

RESEARCH FORUM FOR YOUNG CHILDREN IN EMERGENCIES



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Local Research, Global Impact: A Compendium of Early Childhood Development in Emergencies Studies by Community-Based Researchers

FEBRUARY 2025

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ACKNOWLEDGMENTS

This compendium would not have been possible without the invaluable research of the five research fellows whose work is featured within these pages:

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The authors also acknowledge the institutions, funding bodies, and collaborators who supported these researchers throughout their endeavors. A special thank you to the Core Group members of the Research Forum on Young Children in Emergencies for their mentorship and guidance:

Erum Mariam, *Co-Chair of the Research Forum, BRAC Institute of Educational Development*

Joan Lombardi, *Co-Chair of the Research Forum, Stanford University*

Lucy Bassett, *University of Virginia*

Grace Boutros, *Arab Resource Collective*

Sarah Kabay, *Innovations for Poverty Action*

James Thuch Madhier, *The Rainmaker Enterprise*

Andrés Moya Rodriguez, *Universidad de los Andes*

Hirokazu Yoshikawa, *New York University*



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.

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ABOUT THE RESEARCH FORUM ON YOUNG CHILDREN IN EMERGENCIES

In 2022, the Moving Minds Alliance created the Research Forum on Young Children in Emergencies to bring together a global group of researchers investigating programmes 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 and caregivers 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, conflict, and displacement.

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FOREWORD

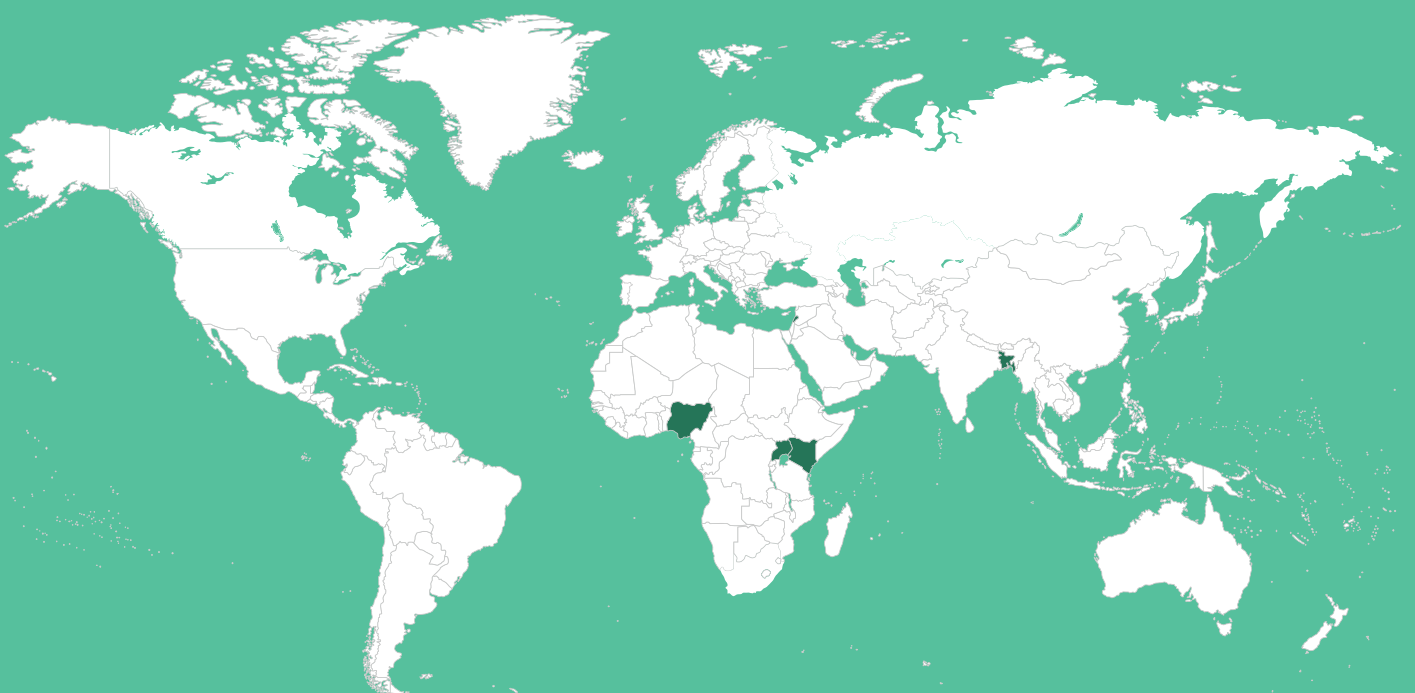
By: Erum Mariam and Joan Lombardi, co-chairs of the Research Forum

In a world increasingly defined by conflict, displacement, and climate-induced disasters, the need for early childhood development in emergencies (ECDiE) research that is not only inclusive but also grounded in the realities of these contexts has never been more urgent. For too long, this field has been dominated by perspectives from the Global North, often overlooking the profound knowledge and lived experiences of those directly engaged with their communities.

This compendium shifts that dynamic by spotlighting the work of five community-based research fellows in Uganda, Lebanon, Nigeria, Kenya, and Bangladesh. Living and working in conflict and crisis settings, these fellows bring critical local perspectives to global conversations. Their work sheds new light on family dynamics, maternal and child health, newborn care knowledge, early psychosocial stimulation, technology, and other themes that can be leveraged to help families move from survival to thriving. The five research fellows whose research comprises this compendium are reporting from the frontlines of some of the major crises around the world.

We need to both elevate the work of local researchers as well as recognize the disproportionate challenges and barriers they face. In addition to the complexity of conducting research in crisis and conflict settings, community-based researchers also face limited access to resources and institutional support, the emotional and psychological toll of researching within crisis-affected communities, systemic barriers to publishing in global academic spaces, and political pressures or fear of reprisal, all while navigating structures that were not designed to include them.

