

# Childcare in Humanitarian Crises

PROGRAMMING MODELS FOR ACUTE ONSET EMERGENCIES



HUMANITARIAN  
COLLABORATIVE  
AT THE UNIVERSITY OF VIRGINIA

unicef  | for every child

# Acknowledgements



This brief was written by Benjamin Dooley and Lucy Bassett (University of Virginia) with valuable input from Joan Lombardi (Georgetown University), Chemba Raghavan, Erinna Dia, Nada Elattar, Ana Nieto, Saskia Blume, Ivelina Borisova, Jessica Katharine Brown, Maya Elliot, Shreyasi Jha, Asma Maladwala, Maribel Ullmann, Erica Wong-Ciriaci (UNICEF) Emanuela Pozzan, Firehiwot Tadese (ILO), Frances Mary Beaton-Day (The World Bank), Florencia Lopez-Boo (Inter-American Development Bank).

UNICEF and UVA would like to dedicate this brief and pay special tribute to the co-founders of iACT, Gabriel Stauring and Katie-Jay Scott, who passed away in November 2021. UNICEF, and UVA along will all those who have known and worked with Gabriel and Katie-Jay honor and commemorate their legacy in improving the lives of refugee communities around the world and supporting Early Childhood Development through their Little Ripples programme. UNICEF and UVA are committed to fostering the legacy that they have developed for the international community.

Cover photos (left to right, top to bottom):  
© UNICEF/UN0309055/Kokic; © UNICEF/UNI338366/Alzekri; © UNICEF/UNI334521/Souleiman; © UNICEF/UN0439618/Dejongh; © UNICEF/UN0479230/Pouget; © UNICEF/UNI319135/Romenzi

© UNICEF/UNI310451/ROMENZI



# Contents

Acknowledgements.....	2	<b>Considerations.....</b>	<b>32</b>
Glossary and Acronyms.....	4	Level and type of emergency.....	32
<b>Executive Summary.....</b>	<b>6</b>	Income level of the country or countries impacted....	33
<b>Introduction.....</b>	<b>10</b>	Existing childcare services/infrastructure.....	33
<b>Background.....</b>	<b>13</b>	Existing aid infrastructure.....	33
What is childcare?.....	13	Crisis and disaster preparedness.....	33
Who benefits from childcare?.....	14	Further research.....	33
What makes good childcare?.....	15	<b>Implementation.....</b>	<b>34</b>
The humanitarian emergency context.....	16	Seek and incorporate partner feedback.....	34
<b>Review of Existing Programming Models.....</b>	<b>17</b>	Develop in-depth implementation manuals for each model.....	35
ECD programming in non-humanitarian contexts.....	17	Establish monitoring indicators and frameworks for each model.....	35
Childcare and other ECD programming in protracted emergencies.....	20	Build partnerships with regional and field offices and national governments.....	36
Child protection in acute onset emergencies.....	22	Integrate these models into humanitarian response planning.....	36
Key takeaways from existing programming models....	24	<b>Conclusion.....</b>	<b>37</b>
<b>Childcare Models for Acute Onset Emergencies.....</b>	<b>25</b>	<b>Endnotes.....</b>	<b>39</b>
Key programming elements for acute emergency settings.....	25		
Childcare Models for Acute Emergency Contexts.....	28		

# Glossary and Acronyms

All definitions are as used throughout this brief and do not necessarily represent the official definition of the United Nations Children’s Fund (UNICEF) or any other organization.

**Caregiver:** A person, regardless of biological relation or gender, who provides daily care, protection and supervision of a child. This does not necessarily imply legal responsibility. Where possible, the child should have continuity in who provides their day-to-day care. A customary caregiver is someone that the community has accepted, either by tradition or common practice, to provide the daily care, protection and supervision of a child.

**Primary caregiver:** The person or persons who hold primary responsibility for the daily care, protection and supervision of a child. Typically, the primary caregiver is one or both of the child’s parents, though not always. In this brief, ‘primary caregiver’ and ‘parent’ are often used interchangeably.

**Early childhood or childcare provider:** A person, distinct from a child’s primary caregiver, who provides regular care, protection and supervision of a child. Typically, this care is provided in a home or through a childcare centre or preschool.

**Childcare:** Any service or programme that accomplishes the two simultaneous objectives of

(1) caring for children while their parents or primary caregivers are at work or doing something other than caring for their child, and (2) providing opportunities for children to play, learn, grow and develop through interactions and relationships with peers and caregivers. Childcare programmes can target children of any age from birth to formal school entry.

**Children with disabilities:** Children with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.

**Early childhood development (ECD):** Early childhood refers to the period of life from zero to age of school entry (from conception to birth, from birth to three years, with emphasis on the first 1,000 days, and preschool or pre-primary years (age of school entry). Development is defined as an outcome, reflecting the continuous process of acquiring skills and abilities during this age period across the domains of cognition, language, motor and social and emotional development. This development is a result of the interaction between the environment and the child.

**Early childhood development in emergencies:** Programming that seeks to support early childhood development in children facing humanitarian crises and to mitigate the effects of trauma and stress on early childhood development.

**Humanitarian emergency:** A situation that threatens the lives and well-being of large numbers of a population and requires extraordinary action to ensure their survival, care and protection. Humanitarian emergencies can be caused by a wide range of events or factors. This includes man-made factors such as conflict, political unrest, ethnic persecution or violent extremism; natural disasters such as hurricanes and typhoons, tsunamis, or earthquakes; or events that are both natural and man-made such as climate crises or famines. Often multiple events or factors play into a single emergency.

**Protracted emergency:** Major humanitarian situations in which a large proportion of a population in a country is vulnerable to death, disease or disruption of their livelihood over a significant period of time.

**Acute onset emergency:** Humanitarian crisis for which there is little or no warning.



© UNICEF/UN0452607/DEJONGH

**Displacement:** Displacement refers to the situation when, due to an emergency of any type, people are forced to flee their homes for a significant period of time. Displacement can occur internally (resulting in Internally Displaced Persons, or IDPs) or across national borders.

**Refugee:** As defined under the Geneva Convention<sup>1</sup> this is someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion.

**Internally displaced person:** Someone who has fled or been displaced from their own home but remains under the protection of their home country government.

**Nurturing care:** Nurturing care refers to conditions created by public policies, programmes and services, which enable communities and caregivers to ensure children's developmental needs through good health, hygiene and nutrition practices, early learning opportunities, protection from threats and violence, and responsive caregiving.

**Young child:** This includes children from birth to eight years or the age of school entry. In this brief, children aged zero to three are sometimes referred to as 'the youngest children'.

**Water sanitation and health (WASH):** A crucial element of humanitarian programming, especially for young children, that supports hygiene for all. Inadequate WASH facilities or procedures can lead to diseases such as diarrhoea that severely threaten a child's health.

# Executive Summary



Children and families in humanitarian emergencies around the world lack affordable, accessible and high-quality childcare. This is especially important during the acute onset stage of emergencies, where no existing childcare models are available and service delivery is more challenging. This lack of childcare has significant consequences for the roughly 59 million children living in crisis around the world, as well as for their families.

## **IMPORTANCE OF THE EARLY YEARS**

The early years of life, typically considered ages zero to eight, are critical for a person's development. During this time, children acquire the foundational skills and competencies that set them up for success in formal education and beyond. Experiences during these early years can make the difference between a sturdy or a fragile foundation for growth and development.<sup>2</sup> Crisis has an enormous negative impact on early childhood development. The trauma of conflict, disaster, or displacement can cause a dangerous neuro-biological 'toxic stress' response,

which can have a negative impact on the child's brain development during the critical early years. This can have detrimental effects on health, development and economic earning potential for years to come. Even in these difficult conditions, children who receive positive opportunities for play, learning, relationship-building and socialization are better able to build a strong foundation for learning and development.

## BENEFITS OF CHILDCARE

Childcare programmes provide care for children while their primary caregivers are at work or doing something other than caring for their child, and provide opportunities for children to play, learn, grow and develop through interactions and relationships. Childcare is good for young children, caregivers and young girls.

For children, high-quality childcare provides opportunities to socialize with peers, interact with the environment and build strong and close relationships with caregivers. It can provide a critical space to manage stress, which is essential for children facing conflict and crisis.

For parents or other primary caregivers, childcare provides respite from the burden of caring for young children and allows adults time to work, collect food, access shelter or carry out other tasks to support their families and cope with crisis. These benefits can specifically support women, helping to lessen gender inequities in labour force participation and in the home. There are also mental health benefits for caregivers, which can translate into better interactions with children.

For young girls, the responsibility of caring for younger children can result in school dropout, which has long-term consequences for escaping poverty and having future earning potential and agency. Childcare for young children in a family can protect older sisters and allow them the opportunity to attend school.

## NEED FOR CHILDCARE IN HUMANITARIAN CONTEXTS, ESPECIALLY ACUTE ONSET EMERGENCIES

To date, the dialogue about childcare is primarily focused on development contexts, but the need in humanitarian settings is huge. In these contexts, primary caregivers often have fewer resources and less time to provide socioemotional and cognitive stimulation for their children.<sup>3</sup> Furthermore, children in humanitarian settings are more likely to be in unsafe environments,<sup>4</sup> especially during crises with high levels of violence or displacement; childcare can provide that safe environment. Children in humanitarian crises are at higher risk of abuse and neglect, which threaten physical, mental, cognitive and socioemotional development.<sup>5</sup> High-quality childcare can protect against neglect and decrease the potential negative effects of neglect on development. Finally, childcare programming can serve as a mechanism for the provision of other services during humanitarian crisis, such as health and nutrition services, WASH facilities and early education, all of which are crucial to early childhood development.

While there is a significant need for more childcare programming in all emergency contexts, this need is most apparent in acute onset contexts. In these settings, humanitarian actors have tended to emphasize

child protection, as well as care for unaccompanied children, but comprehensive childcare is critical to support children and families most effectively.

## ESSENTIAL CHILDCARE PROGRAMMING ELEMENTS

Childcare should be accessible and of high quality. Accessible means that families can safely access the physical childcare services, which can be challenging in acute onset emergencies, where disaster or conflict may have damaged buildings, roads, or other infrastructure and clean-up and reconstruction likely have not begun. Caregivers also need information about how to access childcare services, what childcare consists of and its benefits. High quality means that childcare addresses the full range of child development domains. [The Nurturing Care Framework](#), a widely accepted international framework guiding early child development policy and programming, outlines five areas that are essential for children's holistic development: health, nutrition, security and safety, responsive caregiving and opportunities for early learning. It is recommended that childcare address each of these areas.

Ideally, the following five elements should be included in acute onset and protracted emergencies.

- 1. Training and mentoring for childcare providers:** Any childcare service that meets quality standards can be staffed by professionals trained in working with young children. Childcare implementers should work to identify teachers and others with experience

working with children within the affected community and then undertake efforts to maintain and support this workforce. iACT's Little Ripples programme uses three-day trainings to put future childcare providers through the curriculum of the programme just as children would experience it, and they are then empowered to adapt that curriculum to different settings. This can serve as a model for trainings in acute crises.

**2. Trauma-informed care:** Conflict, disaster and displacement have severe impacts on the mental health of children. Childcare programming must include elements that help young children to cope with and overcome this, such as medical services, social and emotional learning interventions, and activities to build their confidence and resilience. The [Baytna](#) programme run by the Refugee Trauma Initiative (RTI) is proven to help build resilience effectively in young children. Their curriculum and approach can serve as a model for providing trauma-informed care in acute crises.

**3. Spaces and curricula for play, early learning and social-emotional development:** Children, especially at the youngest ages, learn primarily through play, stimulation and active interaction with their environment. Childcare spaces should be safe, welcoming, comfortable and have the resources to encourage play. Childcare can also serve as a way of improving school readiness.

**4. Integrated nutrition, WASH, health and social protection efforts:** Childcare services, trusted and frequently used by affected populations in crisis, can also serve as a delivery point for other crucial early childhood development interventions. When a child attends childcare they could receive a nutritious meal or snack, and efforts could also be made to monitor the child's nutritional status. All childcare spaces should also include adequate WASH facilities. Childcare can also serve as a location for health experts, social workers gender-based violence specialists, and other professionals to offer check-ups, vaccinations and other services to young children.

**5. Primary caregiver support and empowerment initiatives:** Childcare services can also be a place to deliver training on responsive care and empower primary caregivers to best serve the needs of their young children. As parents or other primary caregivers drop off or pick up their child, childcare professionals can discuss with them any difficulties their child is facing, such as emotional difficulties, health issues, or difficulties with literacy and numeracy. This will enable them to work with and support the parent by directing them to at-home interventions or outside specialist services. This can enable systems to support the parent by directing them to at-home interventions or outside specialist services. This is also an opportunity to provide support

for the caregivers' own mental health and well-being through parenting or caring for the caregiver programmes. This is critical to ensure caregivers can continue to support their children when they are not in childcare.

