



MOVING MINDS
ALLIANCE
Research Forum

Research on Young Children in Emergencies: **Current Evidence and New Directions**

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Prepared by:

The Research Forum on Young Children in Emergencies

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About the Moving Minds Alliance

Moving Minds Alliance works to scale up the financing, policies, and leadership needed to effectively support young children and families affected by crisis and displacement everywhere. Originally established in 2017 by a group of philanthropic foundations, today Moving Minds Alliance is a multi-stakeholder partnership combining programmatic, funding, and research expertise to support the prioritization of the youngest refugees and their caregivers.

Learn more: movingmindsalliance.org

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The Moving Minds Alliance is an initiative hosted by the International Rescue Committee.

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1. Background

The number of displaced people worldwide—within, as well as across, national borders—continues to grow, with most recent figures passing an alarming 100 million mark ([UNHCR 2022](#)). In 2021, 42% of those displaced were children under 18. ([UNHCR, 2022](#))¹. Emergencies driven by conflict, climate change and health crises often result in forced displacement.

When a child is born into an emergency context or experiences severe adversity in the early years, they face compounding risks that threaten their long-term development and well-being. Supporting young children’s development involves all areas of a child’s life; therefore programs for young children must be multi-sectoral. Programming to support young children and their caregivers requires coordination across five components of child development known as Nurturing Care: health, nutrition, safety and security, early learning and responsive caregiving. It should also incorporate gender-transformative support for parents and caregivers to further enable child development.

The international community has increasingly come together in recent years, providing new and innovative programming for young children in emergencies, drafting frameworks and creating joint advocacy and funding initiatives. These activities include (but are not limited to) the establishment of the Moving Minds Alliance to connect the organizations working in this space and advance a common advocacy agenda; the distribution and current updating of early childhood development (ECD) kits in emergencies by UNICEF; three investments of US \$100 million grants by philanthropic foundations to support young children in humanitarian contexts by the MacArthur Foundation and LEGO Foundation; revitalization of a task team by the Inter-Agency Network for Education in Emergencies (INEE) on ECD in 2019 to include a comprehensive scoping of ECD in humanitarian contexts; an interactive, online communication hub of ongoing ECD/peace-building programs across the globe by the Early Childhood Peace Consortium; and reviews of ECD financing and humanitarian standards and guidance documents commissioned by the Moving Minds Alliance. Still, ECD in emergencies remains under-funded and under-prioritized.

Humanitarian aid targeting early childhood development was only US \$463 million in 2018, representing just 2% of the total humanitarian aid that year ([Moving Minds Alliance, 2020](#)). While progress is being made, there is still a need to define solutions, expand and learn from new implementation evidence, localize and center research on the voices of those impacted and launch targeted advocacy and policy reform for young children and families within a humanitarian context ([Ponguta et al., 2022](#); [Shah & Lombardi, 2021](#); [Murphy et al., 2018](#)).

What is early childhood development in emergencies?

Early childhood development in emergencies (ECDiE) is defined as a comprehensive approach that holistically addresses the needs and rights of all young children, from preconception through to 8 years of age, that are affected by crises. This includes children with disabilities, developmental delays and other needs. It comprehends a group of multi-sectoral, culturally relevant interventions that seek to prevent and mitigate the negative effects of crises and champion young children’s optimal development. It does this by providing nurturing care, mental and psychosocial support and early learning opportunities, while supporting parents, caregivers and families in assuring protective, life-saving, inclusive environments (Definition provided by INEE ECD Working Group, 2022).

¹ Due to lack of data by age, the number of displaced young children (0-5 or 0-6) is unknown.



IMAGE: Courtesy of Semillas de Apego

A Research Forum on Young Children in Emergencies

In 2022, the Moving Minds Alliance brought together a global group of researchers investigating programs and policies for young children in emergencies to share their challenges and learnings with each other and the broader humanitarian community. The Research Forum brings together researchers working on behalf of young children in emergencies to learn from each other, offers support to new and emerging researchers (especially from the Global South) and works to identify gaps in evidence that require further investigation. Together, the members are working toward a research agenda that can drive investment, quality programming and improvements in outcomes for the youngest children affected by crisis and conflict. This brief represents an initial attempt to bring together what we know about research on young children in emergencies to inform the priorities of this forum.

About this brief

This brief takes stock of the research on young children (from birth up to the age of primary school-entry) in emergencies to date, relying on four publications that have reviewed the available evidence within the past five years. Through this brief, we describe research efforts, discuss the opportunities and barriers to conducting research on young children in emergencies and identify what the Research Forum and those working with young children in emergency settings can do to develop a rigorous evidence base for supporting young children in conflict and crisis situations.

The Research Forum is developing an agenda that can drive investment, quality programming and improvements in outcomes for the youngest children affected by crisis and conflict.

2. What we know about young children in emergencies

While exact figures on young children are not available, we can estimate that of the 100 million displaced people, about 11.7 million are children under five years of age². These figures will grow as conflict and climate change continue to lead to more and more displacement within countries and across borders. Furthermore, these emergencies are often protracted.

For the 1 in 5 babies born into conflict-affected areas in 2018, environmental factors severely affected their healthy brain development (UNICEF, 2019). More than 1 in 6 children lives in a conflict zone, with 71 million children under the age of five having lived in conflict areas their entire lives (Ostby, Rustard, & Tollefsen, 2020).

In the first few years of a child's life, the brain undergoes the most active period of growth and learning. It forms more than one million new neural connections every second. Both a child's genes and experiences shape the architecture of the developing brain. Nurturing, stable relationships with caregivers and other adults is an essential ingredient in this process, supporting development of critical social, emotional and cognitive skills (National Scientific Council on the Developing Child, 2005/2014). The context of emergencies compounds adverse experiences and puts

caregiving at risk. Without these consistent, responsive relationships and stimulation during the early years, a child's healthy development and well-being become exceptionally vulnerable.

Substantial evidence from neuroscience to economics shows that experiences with severe, prolonged adversity early in life can alter brain development. The result? Negative impacts on health, learning and behavior throughout a child's life. For very young children born into conflict or displacement, the long-term impact can be devastating.

In a protracted crisis situation, children face some of the most extreme threats to their physical and emotional well-being, including destruction of their homes and schools, loss of education, risk of isolation and separation from the family, physical and sexual violence, abduction, displacement and, for older children, recruitment into armed forces and groups.

Of the 100 million displaced people,
about **11.7 million** are children
under five years of age².



² This is derived by assuming that 5/18 of the 42 million displaced children under age 18 are under the age of 5 years old.

What types of crises do young children experience?

A crisis is any situation that threatens the lives and well-being of large numbers of a population, requiring extraordinary action to ensure survival, care and protection ([World Health Organization, 2020](#)). Affected people no longer have access to the most basic resources for survival or protection, but instead depend on others for basic needs.

There are generally three interrelated causes of emergencies ([Li, Liu & Li, 2020](#)):

Conflict

War and other forms of violence typically lead to mass displacement of people. Conflicts are often unpredictable, with periods of relative calm followed by acute surges of violence.

Health

Health emergencies may be caused by disease outbreaks (Ebola, COVID-19, Measles, Zika Virus, or Lassa fever), related to weather conditions, or human induced.

Disasters

Climate and natural disasters include droughts, floods, hurricanes, famines and earthquakes. Human-made disasters include large-scale industrial accidents, oil and chemical spills, hazardous radiation and transport crashes.

Complex emergencies are caused by two or more factors, such as food insecurity, armed conflicts and displaced populations e.g. the security crisis in Yemen is compounded by a food shortage. A crisis and its ensuing impact can last months or decades, depending on the type and severity of the emergency and a government's prior preparedness and ability to cope with it.

