarian contexts.

The Nurturing Care Framework^{xxxviii} also includes operational guidance and key resources to facilitate planning, implementation and monitoring, and will not only be useful in low-resource settings and emergencies, but also for countries hosting refugees.^{xxxix} While the Framework emphasizes the need for a multi-sectoral approach and highlights the critical role of the health sector, it also includes specific recommendations for all sectors — making it clear that ECD programming reinforces the priorities and achievement of the SDGs and underpins success in all sectors, including education.

B. Early childhood development and the Sustainable Development Goals

The 17 interrelated SDGs have implications for young children and families. In particular:

1. Goal 1, target 1.2: By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty
2. Goal 2, target 2.2: By 2030, end hunger and ensure access by all people to safe, nutritious and sufficient food all year round.
3. Goal 3, target 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age
4. Goal 4, target 4.2: By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education.
5. Goal 16, target 16.2: By 2030, end abuse, exploitation, trafficking and all forms of violence against and torture of children.

During crises, poverty, food insecurity and child mortality increase, and as families face trauma or are forced to flee, keeping young children safe and responding even to basic needs becomes more difficult. The SDGs will not be achieved if we do not make significant progress for the youngest children in these contexts.^{xi} For example, it will be difficult to make progress on the two global indicators for Goal 4, target 4.2 — ‘the proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being,’ and ‘the participation rate in organized learning (one year before the official primary entry age)’ — without addressing the needs and rights of all young children in crisis and conflict.^{xii}

Early childhood programs can be both a means and an end — as ECD support can not only provide safe places for children to learn and grow and begin the process of rebuilding with family-centered support and access to early learning, nutrition and healthcare, but it can also create the conditions in which longer-term rebuilding can occur by potentially mitigating the violence that exacerbates generational cycles of poverty. Despite these wide-ranging benefits, there is clear evidence that ECD, particularly in crisis contexts, is overlooked in efforts to achieve the SDGs.

Increasing prioritization as well as measuring progress on early childhood development in the SDGs is critical. UNICEF Multiple Indicator Cluster Surveys (MICS) data^{xliii} already provide important information to track progress on some early childhood indicators, including low birth weight, stunting and access to pre-primary education. In addition, new efforts developed both within UNICEF (refining the Early Childhood Development Index) and through the World Health Organization and other partners to measure whether children are meeting their developmental potential across the early years, will be a valuable addition.

In addition, as part of Countdown to 2030 for Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition,^{xliiii} (and despite gaps in data), country profiles have been developed for more than 90 countries on demographics of young children, prevalence of inequality, threats to early childhood development, support services for early childhood development, and other key areas.

As new measures emerge, it will be critical that deliberate and targeted efforts are made to assure that data is collected specifically around children impacted by war and displacement, in particular: whether displaced or refugee children and others on the move have access to pre-primary learning and education opportunities;

the impact of access (or lack of) on their overall health, nutrition and well-being; factors that increase or decrease their exposure to other forms of violence; and what interventions work to best support a family-centered approach to overall child development and early learning.

C. Early childhood in humanitarian response — current situation analysis

Despite the Sustainable Development Goals clearly targeting ECD and in particular early learning, as well as new efforts to adequately monitor progress towards these goals, Humanitarian Response Plans³ (HRPs),^{xliv,xlv} — which create a shared vision and an articulation of funding needs for humanitarian emergencies — show little evidence of commitment to support early childhood development.

An April 2018 review of 26 active Refugee and Humanitarian Response Plans^{xlvi} using 41 indicators^{xlvii} (see annex I) from the first consultation draft of the Nurturing Care Framework assessed both basic references to ECD, Early Childhood Care and Education (ECCE), pre-primary, and children under 5, as well as inclusion of priority early childhood development interventions and services outlined in the first draft of the Nurturing Care Framework. The analysis revealed significant gaps. Assessed generously, plans included on average only 58 percent of the nutrition elements, 24 percent of the safety and security elements, 22 percent of the health elements, 10 percent of the responsive care elements, and only 9 percent of the early learning elements of nurturing care. Overall, the nutrition sector most consistently included essential elements of quality ECD, and the education sector lagged the farthest behind.

Nearly 50 percent — 12 plans — make no mention of *any* learning or education for under 5s. Only 30 percent — 8 plans — included education for under 5s with specific mention of pre-primary or Early Childhood Care and Education (ECCE),⁴ and only one country HRP — Ukraine — mentioned ECD recreation kits and also had under 5s in their education plan. On responsive caregiving — 11 plans out of 26 made no mention of any component of interventions related to responsive caregiving. Only 9 plans — 34.6 percent — include children under 5 in a strategic objective.

Targets for coverage are generally inadequate, including only fractions of the populations in need (e.g. targets under 150,000 each for early education and responsive caregiving programs for Syrian refugee children, with

³ Humanitarian response plans (HRPs) are a shared vision and an articulation of funding needs for humanitarian emergencies including refugee crises. HRP's include context, strategic objectives and serve as a management tool for response. Although initially intended to address 'acute needs in a three- to six-month timeframe,' due to the protracted nature of many modern conflicts and refugee crises, many plans actually cover at least one year and are continually updated and built upon. For example, The Regional Refugee and Resilience Plan in Response to the Syria Crisis (The 3RP) was first created in 2012, and since 2015 has been a 'rolling two year plan.' The 2017-2018 version allowed for planning longer-term interventions and multi-year funding.

⁴ Ukraine, Nigeria, South Sudan, Mali, Mauritania, Syria (3RP), Syria, Cameroon

children accounting for 2.5 million Syrian refugees).^{xlviii} In some countries that do include early education, efforts have been made to align this response to national strategies, such as curricula and standards for preprimary education (e.g. Lebanon). However, generally there is no mention of critical issues such as quality (Sustainable Development Target 4.2 calls for *quality* early care and education).