This compendium is more than just a collection of research—it is a call to action. It is an invitation to advance a vision for early childhood development research that is not done to communities, but by them. May this compilation serve as both a resource and a catalyst, advancing a future where research led by communities shapes the policies and programs that affect them.



BACKGROUND

The number of children living in crisis contexts has reached unprecedented levels. In 2023, over 473 million children, more than one in six globally, were estimated to be living in areas affected by conflict (Byrne et al., 2025), and approximately 47.2 million children had been displaced due to conflict and violence (UNICEF, 2024a). Children also face a more unpredictable, hazardous environment than children of any previous generation, where their developing brains, lungs, and immune systems are particularly susceptible to pollution, disease, and extreme weather (UNICEF, 2024b). Nearly 1 billion children—almost half of the world’s child population—live in countries highly vulnerable to the impacts of climate change (UNICEF, 2021). In 2024, it is estimated that at least 242 million students in 85 countries or territories had their schooling disrupted by extreme climate events (UNICEF, 2025).

Crises – including conflict, disasters, and health emergencies – have devastating effects on children’s physical, cognitive, and emotional development, threatening their long-term well-being (Anderson & Saeed, 2022). Early childhood is a critical period when children’s brains and bodies are most vulnerable to the effects of external stressors. When the body’s stress response is triggered, interconnected systems such as brain activity, heart and lung function, digestion, energy production, and immune responses all spring into action, influencing each other’s development. Excessive and persistent adversity during early childhood can overload these biological systems, disrupting essential developmental processes. (National Scientific Council on the Developing Child, 2020).

During these formative years, the brain undergoes its most active period of growth and learning, forming more than one million new neural connections every second (Center on the Developing Child at Harvard University, 2021). Crises can severely disrupt this essential development by limiting access to clean water, clean air, sanitation, healthcare, proper nutrition, and adequate sleep (UNICEF, 2021; Early Childhood Scientific Council on Equity and the Environment. (2023). Children may experience loss of education, the destruction of their homes, schools, and communities, as well as physical and sexual violence. They may also face abduction, displacement, and the risk of isolation or separation from their families. For older children, the dangers extend to recruitment into armed forces and militant groups, and the potential longer-term consequences of protracted crises (UNICEF, 2022).

Early intervention is key for young children as they may develop physiological responses and coping behaviors that are attuned to the harsh conditions they are experiencing. While these short-term adaptations may help them cope in the moment, they can have long-term consequences for physical and mental well-being, self-regulation, and effective learning (National Scientific Council on the Developing Child, 2020). Young children’s brains are also more adaptable, allowing for easier recovery. However, recovery becomes more challenging for older children due to the brain’s decreasing plasticity (ability to change and adapt) over time (Center on the Developing Child at Harvard University, 2021).

Consistent, responsive nurturing care and stimulation during the early years can protect and buffer children from the adverse effects of conflict and crises (Britto et al., 2017; National Scientific Council on the Developing Child, 2005/2014). Early childhood development interventions in emergency contexts can help build physical and emotional resilience in caregivers and children by supporting caregivers to provide nurturing care, build strong relationships, and create safe and stimulating environments for their children. However, to effectively implement these interventions, it is essential to understand the unique contexts and challenges families face in crisis, underscoring the need for local researchers with a deep understanding of their communities.

THE RESEARCH FELLOWSHIP PROGRAMME

To address the critical need for localised¹ research on early childhood development in emergencies (ECDiE), in December 2022, the Research Forum for Young Children in Emergencies established a research fellowship programme to support local early career researchers and research-oriented practitioners in the Global South. The programme aims to empower researchers, from or deeply embedded within the communities they study, to carry out studies on issues related to young children (from pre-natal to school-entry) in emergency contexts. The Forum received an overwhelming response, with 112 applications from 35 countries submitted in four languages: English, Spanish, French, and Arabic. The five countries highlighted in this compendium—Bangladesh, Uganda, Lebanon, Kenya, and Nigeria—represent the home countries of the 2023-2024 research fellows, each bringing unique, first-hand knowledge of the challenges children and families face in these contexts.

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 provides 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).

ECDiE IN FIVE CRISIS CONTEXTS

1. Nigeria (Internally Displaced Persons Camps)

The ongoing conflict in north-east Nigeria, now spanning 15 years, continues to fuel widespread violence and instability, with Boko Haram insurgency, farmer-herder clashes, and violent non-state armed groups (NSAGs) displacing millions. By the end of 2023, 3.3 million people were forced into Internally Displaced Persons (IDP) camps (IDMC, 2024). The situation was further worsened by severe flooding in 2024, which affected over 3 million people, killed 1,000, and displaced an additional 2 million (OCHA, 2025). With food insecurity rapidly escalating, more than 33 million people are projected to be affected by the lean season in 2025 (World Food Programme, 2024). The displacement and environmental shocks have escalated urgent needs, particularly in maternal and newborn health. Addressing a critical gap in understanding Essential Newborn Care (ENC) practices in IDP camps, Toluwase Olufadewa's study investigates ENC knowledge, practices, and predictors among mothers in selected camps in Northern Nigeria. The findings provide insights into the challenges faced by mothers in ensuring proper newborn care amidst the constraints of a humanitarian crisis.

2. Uganda (Refugee Host Communities)

Uganda hosts one of the largest populations of refugees in Africa, with 1.8 million refugees and asylum seekers from South Sudan, the Democratic Republic of Congo, and other conflict-affected regions (UNHCR, 2025a). The country has adopted progressive refugee policies that allow refugees to live in settlements rather than camps, granting them freedom of movement and the right to work. Despite these inclusive policies, refugees still face significant challenges, particularly in healthcare, education, water, sanitation, and protection, especially within the largely youthful refugee population (UNHCR, 2024a). Among these urgent needs are maternal and child nutrition. Between April 2024 and March 2025, approximately 54,000 children aged 6-59 months and 9,800 pregnant or breastfeeding women are projected to suffer from acute malnutrition in Uganda's refugee settlements (IPC, 2024).

