

Prioritizing Early Childhood Development in Child Protection Humanitarian Assistance

InterAction Child Protection Task Team

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The Global Child Thrive Act was enacted into law in January 2021 as a result of the leadership of the U.S. Congress and the [Thrive Coalition](#). The [Global Child Thrive Act](#) helps give children the best possible start by integrating early childhood development (ECD) interventions for children aged 0-8 into U.S. foreign assistance programs that serve vulnerable children and their families. This is particularly crucial since children are among those most affected by humanitarian crises.

Despite this legislation serving as an important vehicle for coordinating child-centered investments, there remains a lack of awareness as to how it could support child protection in humanitarian action (CPHA) practitioners to integrate ECD into programming. To address the knowledge gap and better understand current practices in integrating ECD in CPHA programming, the Child Protection Task Team of InterAction's Protection Working Group held a learning event to bring together key non-governmental organization (NGO) and U.S. government perspectives.

The learning event in September 2023 included a background presentation on the Global Child Thrive Act, a panel discussion on ECD and caregiving in crisis and conflict settings¹, and break-out sessions focused on successes and challenges across four thematic areas: integration of ECD; ECD and partnerships; collective advocacy on prioritizing ECD; and inclusive ECD.

Three themes consistently appeared throughout the event, which now form the backbone of this paper. First, CPHA practitioners should revise existing guidance, resources, and tools to include specific considerations for early childhood and nurturing care from existing ECD resources and approaches. Second, there is an inconsistency in coordinating on ECD considering its cross-cutting nature, which has hindered cooperation across CPHA and other sectors that work with children in this age bracket and their caregivers. Finally, as a result of this lack of coordination, ECD has not been prioritized or resourced as an area of work for CPHA stakeholders, which has impacted funding and progress forward.

This paper will detail the key discussion points under each thematic area as well as corresponding recommendations.

Feedback received from a second roundtable event has been integrated throughout this paper. While broader literature has been referenced to provide additional background information and support for these discussion points, this paper is not based on an exhaustive review of the literature but rather the reflections of key stakeholders.

Why focus on ECD?

What happens during early childhood lays the foundation for a lifetime, but this foundation is placed in jeopardy by humanitarian crises. Humanitarian crises increase risk factors and erode protective factors for children while amplifying stressors for their caregivers. Livelihoods are threatened, food insecurity intensifies, and access to essential services, including education, is limited, while psychological distress, anxiety, depression, and trauma increase amongst both caregivers and children. Collectively, these adversities deprive caregivers of the physical resources to fulfill their children's basic needs and the emotional reserves to engage in positive caregiving. ECD programming is critical to help children thrive as they grow and develop and to support caregivers to provide nurturing care during humanitarian crises.

¹ Panelists included representatives from the U.S. Agency for International Development's Bureau for Humanitarian Assistance (USAID/BHA), the Alliance for Child Protection in Humanitarian Action (The Alliance), the International Rescue Committee's Ahlan Simsim ECD program, and a representative from Fundacja Rozwoju Dzieci, a local NGO supporting Ukrainian refugees in Poland.

ADAPTING AND TAILORING CPHA TO INCLUDE ECD

Within child protection in humanitarian action (CPHA), early childhood development (ECD) is considered a cross-cutting approach that should be factored into child protection interventions. Historically, CPHA programming has focused on early school age, pre-adolescent, and early adolescent children, which comprise the age range of 6-14. More recently, additional emphasis has been placed on programming with middle adolescent children (age 15-17); yet, babies and toddlers (age 0-2) and pre-school age (age 3-5) children, as well as their caregivers, have largely fallen through the cracks.² Event participants attributed this to an absence of skills with regards to this age group due to minimal resources, guidance, and best practices on their specific developmental needs.

To address ECD needs and integrate these considerations into programming, CPHA actors should find ways to adapt existing programming to support young children and their caregivers. ECD-integrated child protection activities can look like traditional CPHA activities but with adaptations to account for the specific stage of early childhood development. This can take the form of key messages, mass media content (television, radio, etc.), parent and child support groups, home visits, safe play, and learning spaces, and culturally relevant and developmentally appropriate local toys, books, and games, including mainstream and targeted support for those experiencing high levels of stress, recovering from traumatic experiences, or those with disabilities.

CPHA and ECD experts emphasized the importance of building from what works in each area when looking to adapt or tailor programming to maximize existing limited resources, but also to build upon expertise and best practices. CPHA actors can hone evidence-based models that previously targeted a broader age range and work with the support and input of ECD specialists to adapt these methodologies to support programming with young children and their caregivers.

For example, Plan International initially ran child-friendly spaces in school compounds in Mali for security reasons but later adapted these activities to run in multipurpose community centers to expand participation beyond primary school-aged children and incorporate preschool-aged children. The community center location allowed Plan to incorporate early childhood care and development activities, which included play-based stimulation and learning and breastfeeding training for young mothers. This intervention not only supported ECD outcomes but also corresponded to the nutrition, protection, and education needs of children in conflict-affected areas.