The low coverage targets for early learning programs (when coverage is mentioned at all) reflects a dearth of focus and financing more broadly for Education in Emergencies (EiE). Despite evidence-based program models, less than 2 percent of total humanitarian assistance funding in 2016 was allocated to education, of which only a small fraction was dedicated to early development and learning.^{xlix} Within ECD aid financing, only 1 percent goes to pre-primary education, a proportional decline from 3 percent in 2002, as pre-primary education has failed to keep pace with increased financing for health and nutrition.^l

Several factors contribute to the lack of investment in and prioritization of ECD programs that integrate an explicit focus on responsive caregiving and early learning:

- 1) prioritization of survival-focused initiatives rather than programs that promote the long-term health, wellbeing and development of young children;
- 2) short-term funding cycles that restrict opportunities for longer-term programming;
- 3) a lack of readily available programmatic guidance to selecting, adapting, implementing, monitoring and evaluating cost-effective ECD programs in humanitarian settings;^{li}
- 4) a lack of integration and cross-sectoral collaboration focused on quality early childhood development in less complex development settings; and importantly,
- 5) a persistent lack of understanding of the life-saving impacts of early learning opportunities in crisis settings.

Humanitarian Response Plans, Refugee Response Plans and Joint Response Plans should from the outset build a response that includes targeted, comprehensive aspects of nurturing care for children ages 0-5. This is underpinned by the Sustainable Development Goals, yet there is a great deal of work to do to make this an accepted standard and operational priority. (See Annexes II and III for fuller analysis of Response Plans and greater detail on Education and ECD in UN-led humanitarian response.)

D. Principles and standards governing humanitarian, crisis and refugee response

Despite the targeting of early childhood development in the SDGs, the global response to crisis and conflict situations still largely narrowly focused on survival-focused programming, with sparse attention — even as crisis becomes protracted — to comprehensive, multi-sectoral approaches as outlined in the Nurturing Care Framework. One reason may be that this siloed approach reflects the broader humanitarian standards and principles currently guiding implementation and practice.

In 1997, The Sphere Project (or Sphere), founded by humanitarian NGOs and the International Red Cross and Red Crescent Movement, created ‘one of the most widely known and internationally recognized sets of common principles and universal minimum standards in life-saving areas of humanitarian response.’^{lii}

Sphere's Core Standards and minimum standards include overarching approaches to programming as well as what are defined as 'four sets of life-saving activities:' water supply, sanitation and hygiene promotion; food security and nutrition; shelter, settlement and non-food items; and health action.^{liii}

The Sphere standards do include important guidance on infant and young child feeding, the prevention and treatment of disease, the specific requirements of young children and their caregivers pertaining to water supply, sanitation and hygiene, and other relevant interventions. Yet the standards neglect to include guidance on interventions to promote responsive caregiving and early learning, components of the Nurturing Care Framework closely associated with the education sector. This critical omission may contribute to the lack of focus on education and other key aspects of early learning and cognitive development in subsequent Refugee and Humanitarian Response Plans.

The omission of education as a core sector within the Sphere Standards, and the recognition and commitment of humanitarian actors to improve the quality and accountability of educational programs, spurred the development of the Minimum Standards for Education in Emergencies^{liv} in 2003 by the Inter-Agency Network for Education in Emergencies (INEE). The primary focus of the INEE standards is on primary and secondary education, but the 2010 edition of the Minimum Standards includes multiple mentions of early childhood centers, early childhood development and young children (defined as 0-8 years).^{lv} INEE also included ECD as a core Thematic Issue,^{lvi} noting however that 'the references to ECD in the INEE Minimum Standards Handbook form in no way a complete ECD in emergency framework.'^{lvii}

Sphere and INEE together provide some core components of ECD response, but as the 2018 version of the Sphere Handbook is being created to support 'Sphere 2020,' the 2015-2020 strategic plan designed to '...establish an ambitious agenda to continue fulfilling its unique role within the humanitarian sector'^{lviii} neither education, early learning, or responsive care promotion seem to be included.^{lix}

As section I of this paper clearly explains, developmental processes that occur in the first years of life establish the foundation of brain architecture and epigenetic structures; these processes are extremely sensitive to environmental influences, and can be altered by high levels of adversity almost invariably present in conflict and crisis; the effects of adversity threaten immediate and long-term health, academic achievement, and economic well-being and potentially the peace, social cohesion and stability of societies.

Thus, Early Childhood Development interventions clearly include 'those actions that within a short time span remedy, mitigate or avert direct loss of life, physical and psychological harm or threats to a population or major portion thereof and/or protect their dignity' as life-saving and core humanitarian programs as defined by the United Nations Central Emergency Response Fund (CERF).^{lx}

In sum, despite the protracted nature of humanitarian crises, the targeting of early childhood development in the SDGs, and the opportunity presented by the research on Early Childhood Development, particularly in low-resource settings, support for early learning in conflict and crisis contexts is woefully behind.

E. ECD approaches in conflict and crisis

There is strong evidence to support the feasibility and high rates of return for scaling ECD programs in low-resource and high-adversity settings within low- and middle-income countries. Yet with the exception of small-scale programs, humanitarian responses typically omit integrated programming for early childhood development.^{lxi} Although more detailed evidence is needed on the impact of ECD interventions specifically in crisis and conflict^{lxii} — as programming in this area is frequently neglected — several trends in the evaluation science of ECD programs as well as the case studies included in this paper, suggest immediate avenues for programming.

