April 2021

Child Care in Humanitarian Crisis:

Programming Models for Acute Onset Emergencies

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unicef for every child

ACKNOWLEDGEMENTS AND DISCLAIMER

This Applied Policy Project could not have been completed without the support of so many people. First and foremost, thank you to Chemba Raghavan, Nada Elattar, and Erica Wong at UNICEF for providing me with the opportunity to work on such a powerful issue. I am grateful for your insights, patience, and guidance throughout this project, and deeply appreciative of the work you do to help children around the world. Thank you as well to the many other experts at UNICEF and numerous other organizations who took the time to speak with me and provide their own insights on this project.

I would also like to thank my advisor, Professor Lucy Bassett, for her tireless support and valuable feedback over the last two semesters. I cannot tell you how much I appreciate your dedication to helping me learn and your passion for and knowledge of my topic. Thank you to the many other professors at the University of Virginia and Batten School who have inspired me and helped me grow, including Professor Isaac Mbiti and Professor Jeanine Braithwaite. Special thanks to Professor Kirsten Gelsdorf for introducing me to the topic of early childhood development in emergencies and for your mentorship.

Thank you as well to my classmates for your friendship and advice. Thanks especially to Meghan Clancy and Andrew Prince for your feedback and close eye these past two semesters.

Lastly, thank you to my parents. Without your support of my own early childhood development—or all the years after—I would not be where I am today.

Disclaimer: The author conducted this study as part of the program of professional education at the Frank Batten School of Leadership and Public Policy, University of Virginia. This paper is submitted in partial fulfillment of the course requirements for the Master of Public Policy degree. The judgements and conclusions are solely those of the author, and are not necessarily endorsed by the Batten School, by the University of Virginia, by the United Nations Children's Fund, or by any other entity.

On my honor as a student, I have neither given nor received unauthorized aid on this assignment.

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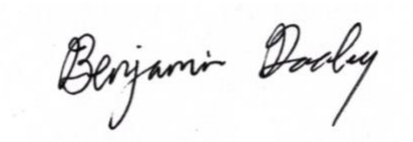
Date: April 9, 2021



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GLOSSARY AND ACRONYMS

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

Child Care: Any service or program 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. Child care programs can target children of any age from birth to formal school entry.

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 report, "primary caregiver" and "parent" are often used interchangeably.

- Early Childhood or Child Care 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 child care center or preschool.

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 1000 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 (ECDiE): Programming that seeks to support early childhood development in children facing humanitarian crises and 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.

- 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 Populations, or IDPs) or across national borders.

- Refugee: 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. *(Definition from the 1951 Refugee Convention)*

- 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, programs, 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: Young children include children between the age of zero to eight years or the age of school entry. In this report, children ages 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 the hygiene of all people. Inadequate WASH facilities or procedures can lead to diseases such as diarrhea that severely threaten a child's health.

EXECUTIVE SUMMARY

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

This has significant consequences for the roughly 59 million children living in crisis around the world, as well as for their families. The early years of life, typically considered ages zero to eight, are critical for a person's development. Child care can play a positive role during those years, providing children with opportunities to socialize with their peers, interact with the environment around them, and build strong and close relationships with caregivers. Without adequate child care during this time, children miss out on these important opportunities for growth. Furthermore, 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. Child care can be a critical space to manage this stress and is thus all the more important during times of crisis. Child care also provides respite from the burden of care for parents, improving their mental health and allowing them time to work. These benefits often fall disproportionately to women, helping to lessen gender inequities in labor force participation and in the home.

A review of child care programming models in humanitarian crises showed that while there is a significant need for more child care programming in all emergency contexts, this need is most apparent in acute onset contexts. This same review determined five elements that should be included in any child care program in acute emergencies. These five elements are (1) trainings for child care providers; (2) trauma-informed care; (3) spaces and curricula for play and early learning; (4) integrated nutrition, WASH, health, and social protection efforts; and (5) primary caregiver and community support and empowerment initiatives.

This report then considers three models for provision of these elements. Mobile Child Care Creches use informal or outdoor spaces to provide child care and can be established almost anywhere, including during crises with high levels of displacement. Child Care Hubs are formally established spaces, ideally located in central community locations or at key points along migration routes, to which families bring their children to receive child care. Home-Based Child Care Support provides assistance to providers operating child care arrangements in their homes. Analysis of each of these models on how likely they are to provide accessible and high-quality care found that all three show promise on both fronts and that each model may be best suited for different emergency contexts. UNICEF should begin preparing to implement all three models in future acute onset emergency settings.

1. INTRODUCTION

1.1. Problem Statement

Children and families in humanitarian emergencies around the world lack affordable, accessible, and high-quality child care. This is especially so during the acute onset stage of emergencies, where implementation is extraordinarily difficult and there is a lack of existing child care programming models to build on.[1]

An estimated 59 million children around the world are living in a humanitarian crisis,[2] including at least 31 million children forcibly displaced from their homes.[3] The scale of this problem is increasing at a rapid pace. In 2018, more than 29 million new children were born into areas of affected by conflict, contributing significantly this increase.[4] Additionally, the 2020 COVID-19 pandemic has caused the largest spike in humanitarian need ever seen, with a 40% increase in people requiring humanitarian assistance over one year, many of them young children.[5] These children require child care to protect and support their physical, cognitive, and socioemotional development.

In 2017, fewer than one-third of children ages three to five in developing countries participated in an early childhood care program.[6] That number is even lower in countries with ongoing humanitarian crises[7] and has been exacerbated by the COVID-19 pandemic.[8] It is also likely much lower for children ages zero to three.[9] This lack of child care has significant negative consequences for early childhood development.

The first years of life are critical to a person's development. Eighty percent of the human brain is fully formed by age three. By age five, that number is up to 90%.[10] 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 a fragile foundation for future growth.[11] Children who receive ample positive opportunities for play, early learning, relationship-building, and socialization are able to build 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 economic earnings.[12] These effects can compound through generations, as threats to empathy and self-control development can affect future parenting practices.[13] **The impact that crisis and trauma have on development mean that young children cannot afford to wait for crisis to end or subside before adequate child care is provided.[14] 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 child care. Around the world, women spend an average of three times as much labor on child care as men.[15] This uneven burden has been exacerbated by the ongoing COVID-19 pandemic.[16] This discrepancy is one of the main drivers of the global labor force participation gap. In 2018, female labor force participation was roughly 30 percentage points lower than that of men, 48% to 75%.[17] As a result, women are more likely to face extreme poverty[18] and less likely to have an equal voice in family choices and financial planning.[19] Even during crisis, when many parents may not be working, child care can provide an important source of respite for primary caregivers or give primary caregivers the time necessary to acquire food or shelter aid and utilize other important services. Ultimately, providing safe and nurturing child care allows parents and primary caregivers to focus on tasks that can help them support and care for their children and families.

1.2. UNICEF and the Global Community's Responsibility in Addressing this Problem

UNICEF plays a major role in both the humanitarian field and the early childhood development field and is well positioned to lead on ensuring that every child in acute onset emergencies receives affordable, accessible, and high-quality child care. Improving child care during crisis will help fulfill the Early Childhood Development commitments of UNICEF's Core Commitments for Children in Humanitarian Action, which are access to services, support to parents and caregivers, and capacity-building.[20] It will also further UNICEF's mission to create a supportive environment for caregivers through Family-Friendly Policies, a key pillar of which is affordable, accessible, and high-quality childcare.[21]

These commitments build on UNICEF and the global community's mandate to ensure that young children receive adequate support. Target 4.2 of the 2015 Sustainable Goals calls for "all girls and boys to have access to quality early childhood…care" by 2030.[22] 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 services during crisis. High-quality child care should be a central focus of those efforts. Furthermore, investment in child care as a form of early childhood development programming can yield enormous later-in-life benefits.[23] 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 ability to escape poverty.[24] Overall, it is estimated that each additional dollar invested in quality early childhood programming yields $6 to $17 in benefits to society.[25] **All this suggests emphatically that the time for the global community to invest in child care during acute onset emergencies is now.**

2. BACKGROUND

2.1. Child Care

In this report, the term "child care" refers to any service or program 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.[26] This includes a wide variety of programs that run from birth to the time a child enters formal primary education. The various categories of these programs are detailed in Box 1 below.[27]

Box 1: Types of Child Care

Family-Based or Other Informal Care: This refers to child care 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 neighbors 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: Home-based care refers broadly to 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. However, many of the interventions that support home-based care arrangements can be used to support family-based care as well.

Center-Based Care: Center-based care refers to child care arrangements at a space that is intended specifically for child care, as opposed at a home. These spaces are often called daycares, nurseries, or creches.