¹ Localised research refers to conducting research tailored to the specific cultural, geographical, and social contexts of a particular community, region, or population. In this report, it also refers to research conducted by individuals from the communities they study, ensuring that the voices and experiences of those directly affected are at the forefront of the research and the findings are directly relevant to the local context.

Francis Boyenge's research sheds light on the barriers and enablers to implementing integrated psychosocial stimulation and nutrition support for malnourished children aged 6 to 35 months in a refugee settlement in Western Uganda. The findings underscore the urgent need for targeted interventions that address these barriers and promote holistic support for children's development in refugee contexts.

3. Lebanon (Economic Crisis)

Lebanon has faced a series of compounding crises in recent years. A prolonged economic collapse shrunk real GDP by 34% between 2018 and 2022, erasing over 15 years of growth (World Bank, 2024a). The 2020 Beirut port explosion and the COVID-19 pandemic further exacerbated the crisis leading to a sharp rise in poverty, which has more than tripled over the past decade. Households have increasingly resorted to coping strategies like reducing food consumption, cutting non-essential expenses, and limiting health expenditures, posing serious long-term risks to livelihoods and well-being (World Bank, 2024b). The Israel-Hezbollah conflict has deepened Lebanon's crisis, particularly with the escalation between September and November 2024. The World Bank's Interim Damage and Loss Assessment estimates US\$8.5 billion in damages and losses (World Bank, 2024c). The conflict has claimed over 3,000 lives, displaced more than 1.3 million people, and left 1.6 million people food insecure, with food insecurity expected to worsen by March 2025 (Data Friendly Spaces, 2025; World Food Programme, 2025).

Lebanon is also host to 1.7 million refugees, one of the highest per capita ratios in the world, with 1.5 million of them being Syrian refugees (Data Friendly Spaces & Save the Children, 2024; UNHCR, 2024b).

Dr. Hiba M. Kassir's research study, conducted between 2023-2024, examines the impact of Lebanon's economic crisis on the early detection of developmental challenges in children under five. Focusing on Lebanese and displaced Syrian and Palestinian families, Dr. Kassir's study highlights the importance of early assessment during critical developmental years and the obstacles that families face in accessing necessary evaluations.

4. Bangladesh (Rohingya Refugee Camps)

Bangladesh hosts nearly one million Rohingya refugees making it one of largest and most protracted refugee crises in the world. The majority—approximately 969,000 refugees—reside in 33 overcrowded camps in Cox's Bazar District, while another 36,000 are housed on Bhasan Char island (OCHA, 2024; UNHCR, 2025b). These settlements are among the most densely populated in the world, straining local resources and services.

Md. Jakirul Islam's study explores the largely unexamined family dynamics and nurturing roles for children within Rohingya families residing in these refugee camps. It focuses on the power structures and interactions among six three-generation families, highlighting how these dynamics shape child-centered care in the context of displacement.

5. Kenya (Urban Informal Settlements in Nairobi)

Kenya hosts a substantial refugee population, driven by ongoing conflicts and instability in neighboring countries. The majority of refugees originate from Somalia (48.5%), South Sudan (28.9%), and the Democratic Republic of the Congo (15.5%). Of the 892,000 refugees and asylum seekers in Kenya, most reside in the Dadaab and Kakuma refugee camps, located in Garissa and Turkana counties, while approximately 13% reside in Nairobi. (UNHCR, 2025c). Many live in informal settlements, defined by UNHCR as dwellings characterized by a lack of tenure security, inadequate basic services, and non-compliance with planning and building regulations, often located in environmentally hazardous areas (UNHCR, 2024d).

Joyce Marangu's study, part of a pilot randomized controlled trial aimed at improving maternal and child health outcomes in low- and middle-income countries, explores the perceptions of healthcare workers and caregivers regarding health, nutrition, and early childhood development within an urban informal settlement in Nairobi, assessing the potential of mobile health (mHealth) technology and smartphone applications to enhance data collection and intervention delivery.

ESSENTIAL NEWBORN CARE KNOWLEDGE, PRACTICES AND THEIR DETERMINANTS AMONG MOTHERS IN INTERNALLY DISPLACED PERSONS (IDP) CAMPS IN NORTHERN NIGERIA

By: Toluwase A. Olufadewa

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ABSTRACT

Despite the known impact of humanitarian emergencies on child health, there remains a critical gap in understanding Essential Newborn Care (ENC) practices and their determinants in Internally Displaced Persons (IDP) camps, particularly in Nigeria. This study examined the knowledge, practices, and predictors of ENC among mothers living in randomly selected IDP camps in the Federal Capital Territory of Northern Nigeria. Findings from semi-structured questionnaires revealed significant gaps in ENC practices: half of the mothers demonstrated safe cord care, about two-thirds practiced good neonatal breastfeeding, and approximately three-quarters adhered to optimal thermal care. The study highlights the need for targeted educational campaigns and improved healthcare access to enhance ENC practices and reduce neonatal morbidity and mortality in these vulnerable populations.