Refugees by UNHCR's definition are people unable or unwilling to return to their country of birth due to a well-founded fear of persecution based on their race, religion, nationality, participation in a particular social group or political opinion.

Broadly, there are three main types of emergencies ([Danish Refugee Council, n.d.](#)):

Acute (or sudden) onset

Emergencies that happen extremely quickly, with little or no warning, and are usually characterized by a large-scale loss of or threat to life, injury, or damage to assets and property. An example could be an outbreak of violence, which prompts large-scale displacement.

Slow-onset

Emergencies where the signals of the impending emergency can be seen a considerable time before it becomes a humanitarian crisis. The classic slow-onset emergencies are droughts, which are climate-related and cyclical.

Protracted

Situations where a significant part of the population is acutely vulnerable and dependent on humanitarian assistance over a prolonged period. They are most often a result of high and persistent armed conflict, acute vulnerability to long-term disasters and climate change, severe economic crisis, or long-term exclusion from host country society (e.g. Rohingya refugees in Bangladesh).

Often, people must leave their homes and families when an emergency occurs. If an emergency-affected person seeks such refuge within their own country, they are an internally displaced person (IDP) ([INEE, n.d.](#)). When a person is forced to cross an international border, they may be classified as a refugee by the host country. Refugees by UNHCR's definition are people unable or unwilling to return to their country of birth due to a well-founded fear of persecution based on their race, religion, nationality, participation in a particular social group or political opinion ([UNHCR, 2006](#)). Asylum seekers are people seeking international protection out of a well-founded fear of persecution through law from their country of origin is an asylum-seeker. All refugees are initially asylum-seekers but not all asylum-seekers achieve refugee status ([UNHCR, 2006](#)). Host countries vary in how they define

refugee status above and beyond UN-based refugee status and what this represents in terms of integration or exclusion (e.g. from formal employment; or for children from access to formal education (Dryden-Peterson, 2022).

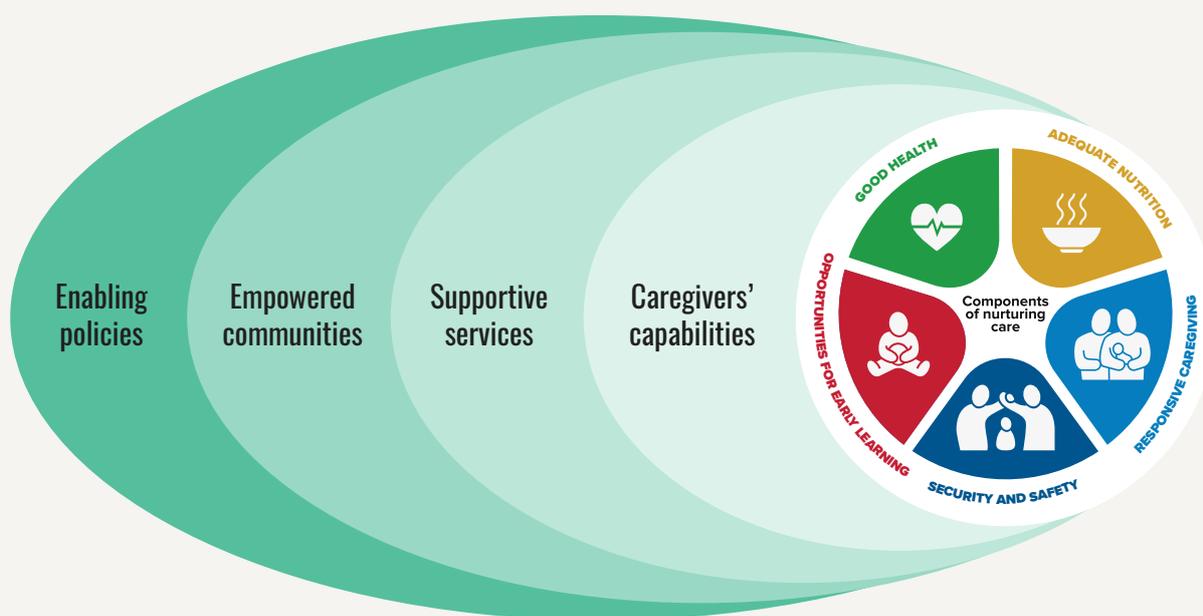
Families and individuals who are forced to flee a conflict or disaster often find themselves in protracted refugee situations—either designated refugee camps or geographically living in neighborhoods with host communities. Designated camps are specially designed spaces, separate from the host population, in which IDPs or refugees receive centralized humanitarian assistance. While camps may offer a range of services (food, healthcare, etc.), children and families living in camps often face a multitude of challenges, including lack of privacy and restricted space for daily life activities (Schmidt, n.d.). Aside from camps, many refugees and IDPs may be able to integrate geographically into host communities (but not necessarily with the full rights of citizens in the host country). Settlements sometimes provide displaced people with improved opportunities. Where IDPs and refugees are hosted in existing settlements, children and families usually experience loss of assets, stay in insecure housing with limited social networks and have little documentation, resulting in poor access to services (Cazabat and Desai, 2018). In more severe cases, they may also be exposed to exploitation, extortion, organized crime and antagonism from host communities.

Responding to the needs of young children and their caregivers

Addressing these risks to young children across a variety of crisis contexts requires a systemic lens and multi-sectoral cooperation across policy, research and advocacy. Multi-sector cooperation integrates essential early childhood interventions into health, nutrition, education, water, sanitation and hygiene (WASH), child protection, HIV and AIDS response and social policy programs and services. Children’s brains evolve to adapt in response to a wide range of early experiences, which supports the rapid acquisition of language, cognitive skills and socio-emotional competencies. Cooperation between multiple sectors provides the early environment needed for developmental progression to occur and to protect infants and children from the negative effect of stress and adversity.

The essential features of healthy, growth-promoting experiences in early childhood, in both emergencies and in times of stability, are best embodied in the concepts of nurturing care (WHO, UNICEF, & World Bank Group, 2018). In addition, a dual-generation approach that includes a focus on the well-being of the caregivers as a context for child development is essential, particularly in emergencies. Moreover, the community support and policy context all impact family well-being and the developing child as shown in Figure 1 below.

Figure 1 Nurturing care and family well-being



SOURCE: WHO, UNICEF, & World Bank Group, 2018

3. What we know about research on young children in emergencies

In the past five years, there have been four key reviews that we can use to inform directions for research on young children in emergency contexts. The findings of these publications are summarized below.



Evidence Review of Implementation Research

In an evidence review from 2018, Murphy, Yoshikawa and Wuermli looked at the academic and grey literature and interviewed key stakeholders to describe the state of implementation research in ECDiE.

Key findings from the Murphy et. al review:

- At the time of the article there were only four peer-reviewed, controlled evaluations of ECDiE implementation in low- and middle-income countries: in Bosnia, Northern Uganda, Israel and Liberia.
- The identified studies showed a mix of positive and null effects of ECD interventions on a variety of outcomes, including development, psychosocial well-being, parent well-being, child-parent relationships and positive discipline.
- In interviews with ECDiE stakeholders, researchers identified 22 countries where ECDiE programming was active. Among these stakeholders and the programs they represented, safety and security issues, capacity of local staff to conduct research and the lack of funding were the main barriers to rigorous research with young children and families in emergency settings.
- The authors also identified a lack of comprehensive research designs that capture important elements of implementation (dosage, fidelity to program models, and cost) as limiting factors to learning from results or producing evidence-based policies.