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

The Importance of Child Care

Child care, and accessible and high-quality child care especially, has enormous benefits for both the young children who receive care and the parents or primary caregivers of that child. The lack

of such care in acute onset emergencies prevents young children and their parents from realizing these benefits. This can have a significant impact on the quality of life for young children and their parents, both at the time of crisis and for years to come.

Importance for Young Children

Child development, especially in the early years, is highly dependent on quality child care. Child care 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.[28] High-quality child care is especially important in emergency contexts, where primary caregivers often have fewer resources and less time to provide social-emotional and cognitive stimulation.[29] Programs that either provide that stimulation directly or train caregivers to provide stimulation are vital to successful development. Furthermore, children in crisis are more likely to be in unsafe environments,[30] especially during crises with high levels of violence or displacement. Child care can provide that safe environment.

Humanitarian crises cause severe stress on children's brains.[31] 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 life-long implications on health and many other long-term outcomes.[32] Similarly, children in humanitarian crises are at higher risk of abuse and neglect, which threaten physical, mental, cognitive, and socioemotional development.[33] High-quality child care not only protects against neglect but decreases the potential effects of neglect on development, lessening the risk of dangerous later-in-life outcomes such as stunted growth, depression, substance abuse, and post-traumatic stress disorder.[34] Finally, child care programming can serve as a mechanism for the provision of other services during humanitarian crisis, such as healthcare services, WASH facilities, medicine, nutrition programs, 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.

Importance for Parents or Primary Caregivers

One of the primary purposes of child care in non-emergency contexts is to 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,[35] and can play a significant role in closing the labor force participation gap between men and women.[36] In emergency contexts, and especially acute onset emergency contexts, labor force participation is typically lower for all people, and thus the benefits that child care bring to improving gender equality in this area are, while still important, less salient. However, child care programs 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

or shelter aid, work to rebuild their home, or do other tasks that are not conducive to caring for children at the same time. Providing child care during acute emergencies gives parents a secure and positive environment for their child, freeing them to focus on other things or providing an opportunity for caregivers themselves 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, and thus child care should be seen as important to both mothers and fathers, it is likely the case that women are still in greater need of child care during crisis. Single mother-headed households are likely disproportionately common in humanitarian crises, given the demographics displaced populations[37] and populations at the acute onset stage of a crisis, and often face greater vulnerability, difficulty accessing services, and psychological impact.[38] 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 child care provide are thus even more important to women during crisis.

What Makes Good Child Care?

It is critical that all children and families have affordable, accessible, and high-quality child care options available to them.[39] This first point of affordability is typically less salient in emergency contexts, as programs are typically provided free of charge to families. Thus, while affordability will not be discussed in depth in this report, keeping child care low cost without sacrificing quality should remain a priority in any case where families do have to pay for services. The last two points, accessibility and high-quality, are discussed in further depth below.

Accessible

Even when affordability is not a concern, a number of other barriers may be in place that prevent families from fully utilizing all the child care services and options available to them. Combatting these barriers and ensuring that accessing child care is as easy as possible is critical. This is especially true in emergency contexts, when barriers to access are higher. One critical barrier may be the availability of information about child care services: how to access them, what child care consists of, and what the benefits of child care are.[40] It is thus crucial that information be widespread and well-communicated. Efforts to reach the most vulnerable and marginalized populations with this communication are of particular importance. Another barrier may be the location of services. Child care that is far away or in an unsafe location will be less accessible to families. This is always a concern but especially so during acute onset emergencies, during which disaster or conflict may have damaged buildings, roads, or other infrastructure, and clean-up and reconstruction likely have not begun. Child care services that are centrally located in communities and built off of existing community structures are likely to be more accessible,[41] as parents and primary caregivers are more likely to utilize child care when that care is somewhere they frequent.

Involving affected communities in decisions about where to place child care programming can ensure that physical accessibility is high.

Equitable and inclusive access for all children and families is of paramount importance. Young girls, children with disabilities, children of marginalized ethnicities or unclear legal status, and children ages zero to three often face greater barriers to access. Explicitly targeting these children is critical. Efforts should be made to overcome the stigmas around disability, gender, or age that lead to inequitable access. Increased resource support or program 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. A more detailed discussion of equitable and inclusive child care can be found in later in this section.

High-Quality

The need for child care services during acute humanitarian crisis is not a novel idea nor has it previously gone unnoticed. However, humanitarian actors have tended to emphasize protection from abuse and neglect, as well as care for unaccompanied children, in efforts to care for young children during acute onset emergencies. Similarly, child care programming in more protracted crises has primarily been in the form of preschool services that center 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 child care.**

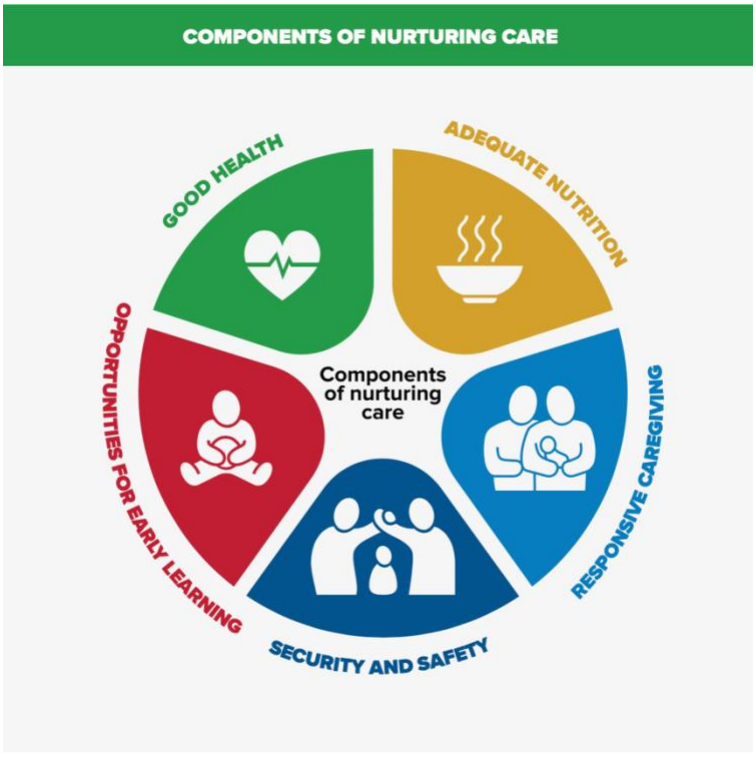

Image 1: The Nurturing Care Framework

Supporting and protecting early childhood development during crisis requires caregivers to address all areas of development. Early childhood development practitioners generally refer to the Nurturing Care Framework[42] (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). Comprehensive child care during crisis must cover all five

components of this framework, rather than just protect safety and security or provide early learning.[43] 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 non-child care specific early childhood services, such as immunization programs and nutritional support. Child care settings that serve as a location for integrating other ECD programs can help combat these difficulties. The Nurturing Care Framework also calls for attention to all stages of life and their impact on 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.[44] Child care can service as a point of delivery for these services.

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 critical 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. More responsive caregiving allows caregivers to better 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.

It is also critical that all child care is culturally responsive and community-integrated. This increases parental trust of and support for child care programs,[45] 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 child care programming is therefore crucial.[46] Additionally, all child care providers should be members of the local community. Efforts should be made to increase their capacity and skills as caregivers,[47] rather than use aid workers or non-local community members to provide care.

High quality and accessible child care must be high quality and accessible for everyone. This requires programming modifications and resource distributions that directly and intentionally

advance equity, as well as efforts to combat the stigmas that create inequity. The following paragraphs discuss how to ensure high-quality child care for children with disabilities, young girls, the youngest children, and children of marginalized ethnicities.

Child Care for Children with Disabilities: The early years of life are crucial to ensuring that children with disabilities are able to survive and thrive later in life.[48] Humanitarian emergencies thus pose an even greater threat to early childhood development for those children facing disabilities.[49] Young children with disabilities face a greater risk of abuse and neglect during crisis and likely face greater difficulty accessing and/or benefiting from normal health, nutrition, and education programming. Child care in any context can also provide children with disabilities opportunities to socialize with peers that they may not otherwise receive. It is thus all the more important that young children with disabilities have accessible and high-quality child care.