METHODOLOGY

- **Location:** Randomly selected IDP camps in the Federal Capital Territory (FCT), Abuja, Northern Nigeria, specifically the Durumi IDP camp and the New Kuchingoro IDP camp.
- **Participants:** 254 mothers in the selected IDP camps.
- **Eligibility:** Permanent residents of the camp, nursing mothers or mothers with children under the age of 2, and ability to communicate in Hausa, Pidgin English, or English.
- **Intervention:** Collection of data on respondents' socio-demographic characteristics, knowledge and practices related to essential newborn care (including cord care, thermal care, and breastfeeding initiation), and potential predictors of these practices.
- **Data Collection & Analysis:** Data were collected using a semi-structured questionnaire adapted from WHO indicators and other literature. The questionnaire was translated into Hausa for better comprehension. Pretesting was conducted on a random sample of 22 individuals. Data was analysed using SPSS Version 26.0, employing descriptive statistics, chi-square tests for associations, and logistic regression to determine factors predicting ENC practices. Ethical approval was obtained, and informed consent was secured from all participants.

RESULTS

The study included 254 mothers, with a mean age of 29.8 years. Most participants were married (87%), unemployed (67.7%), and had been displaced for over 6 years (63.4%). Analysis of their essential newborn care practices revealed that 53.9% had good knowledge of ENC. Specifically:

- **Breastfeeding:** 67.7% practiced exclusive breastfeeding, and 66.9% initiated breastfeeding within the first hour after birth.
- **Cord Care:** 50% followed good cord care practices, and over 70% used scissors for cutting the cord.
- **Thermal Care:** 75.2% provided optimal thermal care, and 93.7% wrapped the baby immediately after birth.

Key factors influencing ENC included religion, education, distance to health facilities, cultural beliefs, and family support. Notably, good knowledge of ENC significantly impacted good breastfeeding and thermal care practices.

IMPLICATIONS FOR THE FIELD

1. **Holistic Integration of ENC Practices in Humanitarian Policies:** Essential Newborn Care (ENC) practices should be integrated into both local and global humanitarian policies and programmes. Engaging international humanitarian organizations, such as the International Organization for Migration (IOM) and the United Nations High Commissioner for Refugees (UNHCR), is crucial to provide technical assistance, resources, and logistical support, ensuring that ENC guidelines are effectively implemented in humanitarian emergencies.
2. **Comprehensive Educational Campaigns:** Implementing community-specific educational campaigns using WHO's ENC guidelines can significantly improve knowledge and practices related to ENC. These campaigns should leverage local media and languages to disseminate information effectively, making it accessible to a broader audience. Training Community Health Extension Workers (CHEWs) to deliver ENC community campaigns and raise awareness is essential in ensuring the widespread adoption of these practices.
3. **Community Involvement:** Training older women to educate younger women on ENC practices through supportive learning environments can be an effective strategy to enhance ENC knowledge within communities. Additionally, conducting training sessions to dispel cultural myths and practices that do not align with WHO ENC guidelines can further ensure that accurate and safe practices are followed.

4. **Enhanced Healthcare Access:** Improving healthcare access in IDP camps and rural communities is critical. Establishing mobile maternity centres can provide much-needed prenatal and postnatal care to expectant mothers. Upgrading existing healthcare facilities and ensuring they are accessible to residents of IDP camps are equally important. Training CHEWs and hospital birth attendants on WHO's ENC guidelines and integrating these practices into routine antenatal classes will enhance the quality of care provided.
Provision of Safe Delivery Kits: To support safe childbirth in challenging environments, distributing clean delivery kits containing sterile blades, antiseptic solutions, and other necessary items to expectant mothers in IDP camps can be lifesaving. These kits help ensure safer deliveries in low-resource settings.
5. **Monitoring and Evaluation:** Establishing robust monitoring and evaluation frameworks is vital to assess the effectiveness of ENC programmes. Humanitarian organizations can assist in developing these frameworks and implementing feedback mechanisms to continuously improve ENC practices. Using real-time data and outcomes, these measures help refine and enhance ENC efforts, ensuring they meet the needs of the community.

BARRIERS AND ENABLERS OF PSYCHOSOCIAL STIMULATION SUPPORT THROUGH THE CARE GROUP APPROACH IN THE KYAKA II REFUGEE SETTLEMENT

By: Francis Eddie Boyenge



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ABSTRACT

Early childhood malnutrition, compounded by stress reactions from war and displacement, can lead to severe developmental delays and long-term Behavioural issues extending into adulthood. This study explores the barriers and enablers to adopting group-based integrated psychosocial stimulation and nutrition support for malnourished children (6-35 months) in the Kyaka II refugee settlement, Western Uganda. Using the low-cost, community-based Care Group approach (Perry et al.), the intervention trained Community-Based Facilitators (CBFs) and Care Group Volunteers (CGVs) to deliver bi-weekly play sessions for malnourished children and their caregivers. Analysis of the Focus Group Discussions (FGDs) and session attendance data highlighted significant barriers, such as limited resources, and enablers, like community support. These findings can inform the design and implementation of similar interventions in emergency settings.

METHODOLOGY

- Location: Kyaka II refugee settlement, Western Uganda.
- Participants: 174 malnourished children (6-35 months) and their caregivers.
- Eligibility: Children with Severe Acute Malnutrition (SAM) or Moderate Acute Malnutrition (MAM), excluding those with severe disabilities.
- Intervention: Seven Community-Based Facilitators (CBFs), trained in age-appropriate play therapy, each conducted training for 5 Care Group Volunteers. The volunteers then facilitated six bi-weekly play sessions with groups of 5 mother-child pairs over four months.
- Data Collection & Analysis: Data were collected through Focus Group Discussions (FGDs) and session attendance lists, with thematic analysis applied to FGDs and descriptive analysis to attendance data.

RESULTS

The study achieved significant caregiver engagement and revealed key insights into the barriers and enablers affecting the implementation of psychosocial stimulation and nutritional support interventions in the Kyaka II refugee settlement.