First, as with the recommendations of the 2016 Lancet series, building on existing delivery platforms to support parents and caregivers' capacity to provide nurturing care and responsive stimulation is likely to be successful.^{lxiii, lxiv} This is due to the fact that such interventions have been successful for prenatal to age 3 in a large range of contexts, from middle-income countries to low-income countries, and at varying levels of scale, from small-scale demonstration projects to large efficacy trials to recent national implementation across rural villages of Peru by the government.^{lxv, lxvi} In addition, from the perspective of global ECD programs and policies, it is important to emphasize equally the roles of education, health, and other sectors in contributing to ECD in conflict and crisis. To reach scale, and the most vulnerable populations, investments must occur across NGO, government, and civil society sectors to reach displaced, migrant, unauthorized, and refugee populations.^{lxvii}

Second, early learning programs with an emphasis on the quality of adult-child interactions, playful learning opportunities, and intensive pre- and in-service support of caregiver and teacher workforces are likely to be effective with these populations.^{lxviii} Again evidence across many rigorous evaluations suggests positive impacts on early language, numeracy, cognition and socio-emotional development across a large range of low to middle income country contexts^{lxix} as well as impact on overall school readiness and better achievement in primary school.^{lxx, lxxi} Effects appear especially strong for families within these countries who are vulnerable due to economic and psychosocial risk.^{lxxii} In non-conflict settings, emphasis on implementation factors in ECD programming such as quality of caregiving and interactions; quality of early learning settings; workforce training and support; and aspects of governance and finance have been linked to greater effectiveness.^{lxxiii, lxxiv}

Effective program models from the global evidence base may require some revision for the particular needs of refugee and displaced families and those currently experiencing war and conflict. For example, high-quality early education programs may be provided not only in center-based classrooms, but as the case study for Chad below shows, also in other settings such as childcare within health clinics or protection centers; or community-based settings including homes.

Emphases on socio-emotional development, attachment and the stability of daily routines may be particularly important in holistic curricula. Home visiting programs focused on integrated stimulation,

learning, health and nutrition in the first 1,000 days may need to integrate emphases on mental health and coping for those families experiencing the highest levels of adversity or trauma. And versions of both early learning and nurturing care programs may need to be developed that are shorter-term programs for highly mobile families in uncertain contexts.

3. SELECTED EXAMPLES OF ECD PROGRAMS IN CRISIS AND CONFLICT CONTEXTS

A. Case Study: Little Ripples — Community-based Refugee-led Preschool in Chad

In Chad, more than 8 million people (nearly two-thirds of the population) are acutely or chronically vulnerable to food insecurity, health emergencies and other aspects of poor development and climate change. More than 4.4 million people are in need of emergency humanitarian assistance — including more than 634,000 displaced people — 57% of whom are children. Since 2003, 320,000 Sudanese refugees displaced by violence and genocide — without any immediate prospects for return — have been surviving in Chad.^{lxxxv}

In May 2013, iACT, which works to ‘provide humanitarian action to aid, empower, and extend hope to those affected by mass atrocities,’ began implementing ‘Little Ripples,’ a refugee-led home-based early childhood education program. iACT asked refugee communities in Goz Amer and Djabal, in eastern Chad what they needed most. The answer? Preschool. Besides some care for acute illnesses, there are no other programs for children in the camp. The communities saw education ‘as a way out’ and they wanted to begin as early as possible.^{lxxxvi}

Although the community was clear what they wanted, at the time neither the community nor iACT had the expertise needed. iACT recruited experts in early childhood development and trauma recovery and worked to build the kind of curriculum the community was demanding. The program they created — Little Ripples — not only delivers preschool in home-based settings in the community, but also employs refugee women to manage in-home preschools and improve the social-emotional, cognitive, and physical development of refugee children.^{lxxxvii} Officially, the preschool works with children ages 3-5 years old, but sometimes gets the younger children that come ‘on the hips’ of their older siblings.

To select a home for the preschool, iACT assesses a number of parameters including nearby children who are in the right age group, whether the house is big enough, has some shade, and has an escape route in case of an emergency. These spaces are called ‘Ponds,’ and iACT supports the household to make minor improvements in order to host the school. This includes engaging the community to build a small outdoor area with an awning — creating a dedicated space where classes take place and where children play outside nearby.

iACT reports that not having a dedicated preschool ‘building’ reduces a lot of upfront costs and logistics, and builds on the existing community practice where children are often at their neighbors’ houses. Now, rather than just visiting or being ‘watched’ while parents are away, the community model has been turned into a ‘more structured preschool learning model.’^{lxxxviii}

To recruit women, iACT’s international staff works with key leaders and stakeholders in each refugee camp over several days to identify a group of women for training. The women then complete an initial week of participatory teacher training in the foundations of ECD and in the Little Ripples curriculum and structure. Following the first training, each woman is awarded a certificate, and women from the group are selected as teachers.

Over the course of a year, employed women receive a total of three trainings from iACT and gradually manage all aspects of the program, including future trainings.^{lxxxix} Trainings include play-based learning, positive behavioral management, and many other topics.^{lxxx} Some women are employed as education directors and oversee program monitoring, serve as substitute teachers when needed, and send quarterly reports. Education directors collect weekly attendance, observe each Pond monthly to monitor safety standards, teaching, and educational materials, and conduct structured interviews with families to assess program impact. Education directors also lead weekly Little Ripples staff meetings to discuss the curriculum, challenges and successes.^{lxxx}

As its name implies, the impact of the program has ‘rippled’ out to the community in unexpected ways. The training on human rights and empowerment called ‘LEAD with EMPATHY’ — 30 lessons with homework — was so well received that women have begun teaching it to other women in the community and iACT is now working to develop a youth version of the curriculum.^{lxxxii} iACT is now working to develop a youth version of the curriculum. Additionally, a translator who supported early teacher trainings and was also a primary school teacher, began taking some of the teachings — including learning through play — to his son’s primary school.^{lxxxiii}

In 2017, Little Ripples expanded the refugee-led preschool programming to two camps in Northern Chad — Mile and Kounoungou — and in total have employed 84 refugee women and reached 3,450 children ages 3-5. Little Ripples is expanding rapidly and by the end of 2018 will have reached nearly 6,000 children.

iACT only recruits female teachers for their teaching roles, and in early 2018 as they worked to expand to Mile and Kounoungou, they invited two refugee teachers with them but found out after they arrived and met the teachers that although women were not allowed to travel outside of the camp, the teachers had — using some of what they learned in the program — advocated for themselves, and were able to travel to conduct the training. The preschool program has also given women greater status in the community and enabled them to advocate for themselves in such situations more effectively — creating another ‘little ripple.’^{lxxxiv}

Despite progress and growth, iACT notes that one of its key challenges has been managing community expectations because of high and increased demand for preschool services. Little Ripples is the only ECD

solution providing ECD training for teachers, incorporating play-based and social-emotional learning, and offering a daily nutritious meal. iACT notes that it is a struggle to help the community understand why they cannot take more children more quickly, and must focus on quality and monitoring, but notes that once the refugee employees explain the reason of the quality over quantity model, the community is behind it. Moreover, helping communities understand the importance of monitoring and reporting is a continual learning curve in which iACT continues to refine what and how often they request monitoring information.