Unfortunately, stigmas against children with disabilities and a misperception that providing child care for children with disabilities is too expensive or difficult mean that children with disabilities face greater barriers to receiving accessible and high-quality child care. Child care programming must intentionally address these stigmas and barriers through its programming design and outreach by communicating the importance of child care for children with disabilities to parents and by making child care spaces accessible for children with disabilities. Providers should utilize program guidance from UNICEF and other partners to best include and support children with disabilities. Additionally, all elements of child care must be designed in collaboration with children and the families of children with disabilities, with the needs of children with disabilities as a core focus. This includes training programs for providers on how to provide nurturing care for children with various disabilities, modifications to materials to make them accessible and useful for all children, and adequate and inclusive environments and transportation.[50]

Advancing Gender Equity Through Child Care: Child care can play a powerful role in advancing gender equity for young children, in addition to the already noted benefits to gender equity for caregivers. Child care is the primary time for socialization for many young children. Norms around gender roles begin to develop during this time. It is thus critical that providers promote positive, inclusive, and equitable gender norms in the child care setting. Curriculum that explicitly combats harmful gender norms should be included. Additionally, child care services have an important role to play in protection efforts against gender-based violence, abuse, and discrimination, all of which are more common during crisis and incredibly harmful to early childhood development.[51] Unfortunately, young girls are likely to face greater barriers to accessing care.[52] Gender norms make it less likely for young girls to receive child care, especially during crisis when family resources are limited. Outreach to parents must emphasize the importance of child care for all children and the right to child care that all children have regardless of gender.

Child care programming can also promote positive gender norms in parenting practices and the burden of care. Child care providers should be sure to interface equally with both mothers and fathers, as well as emphasize the importance of the father in caring for the child. This interaction, which is discussed in more detail in Section 4.1, is also critical to ensuring that children are socialized on equitable gender norms beyond the child care setting.

Care for the Youngest Children: Child care is often seen as synonymous with preschool and only necessary for children ages three to eight in order to prepare them for formal education. There are thus typically fewer services available for children ages zero to three.[53] These services often cost more as well due to limited supply and limited government support.[54] However, it is important for both parents and children that young children of all ages, including those ages zero to three, have access to high-quality child care. The first three years of life are absolutely critical for development. Eighty percent of the human brain forms during this time. Child care, especially during crisis, is crucial to ensuring that this window of opportunity for positive development is not missed. To this end, child care providers should work to eliminate the misconception that the youngest children do not need child care. It is also critical that child care providers are equipped with the knowledge and skills to care for the development of children of all ages. This includes knowing how to modify curricula to target different age groups,[55] managing tension or power dynamics between older and young children, and understanding the different early childhood development goals and benchmarks of different age groups.

Combatting Ethnic Discrimination in Child Care: Crisis has the potential to exacerbate existing tensions in communities. Especially during migration crises or crises with high displacement, ethnic tensions may increase or emerge. This is especially true if host communities feel that refugees or other displaced persons have access to services that they do not. To combat this, it is crucial that child care programming be integrated into host communities and be available for both host and displaced populations. Integrated programming also provides the opportunity for child care to serve as a way to decrease tensions and support social cohesion. Curricula that teach children to respect and cooperate with each other despite differences should be incorporated into child care,[56] especially in settings where displaced populations are prevalent or where ethnic tension is high. If language barriers exist, programming should work to facilitate conversation about differences across those barriers. If incidents of discrimination do occur, they must be addressed directly and immediately in a way that encourages growth and respect.[57]

It may also be true that displaced populations are unable to access child care services that are available to host populations. This should not be the case. Child care providers should ensure that services are available to all, regardless of ethnicity or legal status. It should also be made clear that the refugee, immigration, or other legal status of any family will not be shared with immigration authorities if that family accesses child care services.[58]

2.2. 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 man-made 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 both man-made and natural events. Complex emergencies like this can cause significant breakdown in authority in a region and require many different actors working together to provide assistance. While humanitarian crises impact everyone, that impact is often greatest on the most vulnerable populations. 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 respond to crisis 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.[59] 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.[60] 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 displaced from home,[61] often in refugee camps but increasingly in urban settings.[62] Discussions of displacement and migration often revolve around refugees and other populations who move across borders. However, many displaced due to emergency are internally displaced. Internally displaced persons (IDPs) remain under the protection of their home country government,[63] even though those governments are often a cause of displacement. As such, IDPs often live in difficult to access areas and are among the most vulnerable populations in the world.

Many crises begin due with 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. Emergencies of this nature are known as acute onset emergencies. These 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 man-made or natural threats, a crisis may become prolonged. During prolonged crisis, 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. 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, and in particular modern complex 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 child care programming easier to accomplish during protracted crises compared to acute onset emergencies. In fact, there are a number of successful programming models for child care in protracted crises. This is not the case in acute onset settings. Section 3 goes into greater detail on a number of these programs and makes the case that, while efforts to provide accessible and high-quality child care 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 child care in acute onset emergencies.

3. REVIEW OF EXISTING PROGRAMMING MODELS

Where Evidence Comes From

Research on child care during acute onset emergencies is extremely limited. This is in part due to a lack of programs operating in these contexts to study or evaluate and in part due to the difficulty of generating evidence and research during these contexts. As such, this report is built primarily off of evidence from three categories: child care programs from non-humanitarian contexts, child care and other early childhood development programs from protracted humanitarian emergencies, and child protection programs in acute onset emergencies. While none of these models can be perfectly extrapolated to the issue of child care in the acute onset emergency context, many aspects have the potential to be successful in that context. Those aspects form the basis for the models and recommendations proposed in Sections 4 and 5 of this report.

3.1. Non-Humanitarian Contexts

Migrant Head Start in the United States

Head Start is one of the most effective child care programs run in the United States, with proven long-term positive impacts on educational outcomes, social and behavioral development, and future parenting practices for participants.[64] Created to provide low-cost child care 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 child care.[65] As families move, education, health, and nutrition specialists employed by Migrant Head Start move with them.[66] When families stop to work, centers (see Image 2) are established to provide comprehensive child care while the parent is at work. Records of the child's health, nutrition, and education history also follow,[67] providing

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

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.[68] While continuity of providers is always preferred, this is not always possible during migration. Migrant Head Start's record keeping system offers up 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 in bilingual education.[69] This has the dual benefit of increasing trust of child care amongst parents and improving child development.[70]

Early Childhood Workforce Development in Liberia and Vietnam

Improving workforce capacity and capability is crucial to ensuring wider access to high-quality child care.[71] To this end, the government of Liberia developed a comprehensive training framework for care providers, with a particular focus on pre-elementary teachers.[72] This program centers caregiver education on how young children develop and how to create a stimulating, supportive, and safe environment.[73] A similar program in Vietnam aimed at improving school readiness through improved teacher training showed significant success[1], with a 15-point improvement on language test scores and 18-point improvement on math scores.[74] Students at the lower end of the baseline distribution gained outsized benefits, as did traditionally disadvantaged groups.[75] The success of these trainings suggest that the preparedness and skills of child care providers are absolutely critical to providing high quality child care.

Integrated Development Centers in Bhutan

Integrated development centers were at the forefront of Bhutan's efforts to expand child care services and improve early childhood development.[76] Programming in these centers was based on the Nurturing Care Framework and included health, nutrition, and parenting interventions for all children.[77] As children got older, early learning programs were incorporated into early childhood programming as well, leveraging center-based care to provide spaces for stimulation and play.[78] Evaluations of this program show that, while access remains low and many improvements to quality are still needed, these centers have led to improvements in child outcomes.[79] The impact of these centers rose as time went on, and by age six program participants showed higher early childhood development index scores by about 8 points, a significant difference from non-

[1] 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.

participants, with an equal impact across gender.[80] Scaling up such a comprehensive program is difficult, as other countries have experienced in trying to scale pre-school programs.[81] However, the experience of Bhutan suggests that effective child care must account for all aspects of a child's development.

Image 3: A women leads an activity at a Mobile Creche in India

Mobile Creches in Burkina Faso, India, and Rwanda

Women who are unable to access child care services for their children must either care for their child at home themselves, preventing them from entering the workforce,[82] or bring their child to work with them, where attention toward the child is limited[83] and children are potentially exposed to unsafe or unsanitary conditions.[84] To confront and overcome this tradeoff, the government of Burkina Faso implemented mobile child care centers at public works projects, known as Mobile Creches.[85] These centers formalized existing local child care 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.[86] The government also provided toys and other play materials (see Image 3), a curriculum to ensure children received adequate stimulation, and parental caregiving education.[87] Evaluations of these mobile centers are forthcoming, but improvements in women's productivity and agency and in children's development are expected.[88] A study of a similar program in India found mobile child care creches to have a positive impact on child nutrition, reducing the baseline share of those with severe malnutrition classifications from 37% to 9% a year later.[89] Mobile Creches in India have also shown success at scale, supporting 1,200 to 1,500 of the most vulnerable children each year.[90]

UNICEF has experience with the Mobile Creche model, implementing it in Rwanda to provide child care for the children of women working in the tea industry.[91] UNICEF worked closely with one tea company to provide spaces for care and trainings to child care providers.[92] This program 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 Creches.[93] The Mobile Creche model operates successfully with hard-to-reach populations through center-based care. This demonstrates that while formally constructed centers might be useful, they may not be necessary to provide strong child care. Safe outdoor or informal spaces can provide the stimulation and play opportunities that young children require.