This brief describes three childcare models for acute emergency contexts that provide these elements:

**1. Mobile childcare crèches:** Mobile crèches in [India](#), [Burkina Faso](#), and [Rwanda](#) provide insights into how childcare can be provided to those on the move or in hard-to-reach places. These crèches primarily serve migrant worker populations by establishing childcare centres, typically outdoors, at their place of work. These centres are staffed by trained caregivers and can include all the above elements. Mobile crèches have not been employed in a humanitarian context. However, their proven success at providing childcare for migrants, the flexibility they provide, and the low level of physical infrastructure required to implement them makes them a promising model to translate to acute onset emergencies. Aid workers can make efforts to identify existing informal childcare arrangements and build on these arrangements whenever possible. In doing so, they can offer to those caring for children, as well as food, education, play resources for children, and assistance in ensuring that children have a safe, protected and welcoming environment.





© UNICEF/UNI367301/FAZEL

**2. Childcare hubs:** While true childcare programming in acute onset emergencies is rare, there are numerous successful examples of child protection efforts. These offer models for how to construct spaces quickly that are accessible for children. The services these spaces offer have the potential to be expanded to offer comprehensive and high-quality centre-based childcare and build back better. The [Blue Dot hub](#) model offers a guide for

providing childcare through hubs in migration crises. Once predictable migration routes have been established during a crisis, aid agencies can work with host country governments, affected populations and other partners to build safe, welcoming and stimulating spaces where parents can bring their children along those routes. [Safe spaces](#) and [child friendly spaces](#) show significant potential for expansion during crises with low levels of displacement or where previously displaced populations are

now relatively stationary. Safe or child friendly spaces can be a central location for other ECD services as well. They can also be a place for caregivers to provide trauma-informed care.

**3. Home-based care support:** Home-based childcare refers to non-primary caregiver childcare arrangements that take place either at the home of the child or the home of the provider. Home-based care is more difficult to provide during acute onset emergencies. As such, support programmes must be of a different nature. During natural disasters or conflict, rebuilding spaces for home-based care or increasing access to other homes may be an alternative of home-based care support in these contexts. Similarly, during migration crises families often make their homes in unsafe places. Working to improve these spaces is crucial to supporting quality home-based care. Efforts can be made to train new providers and establish or re-establish connections in the community. Providers should be equipped with the skills needed to support a child's development and with the information to direct the most affected children to specialist services.

Each of these models shows promise, but implementation considerations vary for different emergency contexts. Key areas for consideration include the level and type of emergency, the income level of the country or countries impacted, the strength of existing childcare services and infrastructure, and the existing aid infrastructure in that area.

# Introduction



Children and families in humanitarian emergencies around the world lack affordable, accessible and high-quality childcare. This is especially so during the acute onset stage of emergencies, where implementation is extraordinarily difficult and there is a lack of existing childcare models to build on.<sup>6</sup>

An estimated 59 million children around the world are living in a humanitarian crisis,<sup>7</sup> including at least 31 million children forcibly displaced from their homes.<sup>8</sup> The scale of this problem is increasing rapidly. In 2018, more than 29 million children were born into areas of affected by conflict, significantly contributing to this increase.<sup>9</sup> Additionally, the COVID-19 pandemic has caused the largest ever spike in humanitarian need, with a 40 per cent increase in people requiring humanitarian assistance over one year, many of them young children.<sup>10</sup> These children require childcare to protect and support their physical, cognitive and socioemotional development.

In 2017, fewer than one third of children aged three to five in developing countries participated in an early childhood care programme.<sup>11</sup> That number is even lower in countries with humanitarian crises<sup>12</sup> and has

been exacerbated by the COVID-19 pandemic.<sup>13</sup> It is also likely much lower for children ages zero to three.<sup>14</sup> This lack of childcare may have significant negative consequences for early childhood development.

The first years of life are critical to a person's development. Eighty per cent of the human brain is fully formed by age three. By the age of five, it is 90 per cent fully formed.<sup>15</sup> During this time, children acquire the foundational skills and competencies that set them up for success in formal education and beyond. This is also the time when the foundations for empathy, self-control and other interpersonal skills start to develop.

The experiences that young children have during these early years can make the difference between a sturdy or fragile foundation for growth.<sup>16</sup> Children who receive ample positive opportunities for play, early learning, relationship-building and socialization are able to build on that strong foundation. However, prolonged exposure to adversity, conflict, and crisis can limit opportunities for strong early childhood development and lead to a neuro-biological toxic stress response that directly harms brain development. Such toxic stress can have enormous negative short and long-term impacts on mental and physical health, educational success and attainment and future earnings.<sup>17</sup> Humanitarian crises cause severe stress on children's brains.<sup>18</sup> Conflict, disaster, displacement, and loss are all traumatic events, and especially so for young children. Without proper supports for development and resilience this stress can have lifelong implications for health and many other outcomes.<sup>19</sup> These effects can compound through generations, as threats to empathy and self-control

development can affect future parenting practices.<sup>20</sup> The impact that crisis and trauma have on development mean that young children cannot afford to wait for a crisis to end or subside before adequate childcare is provided.<sup>21</sup> These early years are too valuable.

Parents and other primary caregivers, women in particular, also suffer greatly from a lack of affordable, accessible and high-quality childcare. Around the world, women expend, on average, three times as much labour on childcare as men<sup>22</sup> and this uneven burden has been exacerbated by the COVID-19 pandemic.<sup>23</sup> This discrepancy is one of the main drivers of the global labour force participation gap. In 2018, female labour force participation was roughly 30 percentage points lower than that of men; 48 per cent to 75 per cent.<sup>24</sup> As a result, women are more likely to face extreme poverty<sup>25</sup> and less likely to have an equal voice in family choices and financial planning.<sup>26</sup> Even in situations where caregivers may not be working outside the home, childcare can provide an important source of respite and provide the time necessary to acquire food, shelter or aid and utilize other important services. Ultimately, providing safe and nurturing childcare allows parents and primary caregivers to focus on tasks that can help them support and care for their children and families.

The need for childcare services during acute humanitarian crisis is not novel; however, during acute onset emergencies humanitarian actors have tended to emphasize protection from abuse and neglect, as well as the care needed for unaccompanied children. Similarly, childcare programming in more protracted crises has primarily been in the form of preschool

services that centre on early learning and school readiness. While these efforts are certainly necessary, a more comprehensive approach is needed to ensure that all young children receive adequate childcare.

## **ADDRESSING YOUNG CHILDREN IN EMERGENCIES: NEED FOR GLOBAL COLLABORATION**

Several global agencies already play a major role in the fields of humanitarian work and early childhood development and can lead the way in ensuring that every child in acute onset emergencies receives affordable, accessible and high-quality childcare. Improving childcare during a crisis will help fulfil the early childhood development commitments of the Core Commitments for Children in Humanitarian Action, which are access to services, support to parents and caregivers, and capacity-building.<sup>27</sup> Creating a supportive environment for caregivers through family-friendly policies, a key pillar of which is affordable, accessible and high-quality childcare, is also critical in this space.<sup>28</sup> These commitments build on existing mandates within the global community to ensure that young children receive adequate support. Target 4.2 of the Sustainable Development Goals calls for "all girls and boys to have access to quality early childhood...care" by 2030.<sup>29</sup> Achieving this goal will require significant efforts to ensure this access during acute onset crises. There is momentum in the humanitarian space for a stronger focus on early childhood development programming and childcare in humanitarian crises. High-quality childcare should be a central focus of those efforts. Furthermore, investment in childcare as a form of early childhood

development programming can yield enormous later-in-life benefits.<sup>30</sup> Long-run studies of the benefits of positive early childhood development show significant gains in educational completion, future earnings, levels

of employment in high-skilled jobs, and the ability to escape poverty.<sup>31</sup> Overall, it is estimated that each additional dollar invested in high quality early childhood programming yields US\$6 to US\$17 in benefits to

society.<sup>32</sup> All this suggests emphatically that the time for the global community to invest in childcare during acute onset emergencies is now.



© UNICEF/UN066996/MAWA

# Background



© UNICEF/UN0311407/RUDAKUBANA

## WHAT IS CHILDCARE?

In this brief, the term ‘childcare’ refers to any service or programme for children below primary school entry age that accomplishes the two simultaneous objectives of (1) caring for children while their parents or primary caregivers are at work or doing something other than caring for their child, and (2) providing opportunities for children to play, learn, grow and develop through interactions and relationships with peers and caregivers.<sup>33</sup> This includes a wide variety of programmes that run from birth to the time a child enters formal primary education. The various categories of these programmes are detailed in Box 1 below.<sup>34</sup>

### BOX 1: TYPES OF CHILDCARE

**Family-based or other informal care:** childcare arrangements in which grandparents, older siblings, or other relatives carry the burden of care for young children. These arrangements often take place at the home of the child or the home of the relative that is providing care. Other informal arrangements with neighbours or friends also fall into the same category. This type of care is the most common type for newborn and infant children.

**Home-based care:** broadly, arrangements that take place either at the home of the child or the home of the provider. This is distinguished from the previous category in that care in the home of the child is typically provided by a nanny or babysitter as opposed to a family member, and care in the provider’s home is generally done for a larger group of children than care through family-based care.

## BOX 1: TYPES OF CHILDCARE (CONTINUED)

However, many of the interventions that support home-based care arrangements can be used to support family-based care as well.

**Centre-based care:** arrangements at a space that is intended specifically for childcare, as opposed to at a home. These spaces are often called daycares, nurseries, or crèches.

**Preschool:** a form of centre-based care. Its primary objective is early learning and preparation for formal primary education. However, preschool also can serve an important childcare function, though part-day preschool is common and thus often only a partial childcare solution for parents who work full time. Preschool typically serves children aged three to eight.

stimulation.<sup>36</sup> Furthermore, children in crisis are more likely to be in unsafe environments,<sup>37</sup> especially during crises with high levels of violence or displacement, and childcare can provide that safe environment. Children in humanitarian crises are at higher risk of abuse and neglect, which threaten physical, mental, cognitive and socioemotional development.<sup>38</sup> High-quality childcare not only protects against neglect but decreases the potential effects of neglect on development, lessening the risk of dangerous outcomes later in life such as stunted growth, depression, substance abuse and post-traumatic stress disorder.<sup>39</sup> Finally, childcare programming can serve as a mechanism for the provision of other services during humanitarian crisis, such as health care services, WASH facilities, medicine, nutrition programmes and early education, all of which are crucial to early childhood development. This is especially important during acute crises, where provision of these services through other means breaks down.

### Parents or primary caregivers

Childcare can alleviate the care burden of parents or other primary caregivers, allowing them to work or accomplish other tasks. This leads to more gender parity in care burden,<sup>40</sup> and can play a significant role in closing the labour force participation gap between men and women.<sup>41</sup> In emergency contexts, and especially in acute onset emergency contexts, labour force participation is typically lower for all people, and thus the benefits that childcare bring to improving gender equality in this area are also critically important. However, childcare programmes can still yield important benefits to parents or other primary caregivers, both men and women. Even if parents are not working, they may need to collect food, shelter, or other

aid, work to rebuild their home, or do other tasks that are not conducive to caring for children at the same time. Childcare frees caregivers to focus on other things and to cope with the stress and trauma of crisis. This respite is crucial for caregiver mental health.

While these benefits will accrue to both men and women, childcare should be seen as important to both mothers and fathers. However it is likely the case that women are still in greater need of childcare during a crisis. Households headed by single mothers are disproportionately common in humanitarian crises, given the demographics of displaced populations<sup>42</sup> and populations at the acute onset stage of a crisis, and often face greater vulnerability, difficulty accessing services and psychological impact.<sup>43</sup> As such, women continue to shoulder the primary responsibility for caring for children during crisis, in addition to being responsible for the overall livelihood of their family. The benefits that childcare provide are thus even more important to women during crisis.

### Young women

For those families where the mother is able to work, the burden of care often falls to another family member,<sup>44</sup> usually an older girl.<sup>45</sup> Childcare, especially for young children, is a full-time job, leading many girls having to drop out of school<sup>46</sup> and harming their long-term earnings potential.<sup>47</sup> Attaining a secondary education is the best route for escaping poverty and has positive implications for delaying marriage and pregnancy.<sup>48</sup> This is especially true for girls, as they receive higher returns on secondary education than men.<sup>49</sup> Women who do complete a secondary education are also more likely to send their own children to school.<sup>50</sup>

## WHO BENEFITS FROM CHILDCARE?

Accessible and high-quality childcare has enormous benefits for young children who receive care, the parents or primary caregivers of that child, and that child's wider family, especially young women. There are also potential benefits for the economy as a whole with a growth in job opportunities in the childcare sector.