Review of Humanitarian Response Plans

A 2018 background paper for the UNESCO 2019 Global Education Monitoring Report ([Bouchane, Yoshikawa, Murphy, & Lombardi, 2018](#)) included a review of the 26 then-active, country-level refugee and humanitarian response plans (HRPs) worldwide. Of those 26 plans, 12 made no mention of any learning or education programming for young children and 15 made no mention of any parenting or caregivers in programming focus. Given this lack of explicit mention in HRPs, it is even more difficult to estimate the true proportion of resources going to young children in a given context, or advocate for increase in resources in places where there is the greatest need.



Journal Special Issue on ECDiE

In 2021, the Journal on Education in Emergencies published a special issue on ECDiE, edited by Sweta Shah and Joan Lombardi. This journal added to the evidence base by publishing two research articles that met the journal's standards for academic rigor, plus five field notes, three commentaries and two book reviews.

Key findings from the Shah and Lombardi (eds.) journal:

- Due to the limited prioritization of research as it is traditionally defined, there is tremendous value in expanding the knowledge base with field notes, commentaries and reviews to enable programs to build on the learnings of previous projects.
- Incorporating the community perspective in research was a critical factor in many of the journal articles, especially among those serving the Rohingya refugee population. The editors called for more opportunities for researchers and frontline workers to come together to learn from each other and share experiences.
- The need to focus on young children at all stages of emergencies was evident in the journal articles, from preparedness through the emergency to post-emergency. Their developmental needs must be recognized and supported at all stages and learnings from such targeted programming can contribute to the knowledge base.
- Key themes emerged across the studies, including the importance of the need for emotional support for children and families, working with the health sector to start interventions in the prenatal period and ensuring children with disabilities are included in interventions.

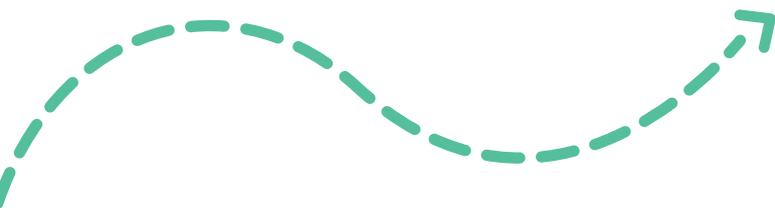




IMAGE: Courtesy of Semillas de Apego



ECDiE Landscape Review

Most recently, Ponguta and colleagues surveyed the landscape on ECD and education in emergencies by surveying 118 stakeholders working in this field and analyzing 218 documents. These comprised of organization reports and papers, communication materials, plans, policies and strategies and conference materials. The authors identified three key factors holding back ECD in emergencies: 1) low prioritization of conducting, funding and raising awareness about ECD and education in specific research; 2) the lack of a systematic characterization of the ECD institutional and programmatic landscapes; and 3) limited consensus on effective global and local strategies for advocacy to increase access to ECD and education in emergencies. They point out that major barriers to prioritization are low community engagement and the lack of trained or qualified ECD providers within organizations and in a country. Expanding the evidence base through research was rated among the top enablers for prioritizing ECDiE across the survey participants and documents they reviewed. Governments, humanitarian workers and those working with young children have indicated that the lack of evidence is holding back their ability to advocate on behalf of the field, both for increased resources and for specific approaches and interventions that can be adopted.

Key findings from the Ponguta et al. (2022) study related to research include:

- Out of the 62 identified organizations involved in ECD and education in emergencies, 14 had a research agenda related to young children in emergencies.
- The top research priorities, identified by stakeholders, are (in order of ranking): impact evaluations, process evaluations, cost analyses and studies of scalability (e.g. how is ECD in education and emergencies effectively brought to scale in humanitarian relief contexts?)
- Research tends to be a lower priority than other types of publications. While more than a third of organizations report on the number of the affected populations they reach and the same number (22 organizations) report anecdotal data, only 20 report outcome data, 13 report monitoring information, 12 report on needs assessments and 16 did not have any information publicly available about ECD and education in emergencies.

Challenges to conducting research in emergency settings

The published research on young children affected by crisis and conflict is limited and links between research and advocacy are subsequently limited (Ponguta et al., 2022). Across the above reviews, several themes emerge in understanding why the evidence base is so limited.

First, lack of funding, mentioned in all of the reviews, and capacity are likely the main drivers of the tendencies for limited research scope or design. Among sectoral research and delivery programming, health (in comparison to other components) remains the most funded and emphasized sector for early childhood development in emergencies. It is also the sector that is most likely to be prioritized and sustained during crisis. Support for research in other areas e.g. responsive caregiving, safety and security and opportunities for early learning are less commonly integrated, therefore, in many settings, these components need dedicated investment and capacity development.

Furthermore, cultural and contextual issues may arise when there is a lack of expertise in cross-cultural research among outside researchers (Ponguta et al., 2022). The dominant language of research publications is English and few research tools have been adapted for the cultural contexts of humanitarian settings (Shah & Lombardi, 2021); or the very common situation where the dominant language of the host community differs from that of the displaced community. When multiple cultures come together in a refugee settlement in a protracted crisis, for example, there are children whose first language is the language of the more established refugee groups in the area and not a language of their home or host country (as is the case with some Congolese refugees in Uganda whose primary language is Kinyarwanda). Psychosocial well-being must be considered in every program when children and their families have experienced trauma, which adds another layer of complexity (Murphy et al., 2018).

For already overextended local staff, additional research responsibilities can take away from their programmatic work. Add to this is the fact that research findings are not consistently used by those who work in the field, and that the results often are not fed back to those who participated in it (Murphy et al., 2018).

There are methodological and logistical issues in conducting research in an emergency. As Shah and Lombardi (2021) state: "It is difficult to collect data when families are moving back and forth across borders or within them." (p.3). Implementation of programs is also a challenge, especially when visiting homes, as people move often. Safety, security and mobility are key reasons why data collection is difficult (Murphy et al., 2018), in addition to communication barriers, such as the restriction of mobile phone usage or internet access (HRW, 2020).

Finally, when research is done, it often does not collect important elements that are necessary for learning about implementation, such as dosage, fidelity to the program model, experience and quality of services and program costs (Murphy et al., 2018). Simple indicators, such as the number of participants reached and basic demographics are typically collected, but outcome data is less of a focus (Ponguta et al., 2022). There is an opportunity for the ECD field to learn from the last decade of progress in the education sector, where USAID's Cost Measurement Initiative or AIR's Standards for Economic Evaluation of Educational and Social Programs have documented best practices for cost-effectiveness and cost-benefit analysis of similar programs.

Psychosocial well-being must be considered in every program when children and their families have experienced trauma, which adds another layer of complexity.

4. Current research and promising trends

In the past five years, new studies of young children in emergency contexts have been published (see Annex B for a list of recently published studies identified by the authors and reviewers of this paper), and many more are underway - driven in part by several large philanthropic investments in this age group.

In Annex C, a living document, we outline some of the studies that are contributing to this evidence base, sourced from the core group members of the Research Forum and Moving Minds Alliance members, with the understanding that there are likely more underway that have not been identified. Some initiatives focus on programming while others are related to the context, infrastructure and policies surrounding young children in emergencies.

Research underway employs a broad range of approaches, including pilot and implementation evaluations, impact studies and evaluations, randomized control trials, longitudinal studies, global reviews and consultations, and observational studies. Of the 32 research studies underway, nine of them focus on parenting and caregiving, 10 focus on early learning, and seven integrate both caregiving and early learning. Another 10 studies cover more than one sector, including health, mental health, protection and social-emotional adjustment.