Community Welfare Homes in Colombia

Similar to Mobile Creches, Community Welfare Homes in Colombia were built off of organically established child care arrangements, integrating them into public services and putting them under the responsibility of the Colombian government.[94] This program 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 specialist when needed.[95] 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 program 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 programs strive to empower parents, caregivers, and other community members to best care for young children.

3.2. Child Care and other ECD Programming in Protracted Emergencies

Preschool Healing Classrooms in Lebanon

The International Rescue Committee uses an approach known as Healing Classrooms when providing education programming during emergencies. This approach aims to encourage learning and help children cope with the effects of crisis. It does so through trainings to teachers on creating positive environments, learning tools to build skills, and connections between parents, caregivers, and schools.[96] This approach has been adapted to the pre-primary and early childhood levels with Preschool Healing Classroom programs, initially as a response to the effects of displacement caused by the Syrian civil war.[97] This program 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.[98] 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.[99] 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.[100]

Attached to IRC's Preschool Healing Classrooms are a number of other programs that aim to improve other 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.[101] This program was designed in partnership with parents, making it a great example of the importance of community-involved programming. 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 child care. This intervention also created informal and formal early learning centers, targeted to later ages of the early childhood period, that allow primary caregivers to access play-based learning opportunities for their children.[102] These interventions are discussed more in Section 4.1.

Image 4: A Little Ripples Pond

Little Ripples in Chad, Tanzania, Cameroon, the CAR, and Greece

iACT's Little Ripples early childhood development program centers community and caregiver participation in its approach to child care programming in long-term refugee settings. The program aims to improve the socio-emotional, cognitive, and physical development of young children impacted by crisis.[103] iACT and partners train teachers, caregivers, and community members in an adaptable play-based and trauma-sensitive early childhood education curriculum in order to build the child care capacity of the community. This training happens over the course of just three days. Program 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 program also creates a network for providers to learn from one another, helping each caregiver to improve their own capacity.[104] 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 as well,[105] demonstrating that this model is replicable and scalable to many different crisis contexts.[106]

Assessments of Little's Ripples impact found it to have success in achieving many of the features of a high-quality child care program. Little Ripples showed extremely high levels of parent comfort, with 100% of participating parents saying they felt their child was safe in the program, compared to only 44% who said they felt their child was safe in the camp overall.[107] Participation in the program also dramatically improved literacy (increase on baseline rates for share of children who could recite up to the tenth letter of the Arabic alphabet of 0% to 63% over one year) and numeracy (share of children who could count to ten in Arabic of 0% to 64% over one year) rates among targeted populations.[108] This success was long-lasting and continual, as follow-up assessments showed continued improvement in cognitive function, literacy, and numeracy.[109] Beyond education, Little Ripples resulted in significant gains in child health, WASH best-practices, and socio-emotional development,[110] demonstrating the success of Little Ripples as a comprehensive child care program. Follow-up assessments with parents also showed slight improvements in rates of responsive caregiving and adequate supervision.[111] Overall, Little Ripples serves as a strong model of comprehensive, equitable, and community-centered child care.

The Baytna Program in Greece

The Baytna program, or 'our home' in Arabic, was developed in Greece by the Refugee Trauma Initiative in response to the large number of Syrian refugees in the country. Unlike Preschool Healing Classrooms or Little Ripples, Baytna is not a child care program by definition, in that parents typically stay with their child at Baytna centers. However, the features of the program provide direct lessons for child care programming. First, Baytna puts establishing a safe environment as its highest priority, understanding that this environment is key for successful development.[112] From there, Baytna centers provide opportunities for early learning of numeracy and literacy, play, socialization, and coping mechanisms. Interventions to support parental caregiving practices and parent mental health are provided at the same location and time. Central to the curriculum, both for children and for parents, are interventions to help refugees cope with the stress, trauma, and confusion that results from prolonged displacement, including concerns about cultural loss for children.[113] Baytna has shown powerful results. A study of one-year results showed dramatic improvement in child engagement with others (96% of parents reporting an observed increase), child emotional expression (92%), child literacy and numeracy (78%), and child concentration and focus (86%).[114] The success of these interventions provides a strong model for integrating trauma-informed care with early learning and caregiver support.

Humanitarian Play Labs in Cox's Bazar, Bangladesh

Humanitarian Play Labs are also not child care by definition, as parents again typically stay with their child at the labs. Similar to Baytna, however, this program provides a number of insights into how to provide child care during crisis. Humanitarian Play Labs (HPLs) were established by

BRAC in the Cox's Bazar refugee camp for Rohingya refugees. HPLs center play as a means of empowering children and encouraging healing and early learning.[115] 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.[116] 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.[117] This input led the program's implementers to mimic traditional Myanmar courtyards in the HPL space. This likely increased both the quality and cultural relevancy of the program for children, as well as parental trust of the program.

Image 5: A piece of artwork in a Humanitarian Play Lab

3.3. Child Protection in Acute Onset Emergencies

Blue Dot Hubs in the Syrian Migrant Crisis

Image 6: The locations of Blue Dot Hubs during the Syrian refugee crisis

As migration crises develop, common migration routes begin to emerge. Centered around major roads or train tracks, urban centers, 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 counseling services to children on the move during the Syrian refugee crisis.[118] 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 over 8,000 children.[119] While they are set up at many points along this route, they are heavily concentrated around border bottlenecks, known as migrant hot spots. These hot spots 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 centered in urban centers and other common destinations for migrants.[120] These Blue Dot hubs offer a broader model for how to deliver services to hard-to-reach migrant populations.

Post-Disaster Child Friendly Spaces in China

UNICEF and partners in the Chinese government responded to the 2008 Sichuan Earthquake by establishing 40 Child Friendly Spaces in the affected area.[121] These spaces were the site for centralized child protection, child welfare, and psychosocial support services, primarily targeted toward 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 program also included training programs 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.[122] 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 child care centers would be difficult to do at the same scale that they operated as protection spaces, there is still potential to expand on a smaller scale.

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 programs.[123] These programs 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 8 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.[124]

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 over 7,500 children in rural and remote settings.[125] In both cases, Safe Spaces were put up within a month after disaster and improved emotional and physical well-being compared to baselines.[126] 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 centers.[127] This wide reach was likely in large part due to strong coordination between UNICEF, Save the Children, the Child Fund, the IRC, and local NGOs and governments.[128] These groups relied heavily on local volunteers, demonstrating the importance and benefit of including local populations in any child protection or care programming.[129] Similar to 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 child care to young children and their families.

3.4. Key Takeaways from Review of Existing Programming Models

This review of existing programming models yields two overarching takeaways. First, the successes of various programs in a number of different contexts point to five programming elements that any child care model must include in order to achieve high quality. These are:

1. trainings for child care providers;
2. trauma-informed care;
3. spaces and curricula for play and early learning;
4. integrated nutrition, WASH, health, and social protection efforts; and
5. primary caregiver and community support and empowerment initiatives.

Section 4.1 goes into more detail on each of these elements and how they should be included in acute onset emergencies.

Second, this review reveals a significant lack of child care programming model for acute onset emergencies. That is not to say that there is not also a lack of child care in developing contexts or protracted emergencies. The need for increased provision of affordable, accessible, and high-quality child care remains high in those settings. However, there are clear models with a somewhat robust evidence base that UNICEF and its partners can follow to incorporate into their programming in those contexts. This is not the case for acute onset emergencies. **There is a distinct need for exploration of innovative approaches to providing child care programming in acute onset emergency contexts. The next section of the report outlines what those approaches should be.**

4. CHILD CARE MODELS FOR ACUTE ONSET EMERGENCIES

The following section describes how child care programming can and should be designed in acute onset emergencies. First, Section 4.1 outlines in more depth the various elements that the above review of existing programs suggests all child care programs must include in order to provide high-quality care. From there, Sections 4.3, 4.4, and 4.5 detail three models for provision of child care—mobile child care creches, child care hubs, and home-based child care support. Each model is described in some detail, including the setting of care and the programs it builds on. Each description is followed by a brief analysis of how well this model meets two criteria (outlined in Section 4.2): feasibility of providing accessible care and, through the five elements all models must include, feasibility of providing high-quality care.

4.1. Programming Elements for All Models to Achieve High Quality

The above review of different programming models revealed five elements that make programming effective in providing high-quality child care. All models of child care provision should include these elements in some form, modifying as necessary for the context.