- Enrollment and Attendance: Out of 200 invited caregivers, 174 enrolled, resulting in an 87% enrollment rate. Among those enrolled, 126 attended at least one session with a 10.3% dropout rate after attending a single session.
- Reported Improvements: Caregivers observed improvements in their children's Behaviour and health and 37 caregivers cited positive effects on their children as a key motivation for continued attendance. However, the short duration of the study limited the ability to draw conclusions on long-term intervention adoption.

"I struggled to give my child a biscuit (Ready to Use Supplementary Feed). I would give it to my baby and say eat, but now I know I must also play with my child while feeding her. She has improved and gained weight and is happier during meal times." – A caregiver from the study

Barriers to Implementation:

- Environmental Factors: Adverse weather conditions like heavy rain, along with a lack of adequate waiting shades (covered shelters or areas that provide shelter from rain and sun) disrupted the implementation of sessions. Long distances over challenging terrain also affected attendance.
- Caregiver Conflicts: Attendance issues arose due to conflicts with caregivers' work schedules and food distribution schedules. Sessions frequently overlapped with times caregivers sought casual work or waited for food aid, leading to missed sessions and difficulties with rescheduling.
- Lack of Male Engagement: Absence of male participants increased the burden on female caregivers and contributed to absenteeism.
- Funding Constraints: High costs for Research Ethical Approval limited available funds resulting in reduced sessions, shortened training, and inadequate material procurement, affecting the study's scope and effectiveness.
- Language Barriers: Language differences within the multiethnic refugee population limited participation and hindered effective communication.

Critical Enablers for Implementation:

- **Care Group Approach:** The model's use of volunteer women made it highly cost-effective, with minimal transport refunds for Community-Based Facilitators, ensuring sustainability despite limited donor funding.
- **Integration of Nutritional and Psychosocial Support:** Combining nutritional and psychosocial support improved access to improved access and follow-up, as children were already enrolled in nutrition therapy, and the volunteers' familiarity with participants' homes facilitated more effective follow-ups and home visits. Home visits helped significantly increase attendance rates.
- **Reflective Supervision:** Reflective supervision and training for Care Group Volunteers enhanced session quality. Using local materials and translated guides ensured better understanding and application by participants.

IMPLICATIONS FOR THE FIELD

1. **Leveraging Community-Based Approaches:** Programmes should consider the adoption and scaling of community-driven models, such as the Care Group approach, due to their cost-effectiveness, sustainability, and ability to leverage local resources. Programmes should support the recruitment, training, and supervision of community volunteers, leveraging their existing trust and relationships within the community to ensure the sustainability and reach of interventions.
2. **Importance of Male Engagement:** The lack of male participation in childcare sessions was a significant barrier. Programmes should include strategies to actively engage men in child development activities, using social and Behavioural change communication to shift cultural norms. Emphasizing the role of fathers in psychosocial stimulation and development can lead to more inclusive and effective interventions.
3. **Incorporation of Income-Generating Activities:** Participants expressed a need for income-generating activities to support their households economically. Programmes should consider integrating economic support components, such as skill-building opportunities, within psychosocial stimulation programmes.
4. **Investment in Infrastructure and Accessibility:** Infrastructure limitations, including unsuitable venues during adverse weather, posed significant challenges to the programme's success. Programmes should advocate for investment in community infrastructure, such as multi-purpose community centres, to ensure the uninterrupted delivery of services. Transportation support for participants may also help improve regular attendance.

CONCLUSION

The study highlights the crucial role of community-based approaches in emergency settings, demonstrating that integrated psychosocial and nutritional support can significantly enhance child development outcomes. Future strategies should focus on addressing identified barriers while leveraging enablers to ensure sustainable and effective interventions for vulnerable populations in similar contexts.

THE IMPACT OF THE ECONOMIC CRISIS AND DISPLACEMENT ON THE EARLY SCREENING OF DEVELOPMENTAL DIFFICULTIES

By: Dr. Hiba Mohammad Kassir



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ABSTRACT

The early years of a child's life are critical for developing essential skills, making the early assessment of developmental challenges—such as communication, language, or psychomotor difficulties— an important health measure. This study examines the impact of the Lebanese economic crisis on early detection of developmental difficulties in children under five years old, focusing on Lebanese and displaced Syrian and Palestinian families in Lebanon. The study investigated how the economic crisis influenced parent-child interactions, parental knowledge on child development, and the likelihood of seeking specialist consultations. Findings indicate a significant correlation between the severity of the economic crisis, parental education levels, and reduced parental knowledge and interaction quality, with notable effects observed in Lebanese and Palestinian families. No such correlation was found in Syrian families, likely due to the compounded impact of recent displacement. This research underscores the need for robust public health interventions and educational programmes to support early developmental screenings amidst the ongoing socio-economic challenges in Lebanon.

METHODOLOGY

- Location: Lebanon, encompassing Beirut, South Lebanon, Beqaa, North Lebanon, and Mount Lebanon.
- Participants: 179 participants, divided into three groups based on nationality: Lebanese (63), Syrian (55), and Palestinian (61). Participants included 125 mothers, 53 fathers, and 1 grandmother.
- Eligibility: Families residing in Lebanon, affected by the economic crisis, with children aged between 18 months and 5 years. Excluded were the families minimally impacted by the crisis or those who did not fully complete the questionnaire used to collect data.
- Intervention: Participants completed electronic questionnaires to collect data on the family's economic situation, parent-child interaction, and parents' knowledge about parenting and child development. Assistance was provided via phone calls or in person if needed.
- Data Collection & Analysis: Data were collected through electronic questionnaires sent to the parents. Statistical analysis was performed using IBM SPSS Statistics version 25. A Spearman correlation test examined the relationships between economic crisis severity, parental knowledge, and parent-child interaction. A Kruskal-Wallis H test compared these variables across the three nationality groups.