To monitor the program, iACT uses a baseline assessment of children including such topics as counting, identifying animal and colors, and asking parents questions about food security and how often their children bite or kick. A unique feature of the Little Ripples curriculum is the mindfulness component, designed to support young refugee children (as well as their teachers) to ‘find refuge’ and peace from the instability of camp life.^{lxxxv,lxxxvi}

The entire refugee-led process is documented, including the identification of key stakeholders, conversations with families, the locations of Ponds, and teacher trainings. In partnership with the University Wisconsin Survey Center and a trained all-refugee assessment team, iACT conducts baseline and follow-up surveys to measure the impact of the social-emotional, cognitive, and physical development of children attending Little Ripples.^{lxxxvii}

Comprehensive data analysis on impact supported by the University of Wisconsin Survey Center will be available in July 2018. In the interim, surveys conducted with 134 Little Ripples students and their caregivers, at baseline and one-year follow-up, show the following promising results:

- The number of students able to name colors increased from 27% to 51%.
- The number of students able to count to five or higher increased from 43% to 73%.
- The number of students able to identify four or more animals from pictures increased from 21% to 63%.
- The number of students able to recite at least the first ten letters of the alphabet with no mistakes increased from 45% to 83%.

iACT is continually working to better address children who are developmentally or physically challenged. At the moment there is no process to refer children who enter the program with developmental delays, as there is nowhere to refer them.

B. Case Study: The Refugee Trauma Initiative — early childhood development for refugees in Greece

Despite efforts to stabilize the response to large numbers of refugees arriving in Greece from Syria (as well as Iraq and Afghanistan), at the end of 2016 providing services to refugees was still incredibly difficult as accommodations for refugees in Greece were frequently opening and closing. The founders of Refugee

Trauma Initiative (RTI) were not only aware of need for more consistent services for families, but also an immense and growing gap in services for the youngest children.^{lxxxviii} In December of 2016, RTI established an Early Childhood Development (ECCD) program in Kalochori refugee camp called Baytna — which means ‘our home’ in Arabic.^{lxxxix}

The central, overarching aim of Baytna is to facilitate a safe environment to support the development of the youngest refugees and strengthen families. As the needs of children at different ages varies greatly, children are divided (with some flexibility) into infant and prenatal support groups for pregnant women and mothers of children up to age one, groups for parents and children aged one to three, and groups for parents and children aged three to five (sometimes six).^{xc}

Pregnant women and mothers with infants meet twice weekly to share experiences, interact with others and learn more about pregnancy and child development. The areas of focus include:

- Helping parents understand children’s development stages;
- Explaining how traumatic experiences can impact their child’s development and behavior;
- Enhancing sympathy and empathy by better understanding their child and his/her needs;
- Helping mothers to understand and be aware of their own needs and challenges;
- Helping pregnant women to understand physical and emotional changes during pregnancy and be aware of healthy approaches to pregnancy; and
- Supporting new mothers with the challenges presented by breastfeeding, emotions, marital relationships, etc.

Children in the Baytna program are taught motor skills, reading and writing, numbers and counting, expression of feelings confidently through creative and sensory play, and healthy coping mechanisms for the future.^{xc} The Baytna approach is family centered and includes work on parent-child emotional connection and attachment, marital relationships, and family empowerment to foster resilience for children caregivers.^{xcii}

Baytna employs people who speak Arabic and represent the communities that the refugees have come from. Zarlisht Halaimzai, one of RTI’s co-founders, is a former refugee who fled the civil war in Afghanistan with her family when she was 11 years old and spent 4 years crossing Europe. Ms. Halaimzai attributes the success of the program not only to the specialized expertise of staff, but also to the experiences and culture they share with Baytna clients. She notes that refugee families can struggle a great deal with issues of guilt, doubt, regret, and waking up to the reality of their situation.^{xciii}

Refugees can face violence and discrimination in their host countries, and many more obstacles to building a new life — including services that do not address their social and emotional needs and cultural dislocation. Many of the questions parents ask of the Arabic speaking Baytna staff are about holding on to a piece of their homes and their selves. *Will their children lose their identity? Will they forget their culture? Will they be okay?* An ECD approach allows Baytna staff to work with the whole family and offers resources to support their

focus on their children's needs, as well as give them a place to tackle difficult and painful issues — for example the difficulty of adapting to or being accepted into a new culture — for the sake of the whole family. Engaging parents and caregivers in this way is a key part of the intervention to expand the capacity of refugee parents to provide care and protection, and to build resilience in their children.

Toddler groups, which meet at least once a week depending on the site, serve as safe spaces for mothers to have quality interactions with the children. The groups are calm and peaceful places with lots of toys and provide a space where women can sing songs with their children, do things like tummy massages and share their experiences with other mothers. There is a high possibility that mothers have been so stressed, they might not have been able to focus on their children in the way they might have otherwise. The toddler groups give mothers a place to have a joyful moment with their child, while also having access to an expert in the room who can speak with them about how children might respond to what they have been through and how they can be supported and maintain their own well-being.^{xciiv}

In one toddler group, when women were asked to share lullabies, one mother began to cry. She realized that with the stresses she had faced during the first 3 months of her baby's life, she had not yet sung him a single lullaby.^{xciv} Baytna not only provides a nurturing environment for children, it gives families a place to take a breath, regroup and refocus the energies that got them to safety on the development of their children and rebuilding their lives.