### Young children

Childcare provides children the opportunity to socialize with, and build sustained positive attachments to, other children and other caregivers. These interactions are vital to development. Without them, children will show slower growth in cognitive ability, language development and peer and caregiver relationship skills.<sup>35</sup> High-quality childcare is especially important in emergency contexts, where primary caregivers often have fewer resources and less time to provide socioemotional and cognitive

## WHAT MAKES GOOD CHILDCARE?

It is critical that all children and families have affordable,<sup>51</sup> accessible and high-quality childcare options.<sup>52</sup>

### Accessible

There are a variety of barriers that affect the accessibility of childcare services, especially in emergencies. One barrier may be the availability of information about childcare services: how to access them, what childcare consists of and what its benefits are.<sup>53</sup> Another barrier may be the location of services as childcare that is far away or in an unsafe place will be less accessible. This is a particular concern during acute onset emergencies, where disaster or conflict may have damaged buildings, roads, or other infrastructure, and clean-up and reconstruction likely have not begun. Childcare services that are centrally located in communities and built on existing community structures are likely to be more accessible,<sup>54</sup> as parents and primary caregivers are more likely to utilize childcare in a place they frequent. Involving affected communities in decisions about where to place childcare programming can ensure better physical accessibility.

Equitable access for all children and families is of paramount importance. Young girls, children with disabilities, children of marginalized ethnicities or unclear legal status, refugees, IDPs and children aged from zero to three often face greater barriers to access. Explicitly targeting these children is critical. Increased resource support or programme modifications may also be necessary. Legal frameworks should ensure all children, regardless of their status, are able to utilize

services, especially during emergencies with high levels of cross-border displacement.

### High-Quality

Supporting and protecting early childhood development during a crisis requires caregivers to address all areas of development. Early childhood development practitioners generally refer to the Nurturing Care Framework<sup>55</sup> (see Image 1), which lists the five components necessary for strong early childhood development as good health, adequate nutrition, responsive caregiving, security and safety, and opportunities for early learning (see Box 2). As a recent brief on the Nurturing Care Framework in humanitarian settings<sup>56</sup> makes clear, comprehensive childcare during crisis must cover all five components of this framework, rather than just protect safety and security or provide early learning.<sup>57</sup> Doing so is critical to ensuring that children develop positively across all aspects of well-being. Additionally, crisis harms the availability and accessibility of many other critical early childhood services, such as immunization programmes and nutritional support. Childcare settings that serve as a location for integrating other ECD programmes can help combat these difficulties. The Nurturing Care Framework also calls for a multigenerational approach towards early childhood development. This includes considering the needs of parents and caregivers, as the well-being of caregivers has enormous impact on early childhood development, in particular the caregiver's capacity to provide responsive nurturing care. For this reason, UNICEF emphasizes the importance of caring for caregivers as well as children.<sup>58</sup> Childcare can serve as a point of delivery for these services.

IMAGE 1: The Nurturing Care Framework



It is also critical that all childcare is culturally responsive and aligned with community values. This increases parental trust of, and support for, childcare programmes.<sup>59</sup> It also enables caregivers to be more responsive to the child's needs and empowers communities to be full partners in the development of their young children. Community participation in the design and planning of childcare programming is therefore crucial.<sup>60</sup> This allows for more culturally informed care within communities and for cross-community bonds to form in migration settings. Efforts should be made to increase the local community's capacity and skills as caregivers,<sup>61</sup> rather than use aid workers or non-local community members to provide care.

## BOX 2: THE FIVE COMPONENTS OF NURTURING CARE

**Good health:** The physical and mental health of both children and their caregivers is crucial. This includes early childhood immunizations, mental health support, and regular checkups for both children and caregivers.

**Adequate nutrition:** Both children and their caregivers need to have enough to eat and receive essential nutrients. This is especially important during the earliest years of life.

**Responsive caregiving:** Caregivers should be equipped with the knowledge to notice, understand, and respond to their child's needs. This helps caregivers to provide the other four components.

**Security and safety:** The child and their family's environment must be free of danger, hazards, and stress, whether physical, environmental, or emotional. This includes access to adequate WASH facilities.

**Opportunities for early learning:** Young children learn primarily through interaction and play with other people, objects or their environment. Providing positive opportunities for this interaction is critical in the early years.

## THE HUMANITARIAN EMERGENCY CONTEXT

A humanitarian emergency is any situation that threatens the lives and well-being of large numbers of a population and requires extraordinary action to ensure their survival, care and protection. Emergencies can be caused by events such as armed conflict or mass human rights abuses, or by natural disasters, such as earthquakes, flood, droughts or epidemics. Increasingly, humanitarian crises result from a complex combination of events. This is exacerbated by climate change and its effects, especially in the global south. Complex emergencies

like this can cause significant breakdown in authority in a region and require many different actors working together to provide assistance. Pre-crisis vulnerability limits resilience and the ability to avoid crisis. It also makes recovery more difficult and lengthier. Effective emergency response should explicitly target those vulnerable populations.

People affected by crisis respond in many different ways. One of the most common responses is to leave home and migrate to a safer location. Those who have been forced to leave their home due to crisis are known as displaced persons.<sup>62</sup> The nature of displacement in a crisis has an enormous impact on what humanitarian programming is needed and feasible, as well as how that programming should be designed and implemented.<sup>63</sup> Displacement has an enormous impact on those it affects. Leaving home is a traumatic experience, for both children and adults. This is particularly true during prolonged displacement, which is becoming more and more common. Some displaced persons spend more than 20 years away from their homes,<sup>64</sup> often in refugee camps but increasingly in urban settings.<sup>65</sup> Discussions of displacement and migration often revolve around refugees and other populations who move across borders. However, many people displaced due to emergency are internally displaced. IDPs remain under the protection of their home country government,<sup>66</sup> even though those governments are often a cause of the displacement. As such, IDPs often live in difficult to access areas and are among the most vulnerable populations in the world.

Many crises begin because of some acute threat, often unexpected, such as a natural disaster or an outbreak of violence. During this time there is a sharp rise in the number of people requiring assistance to survive. These

acute onset emergencies require immediate increases in capacity, services and programming, often in situations where resources and access are low, and implementation is difficult. Due to existing instability and poverty or the recurrence of threats, a crisis may become prolonged. If so, many people become vulnerable to death, disease or disruption of their livelihood over a significant period of time. Prolonged crises are likely to self-perpetuate, as current poverty, instability, and crisis harm resiliency and make future poverty, instability and crisis more likely. Modern crises are increasingly prolonged, lasting in some cases years or even decades. This is especially true of displacement crises.

The time frame of a crisis is crucial in guiding humanitarian response programming. Acute onset emergencies often require significant immediate external resources and assistance. Sometimes this aid can be gradually reduced as a crisis subsides. However, prolonged crises require continued services and programming from humanitarian actors. Often, prolonged crises mirror a developing country context. This makes childcare programming easier to accomplish during protracted crises compared to acute onset emergencies. In fact, there are successful programming models for childcare in protracted crises. This is not the case in acute onset settings. Section 3 goes into greater detail on a number of these programmes and makes the case that, while efforts to provide accessible and high-quality childcare to all families are far from complete in protracted settings, these same efforts have barely begun in the acute onset context. There is thus a distinct need for innovating programming models to provide childcare in acute onset emergencies while ensuring provision of high-quality childcare in protracted crises as well.



# Review of Existing Programming Models



Research on childcare during acute onset emergencies is extremely limited, partly due to a lack of programmes operating in these contexts, and partly due to the difficulty in generating evidence and research in these situations.

As such, this brief is built primarily on evidence from three sources: childcare programmes in non-humanitarian contexts, childcare and other early childhood development programmes in protracted humanitarian emergencies, and child protection programmes in acute onset emergencies. While none of these models can be perfectly extrapolated to the issue of childcare in the acute onset emergency context, many have the potential to be successful in that context. The aspects relevant to acute emergencies form the basis for the models and considerations in Sections 4 and 5 of this brief.

## **ECD PROGRAMMING IN NON-HUMANITARIAN CONTEXTS**

The literature from developed countries in non-

humanitarian contexts has found that childcare programmes can confer lasting benefits for poor children when the quality of care is high.<sup>67,68,69</sup> High-quality childcare is essential to ensure that children benefit from participation.<sup>70,71,72,73</sup> Indeed, in unsafe settings children may be exposed to risk and there is evidence of detrimental impacts of such environments on children's learning and development.<sup>74</sup> Several examples of effective childcare models with relevance to the humanitarian context are described below.

### **Migrant Head Start in the United States**

Head Start is one of the most effective childcare programmes run in the United States, with proven long-term positive impacts on educational outcomes, social and behavioural development and parenting practices for participants.<sup>75</sup> Created to provide low-cost childcare to low-income families, it was expanded to assist migrant farm workers through the Migrant Head Start initiative. Each year, hundreds of thousands of migrant farmworkers follow crop cycles to find work, taking their children with them. Since these workers are often not connected to their communities and rarely have other family members with them, they have a strong need for childcare.<sup>76</sup> As families move, education, health and nutrition specialists employed by Migrant Head Start move with them.<sup>77</sup> When families stop to work, centres (see Image 2) are established to provide comprehensive childcare while the parent is at work. Records of the child's health, nutrition, and education history also follow,<sup>78</sup> providing continuity throughout programming and ensuring that each child's development is adequately monitored. This continuity is critical, as

it enables providers at all levels to ensure that no child is left behind as they move along migration routes.<sup>79</sup> While the continuity of providers is always preferred, this is not always possible during migration. Migrant Head Start's record keeping system offers a viable alternative to this issue by ensuring that, at the very least, new caregivers have access to information on the child's developmental progress and needs. Migrant Head Start also manages the issue of language barriers, which are common during migration, by employing providers who speak both English and Spanish (most migrant workers come from Latin America). Providers encourage children to maintain their native language and gradually incorporate a bilingual education.<sup>80</sup> This has the dual benefit of increasing trust in childcare among parents and improving child development.<sup>81</sup>

**IMAGE 2:** Children at a Migrant Head Start center along the east coast of the U.S.



### **Early childhood workforce development in Liberia and Vietnam**

Improving workforce capacity and capability is crucial to ensuring wider access to high-quality childcare.<sup>82</sup> To this end, the Government of Liberia developed a comprehensive training framework for care providers, with a particular focus on pre-elementary teachers.<sup>83</sup> This programme bases caregiver education on how young children develop and how to create a stimulating, supportive and safe environment.<sup>84</sup> A similar programme in Vietnam aimed at improving school readiness through improved teacher-training showed significant success,<sup>85</sup> with a 15-point improvement on language test scores and 18-point improvement on math scores.<sup>86</sup> Students at the lower end of the baseline distribution gained outsized benefits, as did traditionally disadvantaged groups.<sup>87</sup> The success of these trainings suggest that the preparedness and skills of childcare providers are absolutely critical to providing high-quality childcare.

### **Integrated development centres in Bhutan**

Integrated development centres were at the forefront of efforts by Bhutan to expand childcare services and improve early childhood development.<sup>88</sup> Programming in these centres was based on the Nurturing Care Framework and included health, nutrition and parenting interventions for all children.<sup>89</sup> As children got older, early learning programmes were incorporated into early childhood programming as well, leveraging centre-based care to provide spaces for stimulation and play.<sup>90</sup> Evaluations of this programme show that, while access remains low and many improvements to quality are still needed, these

centres have led to improvements in outcomes for the children.<sup>91</sup> The impact of these centres rose as time went on, and by age six programme participants showed higher early childhood development index scores by about eight points, a significant difference from non-participants, with an equal impact across gender.<sup>92</sup> Scaling up such a comprehensive programme is difficult, as other countries have experienced in trying to scale preschool programmes.<sup>93</sup> However, the experience of Bhutan suggests that effective childcare must account for all aspects of a child's development.

### *Mobile crèches in Burkina Faso, India and Rwanda*

Women who are unable to access childcare services for their children must either care for their child at home themselves, preventing them from entering the workforce,<sup>94</sup> or bring their child to work with them, where attention towards the child is limited<sup>95</sup> and children are potentially exposed to unsafe or insanitary conditions.<sup>96</sup> To confront and overcome this trade-off, the Government of Burkina Faso implemented mobile childcare centres at public works projects, known as mobile crèches.<sup>97</sup> These centres formalized existing local childcare arrangements, provided 12-day training to the women who were already providing care in the community, and gained high support from both Government ministers and community-level partners.<sup>98</sup> The Government also provided toys and other play materials (see Image 3), a curriculum to ensure children received adequate stimulation, and parental caregiving education.<sup>99</sup> Evaluations of these mobile centres are forthcoming, but improvements

in women's productivity and agency and in children's development are expected.<sup>100</sup> A study of a similar programme in India found mobile childcare crèches to have a positive impact on child nutrition, reducing the baseline share of those with severe malnutrition classifications from 37 per cent to 9 per cent a year later.<sup>101</sup> Mobile crèches in India have also shown success at a moderate scale, supporting 1,200 to 1,500 of the most vulnerable children each year.<sup>102</sup>

**IMAGE 3:** A woman leads an activity at a Mobile Crèche in India



In Rwanda, the mobile creche model has been implemented for women working in the tea industry.<sup>103</sup> UNICEF worked closely with one tea company to provide spaces for care and training for childcare providers.<sup>104</sup> This programme ensured that children received adequate supervision, nutrition and care

while their parents, often mothers, were at work. This model is currently being expanded and the Rwandan Government has expressed a commitment to working to sustain and scale these mobile crèches.<sup>105</sup> The mobile crèche model operates successfully with hard-to-reach populations through centre-based care. This demonstrates that, while formally constructed centres might be useful, they may not be necessary to provide strong childcare. Safe outdoor or informal spaces can provide the stimulation and play opportunities that young children require.