RESULTS

The study revealed significant findings regarding the impact of economic crisis on parental knowledge, education, and interactions with children across the three different groups.

1. **Correlation Between Economic Crisis and Parental Knowledge:** There is a significant correlation between the severity of the economic crisis and parental education levels with parental knowledge about child development and parent-child interaction. This was observed in Lebanese and Palestinian groups but not in the Syrian group.
2. **Parental Education and Interaction:** The study found that parents' educational levels correlate positively with their knowledge of parenting and their interactions with their children. This correlation was evident in the Lebanese and Palestinian groups but negatively correlated in the Syrian group.
3. **Economic Crisis Severity:** The severity of the economic crisis impacted parents' knowledge of parenting and their decision to seek specialist consultations. The economic hardship affected the overall parental knowledge and parent-child interaction scores, showing a significant difference among Lebanese, Syrian, and Palestinian groups.
4. **Specialist Consultations:** For families who noticed developmental difficulties, there was a correlation between the economic crisis and the decision to seek specialist consultations. However, many parents did not seek consultations due to financial constraints rather than embarrassment.

IMPLICATIONS FOR THE FIELD

1. **Prioritise Accessible Early Detection and Intervention Services:** Delays in seeking specialist consultations due to economic hardships can significantly hinder timely intervention for children. To address this issue, public and private institutions must integrate accessible early screening and therapeutic intervention services into public health programmes and global health policies, ensuring that these services are affordable, widely available, and tailored to meet the diverse needs of families facing financial challenges. This approach helps mitigate the impact of socio-economic crises on child development and ensures that children receive the necessary support during early childhood, a critical stage for their growth and future well-being.
2. **Parental Education and Support:** There is a strong correlation between parental education levels and their understanding of child development, parenting, and parent-child interactions. To improve early detection and intervention rates, educational and awareness programmes should be implemented. These programmes should focus on parenting skills, developmental milestones, and recognizing early signs of developmental difficulties. By enhancing parental education and providing targeted support, the negative impacts of an economic crisis on child development can be alleviated, improving overall outcomes for children in emergencies.
3. **Tailored Support for Displaced Families:** The varying impacts observed among Lebanese, Palestinian, and Syrian families highlight the need for tailored interventions for displaced populations. Families who have recently been displaced, such as Syrian refugees, may require different forms of support compared to more established communities. Culturally sensitive educational programmes and easier access to consultation services are essential. Tailoring support to the specific needs and backgrounds of displaced families can improve their access to resources and better address the unique challenges they face in emergency settings.

CONCLUSION

The economic crisis in Lebanon has significantly hindered early screening for developmental difficulties in children across Lebanese, Palestinian, and Syrian households. This study found a direct correlation between the crisis's severity and parents' knowledge about parenting, child development, and parent-child interaction. Additionally, there is a clear link between parents' education levels and awareness of developmental progress. These findings stress the need for public and private institutions to prioritise early screening and therapeutic interventions in public health programmes, especially during a crisis. The study also highlights the necessity for educational and awareness programmes on parenting and child development, particularly for displaced households with lower education levels.

EXPLORING ROLES OF FAMILY DYNAMICS IN PROVIDING NURTURING CARE TO CHILDREN OF ROHINGYA FAMILIES LIVING IN REFUGEE CAMPS IN BANGLADESH

By: Md. Jakirul Islam



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ABSTRACT

The family dynamics and nurturing-care roles for children of Rohingya families within Bangladeshi refugee camps are largely unexplored. This study, using a constructivist approach, investigated these dynamics in six three-generation Rohingya families, focusing on power structures, interactions, and child-centered care. Data were collected through in-depth interviews, systematic, and participant observations. The research reveals critical insights into the complex family dynamics in Rohingya refugee camps and can inform the development of early childhood and mental health programmes tailored to these unique family contexts, enhancing intervention effectiveness.

METHODOLOGY

- Location: Rohingya camp in Cox's Bazaar, Bangladesh
- Participants: Six three-generation Rohingya families, averaging 8 members each.
- Eligibility: Families must include three generations, have at least one child aged 3-6 years not in formal education, and all adult members must be willing to participate and available during data collection.
- Intervention: The study trained three local research assistants, fluent in the Rohingya dialect and experienced with Rohingya refugees, in conducting in-depth interviews, systematic observations with the Nurturing Behaviour Observation Checklist, and participant observation skills. Moreover, a trained Rohingya woman volunteer accompanied each research assistant, supporting them in selecting samples, building rapport, and gaining insightful access to family matters and practices."
- Data Collection & Analysis: Data were gathered through in-depth interviews (IDIs) with 26 adult family members, averaging 32 minutes each. Systematic observations using the Nurturing Care Observation Checklist (NBOC) recorded adult Behaviours towards children across three settings and research assistants conducted undisguised participant observations of family interactions over 4-6 days. Data were validated through triangulation and ethical adherence, including informed consent. Thematic analysis identified key themes in family dynamics and child-centered interactions, while systematic observation data were analysed descriptively, with findings presented in socio-metric diagrams from the child's perspective.

RESULTS

The study uncovered key insights into family dynamics, highlighting the roles and interactions that shape decision-making, caregiving, and child development within the Rohingya family unit.

Power Dynamics:

- **Decision-Making:** Decision-making is hierarchical, influenced by factors such as ability, age, gender, earning capacity, knowledge, and role. It encompasses socio-economic (ceremonial and financial), daily life, and child-related (childcare and learning) decisions. These decisions are usually made in consultative meetings with relevant family members.
- **Individual's Autonomy:** Autonomy varies by gender and age, with women generally having less autonomy.