Of the 32 research studies underway, nine of them focus on parenting and caregiving, 10 focus on early learning, and seven integrate both caregiving and early learning.

Across these upcoming and emerging research projects, there are several promising trends:

- There is an increasing focus on **dual-generation approaches**, targeting children as well as their parents and caregivers.
- **Mental health and psychosocial well-being** are increasingly emphasized in most initiatives, reflecting the reality of the adversity experienced in humanitarian contexts, which has intensified since the COVID-19 pandemic began.
- **New tools** are being developed to measure child outcomes, but to also improve the quality of program implementation and environments for young children.
- There is an increasing use of **technology** in interventions and research, including mobile phone delivered programming.
- More of the **research is cross-sectoral** examining two or more aspects of mental health, physical health, parenting and early learning. Fathers, prenatal period and young children with disabilities are increasingly targeted in research.
- The **voices of children, parents, caregivers** and local community members are increasingly being prioritized in the research. Policy analyses are being undertaken to connect research to advocacy, which was a gap identified from previous studies.



IMAGE: Courtesy of BRAC

Box 1. What distinguishes research on ECD in emergencies from research on ECD more generally?

NYU Global TIES for Children offers the following reflection from ongoing research with young children in emergency contexts

Several aspects of ECD in emergencies and conflict distinguish such initiatives from other ECD work. First, migration creates unique challenges for policy and programming in the humanitarian sector. At least two cultures interact in new and unprecedented and uncertain ways, driven by migration, displacement, crisis, conflict and climate change. This necessitates a dynamic conception of culture and a flexibility of research methods to understand these forces.

Second, at least two policy and program systems usually interact in these settings, above and beyond the usual complexities of multi-sectoral ECD program and policy implementation. The systems include UNHCR- or NGO-based policy, governance, finance and implementation systems, as well as host country systems. The relationship between these two (or more) systems and how they constrain and/ or provide opportunities for displaced and crisis-affected populations varies a great deal between country and migration-flow contexts.

Third, both cultural adaptation and adversity shift in the new context for early childhood development, as community, network, and household/ families adapt to changing geographic, political, physical and social contexts.

For example, in some of our work we find that the forced lack of employment opportunities for refugee or migrant populations can result in the increased availability of time for fathers to interact with children thus shifting gender roles in the household. Longstanding cultural socialization practices and children's own agency in play and other learning activities are both retained and undergo new adaptation through experiences of conflict, crisis and migration.

Finally, the global COVID-19 pandemic has produced unprecedented adaptations in ECD programming, with great relevance for humanitarian and conflict settings. The profusion of remote programming – phone or text-based; broadcast; media – has enriched the ECD program landscape in ways that may be innovative for remote and mobile populations, not just those affected by COVID-19 in-person restrictions. In addition, COVID-19 has highlighted the need to build in mental health, well-being, health and rapport building (e.g. through active listening in remote programs) to an even greater extent than in previous ECD programming. This presents an opportunity for unprecedented learning, if research studies can be set up to look at how new approaches perform in terms of context-appropriateness, outcomes and cost.

5. New directions for research

In addition to the promising trends identified in the previous section, there are several gaps and important research questions that must be addressed:

How to **most effectively deliver** each component of nurturing care during different phases of an emergency, across the prenatal to school entry period and in a more coordinated way.

What are the **specific needs of caregivers** of young children and how can they best be addressed?

What are the **specific needs of children with disabilities** and/ or caregivers with disabilities in emergencies in different settings and what are the components of effective interventions?

How can the **humanitarian sector plans**, or different sector platforms, best address the needs of younger children and their families?

What approaches make the **greatest difference** in the lives of people in need and how do the costs of best-practice programs vary across contexts?

How can **culture, languages and voices of displaced families** serve as the critical content for interventions?

What are the **best data collection methods** to help provide immediate and ongoing feedback to improve implementation? How do these differ in contexts where remote methods must be employed?

What are the **capacity needs** of the people who work on behalf of young children in humanitarian settings and how can they best be addressed?

How do **policies in host settings** impact access to services and well-being of children and families? What are the key questions, which local governments and stakeholders have about ECD funding or programming, which can be addressed with locally tailored research agendas?

There is a need to revolutionize research approaches for young children in emergencies. This includes both **how** research is conducted and **what** research topics are needed. The Research Forum members propose three principles and six priorities for researchers and those funding research on young children in emergency contexts:

Three principles

1. Centering voices from the people involved in humanitarian crises

Research giving voice to the experiences of children, parents, frontline workers, volunteers, local researchers and other social actors are relatively scarce in the context of emergencies and crises. It is important to bring visibility to the unique challenges that young children and their families face in different contexts and their own perceptions of the level of support they receive to face those challenges. Documenting the experiences and perceptions through the eyes of young children, caregivers, community workers and other actors is important for many reasons, including a need to inform, devise and support future policies and programs on supporting young children in emergencies. Children themselves, even children younger than age five, have a lot to say about their experiences, and efforts to bring out their voices in a safe and non-exploitative way can be incorporated into research studies.

Also important are the voices of the most marginalized. While an increasing aspect of research integrates intersectional factors, such as disabilities and gender identities, much greater attention must be paid to research reflecting the needs and experiences of children with disabilities, LGBTQ+, minority ethnic populations and other marginalized groups.

2. Engaging and empowering local researchers

There is a great deal of unreported evidence that could be accessed and brought into the public domain by engaging with local researchers and community volunteers. The realities of conflict and crisis contexts require a sensitive approach to data collection and deep knowledge of local communities. An international researcher who's not familiar with the context and cannot relate to the experiences of the people studied may be out-of-touch with research participants or misinterpret findings. Resultantly, the potential participants of the research may not feel trusted and comfortable to share details of their experiences.

Comparatively, a local researcher who speaks the native language, understands the culture, and may even have experienced the crisis themselves, is in a better position to articulate and share the experiences of young children and their families. Engaging local researchers with global research and advocacy efforts can provide rich, empirical evidence to improve systems for addressing the needs of children and families during emergency and conflict situations. However, local researchers, especially refugee researchers, face a number of barriers to being included in international research projects, such as difficulty obtaining visas for travel and the cost of Internet connectivity (e.g. [Dieudonne, 2020](#)).

3. Reconceptualizing implementation and research in emergency settings

There is a need to consider a variety of sources of evidence when expanding the knowledge base of young children in emergencies, not just the evidence that is published in Northern journals. Field notes, discoveries, action research and testimonies are all important pieces of evidence that should be valued alongside peer-reviewed research. Studies that include a variety of methods can shed light on important implementation questions that quantitative, so-called rigorous research may be unable to answer.

The realities of conflict and crisis contexts require a sensitive approach to data collection and deep knowledge of local communities.

Six Research Priorities

Research priorities for the Moving Minds Alliance members and others engaged in research on young children in crisis and conflict contexts could focus on:

1. Developing a nuanced understanding of how conflict and crisis affect young children

There is a gap in current knowledge on how children's lives and development are being affected by crisis and conflict. There is a body of evidence on what young children need (i.e., nurturing care), and studies of adversity and young children indicate how conflict and emergencies potentially affect them (Slone & Mann, 2016). However, there are relatively few studies that demonstrate the interrelationships between conflict and crisis, brain development and later child outcomes with data from emergencies. Research in this area should be highly nuanced and conducted across multiple regions, as well as types of conflict and types of crisis (or places where crises and conflict compound each other as is seen often), to avoid overgeneralizing.