To study implementation in the first year of Baytna, attendance and retention were measured, semi-structured interviews were conducted, and the progress of regularly attending children was observed showing a 'clear correlation between high attendance and developmental progress for children as well as empowerment of primary caregivers.'^{xcvi}

Participants reported higher levels of wellbeing, including 'improvement in the capacity to self-regulate, relate to others and feel more secure.'^{xcvii} Other findings from structured interviews based on the Center for Disease Control's (CDC) development milestones^{xcviii} (modified) included:

- 95.6% of children engaging more with other children.
- 91.3% of children were calmer and found it easier to express their emotions.
- 82.6% of children were sharing more.
- 65.2% of children had become less aggressive.
- 78% reported that their child had developed or improved numeracy and literacy (incl. vocabulary).
- 86% stated that their child has become more able to focus and concentrate for longer durations.
- 73.9% of the women said they are now more able to notice when their child is trying to get their attention, and that they are more able and willing to communicate and play with their child.
- 65.2% expressed that Baytna gave them a place to process their thoughts, and that their family interacts in a calmer, more relaxed way.

The more children attended sessions at Baytna, the greater their cognitive, social, emotional and physical abilities. Some children, who attended regularly, demonstrated at least 5 or more skills *in addition* to the skills benchmarked for their age group. That means a five-year-old refugee child demonstrated emotional, social and cognitive skills of a child six years old or older,^{xcix} and there was ‘a clear correlation between high attendance and developmental progress.’^c

Since December 2016 Baytna has operated in two camps and three community centers around northern Greece and served 605 children and 200 parents.^{ci} Baytna has been agile and small, taking time to build relationships with refugee communities and to understand their psychosocial and emotional needs. However, the need for ECD services for refugees is immense, and RTI is the only provider of such specialized ECD services in Northern Greece.^{cii}

RTI is working to expand its reach through capacity building of local agencies that work with young children, including grassroots volunteers in Northern Greece. RTI is currently in the process of expanding through a partnership with the Municipality of Thessaloniki to open a refugee day care center, as well as a partnership with the International Step by Step Association and Municipality of Athens to create a specialist ECD training for Greek education professionals.^{ciii} Additionally, resources permitting, Baytna is continuing to figure out ways to bring fathers more into the fold, and create new development opportunities for families that are staying long-term, including potentially offering training to refugees so that they can lead education programs.

C. Case Study: International Rescue Committee Healing Classrooms and support for parents in crisis in Lebanon

For more than 80 years, the International Rescue Committee (IRC) has been working to ‘help people whose lives and livelihoods are shattered by conflict and disaster to survive, recover and gain control of their future.’ Over the last 30 years, the IRC has been a leader on education in emergencies.^{civ} In the 2015-2016 school year, the IRC provided schooling and educational opportunities to more than 1.5 million children, trained more than 33,000 educators, and supported more than 11,000 schools.^{cv}

The IRC’s *Healing Classrooms* approach underpins all of its education programs. *Healing Classrooms* offer children a safe, predictable place to learn and cope with the consequences of conflict by:

- Supporting and training teachers to establish safe, predictable, and nurturing environments,
- Creating and providing teaching and learning materials to build academic and social-emotional skills, and
- Connecting parents and caregivers with schools.^{cvi}

Healing Classrooms began in 2000 and has evolved over nearly two decades based on field-testing and rigorous research. Currently, the IRC provides education to primary school children in 20 countries affected

by conflict and crisis and has in recent years expanded their *Healing Classrooms* programming to serve pre-primary children as well.

The Preschool *Healing Classrooms* teacher training program was first developed and piloted for Congolese children living camps in Burundi and Tanzania. This program was adapted for Lebanon in 2014, due to the large demand for pre-primary education spurred by the influx of Syrian refugees. Syrian children, displaced by the war, many of whom had witnessed or experienced violence, were turning up to primary schools totally unprepared.^{cvi} Parents also expressed their concerns for young children, as informal tented settlements did not offer safe places to play and learn. In response to this need, the IRC adapted its teacher training program and developed comprehensive curricular resources, including daily lesson plans and activity guides. The program is now serving 3,200 preschool children in Lebanon and has trained/employed 128 teachers. In each classroom, there is a Lebanese lead teacher, who is an IRC staff member, paired with a Syrian assistant teacher.

The IRC's Preschool *Healing Classrooms* approach focuses on the psychosocial needs of young children as well as the skills needed to enter school. Through training, tools and specialized structured lesson plans, educators are equipped to establish a classroom environment and use activities that promote critical elements of students' well-being, such as a sense of control, a sense of belonging, and positive social relationships.^{cvi} Children learn basic pre-literacy and numeracy skills, as well social-emotional skills such as ways to manage their feelings, play cooperatively, express their needs, and focus. Consistent, nurturing interactions with adult caregivers not only help children learn these skills, they also provide children with comfort, security and confidence.^{cix}

After the 4-month pilot program in Lebanon, 3-year-olds in IRC's Preschool *Healing Classrooms* program showed improvement when post-pilot assessments for motor function, early literacy, early numeracy, socio-emotional skills, and executive function (neurologically based skills involving mental control and self-regulation) were compared with pre-pilot assessments.

- Motor skills from 14% - 32%
- Early Literacy from 16 % - 32%
- Early numeracy from 15% - 35%
- Socio-emotional from 22% - 41%
- Executive Function from 18% - 35%^{cx,cxi}

These early results were promising and prompted the expansion of Preschool *Healing Classrooms* for the 2016-2017 school year, which was implemented five days a week for 33 weeks. A sample of 200 preschool children (mean age 3.8) were assessed at the start of the program and again at the end of the school year, yielding the following results:

- Motor skills from 31% - 64%
- Early Literacy from 25% - 50%

- Early Numeracy from 26% - 55%
- Socio-emotional from 30% - 54%
- Executive Function from 30% - 54%

A more in-depth impact evaluation will be conducted in 2019 in partnership with New York University, Global TIES, which will incorporate Sesame content in the preschool curriculum. IRC has also leveraged the work of Preschool *Healing Classrooms* to support and encourage parents to provide early learning opportunities at home. Through the Vroom pilot intervention, parents were sent targeted early childhood development messages via text message with simple ECD activities that can be integrated into daily routines. Each message is paired with a “brainy background” giving a basic explanation of the benefit of the activity for early brain development.