### *Community welfare homes in Colombia*

Similar to mobile crèches, community welfare homes in Colombia were built using the model of organically established childcare arrangements, integrating them into public services and putting them under the responsibility of the Colombian Government.<sup>106</sup> This programme serves vulnerable children in both urban and rural settings through home-based care programming, with each provider typically serving 10 to 15 children. Each provider is given training and support to provide adequate care, as well as external support from specialists when needed.<sup>107</sup> These providers are always part of the local community. Lunch or a snack is also provided each day in order to ensure that children have adequate nutritional support. This programme emphasizes the need for full involvement of the family and surrounding community in the care of their young children. To that end, community welfare homes and their related programmes strive to empower parents, caregivers and other community members to best care for young children.

## CHILDCARE AND OTHER ECD PROGRAMMING IN PROTRACTED EMERGENCIES

### *Preschool healing classrooms in Lebanon*

The International Rescue Committee (IRC) uses an approach known as healing classrooms when providing education programming during emergencies. This approach aims to encourage learning and help children to cope with the effects of a crisis. It does so through training teachers to create positive environments, learning tools to build skills, and connections between parents, caregivers and schools.<sup>108</sup> This approach has been adapted to the pre-primary and early childhood levels with preschool healing classroom programmes, initially

as a response to the effects of displacement caused by the Syrian civil war.<sup>109</sup> This programme trained and equipped educators and caregivers in informal migrant settlements to meet the psychosocial needs of young children experiencing crisis, as well as to develop the skills those children need to successfully move to primary school.<sup>110</sup> Initial assessments showed significant improvements in just four months on motor skills (18 percentage point improvement), literacy (16 points), numeracy (20 points), socioemotional development (19 points), and executive function (17 points) when compared to baseline assessment scores from pre-pilot measurements.<sup>111</sup> These skills not only prepare children for later-in-life success but help them cope with and build resilience against the negative impacts of conflict, crisis and disaster.<sup>112</sup>

Attached to the IRC's preschool healing classrooms are other programmes that aim to improve aspects of the child's nurturing care environment. The IRC uses text messaging to deliver at-home early learning tips to parents and caregivers, as well as an explanation of the cognitive processes this programming is designed to support.<sup>113</sup> This programme was designed in partnership with parents, making it a great example of the importance of community-involved programming. The IRC has also expanded its healing classrooms programming to include home visits and group sessions designed to assist parental caregivers in their own provision of childcare. This intervention also created informal and formal early learning centres, targeted to later ages of the early childhood period, that allow primary caregivers to access play-based learning opportunities for their children.<sup>114</sup>

### *Little Ripples in Chad, Tanzania, Cameroon, the Central African Republic and Greece*

iACT's Little Ripples early childhood development programme bases its approach on community and caregiver participation in long-term refugee settings. The programme aims to improve the socioemotional, cognitive and physical development of young children affected by crisis.<sup>115</sup> iACT and its partners train teachers, caregivers, and community members in an adaptable play-based and trauma-sensitive early childhood education curriculum to build the childcare capacity of the community. This training happens over just three days. Programme participants are then empowered to adapt this curriculum to best fit their culture, the context of the crisis, and the place of delivery, which is often in the home of the providers or at another central location. Each Little Ripples 'pond' has two providers and serves roughly 45 children (see Image 4). The wider Little Ripples programme also creates a network for providers to learn from one another, helping each caregiver to improve their own capacity.<sup>116</sup> Originally developed to serve refugees in Chad, Little Ripples has expanded to serve 10,000 children in Cameroon, Tanzania, the Central African Republic, and Greece,<sup>117</sup> demonstrating that this model is replicable and scalable to many different crisis contexts.<sup>118</sup>

Assessments of the impact of Little Ripples found it to have achieved many of the features of a high-quality childcare programme. Little Ripples showed extremely high levels of parent comfort, with 100 per cent of participating parents saying they felt their child was safe in the programme, compared to only 44 per cent who said they felt their child was safe in the camp overall.<sup>119</sup> Participation in the programme also dramatically

**IMAGE 4:** A Little Ripples Pond



improved literacy (increase on the baseline rates for the share of children who could recite up to the tenth letter of the Arabic alphabet of 0 per cent to 63 per cent over one year) and numeracy (share of children who could count to 10 in Arabic of 0 per cent to 64 per cent over one year).<sup>120</sup> This success was long-lasting with follow-up assessments showing continued improvement in cognitive function, literacy and numeracy.<sup>121</sup> Beyond education, Little Ripples resulted in significant gains in child health, WASH best practices, and socioemotional development,<sup>122</sup> demonstrating the success of Little Ripples as a comprehensive childcare programme. Follow-up assessments with parents also showed slight improvements in the rates of responsive caregiving and adequate supervision.<sup>123</sup> Overall, Little Ripples serves as a strong model of comprehensive, equitable and community-centred childcare.

### *The Baytna programme in Greece*

The Baytna programme, or 'our home' in Arabic, was developed in Greece by the RTI in response to the large number of Syrian refugees in the country. Unlike preschool healing classrooms or Little Ripples, Baytna is not a childcare programme by definition, in that parents typically stay with their child at Baytna centres. However, the features of the programme provide direct lessons for childcare programming. First, Baytna puts establishing a safe environment as its highest priority, understanding that this environment is key to successful development.<sup>124</sup> From there, Baytna centres provide opportunities for early numeracy and literacy, coping mechanisms and learning how to play and socialize. Interventions to support parental caregiving practices and parent mental health are

provided at the same location and time. Central to the curriculum, for children and parents, are interventions to help refugees cope with the stress, trauma, and confusion that results from prolonged displacement, including concerns about the cultural loss for children.<sup>125</sup> Baytna has shown powerful results. A study of one-year results showed dramatic improvement in child engagement with others (96 per cent of parents reporting an observed increase), child emotional expression (92 per cent), child literacy and numeracy (78 per cent), and child concentration and focus (86 per cent).<sup>126</sup> The success of these interventions provides a strong model for integrating trauma-informed care with early learning and caregiver support.

### *Integrated early childhood development interventions promote holistic care for Rohingya communities in Cox's Bazar*

As the COVID-19 pandemic continues to significantly impact the health and well-being of young children and their families, integrated early childhood development (ECD) interventions are being implemented with UNICEF support in Rohingya communities in Cox's Bazar in Bangladesh to strengthen capacities of parents, caregivers, and stakeholders to actively promote and practice holistic nurturing care for young children. Currently these interventions are targeting 6,000 Rohingya children under 5, their parents (mothers and fathers) and other caregivers. This holistic approach focuses on promoting and improving the health and nutrition of young children and mothers/caregivers, integrating responsive caregiving and early stimulation, and providing early childhood education. Promotion of nurturing care through health facilities

and home visits: Across the 13 health facilities supported by UNICEF in the camps, nurturing care for early childhood development, including responsive caregiving and early stimulation, are integrated through a continuum of care services. This includes counselling for support and promotion of breastfeeding, parenting, appropriate complementary feeding practices, child immunization, and screening and referral of severe acute malnutrition (SAM) cases. Household visits are conducted by community health volunteers/workers (CHVs/CHWs) for routine follow up with pregnant women, postpartum mothers and newborns to identify danger signs of pregnancy and newborn health and early childhood illnesses and provide referrals for proper care. This also includes early detection of disabilities and referral to specialized services. UNICEF has supported in strengthening the capacity of 64 health care workers in 13 health facilities.

### *Humanitarian play labs in Cox's Bazar, Bangladesh*

Humanitarian Play Labs are also not childcare by definition, as parents again typically stay with their child. Similar to Baytna, however, this programme provides a number of insights into how to provide childcare during a crisis. The Humanitarian Play Labs were established by BRAC, an NGO dedicated to relieving poverty, in the Cox's Bazar refugee camp for Rohingya refugee and use play as a means of empowering children and encouraging healing and early learning.<sup>127</sup> This includes arts and crafts, games, stories and rhymes. Many of these activities are based in traditional Rohingya culture (see Image 5). This helps children cope with the trauma of prolonged displacement and allows for that culture to transfer across generations.<sup>128</sup> Spaces for these activities

to occur are designed and located with significant community involvement, and are intentionally designed to be comforting and welcoming to young children.<sup>129</sup> This input led the programme's implementers to mimic traditional courtyards from Myanmar in their spaces. This likely increased both the quality and cultural relevancy of the programme for children, as well as parental trust in it.

**IMAGE 5:** A piece of artwork in a Humanitarian Play Lab



### **BLUE DOTS: UNICEF AND UNHCR TOGETHER WITH LOCAL AUTHORITIES AND PARTNERS WORK TO BRING SAFETY, STABILITY AND ADVICE TO FAMILIES FLEEING THE WAR IN UKRAINE**

Jointly established by UNICEF and UNHCR together with local authorities and partners, 'Blue Dots' are safe spaces along border crossings and communities in neighbouring countries that provide children and families with critical information and services. Blue Dot hubs provide refugees with critical information and practical support to help them in their onward journeys. They identify and register children travelling on their own and connect them to protection services, provide family reunification services to restore and maintain contact among family members and ensure the safety of children and offer referral services to women, including for gender-based violence. For children, Blue Dot hubs provide a safe, welcoming space to rest, play and simply be a child, counselling and psychosocial support for both children and parents/caregivers who may be facing considerable trauma and stress from their experiences is also available. Psychologists, social workers and other trained professionals are on hand to identify children who might need further support, especially unaccompanied or separated children. UNICEF and partners currently provide or plan to establish hubs across Poland, Moldova, Romania, Hungary and Slovakia. They will be sited along entry points of major refugee arrivals, registration sites and some urban centres. Blue Dot Hubs are organized in close coordination with national and local authorities in selected strategic sites, in close collaboration with UNHCR and other protection partners. Where possible, Blue Dot hubs will build on and bring together existing services; otherwise, a new hub will be created to deliver these vital services. [Read more on protection of displaced and refugee children in and outside of Ukraine.](#)

### **CHILD PROTECTION IN ACUTE ONSET EMERGENCIES**

#### *Blue Dot hubs in the Syrian migrant crisis*

As migration crises develop, common routes begin to emerge, generally centred around major roads or train tracks, urban centres or border crossings. These predictable routes present an opportunity to deliver services to migrant families. UNICEF has had previous success offering programming along these routes, partnering with UNHCR to establish Blue Dot hubs to deliver protection and counselling services to children on the move during the Syrian refugee crisis.<sup>130</sup>

These hubs operate along the route from the Middle East to Europe, starting at the Mediterranean coast of Turkey and moving through Greece, Macedonia, Serbia, Croatia, and Slovenia (see Image 6). By 2018, these hubs had already reached more than 8,000 children.<sup>131</sup> While they are set up at many points along this route, they are heavily concentrated around border bottlenecks. These hotspots present a chance to deliver interventions that are more difficult to provide during periods of constant migration. They also offer a predictable place for delivery for aid organizations, making logistics and implementation easier. Hubs are also centred in urban centres and other common

destinations for migrants.<sup>132</sup> These Blue Dot hubs offer a broader model for how to deliver services to hard-to-reach migrant populations.

**IMAGE 6:** The locations of Blue Dot hubs during the Syrian refugee crisis

**Roll-out of the Children and Family Protection Support Hubs**  
Europe Refugee Emergency  
26 February 2016



### Post-disaster child friendly spaces in China

UNICEF and its partners in the Chinese Government responded to the 2008 Sichuan earthquake by establishing 40 child friendly spaces in the affected area.<sup>133</sup> These were the site for centralized child protection, child welfare, and psychosocial support services, primarily targeted at young children. These spaces were specifically located in areas that were impoverished or highly vulnerable before the earthquake hit, as implementers expected already weak services to be even weaker following the disaster. In the initial response, these spaces were able to serve 270,000 children—an average of just under 7,000 per space. This programme also included training programmes to increase the capacity of the social worker workforce which, both before and during crisis, was extremely limited.

As recovery from the earthquake went on, the operation and management of these spaces was gradually transferred to the local Sichuan Government. The scope of available resources at these spaces was then expanded to include health information, early childhood development and pre-formal learning opportunities.<sup>134</sup> The success of this transition suggests that there is precedent for building on child protection efforts to integrate more comprehensive services. Although operating similar spaces as childcare centres would be difficult to achieve on the same scale as protection spaces, there is still potential to expand on a smaller scale.