2. Increasing cross-sectoral and cross-thematic research, especially by incorporating health and nutrition in ECD research

While early childhood development encompasses health and nutrition, these sectors are often absent from research studies focusing on children's learning and well-being. Despite the fact that good health and adequate nutrition are critical to child development in any circumstances, and more so for children facing emergencies and conflicts, there remains a considerable shortfall in research on interventions that link for example, health and nutrition with efforts to

Understanding how caregivers can be supported to remain mentally resilient and psychologically strong through such testing times is of utmost importance.

support early learning or caregivers. There is a need for more explicit attention to evidence-based guidance on the best approaches to support multi-sector interventions in emergency contexts. This includes questions of cost and cost-effectiveness, as it is important to understand the incremental cost of adding ECD activities to other sectors of work to advocate for such integration in both funding and program design. It is also important to integrate cross-cutting themes, such as gender and disabilities into research on young children in emergencies.

3. Understanding how to support caregivers' agency and well-being

The well-being and agency of caregivers needs more attention in conflict and crisis settings. Understanding how caregivers can be supported to remain mentally resilient and psychologically strong through such testing times is of utmost importance. Displacement through war and conflict takes over the role and identity of 'caregiver'. Parents and others responsible for children no longer remain in charge of essential decisions regarding their children's needs. Rather, as displaced persons, they themselves become dependent upon someone else's offerings, not only for their children but also for themselves. The long-term psychological impact of such a paradigm shift is worth understanding, and research, programs and policies should be inclusive of caregivers' psychological well-being.

4. Understanding how to support frontline workers' psychological well-being

Similar to the importance of supporting caregivers, the well-being of frontline workers is also of critical importance. There are some promising practices in this area, such as the *Semillas de Apego* project in Colombia, which has a reflexive supervision system for facilitators that focuses on their well-being and their own life experiences. This allows the project leadership not only to support the frontline workers, but to also track and supervise how their experiences and well-being affects how they implement the model.



IMAGE: Courtesy of BRAC

5. Understanding how services for young children must adapt to the crisis cycle

The needs of young children and their families vary greatly depending on the type of emergency and where they are in the crisis cycle. The variation of displacement, from short-term to prolonged, has implications for service implementation. Young children and families on the move, who are escaping a dangerous crisis, have different needs to families who are first- or second-generation residents of a refugee settlement. Research can shed light on how governments and humanitarian organizations can plan services for the different phases of a crisis. This type of research can be used to advocate for changes in the humanitarian and development systems so that they are delivered in a more integrated way.

6. Promoting improvements for data on young children and families in emergencies

All data collection systems need to capture data on young children and families experiencing emergencies and displacement. This should include additional demographic data collected by age, increased data on access to national pre-primary education, health, nutrition and parent support services, as well as more monitoring and data collection around policies and services available through local governments, civil society or the humanitarian system. Global statistics on children affected by emergencies (such as the World Bank/UNHCR Joint Data Center on Forced Displacement and the International Data Alliance for

Children on the Move) should be disaggregated by age (children under the age of primary school-entry) to draw attention to these crucial developmental years and to recognize that their needs and experiences are significantly different to children of school-age. Governments often do not include or do not appropriately sample refugees/ IDPs to the extent that this data would be available. There needs to be an increasing effort to include these populations in household surveys (such as the Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS)), for example as the Jordanian government does in including Syrian families in its DHS surveys (DOS and ICF, 2019). Given that changes to data collection systems happen slowly, the community should prioritize data, which directly supports advocacy and program design on an international level, as well as local levels.

To start, researchers can work to incorporate comprehensive data about the interventions they study, including dosage, fidelity to the program model, outcome data and cost information³. Collecting data on these aspects may require new or adapted measurement tools.

In addition to capturing necessary qualitative data, there is also value in improving, and in many contexts beginning, quantitative data collection. Similarly, this would be for the purpose of spreading knowledge, furthering advocacy and supporting both program design and redesign. With access to the financial records and cost data of ECD related programs and initiatives, the humanitarian community will have an improved guide for future coordination, ideally furthering the reach of international and local services.

³ Improved data can facilitate cost analysis. Cost analysis can help the costs of programming to both their outputs and impact and making decisions based on reliable results. This type of analysis continues to support humanitarian efforts by utilizing data from the past to affect both current and future endeavors. Cost analysis also helps advocate for increased donations and resources as results typically help donors understand the reach their contributions can maintain.

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Annex A.

Selected Learnings: NYU Global TIES for Children

The Social Structure of Play and Socialization as a Context for Program Design

Through rapid ethnographic methods, we learned how Rohingya children of preprimary age play spontaneously in the community-based settings of their households in the camps of Cox's Bazar district, Bangladesh. We found that children play in mixed-age peer groups, organizing themselves to learn from older and younger siblings, relatives and friends. However, this play also occurs in dangerous and hazardous conditions that surround households in the crowded conditions of the camps – conditions that worry fathers and mothers a great deal. Community-based approaches to ECD in displacement settings such as these may benefit from leveraging naturally occurring learning across the toddler, preprimary and middle childhood ages, and also integrate consideration of community monitoring of safety in play activities. At the same time, we found that fathers were engaging in new and more intensive ways in play and other interactions with their children, due to the increased informal time brought about by constraints on formal employment. Thus, the constraints of systems affecting migrant populations may paradoxically afford new opportunities for early childhood and parenting socialization. With BRAC we are currently leveraging these opportunities in an impact evaluation of a father engagement model for Rohingya fathers of 0–2-year-olds in the Cox's Bazar camps.

Uncovering Culturally Specific Conceptions of Mental Health, Well-Being, Functioning and Parenting

In ECD in conflict-affected settings, there is rarely the opportunity to deeply delve into culturally specific notions and practices relevant to families and child development. Often, programs developed and implemented originally in other contexts are adapted in quick order to a new conflict-affected context. Due to the lack of existing culturally informed research on Rohingya conceptions of mental health, functioning and parenting, we embarked

on studies using free listing to develop culturally grounded measures of these constructs. In free listing approaches, a construct is first explored by asking respondents from the particular group (in this case, Rohingya mothers and fathers) the phrases and words that come to mind for a particular concept (e.g. distress; or important daily activities that can be affected by distress – i.e. daily functioning indicators). Then key informants are interviewed about each of the phrases and words, to establish the net of meanings for each. Finally, survey or further qualitative protocols can be established that are culturally meaningful and relevant. We have utilized these approaches to understand the kinds of distress and mental health symptoms that Rohingya mothers and fathers report; the particular daily functioning activities that may be affected when they experience these symptoms; and a variety of other culturally grounded concepts, which inform the survey measures we currently work with for both developmental and impact evaluation studies. For example, mothers' and fathers' daily functioning behaviors related to caregiving and identified in our free listing studies form the basis of our survey measures of the impact of BRAC's father engagement model for the Rohingya.

Assessing Learning through Play at the Level of Centers, Preschools, and Homes

Learning through play has typically been assessed as a child-level phenomenon – picture solitary play or interaction with materials or a child's interactions with an adult. In the Playful Learning Across the Years (PLAY) project, funded by the LEGO Foundation and in collaboration with RTI International, we instead focus on developing measures of how adults support and scaffold learning through play in childcare or preschool centers or homes, in caregiver-child interaction. Through a multi-phase, qualitative and quantitative process, we have developed observational and caregiver and teacher-report tools for assessing how adults support the self-sustained engagement in learning that learning through play represents. These are rooted in parents, caregivers, and teachers' perspectives on learning through play as it

occurs in their particular cultural and program contexts (in Colombia, Ghana and Jordan, including conflict-affected populations in Colombia and Jordan). After completing initial qualitative work in each country, and then small-scale, mixed-methods pilot work, we have collected observational measure training and data collection from samples of 150-200 homes and centers in each country. We are currently conducting psychometric and validation work on these measures.