Syrian parents whose children are enrolled in the Preschool *Healing Classrooms* were an active part of the process of contextualizing the Vroom pilot program. Through focus groups and interviews, the parents were asked things like how they access information, what their parenting practices were, and who their role models were. Content was tailored to the context, experience and language of those parents.^{cxii}

The IRC also runs *Families Make the Difference* parenting programs for caregivers of young children in Ethiopia, Burundi, Iraq, Jordan, Lebanon, Liberia, Syria and Tanzania.^{cxiii} This program is delivered in 10-13 weekly or biweekly sessions and addresses topics such as early brain development, positive parent-child interaction techniques, stress management strategies and positive discipline practices. One challenge in Lebanon is that these group-based programs were all held at a center and therefore parents would have to leave their homes to attend. There were always parents at the meetings, but not always the same parents. Coming to the center proved an obstacle even for parents who valued the parenting sessions. In response, IRC is also currently piloting a home visiting program in Lebanon based on Reach Up and Learn,^{cxiv} which is built on the extensive evidence base of the Jamaica Home Visit Programme. IRC has translated and adapted this model to the Syria crisis and is currently working to target the 0-3 age range.

The home visiting model was initially piloted in Azraq camp, Jordan. To assess the feasibility and acceptability, the IRC conducted a parent feedback survey with parents after receiving 2 months of weekly home visits. Results include 93% of parents reporting that they praise their children more frequently since receiving the home visits. A rigorous impact evaluation will be conducted beginning in early 2019.

In 2017, building on its work in parenting support and *Healing Classrooms*, the IRC teamed up with Sesame Workshop to develop an evidence-based, early childhood development intervention designed to mitigate the stress, adversity and deprivation experienced by children in the Syrian response region — Jordan, Lebanon, Iraq, and Syria. The project will improve children’s learning outcomes today and their intellectual and social-emotional development over the long term.^{cxv} The project —funded by a USD \$100 million grant from The John D. and Catherine T. MacArthur Foundation — will be the largest early childhood development initiative in the history of humanitarian response.

This landmark investment builds upon the early financing provided by the Bernard van Leer and Open Society Foundations and will reach 9.4 million children over five years with engaging, multimedia content designed to reflect the realities of young children throughout the region.

The program will also reach 1.5 million of the most vulnerable children through direct services aligned with the IRC's current work in the region, as well as the recommendations of the 2016 Lancet Series on early childhood development. This model includes support for caregivers delivered through home visiting, group sessions and mobile devices to help them provide the nurturing care and stimulation to mitigate the impacts of stress, violence and displacement in the first three years of the child's life; and the establishment of early learning centers within formal and informal settings to provide high-quality, play-based learning for children ages 3 to 6.

Together with their research partner, New York University's Global TIES for Children, this program will develop, test and refine new models for early childhood development opportunities that can be adapted and replicated for crisis settings throughout the world.

4. CONCLUSIONS AND RECOMMENDATIONS

‘The single most powerful context for nurturing care is the immediate home and care settings of young children, not only provided by mothers but also fathers and other family members,’ and community caregivers.^{cxvi} In times of crisis, in resource poor settings, in war, in situations of violence, and for children on the move, the nurturing environment needed to survive, grow and thrive can be elusive or non-existent.

As such, the rationale for a comprehensive package of ECD for all children everywhere is unambiguous. All sectors, all actors, all humanitarian leaders must play a role to meet the holistic needs of young children in crisis and conflict. In particular, the education sector and education leaders must increase advocacy, policy and funding specifically targeted at early learning and responsive care urgently. The education sector in particular has a critical role to play in ending the neglect of early learning and responsive caregiving interventions and must take ownership of children's learning needs in these settings, from birth to pre-primary and beyond. The right to education — like all rights — begins at birth. The education SDGs cannot be achieved without increased commitment by the education sector to early learning in all settings.

The cost of inaction is steep. Not only will the Sustainable Development Goals not be achieved without significant progress on ECD in crisis contexts,^{cxvii} in some countries the potential future losses to GDP from lack of investment in the early years could exceed current spending by these countries on health care.^{cxviii} Further, evidence demonstrates that adaptation of ECD programs such as high-quality early care and education and parenting support programs have the potential not only to support and protect vulnerable children and their families, but also to ‘reduce violence in order to achieve more peaceful families, communities, and societies.’^{cxix}

The most urgent need for children age 0 to 6 in crisis settings ‘is the political will to recognize the need for young children to receive nurturing care and to implement the science at scale.’^{cxx} The Nurturing Care

Framework includes 5 Strategic Actions and dozens of recommendations that are crosscutting as well as sector specific.^{cxvi} Below are some priority recommendations to embed early childhood development and in particular, early learning and responsive caregiving, in conflict and crisis response.

What is necessary for all children everywhere to ensure they reach their full potential is not only still needed in crisis — it is even more urgently needed in these settings, where children are likely to face greater obstacles to their healthy emotional, psychological and physiological development.

PRIORITY RECOMMENDATIONS

- 1) Give priority to establishing family-centered early childhood programs for all young children affected by conflict and disaster appropriate to each context through initiatives that prevent family separation, promote family cohesion and unification throughout the migration process, and promote rapid reunification. This should include both immediate programming during initial response and long-term programs for those in prolonged displacement. When necessary after separations, nurturing family-based foster care as well as policies and educational programs should target the elimination of child abuse, neglect, sexual violence, trafficking and child labor.
- 2) Increase funding for and explicit and targeted inclusion of early childhood development in humanitarian, fragile and conflict settings through the Global Partnership for Education, Education Cannot Wait, the World Bank and UNICEF, as well as bilateral assistance.
- 3) Assure that a comprehensive and coordinated assessment of the needs of refugee and displaced pregnant women and young children are conducted that integrates information across child protection, education, health and mental health, and nutrition and links referrals across sectors to available services, with follow-up.
- 4) Include from the outset a response that includes targeted, comprehensive, family-centered, quality ECD in Humanitarian Response Plans, Refugee Response Plans and Mixed or Joint Response Plans.
- 5) Assure that relevant standards and adequate resources are available to assure comprehensive *quality* early childhood programming, including attention to health, care and education, responsive caregiving, safety and security, as well as parent well-being and mental health support.
- 6) Build ECD-focused services into existing services, such as schools, health centers, community groups, and food distribution, and integrate young children and families into community services wherever possible and with access to services and benefits that comply with not only basic needs, but also human rights.
- 7) Encourage all early childhood programs to establish policies and practices that respect and support the cultures and languages of the families. Where possible employ teachers and other staff from the same population as the children and families and work towards community-led or refugee-led programming.