Trainings for Child Care Providers

Any child care service that meets quality standards has to be staffed by early childhood facilitators trained in working with young children.[130] UNICEF and its partners 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. Maintaining this workforce is difficult during crisis, especially acute onset emergencies. However, a number of programs have found ways to increase child care workforce capacity in the humanitarian context. iACT's Little Ripples program uses three-day-long trainings where future child care providers go through the curriculum of the program just as children would experience it and are then empowered to adapt that curriculum to different settings.[131] Follow-up trainings are then conducted as providers gain more experience in their role. This training model is highly effective at empowering providers to positively impact early childhood development.[132] Similar trainings should be incorporated into programming during acute crises. These trainings should also incorporate programming that supports the child care providers themselves through mental health support, confidence-building exercises, and networking with other child care providers. These interventions are crucial to ensuring that providers can build strong relationships with the children they care for.[133]

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. Child care programming must include elements that help young children to cope with and overcome that trauma, such as medical services, social and emotional learning interventions, and confidence- and resilience-building activities.[134] The Refugee Trauma Initiative's Baytna program is proven to effectively help build resilience in young children.[135] Their curriculum and approach should serve as a model for providing trauma-informed care in acute onset emergency contexts. Space is also crucial in developing trauma-informed child care. BRAC's Humanitarian Play Labs in Cox's Bazar, Bangladesh are decorated with children's artwork and fabrics with floral prints that are common in Rohingya culture (see Image 7).[136] This provides a sense of familiarity and lessens the psychological impact that displacement from home has on young children.[137]

Spaces and Curricula for Play and Early Learning

Children, especially at the youngest ages, learn primarily through play, stimulation, and active interaction with the environment around them.[138] Child care spaces should be safe, welcoming, comfortable, and have resources to encourage play, such as blocks and toys.[139] Child care can also serve as a place to improve school readiness. IRC's Preschool Healing Classrooms curriculum presents a strong model to incorporate literacy and numeracy interventions during crisis.[140] IRC uses relatively permanent constructed spaces (see Image 9). Other models, such as the Humanitarian Play Labs in Cox's Bazaar and Mobile Creches 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 out of locally-available and cheap materials and include culturally common activities to stimulate early learning such as art, games, and music.[141] This allows children to develop while staying attached to their home culture.[142] Mobile Creches in

Image 8: An outdoor Mobile Creche in Burkina Faso

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.[143] All of these programs provide a guide for how child care spaces should be constructed and resourced during acute onset emergencies.

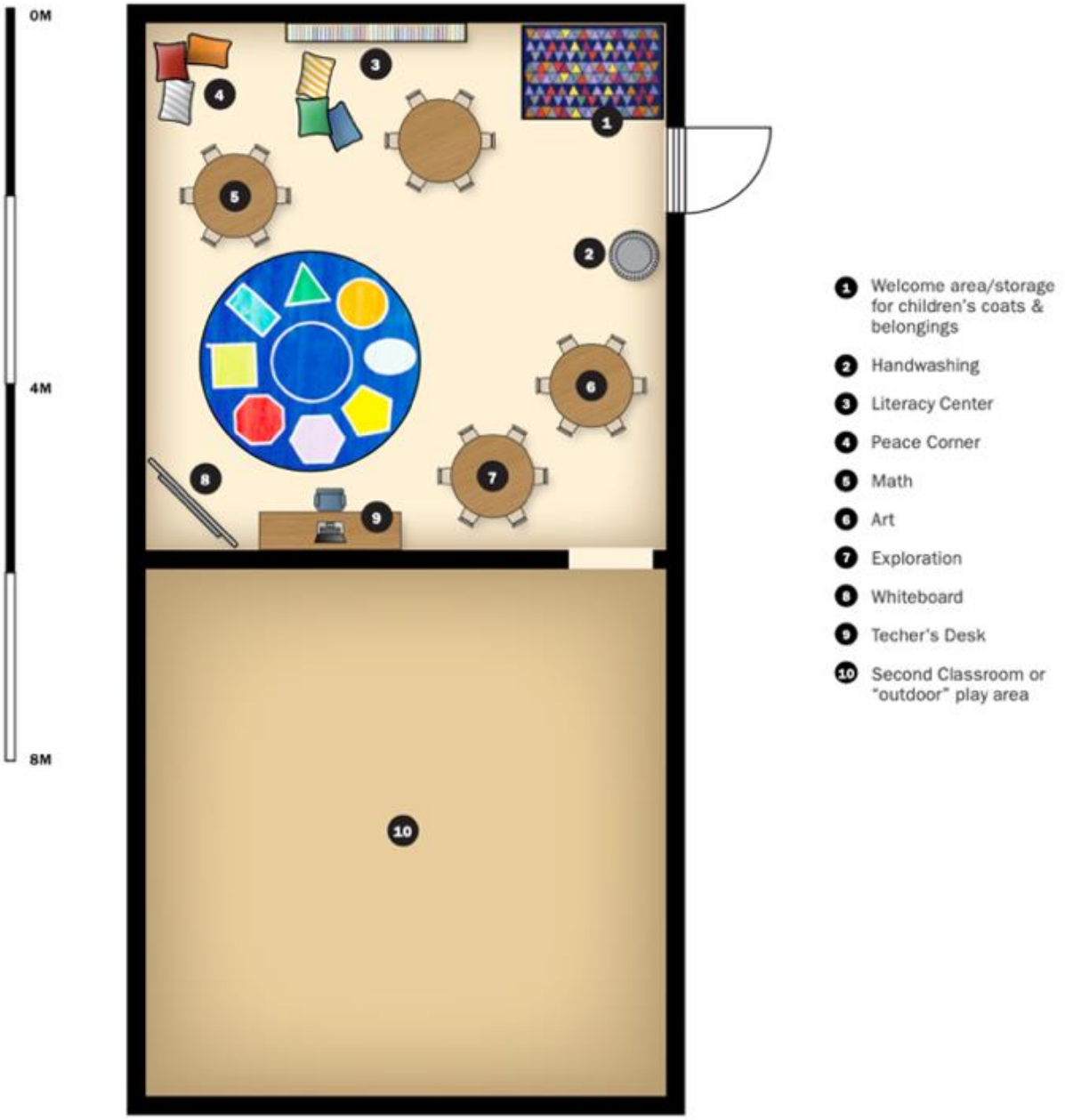

Image 9: Sample Preschool Healing Classroom layout from Lebanon

Integrated Nutrition, WASH, Health, and Social Protection Efforts

Child care 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.[144] When a child attends child care they should receive a nutritious meal or snack, and efforts should be made to monitor the child's nutritional status. All child care spaces should also include adequate WASH facilities. Child care 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. This should be done in cooperation with other aid agencies, national governments, and local actors where possible. iACT's Little Ripples program strongly integrates these ECD elements into its curriculum[145] and has demonstrated the effectiveness of such integration, especially on health and WASH outcomes.[146] This level of integration should be translated to acute onset emergency settings.

Primary Caregiver and Community Support and Empowerment Initiatives

Child care 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, child care professionals should discuss any difficulties their child is facing with the parents, such as emotional difficulties, health issues, or difficulties with literacy and numeracy, and work with and support the parent to best care for their child 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 outtake forms for child care services.[147] It is crucial that these records travel with the child and the parent during periods of displacement.[148] This will enable future providers to best serve the child and their family. Child care services can and should be a grounding point for including the whole community in supporting the development of young children as well. This can include efforts to expanded upon positive social norms and practices surrounding early childhood development[149] and steps to ensure that the broader environment and community is safe for and supportive of young children.

The IRC's child care and ECD programs in Lebanon use a number of different methods to provide at-home support to parents and other primary caregivers. Connected with their Preschool Healing Classrooms approach is a program that employs text messages with daily ECD activities that can be done at home.[150] These messages help primary caregivers to provide a higher quality of care and integrate their at-home care with the curriculum of the child care service.[151] 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. IRC also runs the Families Make the Difference program in Lebanon. This program targets parents with a number of group parenting sessions, typically held at a child care center, on crucial elements of parenting and ECD. They run

similar programming through home visits as well, aiming to reduce barriers to attending sessions at the child care center.[152] 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 center may be further limited.

Home visit and group session programs 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 the majority of the caregiving burden.[153] Caregiver distress is not only bad for the caregiver themselves but can negatively impact the relationship between the caregiver and the child, which harms early childhood development.[154] Caregiver distress levels are likely even higher during acute onset emergencies. This has the potential to compound on the direct impact crisis has on early childhood development. This makes supporting caregiver well-being during acute onset emergencies is crucial. Caregiver support based on UNICEF's Caring for the Caregiver package[155] (currently under development) should be included as much as possible in any interaction that a child care provider has with parents or primary caregivers.