Preliminary Impacts of a Phone-Based Caregiver Intervention on Caregivers of Syrian and Jordanian Backgrounds in Jordan

Many parenting interventions pivoted during the first phases of the COVID-19 pandemic to remote modalities. In response to COVID-19, many of these adjusted their theories of change to incorporate attention to the stresses wrought by COVID-19 – health, economic, interpersonal and relational, and well-being. In a partnership with the International Rescue Committee, we engaged in pilot research in 2018 and 2019 on an adaptation of the well-known Reach Up and Learn parenting intervention for children 0-3 years old in the Syrian refugee response contexts in the Middle East. The adaptation was conducted by IRC in collaboration with the Arab Resource Collective. Then as COVID-19 hit and lockdowns

affected all the relevant country contexts, the IRC further adapted the model for phone-based implementation. We have completed preliminary impact analyses on caregiver outcomes of this model in a randomized control trial (sample size of 2,298 families: 63% from a Syrian background and 37% Jordanian). We compare a control condition of calls focused on health and nutrition (3 calls per month over a period of 6 months) with an intervention condition of Reach Up and Learn content on caregiving added to the health and nutrition content. We find preliminary statistically significant impacts on reduced caregiver depressive symptoms. In addition, we find large statistically significant and positive impacts on two scales of an observed (recorded) quality measure, coded from actual call recordings in both groups – one assessing responsive listening and the other assessing a non-judging, comfortable relationship between caller and caregiver. This measure represents the first observed quality measure of a phone-based parenting program in the ECD literature to be validated in an impact evaluation context. The impact on non-judging, comfortable relationship appears to mediate (explain) the impact of the program on reduced caregiver depressive symptoms. Although analyses are ongoing, these preliminary results suggest that effective remote caregiver-focused interventions may be important in boosting the well-being of parents of young children during the extraordinarily stressful period of the COVID-19 pandemic.

Annex B.

Recent Implementation Research Publications

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Annex C. Ongoing Studies on Young Children in Emergencies

Updated December 2022

The research underway includes a broad range of approaches, including pilot and implementation evaluations, impact studies and evaluations, randomized control trials, longitudinal studies, global reviews and consultations, and observational studies.

Pilot evaluations

- Pilot evaluation of IRC's Families Make a Difference program with adolescent caregivers in Tanzania by Innovations for Poverty Action (IPA).
- Pilot implementation research on an IRC program in Jordan focused on playful, responsive caregiving implemented by the Jordan Ministry of Health.
- Study on effectiveness of a para-counseling model on mental health in Cox's Bazar.

Implementation evaluations

- Feasibility and scalability study on the fidelity and effectiveness of the *Semillas de Apego* model when implemented by Universidad de los Andes, UC San Francisco and Heartland Alliance International.
- Process documentation and implementation study of BRAC Humanitarian Play Lab models by BRAC IED.

Impact studies and evaluations

- Three studies by Arab Resource Collective (ARC) partners to evaluate the impact of the Health, Early Learning, Protection, Parenting Program (HEPPP) in Lebanon and Jordan.
- Evaluation of Amna's Baytna program, a trauma- and identity-informed ECD program (UVA Humanitarian Collaborative).
- Qualitative study on mindset change in Rohingya communities because of Humanitarian Play Labs by BRAC IED.

- Quantitative study on effects of BRAC Pashe Achhi on caregivers' well-being and children's development in the Rohingya camp by BRAC IED.
- Study on the effectiveness of Centre-based Humanitarian Play Labs by BRAC IED.

Randomized control trials

- An RCT of Plan's hybrid (radio, phone, and in-person) Parenting Under Pressure program in Myanmar by IPA.
- Five RCT program evaluations by NYU Global TIES and partners in Colombia, Lebanon, Jordan, and Bangladesh. These cover Sesame Workshop's Ahlan Simsim mass media program in Jordan and the Watch Play Learn video library in Colombia; IRC's remote adaptation of Preschool in a Healing Classroom in Lebanon; a phone-based adaptation by ARC and the IRC of the Reach Up and Learn parenting program in Jordan; and a BRAC father engagement model for Rohingya fathers of 0–2 year olds.
- An RCT measuring the impact of the *Semillas de Apego* model on caregivers and their young children between 1 and 8 months after implementation by Universidad de los Andes and University of California San Francisco.

Longitudinal studies

- Longitudinal study in Cox's Bazar, Bangladesh by NYU Global TIES and IRC, which will be the first large scale longitudinal prenatal / birth cohort study of a child and their family developing in a humanitarian context.
- Observational study and a longitudinal study by Ruhr-University Bochum in Germany. The observational study focuses on early learning and examines the implementation of ECD programs for refugee children. The longitudinal study examines the social-emotional adjustment of children in elementary schools from low-income neighborhoods during the COVID-19 pandemic.

Ethnographies

- Institutional ethnography study in Mali to characterize ECD programmatic responses and priorities and how they address social, cultural, religious/ spiritual and traditional considerations. This is undertaken by Yale; the Mali National Public health institute, UNICEF Mali and University of Bamako.

Social network analyses

- Social network analysis by Yale, in partnership with Plan International, to determine ways to position ECD within the drafting and implementation of Jordan's Humanitarian Fund.

Global reviews and consultations

- Global review of recent trends in academic literature on ECD in emergencies by Yale University, reviewing 40+ papers that met rigorous eligibility criteria.
- Global review of best practices in remote service delivery to promote early childhood development and qualitative analysis of decision-making about appropriate hybrid models by University of Virginia Humanitarian Collaborative and Sesame Workshop.
- Global consultation with ECD leaders and caregivers of young children to identify priority areas for ECD and education in emergencies advocacy, conducted by Yale, with BRAC, the Department of Educational and Counselling Psychology at the University of Dhaka, Notre Dame University Bangladesh and Healing Heart Counselling Unit.

Observational studies

- Research on adolescent mothers and young children (consortium of researchers from Global North and South including Global TIES, UVA Humanitarian Collaborative, Tufts Feinstein Center, universities in India, Malawi, Zambia, Bangladesh).
- Exploratory study of Rohingya culture and identity; formative research for the P Ashe Achhi home visit program; formative study on fathers' engagement programs in Rohingya camps; qualitative study on Rohingya caregivers and children's well-being; formative study on father's engagement.

Table 2. Details on upcoming and ongoing research on young children in emergencies.