© UNICEF/UN0224230/SOKHIN

### Safe spaces in the Haiti and Solomon Islands disaster responses and the Indian Ocean tsunami response

Safe spaces are a common element of child protection efforts during disaster response. In the aftermath of flooding, tropical storms and tsunamis in Haiti and the Solomon Islands, Save the Children established a number of safe spaces programmes.<sup>135</sup> These programmes used the model of B-SAFE, which includes

relationship-building, screening for high-risk children, provision of learning information and resilience and self-esteem building. Spaces were staffed eight hours a day by social workers and parents and included opportunities for play and early learning. Those staffing the spaces also received training on how to best care for children. Similar programming in the response to the Indian Ocean tsunami in 2004 operated for fewer hours a day but was still able to reach young children with games and learning activities from the local culture, as well as protection and service registration efforts.<sup>136</sup>

These safe space models are adaptable to many different contexts and scales. Save the Children's safe spaces served 95 children in an urban context in Haiti, while safe spaces on the Solomon Islands served more than 7,500 children in rural and remote settings.<sup>137</sup> In both cases, safe spaces were put up within a month of the disaster and improved emotional and physical well-being were compared with baselines.<sup>138</sup> The model used in the Indian Ocean response, though not as intensive, was able to reach almost 20,000 children (of all ages, not just young children) through 219 centres.<sup>139</sup> This was likely due to strong coordination between UNICEF, Save the Children, the Child Fund, the IRC and local NGOs and governments.<sup>140</sup> These groups relied heavily on local volunteers, demonstrating the importance and benefit of including local populations in any child protection or care programming.<sup>141</sup> Similar to the child friendly spaces in China, the success of safe spaces in disaster response suggest that it may be possible to expand upon the services offered through child protection efforts in acute onset emergencies to provide true childcare to young children and their families.

## KEY TAKEAWAYS FROM EXISTING PROGRAMMING MODELS

This review of existing programming models yields two overarching takeaways. First, the successes of various programmes in different contexts point to five key programming elements that can strengthen childcare services. Section 4.1 goes into more detail on each of these elements and how they could be included in acute onset emergencies. Programming that provides these elements but is not inclusive cannot be considered high quality. These are:

1. Training and mentoring for childcare providers and the provision of decent working conditions
2. Trauma-informed care
3. Spaces and curricula for play, early learning and socioemotional development
4. Integrated nutrition, WASH, health and social protection efforts
5. Primary caregiver and community support and empowerment initiatives

Second, this review reveals a significant lack of childcare programming models for acute onset emergencies. While there are clear models with a somewhat robust evidence base for childcare in developing contexts or protracted emergencies, this is not the case for acute onset emergencies. There is a distinct need for exploration of innovative approaches to providing childcare programming in acute onset emergency contexts.



© UNICEF/UNI310364/SINIS VII PH



# Childcare Models for Acute Onset Emergencies



The following section describes key elements for childcare in acute onset emergencies and details three models for acute emergency settings—mobile childcare crèches, childcare hubs and home-based childcare support.

## KEY PROGRAMMING ELEMENTS FOR ACUTE EMERGENCY SETTINGS

The above review of different programming models, as well as the literature on effective childcare, revealed five key elements for high-quality childcare. All models of childcare provision should include these elements in some form, modifying as necessary for the context.

### *Training and mentoring for childcare providers*

High-quality childcare services are staffed by early childhood facilitators trained in working with young children.<sup>142</sup> This can be teachers and others with experience of working with children within the affected

community. Maintaining and supporting this workforce can be difficult during a crisis, especially acute onset emergencies. However, several programmes have found ways to increase childcare workforce capacity and improve workforce capability in the humanitarian context. For example, iACT's Little Ripples programme uses three-day trainings to let would-be childcare providers experience the programme curriculum just as children would, before being empowered to adapt that curriculum to different settings.<sup>143</sup> Follow-up sessions are then conducted as providers gain more experience in their role. This training model has been highly effective at empowering providers to positively impact early childhood development.<sup>144</sup> Similar training programmes can be incorporated into programming during acute crises. These sessions can also incorporate programming that supports the childcare providers themselves through mental health support, confidence-building exercises and networking with other childcare providers. These interventions are crucial to ensuring that providers can build strong relationships with the children they care for.<sup>145</sup>

Beyond initial and periodic training for providers, childcare programming can also include regular and ongoing opportunities for mentoring, feedback and on-site guidance for providers. This continual interaction is crucial towards maintaining and improving the quality and capability of a childcare workforce. Little Ripples employs weekly leadership sessions to this end,<sup>146</sup> with childcare providers learning skills and covering topics that not only help them in their duties but which enable them to drive change for their wider communities.

**IMAGE 7: Traditional Decorations in a Humanitarian Play Lab**



### **Trauma-informed care**

Conflict, disaster and displacement have severe impacts on the mental health of children and their caregivers. Childcare in acute emergencies would be most effective if it included elements that help young children cope with and overcome that trauma, such as medical services, social and emotional learning interventions, and activities to build confidence and resilience.<sup>147</sup> The RTI's Baytna programme was shown to effectively help build resilience in young children.<sup>148</sup> Their curriculum and

approach could serve as a model for providing trauma-informed care in acute onset emergency contexts. Space is also crucial in developing trauma-informed childcare. BRAC's Humanitarian Play Lab in Cox's Bazar are decorated with children's artwork and fabrics with floral prints that are common in Rohingya culture (see Image 7).<sup>149</sup> This provides a sense of familiarity and can lessen the psychological impact that displacement from home has on young children.<sup>150</sup>

### **Spaces and curricula for play, early learning and social-emotional development**

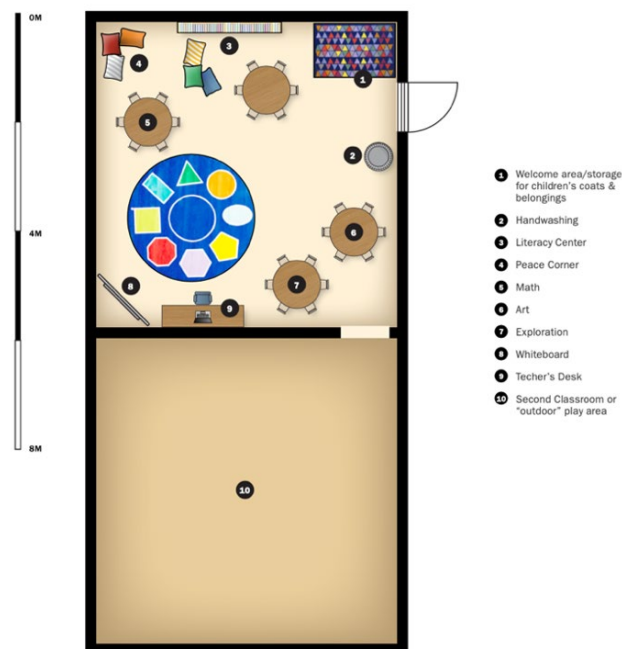
Children, especially the very young, learn primarily through play, stimulation and active interaction with the environment and people around them.<sup>151</sup> Childcare spaces should be safe, welcoming, comfortable and and, ideally, have some simple resources for children.<sup>152</sup> Inviting spaces can encourage children to interact with each other and with caregivers in positive ways, as these interactions are crucial to healthy social and emotional development. It is important that these spaces and materials be inclusive for children with disabilities. Childcare can also serve as a place to improve school readiness. IRC's curriculum for its preschool healing classrooms presents a strong model to incorporate literacy and numeracy interventions during crisis.<sup>153</sup> IRC uses relatively permanent constructed spaces (see Image 9). Other models, such as the Humanitarian Play Labs in Cox's Bazaar and mobile crèches in India, Burkina Faso (see Image 8), and Rwanda create spaces that are less permanent but still safe, welcoming and comfortable. Humanitarian play labs are made from locally available and cheap materials and include culturally common activities

to stimulate early learning such as art, games and music.<sup>154</sup> This allows children to develop while staying attached to their home culture.<sup>155</sup> Mobile Crèches in Burkina Faso also develop spaces for play and early learning. These spaces are generally outdoors under a tree or in a tent and include toys and early learning curricula that are in line with national standards.<sup>156</sup>

**IMAGE 8:** An outdoor mobile crèche in Burkina Faso



**IMAGE 9:** Sample preschool healing classroom layout from Lebanon



**Integrated Nutrition, WASH, Health and social protection efforts**

Childcare services, as a trusted and frequented place for affected populations in crisis, can also serve as a delivery point for other crucial early childhood development interventions.<sup>157</sup> When possible, nutritious meals or snacks can be provided and program facilitators can monitor children’s nutritional status. Ideally, childcare spaces can also include adequate WASH facilities. Childcare can also serve as a location

for health experts, social workers, gender-based violence specialists and other professionals to offer check-ups, vaccinations and other services to young children. Information can also be provided about other services not immediately available at the childcare setting.

Childcare settings can also be important for monitoring children’s development and conducting developmental monitoring, screening and referral to services when delays are identified. This is crucial for the early identification of developmental delays and disabilities and the provision of support to the child and family. These efforts can be done in cooperation with other aid agencies, national governments and local actors where possible. iACT’s Little Ripples programme strongly integrates these ECD elements into its curriculum<sup>158</sup> and has demonstrated the effectiveness of such integration, especially on health and WASH outcomes.<sup>159</sup>

**Primary caregiver and community support and empowerment initiatives**

Childcare services can also be a place to deliver training on responsive care, and empower primary caregivers to best serve the needs of their young children. As parents or other primary caregivers drop off or collect their child, they can discuss any issues with childcare professionals, such as emotional difficulties, health issues, or difficulties with literacy and numeracy. Staff can then work with the parents by directing them to at-home interventions or outside specialist services. This process can be formalized through

records of the child's developmental progress and accomplishments, as well as intake and out-take forms for childcare services.<sup>160</sup> It is crucial that these records travel with the child and the parent during periods of displacement.<sup>161</sup> This will enable future providers to best serve the child and their family. Childcare services can be a grounding point for including the whole community in supporting the development of young children as well. This can include efforts to expand upon positive social norms and practices surrounding early childhood development<sup>162</sup> and steps to ensure that the broader environment and community is safe for and supportive of young children.

The IRC's childcare and ECD programmes in Lebanon use several different methods to provide at-home support to parents and other primary caregivers. Connected with their preschool healing classrooms approach is a programme that texts caregivers with daily ECD activities to do at home.<sup>163</sup> These messages help primary caregivers to provide a higher quality of care and integrate their at-home care with the curriculum of the childcare service.<sup>164</sup> These messages also include explanations of the ECD science behind each activity, empowering parents with the knowledge needed to make decisions specific to their child. The IRC also runs the Families Make the Difference programme in Lebanon. This programme targets parents with group parenting sessions, typically held at a childcare centre, on crucial elements of parenting and ECD. They run similar programming through home visits as well, aiming to reduce the barriers to attending sessions at the childcare centre.<sup>165</sup> Home visiting programming like this may be especially important

during acute onset emergencies, when the capacity of primary caregivers to attend a session at a centre may be further limited.

Home visit and group session programmes also provide an opportunity to provide support for caregivers themselves. Emotional distress is common among caregivers, and especially among the women caregivers who typically carry most of the caregiving burden.<sup>166</sup> Caregiver distress is not only problematic for the caregiver but can also negatively impact the relationship between the caregiver and the child, which harms early childhood development.<sup>167</sup> Caregiver distress levels are likely even higher during acute onset emergencies, and this can exacerbate the direct impact crisis has on early childhood development. This makes supporting caregiver wellbeing during acute onset emergencies crucial. Elements of caregiver support based on the [Caring for the Caregiver](#) package<sup>168</sup> can be included as much as possible in any interaction that a childcare provider has with parents or primary caregivers.

## CHILDCARE MODELS FOR ACUTE EMERGENCY CONTEXTS

The following three models incorporate the key elements of quality described above and have potential for effective implementation and impact in acute emergency settings. Table 1 outlines each model, important contextual considerations and some basic benefits and drawbacks.



© UNICEF/UN0516625/PANJWANI

**TABLE 1:** Examples of childcare models

MODEL	MOBILE CHILDCARE CRÈCHES	CHILDCARE HUBS	HOME-BASED CARE
<b>Context considerations</b>	Where access to permanent structures is difficult	Where disaster or conflict has destroyed a lot of local infrastructure	Where physical infrastructure is still intact
<b>Level of displacement</b>	Ongoing displacement or migration	Either migration and high-displacement or low levels of displacement	Low levels of displacement
<b>Benefits</b>	Can reach children and families on the move or in hard-to-reach places; requires little permanent physical infrastructure	Can be provided along migration routes if strategically placed; can serve as a central location for multiple services	Can provide consistency of caregiving in safe, comfortable environment; opportunities for training
<b>Drawbacks</b>	Less consistency of services because families are moving; some challenges with training	Building and maintaining these spaces requires a relatively high level of aid infrastructure in the affected area	More difficult to implement during migration crises and where safe home spaces are unavailable

**Model 1: Mobile childcare crèches**

During acute onset emergencies, whether migrant crises, disasters, conflict or other crises, it is often difficult for affected populations to access services. As such, it may be more effective to bring services to affected populations. This is especially important with childcare. There are examples of strong childcare programmes that aim to do this by establishing childcare spaces in places where there are the most children in need. Migrant Head Start in the United States and mobile crèches in India, Burkina Faso and Rwanda are some of the most prominent examples. They provide insights into how childcare can be provided to those on the move or in hard-to-reach places. They also represent a guide for how continuity of care can be assured, even as children and families are on the move.