Family Sharing and Interaction Dynamics:

- **Role Distribution:** Roles differ by gender and relationship. Grandfathers are decision-makers and playmates, grandmothers are household executives and caregivers, fathers are earners and safety providers, and mothers are primary caregivers. Care types include everyday illness and nurturing care, primarily managed by mothers.
- **Conflict Management:** Conflicts are managed through avoidance, ego conflicts, and resolution practices led by decision-makers.
- **Relationship Qualities:** Relationships are characterized by harmonious cohesion, playfulness, and emotional attachment.
- **Psychological Sharing and Support System:** Emotions and thoughts are shared reciprocally and unilaterally, with grandmothers being central. Support, including emotional, financial, tangible, belonging, and consultative, is typically provided unilaterally, with grandmothers as key providers.
- **Interaction Time:** Interaction times vary by relationship, with fathers spending time at night and weekends, grandfathers and grandmothers spending most of their day with grandchildren, and mothers spending limited time due to household duties.

Child-Centered Family Dynamics:

- **Nurturing Care:** Mothers are primary caregivers, supported by grandmothers and grandfathers.
- **Emotional Care:** Emotional support is primarily provided by mothers, grandmothers, grandfathers, and paternal aunts.
- **Child-Related Expectations and Learning:** Boys are often expected to pursue higher education or professional careers, while girls receive basic formal and religious education. Educational support comes from fathers and grandfathers, with social learning modeled by mothers and grandmothers. Fathers play a key role in disciplining.
- **Play, Recreation and Relationships:** Children engage in play and recreational activities with various family members, including grandparents and parents. Grandparents and parents show affection and intimacy, which children reciprocate.
- **Safety and Security:** Child-related safety concerns include risks of separation from caregivers, gender-based vulnerabilities, risk of physical harm by falling, abuse from adults, and peer conflicts including physical aggression and disputes. Fathers, grandmothers, and mothers are primary safety providers.
- **Time:** All family members spend varied amounts of time with children, with grandparents and mothers being the most involved.

IMPLICATIONS FOR THE FIELD

1. **Understand Family Dynamics:** Insights into hierarchical decision-making and varying levels of autonomy by gender and age can guide interventions aimed at enhancing family cohesion and equity. Recognizing the influence of these dynamics can help tailor support programmes to address specific needs and promote more balanced family roles.
 “..... I discuss with Rihan’s father that our children are growing up and how we can make plans for their education and solve financial problems. Usually, we (my partner and I) both discuss and take decisions if there is any complex issue, then we share with my parents-in-law and take decisions based on their opinion” (Mother)
2. **Whole-Family Interventions:** Develop interventions that engage Rohingya fathers, grandfathers, and grandmothers in positive developmental practices to improve the well-being of both children and mothers.
 “My relationship with Sadia is very good. Sadia likes to spend time with me. She is happy when she is with me. She wants to hug me, sits on my lap, and pull me by my hair.” (Grandfather)
3. **Address Gender-Specific Expectations:** Differing educational and future role expectations for boys and girls highlight the need for targeted programmes that provide equitable development and support for all children.
 “The daughter should be sent to her father-in-law’s house. I will think about it in a few days. I have to try to give the girl to her in-laws. I have a son; I will educate him and then engage him in earning activities, and then we will get him marry.” (Mother)
4. **Multidisciplinary Research Approaches:** Future research on family dynamics and their role in nurturing care should adopt multidisciplinary perspectives on family dynamics to capture the full spectrum of complex factors that influence family interactions and childcare within families.

CONCLUSION

This study offers key insights into family dynamics and nurturing roles within Rohingya families in Bangladeshi refugee camps, underscoring the need for targeted, culturally sensitive interventions to bolster family cohesion and support equitable child development. While the study is limited by its reliance on self-reported interview data and the need for long-term, comprehensive observations, it provides a valuable understanding of hierarchical decision-making, caregiver roles, and the impact of family interaction on child well-being. These insights can guide the development of more effective support programmes that engage all family members and promote balanced educational and emotional support, fostering a more supportive environment for both caregivers and children in refugee settings.

MATERNAL AND CHILD HEALTH, NUTRITION, DEVELOPMENT, AND THE USE OF TECHNOLOGY AMONG URBAN REFUGEES AND HOST COMMUNITIES IN NAIROBI: A QUALITATIVE STUDY

By: Joyce Marangu



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ABSTRACT

Maternal and child health outcomes in low- and middle-income countries (LMICs) in Africa remain significantly poor, with 70% of global maternal deaths occurring in 2020 and child mortality rates at 74 deaths per 1,000 live births (WHO, 2023). Challenges include low healthcare access, poverty, low education amongst women, conflict, displacement, and rising vaccine hesitancy, exacerbated by the COVID-19 pandemic. Urban informal settlements and refugee communities, particularly in Africa, face compounded difficulties including poor housing, inadequate infrastructure, and limited services, which severely impact maternal and child health.

This study is part of formative research for a mobile health (mHealth) pilot randomized controlled trial (RCT) that seeks to enhance the quality of maternal and child data and intervention delivery using a smart phone application. The aim of this study was to explore the perceptions of healthcare workers and caregivers of young children on health, nutrition and early childhood development among embedded refugees and the host community within an urban informal settlement in Nairobi, Kenya. The study also examined the healthcare resources, and use of technology, particularly smart phones, among the study participants.

This study found that refugee and host communities in urban informal settlements both experience unique challenges in seeking and accessing maternal health, nutrition and child development services, with some challenges being unique to the embedded refugee population. While public healthcare facilities and services are bridging the gap, limitations in resource allocation continues to hinder access. The underutilization of technology despite advances in mHealth points to the critical need to prioritise its integration within maternal and child health initiatives, focusing on nutrition and child development. Embracing digital solutions could enhance prenatal and postnatal care, enabling personalized interventions, remote monitoring, and access to real-time health information, thus empowering caregivers and improving outcomes for mothers and children.