Organization	Theme/Sector	Initiative	Type of Crisis	Geography	Population	Intervention	Research Questions/Aims	Methods	Timeframe
IPA	Parenting & Caregiving; Mental Health	Families Make a Difference (IRC)	Protracted; Refugee	Tanzania Nyarugus Refugee Camp	Children aged 0-3y and adolescent caregivers	Parenting program on responsive caregiving, mental health, and mother father relationship	Experience of pilot/content, general themes around context, parenting, adolescence.	Semi-structured interviews and FGDs w/parents and IRC staff, community leaders. Short quant survey of parents	Data collection Complete July 2022
IPA	Parenting & caregiving	Parenting Under Pressure (Plan)	Protracted; Political, Conflict	Myanmar	Children 0-8	Hybrid delivery model (radio, phone, and in person) to support and comfort parent; strengthen support systems to improve parenting/wellbeing; support social cohesion; Communication between mothers-fathers, male engagement, and gender sensitive nurturing care.	Take-up and implementation fidelity, also includes process evaluation.	RCT comparing two treatments: hybrid and traditional implementation.	Baseline – May 2022; endline – end of 2022
Universidad de los Andes/UCSF	Parenting & Caregiving	Semillas de Apego	Slow-onset, Protracted; Conflict	Tumaco, Colombia	Parents of children aged 0-5y	15 weekly group sessions focused on caregiver’s emotional wellbeing, child developmental trajectories, nurturing relationships and stimulating caregiving; Comprehensive training and supervision of community-based teams.	Impact Evaluation: What is the model’s impact on caregivers and their young children 1 and 8-months after implementation?	RCT of 4 sequential cohorts in a setting of ongoing conflict comparing 1,500+ caregivers (Colombian IDPs and victims of violence and Venezuelan refugees) on measures of maternal mental health, child-parent relationships, children’s mental health and development.	2018-2020
Universidad de los Andes, UCSF, Heartland Alliance International	Parenting & Caregiving	Semillas de Apego	Protracted; Conflict	Colombia	Caregivers of children aged 0-5y	15 weekly group sessions focused on caregiver’s emotional wellbeing, child developmental trajectories, nurturing relationships and stimulating caregiving; Comprehensive training and supervision of community-based teams.	Feasibility and scalability study: Are the model’s fidelity and effectiveness sustained when implemented at a larger scale by an independent organization?	Implementation in 4 different regions in Colombia. Evaluation follows an implementation science framework focusing on the acceptability, adherence, dosage, fidelity, and quality of the intervention.	2021-2022

ARC	Parenting & Caregiving; Early learning; Mental Health; Protection	Evidence Based study on the HEPPP (Health, Early Learning, Protection, Parenting Program)	Slow onset, Protracted; Economic, Refugee	Lebanon & Jordan (One village in Mount Lebanon and two refugee camps in Lebanon and Jordan)	Under-privileged parents of children under 8y, from Lebanese & Jordanian host communities and Syrian and Palestinian refugees (mothers and fathers)	The intervention, previously pilot-tested, is designed to improve parents' wellbeing, parenting stress levels, parenting behavior and discipline strategies, and family involvement with children.	To compare the outcomes of different delivery styles of a comprehensive parenting intervention.	RCT pre-designed pilot-tested parenting intervention was differently delivered to a group of parents (face-to-face by trained parents or SANADs ² , face-to-face by master trainers and online ³ with mentors and SANADs) plus control group	June 2019 - April 2021
ARC	Parenting & Caregiving; Early learning; Mental Health; Protection	Evidence Based study on the HEPPP (Health, Early Learning, Protection, Parenting Program)	Protracted; Economic	Lebanon	500 families participating in the HEPPP with different modalities and sessions (Hybrid: F2F and online at the same time or fully online, and different combinations of sessions)	ARC/ANECD intends to implement the Health, Education and Protection Parenting Program (HEPPP) targeting the most vulnerable families of children under 8y	Expected: a comparative study between the different modalities of delivery and combination of sessions	To be determined	July 2022 - October 2023
NYU Global TIES	Early Learning	Ahlan Simsim (Sesame Workshop/ local partners)	Protracted; Refugee	Syrian refugee response, Levant region of Middle East, Jordan	Children aged 5yrs	Mass media program	Impact Evaluation (implemented in Jordanian KG2 classrooms) of the Ahlan Simsim Seasons 1-4 (curated selection of Episodes)	Cluster randomized trial; supplemental observation of classrooms	Jan-Dec 2022
NYU Global TIES	Early Learning	Watch, Play, Learn (Sesame Workshop/ local partners)	Protracted; Refugee	Barranquilla, Colombia	Venezuelan Refugees aged 4yrs and Colombian Host Community	Video library on early quantitative and social emotional skills	Impact evaluation; Evaluation of caregiver directed links to Watch Play Learn videos	Randomized controlled trial	Sept 2022 - August 2023
NYU Global TIES	Early Learning	IRC's Remote Preschool in a Healing Classroom (IRC Lebanon)	Protracted; Economic	Lebanon's rural and remote areas	Children aged 3-5 yrs	Innovative remote early learning program with teachers calling up groups of parents together with their young children to implement an adapted version of the IRC's Preschool in a Healing Classroom	Impact evaluation: Three arm trial Evaluating- 1) remote early learning program implemented by preschool teachers; 2) remote early learning program plus weekly parenting program implemented by ECD facilitators in comparison to	Cluster and Randomized trial	April 2022 - March 2023

						curriculum	control group		
NYU Global TIES	Parenting & Caregiving; Male Engagement	BRAC Father Engagement Model	Protracted; Refugee	Cox's Bazar, Bangladesh	Rohingya fathers of 0–2-years old children	An adaptation of BRAC's Humanitarian PlayLab model originally implemented for mothers of children aged 0–2 years	Impact evaluation of a 6-month program consisting of weekly home visits (and monthly group sessions) with Rohingya fathers of children aged 0-2 years in the Cox's Bazar Humanitarian camps. Control condition is mothers-only home visits	Cluster randomized trials (caseloads of visitors)	September 2022-August 2023
IRC	Health, Parenting & Caregiving	Jordan Well Child Visits (IRC)	Protracted; Refugee	Jordan		An IRC program integrating an emphasis on playful, responsive caregiving with well-child visits implemented by Jordan Ministry of Health's midwives	Pilot implementation research		
IRC	Early Learning; Parenting & Caregiving	Rohingya longitudinal study	Protracted; Refugee	Cox's Bazar, Bangladesh	Rohingya households, starting from the prenatal period.	Integrates the 'Play to Learn' interventions	Large-scale longitudinal cohort study, starting in the prenatal period.	This cohort study will integrate multiple qualitative, quantitative, and physiological methods and represents the first large-scale longitudinal prenatal / birth cohort study of child and family development in a humanitarian context.	Launching in second half 2022
Yale	Multi-sectoral	Systematic ECDEiE academic literature review	Humanitarian	Global	Not specified	N/A	Review of recent trends in academic literature	Data extraction from 40+ papers that met rigorous eligibility criteria	Mid 2022
Yale/Plan International Jordan	Multi-sectoral	Social Network Analysis	Humanitarian; Refugee	Jordan	Not specified	N/A	Goal is to inform ways to position ECD within the drafting and implementation of Jordan's Humanitarian Fund	Using a social network analysis protocol to empirically explore the mechanisms to determine the allocation of funds for humanitarian responses	2022

Yale/Mali National Public health institute/ UNICEF Mali/ University of Bamako	Multi-sectoral	Institutional Ethnography	Protracted; Conflict, Political	Mali	Not specified	N/A	Characterize the ECDE programmatic responses and priorities in the context of humanitarian crises. Assess the ECDEiE program landscape in our sample using a conceptual framework that draws upon the Inter-agency Standing Committee's Humanitarian Programme Cycle. Explore the ways the humanitarian responses, (including the COVID-19 response), address social, cultural, religious/spiritual, and traditional considerations captured and considered in the content of ECDEiE programs and services.	Institutional ethnography	June – September 2022
Yale, BRAC USA Department of Educational and Counseling Psychology at the University of Dhaka, Notre Dame University Bangladesh, and Healing Heart Counseling Unit	Multi-sectoral	Global Consultation: Delphi Study	Refugee	At the Global Level and in Bangladesh	This consultation has two groups: (1) global leaders and experts and (2) caregivers of young children in Bangladesh who are part of a humanitarian aid program.	N/A	Identify priority areas for ECDEiE advocacy from the perspectives of global ECDEiE leaders and caregivers impacted by humanitarian emergencies, respectively.	Delphi consensus technique	September 2022 expected
UVA Humanitarian Collaborative, Tufts Feinstein Center, Save the Children Denmark	Parenting & caregiving	Leaving No One Behind: The Intersection of Displacement and Early Marriage for Adolescent Girls	Protracted; Complex, Multiple	South Sudan & The Kurdistan Region of Iraq	>100 displaced girls aged 14-23yrs	2-year engagement with displaced mothers	To understand the lives of displaced female youth in South Sudan and the Kurdish Region of Iraq and provide holistic information (across-sectors) to policy makers, advocates and practitioners	Semi-structured interviews, participatory techniques (Life Line, PhotoVoice, participant directed discussions), quantitative measures (e.g. Strengths and Difficulties Questionnaire)	Aug 2020 – Dec 2022