Mobile crèches have not been employed in a humanitarian context. However, their proven success at providing childcare for migrants, the flexibility they provide, and the low level of physical infrastructure required to implement them makes them a promising model to translate to acute onset emergencies. Mobile crèches in Burkina Faso grew out of informal arrangements made among migrant workers;<sup>169</sup> it is likely that similar arrangements are being made among those in crises. At the start of a crisis, efforts should be made to identify existing informal childcare arrangements that are being made and build on these arrangements whenever possible. Once needs are understood and structures that childcare crèches can be built on are identified, training should be offered to those caring for children. In addition, food, educational and play resources for children should be provided as well as assistance in ensuring that children have a safe,

protected and welcoming environment. Like Migrant Head Start, health, education, nutrition, and protection specialists can go directly to affected communities to provide other ECD services and to help providers continuously improve the childcare that is offered.

The mobile childcare model requires little permanent physical infrastructure. As a result, it is best used in contexts where existing aid presence is limited, where access to build permanent structures is difficult, or where displacement or migration is high and ongoing. Typically, mobile crèches build on pre-existing informal childcare arrangements, so this model may be well suited to situations where these arrangements are occurring. However, this is not necessary. The mobile childcare is also relatively easy to scale. In crises where need is large, mobile childcare may be the best option, especially at the initial stages of response.

**Model 2: Expand on child protection efforts – childcare hubs**

While true childcare programming in acute onset emergencies is rare, there are numerous successful examples of child protection efforts. These offer models for how to quickly construct spaces that are accessible for children. The services these spaces offer have the potential to be expanded to offer comprehensive and high-quality centre-based childcare. This can be done in both migration or other high-displacement crises or during crises with low levels of displacement. The Blue Dot hub model offers a guide for providing childcare through hubs in migration crises, while safe spaces and child friendly spaces show significant potential for expansion during

crises with low levels of displacement or where previously displaced populations are now relatively stationary.

The Blue Dot hub model's success at delivering protection services makes it a promising model for delivering comprehensive childcare. Once predictable migration routes have been established during a crisis, welcoming and stimulating spaces where parents can bring their children can be established. These spaces can be staffed by migrants trained on how best to provide childcare. If the crisis is one that crosses borders, the host country community can also staff these spaces, provided language is not a significant barrier and there is sufficient trust between the migrant and host communities. Health, education, nutrition and protection specialists can also use these hubs to provide services. Providers can either be stationed at each hub or, like the mobile model but using constructed indoor spaces rather than impermanent outdoor spaces, travel with the migrant population as it moves and move their childcare programming from hub to hub. While the former is easier to implement and the logistics are easier to manage, the latter allows for continuity in the caregiver-child relationship. Placing childcare hubs at border bottlenecks may also increase the number of families who can access those services. However, an important consideration is to ensure clear separation between immigration and border authorities and those aid organizations providing care, as mixing these two groups can create reluctance to access care among migrant populations.<sup>170</sup>

The success of safe spaces as employed in Haiti, the Solomon Islands and the Indian Ocean response,



© UNICEF/UN0435477/CZAJKOWSKITO

as well as child friendly spaces in China, show that formal and permanently constructed spaces can be a strong way to deliver services in immediate response to disaster. Expanding on the services that these spaces offer will allow children to receive better care and more adequately address the development needs of young children during acute onset emergencies. The successful expansion of services offered through child friendly spaces in China suggest that this may be successful in other contexts. Safe or child friendly spaces can be a central location for nutrition, health, WASH and social protection efforts. They can also be a place for well-trained caregivers to provide trauma-informed care, in addition to the play and early learning activities that many already host. Similarly, these spaces that are well integrated into the community and are staffed by community members can be the driving force for supporting early childhood development beyond the childcare space.

Childcare hubs, as an extension of child protection efforts, are best suited to contexts where disaster or conflict has destroyed a lot of local infrastructure, making it difficult to create safe spaces for children to play, learn and receive care. Childcare hubs provide the safe physical spaces for childcare. They are likely less well-suited to migration contexts, though the Blue Dot hubs model demonstrates that services can be effectively provided along migration routes if strategically placed. Building and maintaining these spaces does require a relatively high level of aid infrastructure in the affected area. Childcare hubs can also be used effectively in low or middle-income countries to establish formal childcare arrangements during emergency response that are then integrated

fully into the affected community as recovery moves along. To that end, they are also effective in contexts where childcare systems were relatively weak prior to the onset of emergency or where crisis has severely disrupted that infrastructure.

### *Model 3: Home-based care*

Home-based childcare refers to non-primary caregiver childcare arrangements that take place either at the home of the child or the home of the provider, as opposed to at a centre or an informal outdoor space in the mobile crèche model.<sup>171</sup> Home-based care programmes target providers (typically women) who are already operating in the community with nurturing care support, provider trainings and financial compensation.<sup>172</sup> This improves the quality of care being provided and ensures that care remains community-based and integrated. Many support programmes also create networks of childcare providers to facilitate the sharing of knowledge and best practices.<sup>173</sup> Community Welfare Homes in Colombia and Little Ripples in Chad, Tanzania, Cameroon, the CAR and Greece both provide a guide for what home-based care should target. However, modifications to home-based care support may be necessary to effectively translate it to the acute onset emergency context.

Home-based care is more difficult to provide during acute onset emergencies, so programmes may be of a different nature. During natural disasters or conflict many homes may be damaged or destroyed. These are not safe or nurturing spaces for children and, as such, many providers may no longer have a space

in which to operate. In these situations rebuilding spaces for home-based care or increasing access to other homes must be a priority of home-based care support. Similarly, during migration crises families often make their homes in unsafe places. Working to improve these spaces is crucial to supporting high quality home-based care. Beyond space, acute onset emergencies can severely disrupt provider support networks and training opportunities, especially if displacement is high. Efforts should be made to train new providers and establish or re-establish connections in the community. Lastly, acute onset emergencies can have significant impacts on a child's psychosocial health. Providers should be equipped with the knowledge and skills needed to support a child's development through these times and with the information to direct the most-impacted children to specialist services.

The home-based care model, by definition, requires providers to have a safe home from which to operate. In contexts where disaster or conflict has destroyed many homes, it may not be the best option. Similarly, home-based care support may be more difficult during migration crises. However, home-based care works well in contexts where physical infrastructure is still intact. In these emergencies, home-based care may be the easiest to implement, especially if aid infrastructure is lacking. Home-based care is also likely to be effective if affected communities already have strong childcare arrangements for support programmes to build on and improve.

# Considerations



© UNICEF/UN0313182/RUDAKUBANA

The forward-looking nature of this analysis and the novel nature of the problem of childcare during acute onset emergency crises suggest that there is no single best model. All three models seem promising in their ability to deliver accessible and high-quality childcare, even though each has its limitations and strengths.

There are four key areas for consideration when determining the model that best fits a crisis: the level and type of emergency, the income level of the country or countries impacted, the strength of existing childcare services and infrastructure, and the existing aid infrastructure in that area.

## **LEVEL AND TYPE OF EMERGENCY**

The nature of a specific acute onset emergency context is critical in determining what model or models to implement. The level of displacement is first and foremost in those considerations. The childcare hubs model and especially the home-based care model are more difficult to implement and likely less effective at providing elements of quality care during crises with high levels of displacement. This is likely more pronounced when displacement crosses borders.



As such, the mobile childcare model is likely best suited for migration emergencies. Natural disasters or conflict that destroys physical structures creates a need for safe spaces for children. If homes are destroyed, home-based care support may not be feasible or effective, at least in the initial stages of the emergency. The type of emergency may require prioritization of certain ECD elements as well, such as nutritional support during famine, health interventions during a pandemic, or trauma-informed care during periods of intense conflict. Thus, the model of childcare that can best deliver those elements may be the best fit.

## **INCOME LEVEL OF THE COUNTRY OR COUNTRIES IMPACTED**

Low- and middle-income countries will likely have different childcare needs than high-income countries impacted by acute onset emergencies. Formal childcare is very uncommon in low-income countries.<sup>174</sup> Childcare programming during crisis will need to focus on formalizing informal arrangements or providing new formal options for families to choose from. It is also likely the case that training levels for childcare providers in low-income countries are relatively low. Providing training opportunities, expanding the childcare workforce, and ensuring that all programmes meet or exceed quality standards set by national governments must be a priority. As income levels rise in a country affected by acute onset crisis, the overall strength of childcare systems tends to improve. Here, childcare models that rebuild pre-emergency systems, integrate displaced populations into host community systems during migrant crises, and ensure access for vulnerable residents of high-income countries should be emphasized.

## **EXISTING CHILDCARE SERVICES/ INFRASTRUCTURE**

Many successful childcare programmes run by aid organizations do not create childcare arrangements but rather build on, support and empower existing informal arrangements. Both the mobile childcare crèche and home-based care support models rely on this. As such, the extent to which childcare was already being provided in the community before the onset of an emergency, as well as the extent to which that provision has withstood the crisis, is crucial to determining which model will work best.

## **EXISTING AID INFRASTRUCTURE**

The more experience and resources the humanitarian community already has in a certain setting, the easier it will be to implement childcare programming. Additionally, the nature, location and quality of that existing infrastructure are crucial. Evaluating emerging crises for these factors will determine how and where childcare can be best implemented and thus which delivery model to follow. Furthermore, the humanitarian system's relationship with the affected country's government, its capacity, and the level of access given to partners greatly impacts the appropriateness of each model.

## **CRISIS AND DISASTER PREPAREDNESS**

Strengthening childcare systems before a crisis and being prepared to continue childcare during one is also vital. In every country, especially ones which are vulnerable to crisis, it is important to improve the size and capacity of

the childcare workforce. This should also include a distinct focus on the ability of childcare providers to continue to operate during emergencies and to provide care that is responsive to the unique needs of children affected by it. A resilient childcare workforce and system can make providing childcare during acute onset emergencies easier. It is also important for countries to develop their own plans to provide childcare during acute onset emergencies. These should be made at the countrywide level as well for each sector needed to effectively provide childcare.

Building up this preparedness will require collaboration beyond the humanitarian sector. Connections between humanitarian and development actors can be leveraged to build resilient childcare systems in areas that are vulnerable to crisis or conflict. This will improve the ability of communities to ensure that childcare is provided during acute onset emergencies as well as improving the overall early childhood environment in that community.

## **FURTHER RESEARCH**

Evidence to support these three models and the above recommendations comes primarily from non-acute emergency contexts. There remains a distinct lack of research, quantitative or qualitative, on what works to provide childcare in acute onset emergencies. As these models and others are implemented it is imperative that evaluations and assessments of effectiveness and implementation are conducted and understood. There also is a clear need for a better understanding of the impact of acute onset emergencies on childcare systems and families' need for childcare. More research in this area will help humanitarian actors to design better models specifically meant for acute onset emergency response.

# Implementation



This brief provides several broad considerations for childcare programming, five elements that all childcare models must include, and three models of provision for childcare in acute onset emergencies. The following section discusses potential next steps and strategies that can support implementation of these recommendations.

## SEEK AND INCORPORATE PARTNER FEEDBACK

The immediate next step in implementing the models that this brief proposes should be to seek and incorporate feedback from a variety of key actors in a crisis context. This should include agencies working on a variety of areas directly related to childcare, such as emergency response, migration, education, nutrition, child protection, health, WASH, gender and disability. Similarly, learnings from the examples here and in crisis contexts can inform contextually relevant programming.

## DEVELOP IN-DEPTH IMPLEMENTATION MANUALS FOR EACH MODEL

After incorporating feedback from partners and

other stakeholders, a suggested step is to develop implementation manuals for each model, as well as an overarching manual for implementing childcare during acute onset emergencies. This could include a detailed but flexible curriculum that incorporates trauma-informed care, play and early learning, as well as a training programme to guide childcare providers in using this curriculum. It could also include descriptions of the resources and materials necessary to create a safe space and provide that curriculum through each model, and how partners will work together to integrate other ECD programming into the childcare setting. This manual should emphasize the importance, in all areas, of local actors and the need to include community members in the process of tailoring each model to a specific context. Similarly, manuals should include specific guidance on adapting programming elements and models to be inclusive for children with disabilities, children of all genders, refugee children and children with undocumented or unclear status, children of marginalized ethnicities, migrant children and the youngest children. It can also build on manuals for the existing programme models that make up this brief, such as the mobile crèches in Rwanda or Blue Dot hubs.