Further details on the methods, results, and implications for the field, will be available upon the publication of this study.

FUTURE DIRECTIONS FOR RESEARCH

This compendium serves as a comprehensive resource, highlighting critical areas for advancing early childhood development research in crisis settings. Through the varied contexts examined by the Moving Mind Alliance Research fellows, several key themes have emerged, including:

1. Community Involvement and Community-Based Approaches

The role of community involvement in shaping ECD interventions is vital. Research should explore how communities can actively support parents in fostering child development. Interventions should support the recruitment, training, and supervision of community volunteers, leveraging their existing trust and relationships within the community to ensure the sustainability and reach of interventions. Building a strong community network that fosters knowledge sharing, collaboration, and skill development can further enhancing parental capacity, ultimately improving outcomes for children.

2. Multi-Generational Interventions

Future research on young children should focus on whole-family, multi-generational interventions that involve all of the family caregivers. Recognizing that the family unit is a critical context for child development, it is essential to understand the dynamics within families and how they influence children's growth and well-being. By examining factors such as caregiver relationships, decision-making, and family routines, interventions can develop more effective programmes that support not only young children but the entire family unit.

3. Holistic Approaches to ECD

Future research should emphasize holistic approaches that integrate health, education, and parenting support, including parenting education, psychosocial support and economic assistance. By adopting a holistic framework, researchers can identify synergies between various support services, ensuring that families receive the comprehensive care they need. This approach not only enhances child development but also empowers parents and caregivers by equipping them with the tools and resources to address the multifaceted needs of families in crisis contexts.

By addressing these future directions for research, we can better tailor interventions to meet the diverse needs of children and families in emergencies, enhancing their effectiveness and improving outcomes for those in crises contexts.

OVERALL LEARNINGS FROM THE RESEARCH FELLOWSHIP PROGRAM

Fellowship programs for early-career researchers (ECRs) provide invaluable opportunities for skill development, professional growth, and community impact. However, ECR's in crisis settings face a distinct set of professional, logistical, and psychological challenges that extend beyond those encountered by their colleagues in non-crisis settings.

BOX: CHALLENGES FACED BY ECRS IN CRISIS CONTEXTS

ECRs working in crisis contexts experience a range of difficulties that can severely hinder their ability to conduct research and advance their careers. These include, but are not limited to:

1. **Limited Access to Affected Populations:** Crisis-related displacement or restricted movement may impede researchers' ability to engage with the populations they study, thereby constraining data collection and the representativeness of research findings.
2. **Infrastructure Limitations:** The absence of reliable infrastructure, including stable electricity and internet connectivity, may significantly hamper the ability to conduct research, access critical data, and engage in remote collaboration, undermining research quality.
3. **Resource Limitations:** Limited or decreased funding may prevent researchers from securing necessary materials, hiring research assistants, or traveling to conferences. Economic instability, sanctions, or restrictive grant requirements can further hinder access to international funding opportunities.
4. **Academic Isolation:** Visa restrictions, travel bans, and security risks limit opportunities for international collaboration, reducing visibility and career advancement. Even virtual events can be inaccessible due to poor internet infrastructure.
5. **Psychological Strain:** The psychological toll of operating in high-risk crisis environments—characterized by the threat of violence, displacement, and loss—can result in reduced productivity, mental health challenges, and an increased risk of burnout.

The Moving Minds Alliance Research Fellowship program supports ECRs from the Global South to carry out studies on issues related to young children and their caregivers in emergency contexts by:

- Providing a one-time for research activities,
- Convening a community of practice of researchers around the world who are focusing on young children and families in climate emergency contexts, and
- Providing opportunities for knowledge sharing, mentoring, and dissemination of their research to a global audience through learning events and webinars.

Drawing from the experiences of our fellows, several strategies have been identified to better support ECRs in crisis contexts, offering valuable insights for similar initiatives:

1. Targeted Outreach Strategies

Targeted outreach, including partnerships with local organizations and community engagement initiatives, can help extend the reach of research fellowships to underrepresented regions and populations, particularly those without access to traditional research channels.

2. The Importance of Local Mentorship

A combination of local and expert mentorship is recommended for ECRs in crisis contexts. While international mentors can provide guidance on research methodologies and global standards, local mentors offer essential insights into the specific cultural, legal, and logistical challenges of conducting research in crisis areas. Local mentors help fellows navigate the complex realities of their research environment and translate expert advice into actionable steps. Together, these mentorship models create a comprehensive support system that strengthens the quality of the research and fosters stronger connections with both local communities and the broader academic network.

3. Understanding Budgeting and Financial Management

ECRs in low-resource and/or crisis context settings, may face difficulties in managing project finances, anticipating challenges, and allocating resources effectively, especially in unstable environments. Providing targeted resources and training in financial management can equip ECRs with the skills needed to navigate these complexities of project finances in crisis contexts.

4. Fostering Global Connections

Fostering global connections is important for ECRs working in crisis contexts, who often face geographic and political isolation. Virtual networking opportunities, such as online events, webinars, and collaborations, provide researchers an opportunity to engage with global peers and mentors, despite physical or logistical barriers. Additionally, when safe and feasible, providing sponsorship for participation in international conferences allows ECRs to present their research, expand their academic networks, and access collaborative opportunities that are crucial for career advancement. These efforts can help bridge the gap between local and international academic communities, ensuring that ECRs are not left behind due to geopolitical instability or infrastructure limitations.

While fellowship programs have made progress in addressing some challenges faced by ECRs in crisis contexts, broader barriers remain. There is a need for continued support and innovative solutions to ensure that researchers within communities affected by conflict and crisis have the resources and platforms to advance locally driven research, moving the field of early childhood development in emergencies towards a more equitable, inclusive, and context-sensitive approach that amplifies local voices and expertise.

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