Ruhr-University Bochum Denmark	Early learning	Implementation and quality of an early childhood education program for newly arrived refugee children in Germany: An observational study	Refugee	Germany	Refugee children in elementary schools in Germany who have recently arrived	ECD program for refugee children who have newly arrived	Examine the implementation and quality of flexible ECE programs for refugee children in Germany		
Ruhr-University Bochum Denmark	Social-emotional; Early Learning	Socio-emotional adjustment throughout the Coronavirus pandemic: A longitudinal study of elementary school-aged children from low-income neighborhoods	Refugee; COVID-19	Germany	Children in elementary schools from low-income neighborhoods	Social-emotional adjustment of elementary school-age children	Trajectories of child Distress throughout two pandemic-related school closing periods of 5 months each in children from low-income neighborhoods		
BRAC IED	Early Learning, Play based Learning, Caregivers' and Children's Well-being & Culture	Explore the effectiveness of the content and processes of Centre-based HPL for 2-6yrs old children in relation to development, emotional health and cultural identity	Protracted, Humanitarian, forcefully displaced Rohingya Population	Cox's Bazar, Bangladesh	2-6 years old Rohingya children and their caregivers	BRAC Centre-Based Humanitarian Play labs (HPL) for children aged 2-6 years	1.What is the effect of center based HPL on children's development and emotional health? 2.To what extent is the HPL able to develop cultural identity of the Rohingya children? 3. What are the views of the participants in regard to their experience of being involved in the HPL?	Mixed Method	2022-2023
BRAC IED	Parenting & Caregiving; Father Engagement	Formative Study on Father's Engagement	Protracted, Humanitarian, forcefully displaced Rohingya Population	Cox's Bazar, Bangladesh	Rohingya fathers	Father's engagement model for 0-2yrs	1.What is the reflection of fathers, mothers and volunteers about the Fathers' Engagement program? 2: What is the content as well as development and operational conditions for the program implementation?	Qualitative Method (IDI and FGD)	2022

BRAC IED	Well-being and Mental Health	Effectiveness of Para-counselling Model	Protracted, Humanitarian, forcefully displaced Rohingya Population	Cox's Bazar, Bangladesh	Rohingya community	BRAC Para-Counselling Model	To examine the effectiveness of the BRAC Para-counsellor model on beneficiaries' mental health and to illuminate the model's effects on each level of the child's ecosystem in which the model and intervention are embedded.	Qualitative and Quantitative	2021-2023
BRAC IED	Early Learning, Play based Learning, caregivers' and children's well-being	Implementation Study on HPL	Protracted, Humanitarian, forcefully displaced Rohingya Population	Cox's Bazar, Bangladesh	0-6 years old Rohingya children and their caregivers	BRAC Humanitarian Play lab (HPL)	To what extent the HPL model is effective in promoting caregivers' and children's outcomes?	Quantitative	2020-2024
BRAC IED	Early Learning; Learning through Play; Caregiving; Well-Being	Process Documentation of BRAC HPL models (By JPGSPH)	Protracted, Humanitarian, forcefully displaced Rohingya Population	Cox's Bazar, Bangladesh	0-2yrs, 2-6yrs BRAC HPL models and father's Engagement model	BRAC Humanitarian Play lab (HPL)	1.How have different models been designed and implemented over time? 2.How have the three components been co-created in collaboration with Sesame Workshop (SW)? 3.What were the challenges and lessons learned over the process of model development and implementation? 4.How has BRAC been able to maintain connectedness with the communities before and during the period of Covid-19?	Qualitative	2019-2021
BRAC IED	Telecommunication modality, Caregiving, Early Learning, well-being	Effects of BRAC Pashe Achhi on caregivers' well-being and children's development in the Rohingya camps	Protracted, Humanitarian, forcefully displaced Rohingya Population	Cox's Bazar, Bangladesh	Rohingya caregivers and their children	BRAC Pashe Achhi Telecommunication Model	1.What is the effect of the BRAC HPL model on children's development and well-being, and caregivers' and Play Leaders' outcomes?	Quantitative	2020-2021

BRAC IED	Community engagement, Caregiving, Early Learning	Qualitative study on mindset change in communities and the beneficiaries (e.g. caregivers) because of the BRAC HPL program (by JPGSPH)	Protracted, Humanitarian, forcefully displaced Rohingya Population	Cox's Bazar, Bangladesh	Beneficiaries of BRAC HPL for 0-6 years	Exploring the change in the mindset of Community members (Play leaders, volunteers, caregivers, community leaders and CBCPC)	1.How has the project been able to change the mindset of the community towards ECD, Learning through Play (LtP), women's employment and gender balance in child rearing? 2.How does BRAC engage the community in developing the models and the project activities? 3. How does BRAC build the capacity of the community to strengthen community's knowledge and skills on ECD, LtP, psychosocial support etc.? 4. How could the knowledge, and skills be sustained in the Rohingya Community?	FGD, IDI, KII, Document analysis	2022-2023
BRAC IED	Caregiver's well-being	Qualitative study on Rohingya Caregivers and Children's Well-being (by JPGSPH)	Protracted, Humanitarian, forcefully displaced Rohingya Population	Cox's Bazar, Bangladesh	Beneficiaries of BRAC HPL for 0-6 years	To explore caregivers' and children's psycho-social and mental well-being from provider and community perspective	1.What is the understanding of caregivers about wellbeing and PSS support? 2.How do the Rohingya caregivers and children use psychosocial knowledge and skills to cope with daily stressors, psychological distress and emotions? 3. How do caregivers support and practice building positive wellbeing among their children?	Qualitative research FGD, IDI, KII, MIS data will be employed	2023
BRAC IED	Culture	An Exploration of Rohingya Culture and Identity	Protracted, Humanitarian, forcefully displaced Rohingya Population	Cox's Bazar, Bangladesh	Both male and female beneficiaries from different age groups and from the Rohingya Camps	Rohingya culture exploration	To explore the Rohingya culture and collect information to develop a tool on cultural relevance and identity	IDI and FGD	2021
BRAC IED	Parenting & Caregiving; Fathers' Engagement	Formative Research on Pashe Achhi home visit program	Protracted, Humanitarian, forcefully displaced Rohingya Population	Cox's Bazar, Bangladesh	Rohingya fathers	Fathers' Engagement	To learn about the experiences of fathers, mothers and male volunteers regarding PA home visit	IDI and FGD	2021-2022

BRAC IED	Parenting & Caregiving; Fathers' Engagement	Formative study on Fathers' Engagement programs in the Rohingya camp	Protracted, Humanitarian, forcefully displaced Rohingya Population	Cox's Bazar, Bangladesh	Rohingya fathers	Fathers' Engagement	1.What is the reflection of fathers, mothers and volunteers about the Fathers' Engagement program? 2.What are the content development and operational conditions for the program implementation?	IDI and FGD	2021-2022
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