4.2. Evaluative Criteria for Models of Child Care Provision: Accessibility and Incorporation of Elements of Quality

Child care programming in any context should provide accessible and high-quality child care. Each model of provision for acute onset emergencies impacts the feasibility of this task, and does so in different ways. It is crucial to understand the difficulties that will be faced when implementing a model so that UNICEF and its partners can take steps to overcome them and devote extra time, energy, and resources if need be. To this end, this paper analyzes each model on two fronts: the feasibility of providing accessible child care and the feasibility of providing elements of high-quality child care.

Accessibility

Child care programming during acute onset emergencies should aim to bring child care interventions to as many children as possible. UNICEF and its partners should work to ensure that there are as few barriers to access as possible, that access is equitable, and that child care programming meets as much of the affected population and their needs as possible. This criterion is best operationalized through qualitative evaluation and estimation of (1) the general accessibility of child care through each model and (2) the difficulties that young girls, children with disabilities, the youngest children, and children of marginalized ethnicities will face (detailed more in Section 2.1). Equity concerns across socio-economic status will also be discussed where applicable.

Incorporation of Elements of Quality

No matter the method of delivery, any child care programming model should contain the elements of quality described in Section 4.1: trainings for child care providers; trauma-informed care; spaces and curricula for play and early learning; integrated nutrition, WASH, health, and social protection efforts; and primary caregiver and community support and empowerment initiatives. Community involvement in design and delivery is also crucial in establishing the trust needed in quality care. The delivery of these elements will be crucial toward ensuring that high-quality care is provided, and their delivery should build off of programming examples with proven effectiveness. However, the method of delivery will impact success on each of these five elements to different degrees and in different ways. That impact and the extent to which each model might successfully include these five elements will be evaluated through qualitative analyses of the impact of each delivery model on each element.

4.3. Model 1: Mobile Child Care Creches

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 child care. There are a number of examples of strong child care programs that aim to do this by establishing child care spaces in places where there are the most children in need. Migrant Head Start in the United States and Mobile Creches in India, Burkina Faso, and Rwanda are two of the most prominent examples. Both provide insights into how child care 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 Creches have not been employed in a humanitarian context. However, their proven success at providing child care 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 Creches in Burkina Faso grew out of informal arrangements made among migrant workers;[156] it is likely that similar arrangements are being made among those in crises. At the start of a crisis, UNICEF and other aid workers should make efforts to identify existing informal child care arrangements that are being made and build on these arrangements whenever possible. Once UNICEF has identified where need lies and the structures that child care creches can be built on, they should offer trainings to those caring for children. In addition, they should provide food, educational and play resources for children, as well as assistance in ensuring that children have a safe, protected, and welcoming environment. Similar to 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 child care that is offered.

Accessibility

Overall Accessibility: The mobile child care model is likely to be the most accessible model. Caregivers traveling with migrants or going to places of the most need suggests that child care services can continue to operate even as families move or as need shifts during emergencies. Similarly, the unconstructed nature of child care spaces in the mobile model suggests that they can be closer to affected populations and that it will be easier for parents to bring their child to these spaces. This is especially true if formal child care arrangements are built off of existing informal arrangements. The mobile model is also the easiest model to scale, and thus has the highest potential to reach a large number of migrants.

Equity concerns: The mobile child care model presents significant concerns for equitable access for children with disabilities. The lack of a formally or permanently constructed space makes it more difficult to create a space that is safe and welcoming for children with disabilities.[157] Children with developmental disabilities will also likely struggle if their child care space continuously changes.[158] There are no specific concerns on this model for equitable access across gender, race, or ethnicity. Still, caregivers should remain focused on ensuring equity in their work. Mobile Creches have typically been very strong at providing care for children of all ages.

Incorporation of Elements of Quality

Trainings for child care providers: The success of a number of short and flexible caregiver training models such as that used in Little Ripples suggests that it is highly feasible to develop a strong child care workforce to provide child care through the mobile model. Mobile Creches in developing contexts have also shown that these trainings are welcomed by communities, especially when informal child care arrangements already exist.[159]

Trauma-informed care: Providing trauma-informed care is also highly feasible through the mobile child care model. Relationships with providers are critical for providing trauma-informed care. In emergencies with low displacement levels, this is highly feasible. But even in migration crises, as caregivers travel with children, they can build strong relationships with the children they care for and provide emotional support and resilience-building interventions, which are critical for providing strong trauma-informed care.[160]

Spaces and curricula for play and early learning: Providing spaces for play and early learning that are safe, welcoming, comfortable, and well-resourced will likely be relatively difficult through the mobile child care model. The uncertainty of where the child care space will be and the fact that most if not all spaces will be outside make providing such a space difficult. Furthermore, disaster or conflict often makes spaces more dangerous. This is compounded in migration crisis, as migrants are moving through unfamiliar terrain and territory.

Integrated nutrition, WASH, health, and social protection efforts: The feasibility of using child care as a mechanism to provide other early childhood development services is mixed for the mobile model. On one hand, having consistency in child care providers makes monitoring of nutrition, health, and social protection risks easier,[161] and this model is strong at accomplishing this continuity. On the other, the lack of permanent child care structures makes WASH efforts more difficult. Furthermore, providing specialized services to the children most in need is more difficult without a permanent space for health, nutrition, or social protection specialists to operate out of.

Primary caregiver and community support and empowerment initiatives: Providing support to and empowering primary caregivers and the wider community is highly feasible through the mobile creche model. Continued interaction between providers and parents can occur fairly easily in this model, especially when parents bring their children to and from child care. This is made more possible by continuity of providers, as they can build trust and understanding with the parent. Providers should travel as best as possible with migrant communities and be integrated into affected populations during all types of emergency. This will also make it easier for providers to lead the community's support of early childhood development, as they are engrained in the community. This allows them to provide interventions beyond the child care space that create a more holistic supportive environment for young children during the response to acute onset emergency.

4.4. Model 2: Expand on Child Protection Efforts—Child Care Hubs

While true child care programming in acute onset emergencies is rare, there are numerous successful examples of child protection efforts. These offer up 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 center-based child care. 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 child care 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 to expand on to deliver comprehensive child care. Once predictable migration routes have been established during a crisis, UNICEF should work with host country governments, affected populations, and other UN agencies to build safe, welcoming, and stimulating spaces where parents can bring their children. These spaces should be staffed by migrants trained on how to best provide child care. If the crisis is one that crosses borders, the host country community should 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 theses hubs to provide services. Providers can either be stationed at each hub or, similar to the mobile model but using constructed indoor spaces rather than impermanent outdoor spaces, travel with the migrant population as it moves and move their child care 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 child care hubs at border bottlenecks may also increase the number of families who can access those services. However, UNICEF should work to ensure clear separation between immigration and border authorities and those aid organizations providing care, as mixing of these two groups can create reluctance to access care among migrant populations.[162]

The success of Safe Spaces as employed in Haiti, the Solomon Islands, and the Indian Ocean Response, 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 child care space.

Accessibility

Overall Accessibility: Overall accessibility is likely to be high through this model, though not as high as through the mobile model. Child care hubs can be intentionally placed within the affected population community, whether at key points along migration routes, at newly created camps of displaced persons, or in other central locations. However, whereas the mobile model brings child care to affected populations and creates a space around them, this model does still require families to travel, even if just a little, to a new space. This journey may require displaced persons to alter their migration routes or require families, displaced or not, to travel on unsafe routes, making accessing child care less convenient. Efforts to increase awareness these child care hubs among families are thus crucial to ensuring that access levels are high.

Equity concerns: As child care spaces become more permanent, concerns about access for children with disabilities diminish, though ensuring equitable access should still be at the forefront of all caregiver's minds. Permanently constructed indoor spaces can contain more of the features needed to meet the needs of children with disabilities.[163] They can also be more consistent in their design, helping children with developmental disabilities. Child care hubs that are built along migration

routes during migration crises are likely to more closely involve host community members. While this can be a great benefit, concerns about equity along race or ethnicity increase,[164] especially if tension between migrant and host communities is high. This concern is lower in acute onset emergencies without high levels of cross-border displacement. The child care hub model may also be less accessible for the youngest children. While many see out-of-home care as important for children ages three to eight, the benefit of similar care structures for children ages zero to three is not as widely recognized by governments[165] and communities, so families may face more difficulties enrolling younger children. There are no specific concerns on this model for equitable access on gender. Still, ensuring equitable access on gender should remain a priority for caregivers.

Incorporation of Elements of Quality

Trainings for child care providers: Providing trainings to strengthen the size and capacity of the child care workforce is highly feasible through this approach. This is again a result of the success of a number of short but effective caregiver training models that can easily be translated to the acute onset emergency context. This is true regardless of whether or not hubs are built along migration routes for displaced populations or are targeting low displacement contexts. However, it may be more difficult to continuously interact with providers along migration routes, especially if providers decide to travel with children.