Adapting existing programming is also particularly important as the humanitarian funding available decreases across a greater number of crises. With fewer resources, CPHA actors need to think about how inclusive ECD interventions can be developed and implemented in a practical, effective manner, namely through existing staff, programming, and resources. This means building off the best practices of existing CPHA activities and the lessons learned by other sectors currently implementing integrated ECD programming, such as health, nutrition, and education actors. It also means investing in data collection and a research agenda to ensure that the efficacy, quality, and relevance of programs can be improved, informing decision-making related to resource allocations.

Additionally, CPHA actors need to ensure these adaptations are inclusive and fulfill the rights of all children. Young children with disabilities and developmental delays need to be able to access ECD-focused CPHA activities. This could be delivered through traditional protection systems as well as health, nutrition, and education platforms. It may be necessary to make specific adaptations that consider the intersection of young age and disability, recognizing additional risks and barriers, such as institutionalization and discrimination. There is also a critical need to plan interventions and services with the knowledge

²Age breakdowns and classifications provided are taken directly from the 2019 edition of the Child Protection Minimum Standards.

that some young children who participate may have a disability that has yet to be identified. In this regard, capacity strengthening of all staff supporting and implementing ECD-focused CPHA activities is critical to ensure inclusive data collection, assessments, and programming.

COORDINATING ON ECD

A critical barrier to implementing and prioritizing ECD programming is that technical experts from CPHA and other sectors that support children in early childhood often do not coordinate their actions with each other. Participants reported a lack of inter-agency, multi-sectoral task force initiatives, working groups, or other national coordination mechanisms focusing on ECD.

Within and across organizations, child protection, education, nutrition, health, and gender-based violence (GBV) actors each intersect with elements of ECD but do not always hold responsibility or accountability for this programming. Although these teams have an important role to play alongside other sectors, many reported seeing ECD as just one aspect of their work or outside of their direct responsibility, which has led to an ad hoc approach that may not be informed by ECD best practices and lessons learned. This absence of coordination has hindered its inclusion and prioritization in response packages at the onset of an emergency, as well as throughout the duration of protracted crises and in recovery contexts.

Lessons can be learned from the formation of the Inter-Agency Standing Committee's Reference Group on Mental Health and Psychosocial Support (MHPSS) in Emergency Settings. This reference group delineated clear roles and responsibilities to effectively integrate MHPSS across and within sectors, as well as to coordinate work and report on MHPSS. CPHA participants described learning from this model in order to better understand the breadth of actors involved, how to consistently communicate with one another, and how to coordinate efforts more strategically amidst a response. The impact of this multi-sectoral and inter-agency coordination structure is also evident in the inclusion of MHPSS in Humanitarian Response Plans, which has been crucial in generating additional funding for MHPSS interventions.

There have also been lessons learned on how to coordinate with government ministries on integrating ECD in health programming to meet children's needs in both humanitarian and development contexts. In Jordan, 86% of all children receive early childhood vaccinations via primary healthcare centers overseen by the Ministry of Health, making clinics an obvious entry point for equipping caregivers with tools for supporting children's development. Ahlan Simsim, an early childhood initiative implemented by the International Rescue Committee and Sesame Workshop, coordinated interventions with the Jordanian Ministry of Health that incorporates ECD knowledge into the training of midwives, nurses, and other healthcare providers. This health-ECD integration program has not only trained 150 midwives to reach 480,000 children in Jordan, but is also an example of working with a government ministry and donors to support children with enhanced ECD support through coordinated efforts alongside other sectors.

PRIORITIZATION OF ECD

While adequate coordination and integration of ECD in CPHA programming is critical, there is also a necessity to ensure that this is operationalized and prioritized. Learning event participants discussed many challenges that contribute to the limited funding of ECD approaches in CPHA.

First, child protection actors described challenges prioritizing and integrating ECD in their programming. Child protection and ECD experts alike reported how the lack of a roadmap or technical strategy detailing how ECD intersects with and could

be integrated into existing programming has hindered progress. This has inhibited both collaboration across sectors and the growth of ECD-specific CPHA programming in humanitarian emergencies. Additionally, NGO leaders describe barriers to working with donors on operationalizing a more comprehensive and multi-sectoral approach due to the siloed nature of programming. There is therefore a need for organizational strategies around tangibly integrating ECD with existing resources as mentioned in the previous sections, as well as dialogue around limitations of donor requirements and how ECD-related outcomes in CPHA can be incentivized.

Second, humanitarian donor representatives emphasized that demand for ECD programming hasn't been highlighted by partners or in applications for funding. While NGO actors often report this being a result of many competing priorities amidst limited funding within their organizations, there is a clear need for CPHA actors to continue to develop and leverage evidence-based models that demonstrate the impact of ECD-integrated CPHA interventions. In addition, donors emphasized limitations around both siloed sectors and funding decisions being made at the country level, limiting the scope of ECD interventions. While this is beneficial for context-specific programming, there can be a gap between missions' and headquarters' protection priorities. Donors have emphasized to NGOs that it is critical to meet with country-level staff from missions in order to highlight the need to prioritize ECD in emergencies and how child protection programming can integrate ECD across responses. For the U.S. government in particular, the Global Child Thrive Act can be leveraged and applied in order to demonstrate the mandate that U.S. investments support nurturing care in emergency settings.