- 8) Provide ongoing mental health support to parents of young children, including counseling, crises management, psychosocial support, and social protection supports such as income transfer programs. Further, prioritize valuations of interventions to promote the mental health and well-being of caregivers and their young children in humanitarian contexts.
- 9) Increase access to specialized training for early childhood educators, health workers, and emergency practitioners in other sectors working with this age group in conflict situations.
- 10) Disaggregate data to include specific references to pregnant women, children under five, and children with disabilities facing prolonged conflict and displacement with data on access to and take-up of ECD services.
- 11) Promote ongoing research to better inform early childhood practices affecting refugee children and families and normalize the collection of data on both child development and quality of implemented services in conflict and crisis settings.
- 12) Adapt the Nurturing Care Framework to crisis and conflict settings through the creation of context-specific recommendations.
- 13) Include regular monitoring of the above recommendations in the annual Global Education Monitoring Report.

ANNEX I: DOMAINS AND ESSENTIAL ELEMENTS OF NURTURING CARE^{CXXII}

Nurturing care is promoted by services, information and interventions that assist parents and other caregivers to provide attentive, loving and responsive care. Nurturing care ensures that their young child grows well, is healthy, protected from danger and is an active confident learner about other people and their world. Examples of services, information and interventions that promote nurturing care are summarized below:

Essential elements of nurturing care

Health

Family planning

Prevention and cessation of smoking, alcohol and substance use

Antenatal care

Childbirth care

Prevention of mother to child transmission of HIV

Essential newborn care with extra care for small and sick babies

Postnatal care contact

Kangaroo mother care for low birth weight babies

Maternal immunization

Childhood immunization Care for children living with developmental difficulties and disabilities

Support for parental mental health

Early detection of illness or disabling conditions (e.g., sight, hearing)

Timely, appropriate care-seeking for sick children

Integrated management of child illness

Nutrition

Maternal nutrition

Early initiation and exclusive breastfeeding

Complementary feeding and transition to the family healthy diet

Micronutrients as needed

Deworming

Growth monitoring and intervention when indicated

Management of all forms of malnutrition

Safety and security

Safe water

Sanitation

Prevention of child abuse and neglect

Prevention and reduction of indoor and outdoor pollution

Environments healthy, green, free of toxins

Prevention of intimate partner and family violence

Prevention of harsh punishment of children

Safe play spaces in urban and rural areas

Responsive care

Skin-to-skin contact immediately after birth

Affectionate and secure adult caregiving in a family environment

Guidance for children in daily activities and relationships with others

Daily feeding and sleep routines

Involvement of fathers, extended family and other partners

Social support by families, community groups and faith communities

Early learning

Responding to children's communication through vocalizations, facial expressions and gestures

Language stimulation through talking and singing

Encouragement to explore objects with guidance from caregivers

Caregiver-child play and reading and story-telling groups

Mobile toy and book libraries

Quality day care and pre-primary education

ANNEX II: ANALYSIS OF 26 REFUGEE AND HUMANITARIAN RESPONSE PLANS

Summary of Observations of Nurturing Care/ECD in Response Plans⁵

- **STRATEGIC OBJECTIVE:** Only 9 HRPs included children under 5 in a strategic objective out of 26 (34.6%)
- **ACTIVITIES:** Plans included only 25% of the total interventions/activities required for nurturing care on average.
 - When removing health and nutrition specific interventions, plans only included 15% of the remaining recommended interventions, suggesting that more focus on the non-health/non-nutrition interventions will be key.
 - Within the health and nutrition spheres, country plans included on average 33% of the recommended interventions.
 - Every plan aside from 1 (Colombia) included at least 1 intervention or activity for pregnant mothers/children under 5 (25/26).
- **EXPLICIT INDICATORS OR TARGETS:** Interventions with an associated indicator or target related to the U5 population indicate prioritization and measurement.
 - All but 3 plans have explicit targets or indicators related to PLW/U5, but most are concentrated within child mortality, health, and nutrition indicators, which does not reflect the full landscape for child development.
 - If we remove Health and Nutrition targets or indicators, this drops the number of plans that have an indicator outside of health or nutrition for the under-five population to only 11; all 11 are related to education (42%).

Further:

- Only 12 plans include education related targets for the U5 population (46%), and none contained targets specific to the under-five population in protection & WASH sectors.
- Within the broader definition of early child development, plans only mentioned (let alone measured) 25% of all recommended interventions. On average plans mentioned an average of 10 of the 42 interventions recommended.
 - Outside of health and nutrition specific interventions, only an average of 15% of the remaining indicators in sectors of safety/security, responsive care, and early learning were included within response plans.
 - Within early learning, 12 plans include education specific targets, and an additional 3 mention education for U5s though they do not include a target.
 - 11 plans failed to mention 1 type of “responsive care”; 6 plans failed to mention even 1 type of “safety and security” intervention for U5.

Under the umbrella of nurturing care, which features 5 components with a total of 41 indicators, very few countries accounted for the multidimensional needs of children under the age of 5.

- Only 8 response plans include reference to early child development or education (~30%)
- Average representation of 5 nurturing care components in response plans:
 - 58% for nutrition
 - 24% for safety and security
 - 22% for health

⁵ Full data included as attached excel spreadsheet

- 10% for responsive care
- 9% for early learning

Most vulnerable - Pregnant women and children under 3

- Under 3 year old's – if mentioned explicitly are almost only mentioned via nutrition interventions for the first 1000 days.