## **ESTABLISH MONITORING INDICATORS AND FRAMEWORKS FOR EACH MODEL**

it is important that the effectiveness of these models is evaluated during and after implementation, especially given the lack of an evidence base for this issue. to this end, implementing partners could work on establishing a monitoring framework for each model and include it as part of the implementation manual



© UNICEF/UN0276030/HERWIG

or as a separate document. Similar frameworks can be used to monitor the effectiveness of trainings for providers and interventions for primary caregiver support and mental health. Each model's monitoring framework should also include measurements of

the accessibility of childcare programmes, primarily the number of children who access services and an estimated percentage of needs met in an area. All of this data should be disaggregated by gender, age, disability status, refugee status (where applicable), and

other demographic indicators. If feasible, an evaluation of the implementation should be conducted as well, focusing on elements such as timeliness, scale, scope and cost. Assessments of the extent to which implementation meets localization and accountability to affected populations goals should also be included.

Nevertheless, while monitoring is very important, it should not be prioritized to the extent that resources—time, personnel or financial—are significantly diverted from ensuring childcare programmes are successfully implemented and that the care they provide is accessible and of high quality. It may not be feasible or advisable, especially during the early stages of a programme, to conduct significant monitoring especially if resources are limited. As programmes progress, monitoring efforts can be increased. Also, it may be that children who spend a short time in childcare do not show significant positive results on development indicators. This may be particularly likely during acute crises. Results in such a time frame that show little change on development indicators should not immediately be taken as evidence that a programme is having no impact.

### **BUILD PARTNERSHIPS WITH REGIONAL AND FIELD ACTORS AND NATIONAL GOVERNMENTS**

Discussions around these programme models can be incorporated into conversations with policy makers. In doing so, stakeholders can lay the groundwork to implement one or many of these models in future acute onset emergencies. Given the immediate nature

of need during such an emergency, it is important that the implementation materials and monitoring frameworks for these models are distributed and taken up by those operating in the initial response to emergencies. Building the same relationships with national governments and their relevant ministries is crucial, as is gaining commitments to support childcare throughout emergency response.

### **INTEGRATE THESE MODELS INTO HUMANITARIAN RESPONSE PLANNING**

In the days after a crisis hits, humanitarian actors make a concerted effort to centralize response planning and resource requests. These humanitarian response plans (HRPs) are based on identified needs and provide strategic objectives for addressing them. Therefore, it is imperative that all key partners make the case for childcare as a critical need during humanitarian responses and advocate for its inclusion into HRPs. This will also contribute to obtaining the necessary funding to support childcare programming.<sup>175</sup> Humanitarian response primarily takes place through a cluster system, with 11 thematic groups or clusters, leading action in their areas of expertise. Cluster plans specify what the clusters will do to contribute to the strategic objectives outlined in the HRP. Because childcare services require support from multiple clusters, including education, protection, food security, health, nutrition, shelter and WASH there may be different entry points to support childcare. While child protection seems to be a natural entry point, other clusters have critical roles to play, too.



© UNICEF/UN0439623/DEJONGH

# Conclusion



© UNICEF/UN0255420/PASQUALL

This brief provides a guide for how to design childcare programming during acute onset emergencies. Although this is a novel area for humanitarian programming, evidence from childcare programmes in other contexts point to five elements that all childcare programmes should include to achieve high-quality care:

1. training and mentoring for childcare providers
2. trauma-informed care
3. spaces and curricula for play, early learning and social-emotional development
4. integrated nutrition, wash, health and social protection efforts
5. primary caregiver and community support and empowerment initiatives

Based on evidence from other contexts, as well as evidence of child protection programmes in acute onset emergencies, three models for childcare provision for acute emergency settings have been described: mobile childcare crèches, childcare hubs and homebased care. All three models have promising elements in their

ability to deliver accessible and high-quality childcare, though their appropriateness will vary by context. As humanitarian partners work to provide childcare during acute onset emergencies, they should consider the nature of the crises they are working in to determine the model or models that are best to implement.

Ensuring that every child and their family has accessible and high-quality childcare during crisis is a crucial step towards meeting target 4.2 of the 2015 Sustainable Development Goals, which calls for “all girls and boys to have access to quality early childhood...care” by 2030. The programming models outlined in this brief for acute onset emergencies offer concrete elements for implementation. These programmes also have the potential to have an impact on the lives of young children. The early years of life are critical for a person’s development. A child’s experiences during these years lay the foundation for their mental and physical health, education attainment and future economic earnings potential. Experiencing crisis during these years significantly threatens early childhood development, both through the direct trauma of crisis and the impact that crisis has on a child’s ability to access opportunities for play, socialization and early learning. Without strong intervention, the benefits that positive development during these years brings may be lost.

Childcare can be that intervention. Accessible and high-quality childcare can provide children with critical opportunities for play, early learning and socialization with peers. It can also be a place for children to develop strong relationships with providers, relationships that are critical for dealing with the trauma of crisis, as well as a space



© UNICEF/JUN0439623/DEJONGH

for other early childhood development interventions to support nutrition, health, social protection, WASH and responsive caregiving among parents and community

members. Simply put, childcare can help give children in acute onset emergencies the opportunity to thrive now and into the future.

# Endnotes

- 1 United Nations, Convention Relating to the Status of Refugees, Geneva, 28 July 1951.
- 2 United Nations Children's Fund, *Early Childhood Development in Emergencies: Integrated Programmed Guide*, UNICEF, New York, 2014.
- 3 Gromada, Anna, Dominic Richardson and Gwyther Rees, *Childcare in a global crisis: the impact of COVID-19*, Innocenti Research Brief, UNICEF Innocenti Research Centre, Florence, 2020.
- 4 Devercelli, Amanda E. and Beaton-Day, Frances, *Better Jobs and Brighter Futures*, World Bank, Washington, DC.
- 5 Elliot, Leilani and Claire Whiting, *Child Neglect in Humanitarian Settings: Literature Review and Recommendations for Strengthening Prevention and Response*, The Alliance for Child Protection in Humanitarian Action, 2018.
- 6 Bassett, Lucy, et al., *Assessment of Early Childhood Development Programming in Humanitarian Settings: Final Report*, UVA Humanitarian Collaborative, Inter-agency Network for Education in Emergencies, and Moving Minds Alliance, 2021.
- 7 United Nations Children's Fund, Humanitarian Action for Children 2020 Overview, UNICEF, New York, 2019.
- 8 United Nations Children's Fund, *Child displacement*, UNICEF Data, New York, 2020.
- 9 United Nations Children's Fund, *29 million babies born into conflict in 2018*, Press release, 19 September 2019.
- 10 United Nations Office for the Coordination of Humanitarian Affairs, *Global Humanitarian Overview 2021*, OCHA, 1 December 2020.
- 11 Samman, Emma and Joan Lombardi, *Childcare and Working Families: New Opportunity or Missing Link?*, United Nations Children's Fund, New York, 2019.
- 12 Samman, Emma, Elizabeth Presler-Marshall, and Nicola Jones, *Women's work: Mothers, children and the global childcare crisis*, Overseas Development Institute, London, 2016.
- 13 United Nations Children's Fund, *Situation tracking for COVID-19 socioeconomic impacts*, UNICEF Data, New York, 2020.
- 14 Devercelli and Beaton-Day, *Better Jobs and Brighter Futures*.
- 15 First Things First, *Why Early Childhood Matters: Brain Development*. <https://www.firstthingsfirst.org/early-childhood-matters/brain-development/>
- 16 *Early Childhood Development in Emergencies*.
- 17 Moving Minds Alliance, *Supporting the Youngest Refugees and their Families*, 2019.
- 18 Bouchane, Kolleen, et al., *Early Childhood Development and Early Learning for Children in Crisis and Conflict*, prepared for 2019 UNESCO Global Education Monitoring Report, 2018.
- 19 Ibid.
- 20 World Health Organization, United Nations Children's Fund, World Bank Group, *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*, World Health Organization, Geneva, 2018.
- 21 Bouchane, Kolleen, Molly Curtiss, and Bethany Ellis, *Safe Spaces: The Urgent Need for Early Childhood Development in Emergencies and Disasters*, TheirWorld, 2016.
- 22 Samman, Presler-Marshall, and Jones, *Women's work*.
- 23 Power, Kate, 'The COVID-19 pandemic has increased the care burden of women and families', *Sustainability: Science, Practice and Policy*, vol. 16, no. 1, 2020, pp. 67–73.
- 24 Samman and Lombardi, *Childcare and Working Families: New Opportunities or Missing Link? An evidence brief*, UNICEF, New York 2019.
- 25 Ibid.
- 26 UN Women, Facts and Figures, Economic Empowerment, 2018. <https://www.unwomen.org/en/what-we-do/economic-empowerment/facts-and-figures>
- 27 United Nations Children's Fund, *Core Commitments for Children in Humanitarian Action*, UNICEF, New York, 2020.
- 28 United Nations Children's Fund, *Family-Friendly Policies: Redesigning the Workplace of the Future*, UNICEF, New York, 2019.
- 29 United Nations, *Sustainable Development Goals: 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all*, UNICEF, New York, 2015.
- 30 Garcia, Jorge Luis, et al., *There's more to gain by taking a comprehensive approach to early childhood development*, The Heckman Equation, 2016.
- 31 World Bank Group, *Early Childhood Development*; Gertler, Paul et al., 'Labor market returns to an early childhood stimulation intervention in Jamaica', *Science*, vol. 344, no. 6187, 2014, pp. 998–1001.
- 32 World Bank Group, *Early Childhood Development*, 25 October 2021.
- 33 Devercelli and Beaton-Day, *Better Jobs and Brighter Futures*.
- 34 Ibid.; Gromada, Richardson and Rees, *Childcare in a global crisis*; Kaneko, Marina, Joan Lombardi, and Adam Weisz, *Support Programs for Home-Based Child: A Global Study*, Spring Impact, Echidna Giving, 2020.
- 35 The Urban Child Institute, *Why Child Care?*, Memphis, Tennessee. <http://www.urbanchildinstitute.org/why-0-3/child-care>
- 36 Gromada, Richardson, and Rees, *Childcare in a global crisis: the impact of COVID-19*.
- 37 Devercelli and Beaton-Day, *Better Jobs and Brighter Futures*.
- 38 Elliot and Whiting, *Child Neglect in Humanitarian Settings*.
- 39 Ibid.
- 40 Samman and Lombardi, *Childcare and Working Families*.
- 41 Ibid.
- 42 Cazabat, Christelle, et al., *Women and Girls in Internal Displacement*, Internal Displacement Monitoring Center, IMPACT Initiatives, and Plan International, 2020.
- 43 Collado, Zaldy C. and Alessandra T. Arpon, 'Single-Mothering as a Category of Concern in Times of Displacement: The Case of Internally Displaced Persons in Southern Philippines', *Journal of Social Service Research*, vol. 47, no. 2, 2021.
- 44 UN Women, *Progress of the World's Women 2015-2016: Transforming Economies, Realizing Rights*, United Nations, New York, 2015.
- 45 Subrahmanyam, Gita, *Gender perspectives on causes and effects of school dropouts*, Swedish International Development Cooperation Agency, 2016; Samman, Presler-Marshall, and Jones, *Women's work*.
- 46 Samman, Presler-Marshall, and Jones, *Women's work*.
- 47 Subrahmanyam, *Gender perspectives*.
- 48 Ibid.
- 49 Ibid.
- 50 Ibid.
- 51 Affordability is typically less of an issue in emergency contexts, as programmes are typically provided free of charge to families. Thus, while affordability will not be discussed in depth in this report, keeping childcare cheap without sacrificing quality should remain a priority where families do have to pay.
- 52 *Family-Friendly Policies*.
- 53 Brooker, Fred, et al., *Evaluation of the UNICEF Philippine Country Office 'Early Childhood Care and Development' and 'Basic Education' components of the 7th GPH-UNICEF Country Programme 2012–2016*, Oxford Policy Management, 2017.
- 54 *Nurturing care for early childhood development*.
- 55 Ibid.