Trauma-informed care: Providing strong trauma-informed care through the child care hubs model is highly feasible, especially in contexts with low displacement. Relationships are crucial in providing this type of care. If children are able to continuously access child care services at these hubs, then they can build strong connections to caregivers. This will be more difficult along migration routes and will depend heavily on whether or not providers travel with migrants. If so, providers will be able to develop close relationships with the children they care for, enabling them to effectively undertake resilience-building activities and interventions to manage stress. However, if providers are stationed at hubs along routes this will be much more difficult.

Spaces and curricula for play and early learning: Creating spaces that are safe, welcoming, comfortable, and well-resourced is highly feasible through the child care hubs model. More permanent spaces can be indoors and designed to be more child-friendly. Furthermore, it is easier to include toys, books, and games that stimulate play and early learning.

Integrated nutrition, WASH, health, and social protection efforts: It is highly feasible for child care to serve as a mechanism for additional early childhood development services through the child care hubs model. Permanent structures can hold high-quality WASH stations and are easy for nutrition, health, social protection specialists to frequent. In migration emergencies, if providers travel with migrants, then they can provide informal monitoring of the child's development and help guide children to specialized services when required. Even if they do not, intake and outtake

forms that record these aspects of a child's development can provide a similar continual monitoring system, so long as parents are made aware of the importance of these forms. In emergencies with lower levels of displacement, providing these specialized services through child care hubs becomes easier. Monitoring the child's health, nutrition, and social safety can be done by child care providers or specialists in these areas.

Primary caregiver and community support and empowerment initiatives: While it is feasible to provide strong support and empowerment initiatives through the child care hub model, a number of factors make it more difficult than through other models. First, during crises with high levels of displacement it may be difficult to create a sustained relationship between providers and primary caregivers or providers and the affected community. The stronger these relationships are, the easier it will likely be to provide support and empowerment through child care services. Even in crises with low levels of displacement, the experience of IRC in Lebanon suggests that center-based caregiver support may not be highly accessible. This is likely even more so during acute onset emergencies. A text message or home visit model may be the best way to deliver these interventions through the child care hub model.

4.5. Model 3: Home-Based Care Support

Home-based child care refers to non-primary caregiver child care arrangements that take place either at the home of the child or the home of the provider, as opposed to at a center as in the previous model or an informal outdoor space in the mobile creche model.[166] Home-based care programs target providers (typically women) who are already operating in the community with nurturing care support, provider trainings, and financial compensation.[167] This improves the quality of care being provided and ensures that care remains community-based and integrated. Many support programs also create networks of child care providers to facilitate the sharing of knowledge and best-practices.[168] 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 support 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 support programs must 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 to receive care, and as such many providers may no longer have a space to operate in. Rebuilding spaces for home-based care or increasing access to other homes must be a priority of home-based care support in these contexts. Similarly, during migration crises families often make their homes in similarly unsafe places. Working to improve these spaces is crucial to supporting 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 psycho-social 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.

Accessibility

Overall accessibility: Home-based care can often be more accessible or culturally-relevant than models that operate outside of the home.[169] Home-based care models are also much more common than center-based models in developing and, to a lesser extent, developed countries.[170] This makes them a more natural fit in countries impacted by acute onset humanitarian emergencies. However, home-based care quickly becomes very difficult to access during acute onset emergencies if homes are damaged or destroyed due to disaster or conflict or if families are displaced from their home communities. As such, the accessibility of home-based care during acute onset emergencies depends heavily on the nature and cause of that emergency. Home-based care programs are also much more common in urban settings,[171] making home-based care support efforts potentially less likely to improve access in remote contexts.

Equity concerns: Home-based care programs often, though not always, take place in indoor spaces. This makes inequities for children with disabilities less of a concern than in the mobile model. However, these spaces may not be constructed with the needs of children with disabilities in mind. Concern about inequities for children with disabilities remains high and support for providers to include children with disabilities and reduce stigma should be included in home-based care support. Inequities across race or ethnicity are lower through the home-based care model, as these programs are typically well engrained into existing communities. Equity concerns on age are also lower, as home-based care is more common for children ages zero to three than center-based care models like child care hubs or preschool.[172] Gender inequities are of concern, however, as traditionally inequitable views about gender roles and access to child care for young girls may be more prominent in home-based care settings than in programs run directly or with more oversight from aid agencies. Additionally, home-based care programs often require payment from families. This may still be the case even during acute onset emergencies. Home-based care programs thus introduce concerns about socio-economic inequities.[173] This highlights the need for adequate financing support for home-based care during acute onset emergencies. While affordability has not been discussed much in this report, it is an important consideration for home-based care support programs.

Incorporation of Elements of Quality

Trainings for child care providers: It is highly feasible to provide trainings for child care providers through the home-based care approach. The effectiveness of short-term trainings used by home-

based care programs in protracted contexts like Little Ripples suggests that this training model may translate well to acute onset emergencies. This is especially true during emergencies with low displacement, but these trainings can be implemented as home-based care support programs during crises with high levels of displacement as well. However, it will likely be easier to provide continuous support to home-based care providers during emergencies with low levels of displacement.

Trauma-informed care: Providing trauma-informed care through home-based care support programs is highly feasible. Children receiving care from home-based care models typically go back to the same home each day. This provides continuity in care and allows providers to build strong relationships with children, a crucial aspect of trauma-informed care. Home-based care can often be more culturally-relevant as well. This is especially important for providing trauma-informed care to children going through displacement.

Spaces and curricula for play and early learning: Home-based care programs are, by definition, hosted in someone's home, and support interventions for home-based care typically do not construct or alter spaces. Successful home-based care support does provide guidance and resources to providers for how to improve those spaces and the curriculum for play and early learning that they allow for. However, uptake of this guidance is not assured, nor is the quality of any changes that are made.[174] This is particularly difficult in large-scale programs. As a result, it may be less feasible to ensure that this aspect is provided, especially in comparison to the mobile or hub models.

Integrated nutrition, WASH, health, and social protection efforts: Home-based care support programs do not naturally lend themselves to integrated nutritional, WASH, health, and social protection efforts. In contrast to mobile child care or child care hubs, home-based care tends to be more decentralized, with more locations spread throughout the community. This will likely make it more difficult for specialists in these areas to reach children with these services, or to implement nutritional or WASH programs directly at the place of child care. However, home-based care programs that develop networks of providers can also develop networks of these specialists. This will make providing these integrated ECD services easier and help more families to access them when needed.

Primary caregiver and community support and empowerment initiatives: Home-based care support programs are very well-suited to provide support to and empower primary caregivers and the broader community. Home-based care is very engrained in the community, especially if support programs build off of pre-existing informal child care arrangements.[175] This likely makes families and communities more trusting of that provider and more receptive to support that provider offers. Furthermore, the networks of child care providers that home-based care support programs

emphasize can be extended to the wider community, creating a community-wide collaborative effort to best support early childhood development.

4.6. Analysis Summary

Model 1: Mobile Child Care Creches

- Accessibility: The Mobile Creche model is likely to be the most accessible of the three, though there are high concerns for children with disabilities.
- Incorporation of Elements of Quality: It is likely to be strong at incorporating provider trainings and trauma-informed care. Spaces for play and early learning and integrated ECD services may be more difficult to provide. Mobile Creches are likely to be very strong at providing parental and community empowerment and support.

Model 2: Child Care Hubs

- Accessibility: The Child Care hubs model is also likely to be highly accessible, though likely not as much as the Mobile Creche model. Concerns about disability equity are less, but concerns about equity across age and ethnicity are higher, the latter especially during migration crises.
- Incorporation of Elements of Quality: In crises with low displacement, this model is likely very strong at providing all elements of quality child care. During migration crises, trauma-informed care and parental and community support and empowerment may be more difficult to provide, though not impossible.

Model 3: Home-Based Care Support:

- Accessibility: In other emergency settings, home-based care is often highly accessible. This may not be the case during acute onset emergencies, as homes may be damaged or populations may be displaced. Home-based care brings higher concerns over gender equity, as well as financial equity concerns. Home-based care is typically very strong at providing care to young children of all ages.
- Incorporation of Elements of Quality: This model is strong at incorporating trainings for providers and trauma-informed care, and integrating ECD services can be done as well though through different methods than the other two models. Spaces for play and early learning may be more difficult due to disaster. Home-based care is typically very strong at providing support and empowerment to parents and the broader community.