Health and Nutrition

- **LOW PERFORMERS**
 - 15% (4 plans) had *no* health indicators for under the framework which covers maternal, neonatal, and child health components.
 - Colombia
 - Ukraine
 - Burkina Faso
 - Senegal
 - 3 plans had 0 nutrition indicators (women nor children)
 - Colombia
 - Iraq
 - Libya
- **HIGH PERFORMERS**
 - Bangladesh and Niger had nutrition plans that included all 7 nurturing care indicators
 - Mauritania and Bangladesh included the most health indicators out of 15. No plans included all health indicators for U5 (though this is likely due to the specificity of kangaroo care, for example).
- **Nutrition**
 - 10 plans had less than 50% of the needed indicators
 - 21 of 26 plans had a majority of the nutrition indicators, signaling the existing alignment of U5 within the nutrition community, though work is to be done.

Responsive Care

- Responsive care, which includes affectionate and secure adult caregiving in a family environment, and guidance for children in daily activities and relationships with others (See Annex I for complete list) had the lowest representation in HRP's.
 - Most plans included aspects of social support through protection plans, though 11 did not include any responsive care (including social support).
- **Only Syria's plan** included 2 components of responsive care – 'social support' and 'involvement of fathers, extended family and other partners' through a parenting program with a focused indicator.

Safety and Security

- Though implied in most plans that safety, dignity, and protection plans include U5s, very few mention actions specifically targeted at pregnant women or children under 5.
- 6 response plans did not include any of the 8 safety and security indicators, and 15 included 2 or fewer indicators.
- **Safe Play**
 - 9 plans did not mention specific safe play / safe spaces
 - 4 mention safe play areas but don't specify any application for U5 (or it's implied that it's through formal education)

- Only 6 plans include specific reference to safe play for U5 children
 - Libya
 - Ukraine
 - Afghanistan
 - Myanmar
 - Bangladesh
 - Nigeria
- Birth Certificate
- 62% of plans include reference to documentation for children either directly or indirectly
 - Specific reference to birth certificates for children - 9/26 (35%)
 - General prioritization of civil documentation - 7/26 (27%)
- 38% have no mention of civil documentation nor birth certificates

Education – Under the nutrition care framework, there are 6 indicators of a supportive learning environment, one of which is pre-primary education.

- Pre-primary Education
 - None - 46%
 - 12 have no mention of any education for under 5 year old's
 - 3 & 4s in formal early childhood education bracket - 23%
 - 6 have under 5's in education plans generally (not particularly targeted or mention ECD/pre-primary - most are just included as the age range like 3-18)
 - Plans with specific ECD reference - 30%
 - 8 include education for under 5s with specific mention of pre-primary or Early Childhood Care and Education (ECCE)
 - Ukraine
 - Nigeria
 - South Sudan
 - Mali
 - Mauritania
 - Syria (3RP)
 - Syria
 - Cameroon
 - If we include plans that cover 3-5 year olds generally (benefit of the doubt argument)
 - Still only 53% (14 plans out of 26) include under-fives in an education plan.
 - For the 21 response plans that included an education sector plan (out of 26)
 - 7 of the 21 do not include U5 in their education plans
 - Somalia
 - Palestine
 - Libya
 - Yemen
 - Haiti
 - Djibouti
 - Myanmar
 - Ukraine was the only country to mention ECD recreation kits and have under-fives in an education plan (2 out of 6 early learning indicators)

ANNEX III: EDUCATION AND ECD IN UN-LED HUMANITARIAN RESPONSE

UN-led response strategies can generally be categorized into three different types:

- (a) **humanitarian responses** where affected populations do not primarily include refugees, or those forced to flee their country due to war, persecution or natural disaster. These often include large populations of internally displaced persons (IDPs). The coordination of non-refugee responses is led by the United Nations Coordination of Humanitarian Affairs (UNOCHA) with accountability for coordination and delivery resting with the Humanitarian Coordinator;
- (b) **refugee responses** where affected populations are primarily refugees. The coordination of refugee responses is led by the United Nations High Commissioner for Refugees (UNHCR), with accountability for coordination and delivery resting with the UNHCR Representative;
- (c) **mixed or joint responses** where a Humanitarian Coordinator has been appointed and refugees may be found within the same or distinct geographic areas as IDPs and other affected populations. These are jointly led by UNOCHA and UNHCR, each with distinct accountabilities, roles and responsibilities.

Each type of response strategy includes the formation of sector-specific coordinating bodies (called **clusters** in OCHA-led humanitarian responses and **sectors** in UNHCR-led refugee responses). Clusters, which may co-exist with other national or international coordinating bodies are led by the Inter-Agency Standing Committee (IASC), established by the UN General Assembly to improve the effectiveness of humanitarian action. At the global level, the Education Cluster is jointly led by UNICEF and Save the Children.

Similarly, UNHCR Sectors can include multiple stakeholders (host government, UN agencies, international NGOs, national NGOs and other civil society actors) and serve as the coordinating body for all sector-related activities. For both the Cluster Approach and the Sector System, the Sphere and INEE Minimum Standards serve as foundational tools to guide assessments, program design, training, and monitoring and evaluation.

In September 2016, all 193 Member States of the United Nations adopted the New York Declaration, which sets out elements of a comprehensive refugee response framework (CRRF) and outlines a new partnership framework between donors, international organizations, and host nations to help meet the needs of refugees and host communities. CRRF is also designed to improve reception and admission procedures; support for immediate and ongoing needs; provide assistance to national or local institutions and communities receiving refugees; support investment in strategies that promote resilience; and to identify opportunities for durable solutions. As of April 2018, UNHCR has released two drafts of the Global Compact for Refugees (GCR), which is meant to operationalize the Comprehensive Refugee Response Framework (CRRF). The second draft of the GCR (Draft 1) includes one mention of Early Childhood Development in the section related to educational access.

ⁱ Save the Children. (January 2017). *Windows into early learning and development. Cross Country IDELA findings fueling progress on ECD access, quality and equity*. Available: <https://idela-network.org/wp-content/uploads/2017/05/IDELA-REPORT-FINAL-4WEB-Cross-Country.pdf>. [Accessed: April 26, 2018]

ⁱⁱ United Nations (1989). *Convention on the Rights of the Child*. New York: Author.

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