Third, across the humanitarian architecture, a central issue relates to ECD being left out of humanitarian needs overviews (HNOs) and humanitarian response plans (HRPs). A 2020 analysis of international aid levels for early childhood services in crisis contexts demonstrated that of the \$25.2 billion humanitarian aid flow reported by the UNOCHA Financing Tracking System in 2018, less than 2% (\$463 million) explicitly targeted early childhood development.³ This has meant that ECD needs are not being assessed, programming and funding for ECD is not being tracked, and the impact of existing ECD programming is not being collated and measured collectively. In turn, NGOs and donors have not consistently prioritized ECD as the U.S. Agency for International Development's Bureau for Humanitarian Assistance remarked that the emphasis has been on children writ large rather than children under eight. The learning event reiterated that prioritization needs to come from senior humanitarian leadership and humanitarian country teams to include ECD in HNOs and HRPs. Additionally, an important consideration across humanitarian leadership—encompassing NGOs and U.N. agencies—is ensuring equitable partnerships and coordination with local actors and experts on ECD. Local actors have stated that international specialists don't fully value or elevate the skills of local organizations and their expertise is thus underutilized in ECD and CPHA programming.

In order to elevate the level of prioritization and funding of ECD in CPHA, child protection actors, humanitarian coordination mechanisms, and donors each play a complementary role in incorporating and uplifting comprehensive ECD interventions, as demonstrated in the below recommendations.

³ Moving Minds Alliance. Analysis of international aid levels for early childhood services in crisis contexts. December 2020.

RECOMMENDATIONS

Child Protection Actors:

- Clarify and communicate a common understanding of the importance of integrating ECD within CPHA programming, building from existing initiatives led by the Moving Minds Alliance, Inter-agency Network for Education in Emergencies, and the Health Cluster's Strengthening Nurturing Care in Humanitarian Response.
- Ensure data disaggregation that accurately captures the inclusion of babies, toddlers, and preschool-aged children to ensure better data and understanding of the extent to which CPHA actors support this demographic.
- Adapt CPHA resources to better integrate ECD approaches. Collaborate and exchange dialogue with other sector actors—namely health, nutrition, and education—to share lessons learned and best practices about how to prioritize young children and how ECD resources were adapted for their sectors. For example, updating the Minimum Standards for Child Protection in Humanitarian Action or Early Childhood Development and Child Protection in Emergencies Technical Note.
- Heighten awareness and accountability around the importance of inclusive programming across ECD and CPHA and develop practical guidance around including children with disabilities.
- Consult and open spaces for people and children with disabilities to take part in the whole intervention process.

Coordination Mechanisms (Sector/Cluster Coordination):

- Scale up timely and disaggregated data collection and sharing that measures ECD across different domains in humanitarian response plans. Collect data across population groups including infants, young children, caregivers, and families.
- Assess activities across sectors and clarify responsibility, accountability, activities, and costs for ECD in humanitarian emergencies. Update policies and scale up advocacy initiatives to ensure continued attention and financing for nurturing care and ECD in emergencies.
- Advocate to U.N. leadership to ensure the inclusion of ECD in humanitarian needs overviews (HNOs) and humanitarian response plans (HRPs) to ensure needs, programming, and funding related to ECD are tracked and monitored at a country level. Advocate for HRPs to include an integrated package of interventions for nurturing care across health, nutrition, education, and child protection programming, including standardized ECD indicators for each sector to ensure data collection.
- Designate an early childhood focal point within humanitarian response mechanisms to ensure coordination and accountability of comprehensive ECD programming to address young children's needs in humanitarian emergencies. Consider forming a multi-sector ECD task force or reference group to improve coordination and communication.
- Communicate to humanitarian and development stakeholders about ECD needs at the onset of an emergency, as well as throughout protracted responses, and how interventions can be maintained and carried out amidst crises or in the long term.
- Engage with NGOs and national stakeholders to promote multi-sectoral actions that address nurturing care components in an integrated manner for both the immediate and long term.

- Ensure representation of relevant ECD and nurturing care stakeholders and affected populations in assessment, planning, and implementation of humanitarian response.

Donors:

- Prioritize funding for programming that gives space for a multi-sectoral approach for ECD to be integrated and operationalized across sectors, especially with regards to CPHA.
- Require and incentivize indicators to be disaggregated by age, sex, and disability, as well as outcome-oriented indicators that support ECD and contribute to the nurturing care of children.
- Ensure accountability among partners in administering inclusive ECD program activities and data collection that consults and centers children with disabilities and their families.
- Encourage humanitarian and development, local and international actors to work together to craft policies, plans, services, and tools that achieve ECD outcomes throughout the stages of a crisis. Require clear standards to be defined and highlighted in disaggregated data collection and programming.
- Consult, empower, and develop capacity with and for national actors to collect, analyze and use data to work cross-sectorally with the intent of strengthening planning, policies, and services.