5. RECOMMENDATIONS

The forward-looking nature of this analysis and the novel nature of the problem of child care during acute onset emergency crises suggests that there is no way to determine the one best model. This is furthered by the lack of an evidence base on these specific models in these crises. Based on what limited data exists, all models are promising in their ability to deliver accessible and high-quality child care, though each has its limitations and strengths. In all likelihood, the best model will be context dependent. As UNICEF and its partners move forward with their efforts to expand child care during these crises, they should consider the nature of the crises they are working in to determine the model or models that best fit that specific crisis and then move to implement one or more child care programming models. What follows 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 child care services and infrastructure, and the existing aid infrastructure that UNICEF and its partners possess in that area.

5.1. Context Considerations

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 child care 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 child care 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 intervention during a pandemic, or trauma-informed care during periods of intense conflict. Thus, the model of child care 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 child care needs than high-income countries impacted by acute onset emergencies. Formal child care is very uncommon in low-income countries.[176] Child care 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 child care providers in low-income countries are relatively low. Providing training opportunities, expanding the child care workforce, and ensuring that all

programs meet or exceed quality standards set by national governments must be a priority. As income level rises in a country affected by acute onset crisis, the overall strength of child care systems tends to improve. Here, child care 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 child care services/infrastructure

Many successful child care programs run by aid organizations do not create child care arrangements but rather build on, support, and empower existing informal arrangements. Both the mobile child care creche and home-based care support models rely on this. As such, the extent to which child care was already being provided in the community before the onset of an emergency, as well as the extent to which that provision has withstood 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 humanitarian setting, the easier it will be to implement child care programming. Additionally, the nature, location, and quality of that existing infrastructure is crucial. Evaluating emerging crises for these factors will determine how and where child care can be best implemented and thus which delivery model to follow. Relatedly, the humanitarian system's relationship with the affected country's government, that government's capacity, and the level of access that UNICEF and its partners has greatly impacts the appropriateness of each model.

5.2. Where Each Model Works Best

Mobile Child Care Creches

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

Child Care Hubs

Child care hubs, as an extension of child protection efforts, are best-suited for 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. Child Care Hubs provide the safe physical spaces for child care. 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. Child care hubs can also be used effectively in low- or middle-income countries to establish formal child care 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 child care systems were relatively weak prior to the onset of emergency or where crisis has severely disrupted that infrastructure.

Home-Based Care Support

The home-based care support model, by definition, requires providers to have a safe home to operate from. 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 support works really in contexts where physical infrastructure is still intact. In these emergencies, home-based care may be easiest to implement, especially if aid infrastructure is lacking. Home-based care support is also likely to be effective if affected communities already have strong child care arrangements for support programs to build on and improve.

5.3. Other Recommendations

Crisis and Disaster Preparedness

Strengthening child care systems before crisis and being prepared to continue child care during crisis is critical as well. In every country, but especially countries that are vulnerable to crisis, it is important to improve the size and capacity of the child care workforce. This should also include a distinct focus on the ability of child care providers to continue to operate during emergencies and to provide care that is responsive to the unique needs of children going through crisis. A resilient child care workforce and system can make providing child care during acute onset emergencies easier. It is important as well for countries to develop their own preparedness plans to provide child care during acute onset emergencies. These should be made at the country-wide level as well for each sector needed to effectively provide child care.

Building up this preparedness will require collaboration beyond the humanitarian sector. UNICEF and its partners should leverage connections between humanitarian and development actors to build resilient child care systems in areas that are vulnerable to crisis or conflict. This will improve the ability of communities to ensure that child care is provided during acute onset emergencies as well as improve 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 child care in acute onset emergencies. As these models and others are implemented it is imperative that UNICEF and its partners conduct evaluations of their effectiveness and their implementation. There also is a clear need for a better understanding of the impact of acute onset emergencies on child care systems and families' need for child care. More research in this area will help humanitarian actors to design better models specifically meant for acute onset emergency response.

6. IMPLEMENTATION

This report provides a number of broad considerations for child care programming, five elements that all child care models must include, and three models of provision for child care in acute onset emergencies. The following section discusses potential next steps and strategies that UNICEF can take to begin implementation of these recommendations.

Seek Out and Incorporate Partner Feedback

The immediate next step in implementing the models that this report proposes should be to seek out and incorporate feedback from a variety of other actors that UNICEF has access to. This should include partners internal to UNICEF on a variety of areas directly related to child care, such as emergency response, migration, education, nutrition, child protection, health, WASH, gender, and disability. The perspective of these stakeholders should be incorporated into the recommendations and considerations of this report, and those recommendations and considerations should be modified as necessary. Similarly, UNICEF should include the implementers of UNICEF's own programs that have been cited in this report, such as the Blue Dot Hubs, Child Friendly Spaces in China, and Mobile Creches in Rwanda. Externally, UNICEF should seek input from their early childhood development partners. This should include the providers of many of the existing programs discussed throughout this report.

Develop In-Depth Implementation Manuals for Each Model

After incorporating feedback from partners and other stakeholders, UNICEF and their implementing partners should work to develop implementation manuals for each model, as well as an overarching implementation manual for child care during acute onset emergencies. This should include a detailed but flexible curriculum that incorporates trauma-informed care, play, and early learning, as well as a training program to guide child care providers in using this curriculum. It should 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 child care setting. On all subjects, this manual should emphasize the importance of local actors and the need to include community members in the process of tailoring each model to a specific context. This manual should be made in collaboration with both internal and external partners, especially those with programming experience in this area. It can also build off manuals for the existing program models that make up this report, such as Mobile Creches in Rwanda or Blue Dot Hubs.

Establish Monitoring Indicators and Frameworks for Each Model

It is important that UNICEF and other partners evaluate the effectiveness of these models during and after implementation, especially given the lack of an evidence base surrounding this issue. To this end, UNICEF and its implementing partners should establish a concrete monitoring framework for each model and include it either as part of the implementation manual or as a separate document. This framework should include measures of early childhood development over the course of the child care program, based on the Early Childhood Development Index included in global MICS.[177] This framework measures development progress on four tracks: literacy-numeracy, physical, learning, and social-emotional. Leveraging this framework will allow for evaluation of the quality of child care programming. Similar frameworks can be used to monitor the effectiveness of trainings for providers and interventions for primary caregiver support and mental health. If possible, UNICEF and its partners may want to consider developing randomized controlled trials or leveraging natural randomization to better evaluate success on these measures. Each model's monitoring framework should also include measurements of the accessibility of child care programs, primarily the number of children who access services and an estimated percentage of need met in an area. All of this data should be disaggregated by gender, age, disability status, refugee status (where applicable), and other demographic indicators. Evaluation of implementation should be conducted as well, such as timeliness, scale and scope, and cost. Assessments of the extent to which implementation meets localization and accountability to affected populations goals should also be included.

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

Build Partnerships with Regional and Field Offices and National Governments

Throughout this process, UNICEF should incorporate discussions around these program models into their conversations with regional and field offices. In doing so, they should lay the groundwork to implement one or multiple of these models in future acute onset emergencies. Given the immediate nature of need during acute onset 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 child care throughout emergency response.

Integrate These Models into Acute Onset Response Planning

In the days after crisis hits, humanitarian actors make a concerted effort to centralize response planning and resource requests. It is imperative that UNICEF and its partners integrate child care programming into this planning cycle. This will help UNICEF and its partners obtain the necessary funding support for implementing child care programming. Response planning also serves as a coordination mechanism for the entire humanitarian system. Implementing these models will require support from a number of sectors, including education, food security, health, nutrition, protection, shelter, and WASH. Incorporating child care programming in that initial response planning can jumpstart and improve this coordination at all levels.

7. Conclusion

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

1. trainings for child care providers;
2. trauma-informed care;
3. spaces and curricula for play and early learning;
4. integrated nutrition, WASH, health, and social protection efforts; and
5. primary caregiver and community support and empowerment initiatives.

Similarly, evidence from other contexts, as well as evidence of child protection programs in acute onset emergencies, suggests three models for child care provision:

1. Mobile Child Care Creches;
2. Child Care Hubs; and
3. Home-Based Care Support.

All three models are promising in their ability to deliver accessible and high-quality child care. In all likelihood, the best model will be context dependent. As UNICEF and its partners work to provide child care 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 in that specific crisis.

Ensuring that every child and their family has accessible and high-quality child care during crisis is a crucial step toward meeting target 4.2 of the 2015 Sustainable Goals, which calls for "all girls and boys to have access to quality early childhood…care" by 2030. The programming models outlined in this report for acute onset emergencies will be invaluable in this effort. These programs also have the potential to have an enormous positive impact on the livelihoods 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 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.

Child care can be that intervention. Accessible and high-quality child care can provide children with critical opportunities for play, early learning, and socialization with peers. It is 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 for other early childhood development interventions to support nutrition, health, social protection, WASH, and responsive caregiving among parents and community members. **Simply put, child care can help give children in acute onset emergencies the opportunity to thrive now and into the future.**

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