- 56 Solon, Pura, et al., *Nurturing care for children living in humanitarian settings*, United Nations Children's Fund, International Rescue Committee, World Health Organization, Early Childhood Development Action Network, and the Partnership for Maternal, Newborn & Child Health, 2020.
- 57 Ibid.
- 58 Rochat, Tamsen Jean, et al., *Caring for the Caregiver*, UNICEF, New York, 2019.
- 59 Brooker, Fred, et al., *Evaluation of the UNICEF Philippine Country Office*.
- 60 Serrokh, Badreddine, *A Review of UNICEF's Approach to Localization in Humanitarian Action*, UNICEF, New York, 2019
- 61 Samman and Lombardi, *Childcare and Working Families*.
- 62 International Organization for Migration, *Glossary on Migration*, No. 34, IOM, Geneva, 2019.
- 63 Murphy, Katie Maeve, Hirokazu Yoshikawa, and Alice J. Wuermil, 'Implementation research for early childhood development programming in humanitarian contexts', *Annals of the New York Academy of Sciences*, vol. 1419, 2018, pp. 90–101.
- 64 Devictor, Xavier, *2019 Update: How long do refugees stay in exile? To find out, beware of averages*, World Bank Group, Geneva, 2019.
- 65 Park, Hans, *The power of cities*, United Nations High Commissioner for Refugees, Innovation, 25 November 2016.
- 66 United Nations High Commissioner for Refugees, 'Internally Displaced People', <[www.unhcr.org/uk/internally-displaced-people.html](http://www.unhcr.org/uk/internally-displaced-people.html)>, accessed 26 November 2021.
- 67 Almond, D., Currie, J., and Duque, V. (2018). Childhood circumstances and adult outcomes: Act ii. *Journal of Economic Literature*, 56(4):1360-1446.
- 68 Duncan, G. J. and Magnuson, K. (2013). Investing in preschool programs. *Journal of Economic Perspectives*, 27(2):109-32.
- 69 Elango, S., Garcia, J. L., Heckman, J. J., and Hojman, A. (2015). Early childhood education. In *Economics of Means-Tested Transfer Programs in the United States*, Volume 2, pages 235-297. University of Chicago Press.
- 70 OECD. 2018. *Starting Strong: Engaging Young Children. Lessons from Research about Quality in Early Childhood Education and Care*. Paris: OECD Publishing.
- 71 Rao, N. 2010. Preschool Quality and the Development of Children From Economically Disadvantaged Families in India. *Early Education and Development* 21(2): 167-185.
- 72 Malmberg, L., P. Mwaura, and K. Sylva. 2011. Effects of a preschool intervention on cognitive development among East-African preschool children: A flexibly time-coded growth model. *Early Childhood Research Quarterly* 26: 124-133
- 73 Richter, L., and M. Samuels. 2018. The South African universal preschool year: A case study of policy development and implementation. *Child: Care, Health and Development* 44(1): 12-18.
- 74 Britto, P., H. Yoshikawa and K. Boller. 2011. Quality of early childhood development programs and policies in global contexts: Rationale for investment, conceptual framework and implications for equity. *Social Policy Report* 25(2): 1-31
- 75 Schanzenbach, Diane Whitmore and Lauren Bauer, *The long-term impact of the Head Start program*, Economic Analysis, The Hamilton Project, Brookings Institution, 2016.
- 76 Duarte, Georgianna and Donna Rafanello, 'The Migrant Child: A Special Place in the Field', *Young Children*, vol. 56, no. 2, 2001, pp. 26–34.
- 77 Ibid.
- 78 Ibid.
- 79 O'Brien, Geraldine, et al., 'East Coast Migrant Head Start Project: Continuity—Catalyst to quality service delivery for infants and toddlers', *Young Children*, vol. 7, no. 3, 1995, pp. 83–88.
- 80 Duarte and Rafanello, 'The Migrant Child'.
- 81 Byers-Heinlein, Krista and Casey Lew-Williams, 'Bilingualism in the Early Years: What the Science Says', *LEARNing Landscapes*, vol. 7, no. 1, 2013, pp. 95–112.
- 82 Aboud, Frances and Kerrie Proulx, *Strengthening Early Childhood Care and Education*, Global Partnership for Education, 2019.
- 83 Ammon, Yukhiko and Maniza Ntekim, *Building an early childhood development system from scratch: the Liberian experience*, Bernard van Leer Foundation, 2016.
- 84 Ibid.
- 85 Almost all programs reviewed in this report monitor their impact by comparing baseline scores on ECD measures to scores after a period of time. While an increase in these scores should be viewed as evidence of the program's success, this method is not rigorous enough to accurately assess whether or not these programs caused that increase. Doing so would require randomization and a control group, both of which are difficult and sometimes undesirable in humanitarian situations.
- 86 World Bank Group, *Education Projects: School Readiness and Escuela Nueva*, Geneva, 2019.
- 87 Ibid.
- 88 Rao, Nirmala, et al., *An Evaluation of the Early Childhood Care and Development Programme Bhutan*, Ministry of Education Bhutan and United Nations Children's Fund, 2020.
- 89 Ibid.
- 90 Ibid.
- 91 Ibid.
- 92 Ibid.
- 93 Wood, John, et al., *Regional Knowledge and Leadership Agenda for Children in the CEE/CIS Region*, United Nations Children's Fund, 2014.
- 94 Samman and Lombardi, *Childcare and Working Families*.
- 95 'World Bank on Social Protection in Africa: Burkina Faso Mobile Childcare Scheme Could Transform Public Works' *Capital Finance International*, 23 January 2019.
- 96 'Childcare in Crisis', *World Policy Journal*, 6 June 2014.
- 97 'World Bank on Social Protection in Africa'.
- 98 Ibid.
- 99 Ibid.
- 100 Ibid.
- 101 Mobile Creches, *Distress Migration: Identity and Entitlements: A Study on Migrant Construction Workers and the Health Status of their Children in the National Capital Region*, 2008.
- 102 Kaneko, Lombardi, and Weisz, *Support Programs for Home-Based Childcare*.
- 103 Houser, Veronica, *Building happier families in the Rwandan tea industry*, United Nations Children's Fund, 2018.
- 104 Ibid.
- 105 Ibid.
- 106 Kaneko, Lombardi, and Weisz, *Support Programs for Home-Based Childcare*.
- 107 Ibid.
- 108 Bouchane, *Early Childhood Development*.
- 109 Ibid.
- 110 Ibid.
- 111 Ibid.
- 112 International Rescue Committee, *Education, Early childhood development at the International Rescue Committee*, New York and London, .
- 113 Bouchane, *Early Childhood Development*, <[www.rescue.org/sites/default/files/document/1034/irceducationearlychildhooddevelopmentinfo0816.pdf](http://www.rescue.org/sites/default/files/document/1034/irceducationearlychildhooddevelopmentinfo0816.pdf)>, accessed 26 November 2021.
- 114 Ibid.
- 115 iACT, Little Ripples, <[www.iact.ngo/impact/little-ripples](http://www.iact.ngo/impact/little-ripples)> , accessed 26 November 2021.
- 116 Ibid.
- 117 iACT, Little Ripples: Fact Sheet, 2019. Ben couldn't find original source but this should have the same information and can be cited instead: <https://www.iact.ngo/impact/little-ripples/>
- 118 HundrED, 'Little Ripples: Impact & Scalability', <https://hundred.org/en/innovations/little-ripples#b3d1fab>
- 119 Kaneko, Lombardi, and Weisz, *Support Programs for Home-Based Childcare*.
- 120 Ibid.
- 121 iACT, *Little Ripples Evaluations Outputs, Outcomes, and Methodology, 2014 and 2015-- ATTACHED*
- 122 Ibid.
- 123 Ibid.



- 124 Moving Minds Alliance, 'Baytna: Early childhood development for refugees in Greece', Case study, May 2019.
- 125 Ibid.
- 126 Ibid.
- 127 Baidya, Emerald Upoma, et al., 'Designing Spaces with Victims of Humanitarian Crisis: Action Research on Spaces for Children at Rohingya Camps in Bangladesh', in *External Interventions for Disaster Risk Reduction*, 1st ed., edited by Imon Chowdhoree and Shams Mansoor Ghani, Springer, Singapore, 2020, pp. 103–119.
- 128 Ibid.
- 129 Ibid.
- 130 United Nations High Commissioner for Refugees and United Nations Children's Fund, *UNHCR, UNICEF launch Blue Dot hubs to boost protection for children and families on the move across Europe*, UNHCR, 2016.
- 131 Woodhouse, Latifa, *Our Impact on the Lives of Refugee Children in Greece*, UNICEF USA, 2018.
- 132 *UNHCR, UNICEF launch Blue Dot Hubs*.
- 133 Shanker, Abhijit, *Equity Case Study: China—Child Friendly Spaces in post-disaster settings and impoverished communities*, United Nations Children's Fund, 2012.
- 134 Ibid.
- 135 Madfis, Josh, Daryl Martyris, and Carl Triplehorn, 'Emergency safe spaces in Haiti and the Solomon Islands', *Disasters*, vol. 34, no. 3, 2010, pp. 845–64.
- 136 Dunn, Andrew, John Parry-Williams, and Celia Petty, *Picking up the pieces: Caring for children affected by the tsunami*, Save the Children, 2006.
- 137 Madfis, Martyris, and Triplehorn, 'Emergency safe spaces in Haiti'.
- 138 Ibid.
- 139 Dunn, Parry-Williams, and Petty, *Picking up the pieces*.
- 140 Ibid.
- 141 Ibid.
- 142 Samman and Lombardi, *Childcare and Working Families*.
- 143 *Little Ripples: A refugee- and community-led early childhood development program*.
- 144 *Little Ripples Evaluations Outputs, Outcomes, and Methodology*.
- 145 Rochat, Tamsen Jean, et al., *Caring for the Caregiver*.
- 146 *Little Ripples: A refugee- and community-led early childhood development program*.
- 147 United Nations Educational, Scientific, and Cultural Organization, *Education as healing: Addressing the trauma of displacement through social and emotional learning*, UNESCO Global Education Monitoring Report, Policy Paper 38, 2019.
- 148 Moving Minds Alliance, 'Baytna'.
- 149 Baidya, Emerald Upoma et al., 'Designing Spaces'.
- 150 Ibid.
- 151 Dowd, Amy Jo and Bo Stjerne Thomsen, *Learning Through Play: Increasing impact, Reducing inequality*, The Lego Foundation, 2021.
- 152 Dallain, Sarah-Christine and Katie-Jay Scott, *Little Ripples: Refugee-led early childhood education*, iACT, 2017; Solon, Pura, et al., *Nurturing care for children living in humanitarian settings*.
- 153 Murphy, Katie, et al., *Preschool Healing Classrooms Early Childhood Education Program*.
- 154 Baidya, Emerald Upoma, 'Designing Spaces with Victims of Humanitarian Crisis'.
- 155 Ibid.
- 156 Capital Finance International, *World Bank on Social Protection in Africa*.
- 157 Solon, Pura, et al., *Nurturing care for children living in humanitarian settings*.
- 158 iACT, *Little Ripples: A refugee- and community-led early childhood development program*.
- 159 iACT, *Little Ripples Evaluations Outputs, Outcomes, and Methodology*.
- 160 Trikić and Stellakis, *Building bridges—bridging the gap*.
- 161 National Migrant & Seasonal Head Start Association, *Migrant & Seasonal Head Start Works!*.
- 162 *Nurturing care for early childhood development*.
- 163 Bouchane, *Early Childhood Development*.
- 164 Ibid.
- 165 Ibid.
- 166 Rochat, Tamsen Jean, et al., *Caring for the Caregiver*.
- 167 Ibid.
- 168 Ibid.
- 169 'World Bank on Social Protection in Africa'.
- 170 Huebner, Gillian and Fleischer, Rhonda, *Building Bridges for Every Child, Reception, Care and Services to Support Unaccompanied Children in the United States*, United Nations Children's Fund, New York, 2021.
- 171 Kaneko, Lombardi, and Weisz, *Support Programs for Home-Based Childcare*.
- 172 Ibid.
- 173 Ibid.
- 174 UN Women, *Progress of the World's Women 2015–2016: Transforming Economies, Realizing Rights*, 2021
- 175 Moving Minds Alliance and SEEK Development. (2020). "Analysis of international aid levels for early childhood services in crisis contexts." <https://movingmindsalliance.org/wp-content/uploads/2020/12/analysis-of-international-aid-levels-for-early-childhood-services-in-crisis-contexts.pdf>

## IMAGE CREDITS

**Image 1:** Adapted from World Health Organization, United Nations Children's Fund, World Bank Group, *Nurturing care for early childhood development*.

**Image 2:** Reyes, Raul A., 'Life-Changing': Head Start Gives Latino Migrant Children Early Education, NBC News, 2016.

**Image 3:** Kaneko, Lombardi, and Weisz, *Support Programs for Home-Based Childcare*.

**Image 4:** iACT, *Little Ripples: A refugee- and community-led early childhood development program*.

**Image 5:** Baidya, Emerald Upoma, 'Designing Spaces with Victims of Humanitarian Crisis'.

**Image 6:** United Nations High Commissioner for Refugees and United Nations Children's Fund, UNHCR, UNICEF launch Blue Dot Hubs.

**Image 7:** Baidya, Emerald Upoma, 'Designing Spaces with Victims of Humanitarian Crisis'.

**Image 8:** Capital Finance International, 'World Bank on Social Protection in Africa'.

**Image 9:** Murphy, Katie, et al., *Preschool Healing Classrooms Early Childhood Education Program*.



**HUMANITARIAN  
COLLABORATIVE**  
AT THE UNIVERSITY OF VIRGINIA

unicef  | for every child