Designing and Implementing Quality Early Childhood Development Programming in Crisis and Conflict Settings

PHOTO CREDIT: THE IRC

In 2021, the number of people forcibly displaced from their homes surpassed 84 million. Worldwide, over 48 million children and caregivers have been internally displaced within their home country and 26.6 million are refugees, 6.8 million of whom were displaced as a result of the Syrian crisis[1].

For the youngest children, experiences with crisis and conflict come at a particularly critical point in their lives. From birth to age 3, the brain develops faster than at any other time, forming up to one million new connections every second[2]. By age 5, up to 90 percent of a child's brain is already developed[3]. Substantial evidence shows that prolonged adversity in this narrow window of time can negatively alter a child's future with devastating long-term effects impacting health, learning, and behavior[4] and can create a pernicious cycle of instability and poverty, damaging individual prospects as well as larger community goals of social cohesion, resilience, and equity.

But in the face of these challenges, proven solutions are within reach. As caregivers seek refuge for themselves and their children, they also seek a full set of tools including shelter, food, water, protection, etc. that can enable their family to do more than survive. Significant evidence shows that early childhood development (ECD) interventions are one of those tools to help families thrive and can help children overcome traumatic events and experiences.[5] There is a growing body of research about the specific ECD approaches that have shown they can make a positive impact for children ages 0 to 8 and their caregivers in crisis contexts. While there is an increasing acknowledgement of the pivotal role ECD can play in humanitarian settings, investments and prioritization is often hindered by the comparative lack of know-how about the ways to provide and support ECD programming that is impactful, evidence-based, scalable, sustainable, and cost-effective.

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1   https://www.unhcr.org/refugee-statistics/
2   https://developingchild.harvard.edu/resources/inbrief-science-of-ecd/#:~:text=In%20the%20first%20few%20years,brain%20circuits%20become%20more%20efficient.
3   https://files.firstthingsfirst.org/why-early-childhood-matters/the-first-five-years#:~:text=90%25%20of%20a%20Child's%20Brain%20Develops%20By%20Age%205&text=At%20birth%2C%20the%20average%20baby's,full%20grown%20%E2%80%93%20by%20age%205.
4   https://developingchild.harvard.edu/resources/inbrief-connecting-the-brain-to-the-rest-of-the-body/
5   https://developingchild.harvard.edu/resources/stress-and-resilience-how-toxic-stress-affects-us-and-what-we-can-do-about-it/

PHOTO CREDIT: THE IRC

The International Rescue Committee's (IRC) experience and research to drive ECD programming in crisis and conflict settings provides insight into how to design, implement and evaluate these programs. This work is conducted in partnership with numerous local and global organizations, including Sesame Workshop, Jugar para Soñar, ClickArte, icddr,b, New York University Global TIES for Children, LEGO Foundation, Knowledge to Policy Center at American University of Beirut, Center for Universal Education at the Brookings Institution, along with numerous local community-based organizations. The following brief showcases the IRC's approach to culturally relevant ECD, impactful program design, and implementation, contrasting work across two diverging contexts.

ECD investments support children from birth to age 8 and cover *services that promote nurturing care including health, nutrition, safety and protection, responsive caregiving, and play-based early learning.*

Evidence shows that quality support in the early years for young children and their caregivers can provide tremendous returns throughout their lives. The IRC's work on ECD is guided by the **Nurturing Care Framework,** a set of principles developed by the World Health Organization and partner organizations. This Framework is focused on the latest evidence for impactful policies and services to support ECD.

Defining high-quality ECD programming in conflict and crisis

We see similar challenges across many of the contexts where IRC serves young children and their caregivers. Chief among these are large numbers of displaced people and a longstanding underinvestment by local governments in key public services that affect child development including education and health systems.

When striving for high quality ECD programming, the IRC has set key guiding principles for successfully and responsibly addressing ECD needs in crisis and conflict settings:

Locally Led-Design	IRC starts by initially assessing the global portfolio of evidence on ECD programming coupled with the existing systems and practices in a particular context. By examining local factors, we can identify the specific needs of both children and caregivers for a multi-generational approach, as well as gaps in services to strengthen existing services. Where possible, IRC seeks to reflect the needs of the most marginalized communities in our tools, lessons, and resources development.
Scalability and Sustainability	The IRC defines ECD scaling as deepening, expanding, and sustaining impact on early childhood development outcomes. We recognize that there is not one fixed pathway to achieve scale, and instead apply a systems-thinking approach to collaboratively and iteratively design initiatives to achieve ECD outcomes. IRC works with local actors and governments to identity needs to co-design solutions from the onset of a program. We create solutions that have baked-in pathways for institutional uptake from both private and public sector stakeholders, ensuring IRC and its partners are reaching a significant range of communities beyond the life of our programs.
Monitoring, Evaluation, and Evidence Use	When considering execution of IRC's programming, we heavily invest in methods that allow for measuring and tracking progress and cost, uptake, and engagement behaviors that demonstrate improved ECD outcomes. We do this both to inform our project as it progresses, as well as pave the way for future implementers to foster replicability.

ECD operates within an ecosystem with children and caregivers at the core. To meet needs across this developmental spectrum and the cross-sectoral nature of ECD, the IRC's programs are designed as a portfolio, seeking entry points that meet children and caregivers where they are at each stage. Regardless of context, it is crucial that infants and young children facing crisis be nurtured in environments where the processes of acquiring and honing the abilities that undergird language, motor skills, cognition, problem-solving, and socio-emotional intelligence, including the capacity to form healthy relationships, are all supported.

In response to local needs, programs offered to children and their caregivers include a mix of interventions with dosages ranging from universal support to targeted and intensive services for the most vulnerable groups. Interventions also differ at the onset of a crisis as compared to a protracted crisis. See the table below for more details, as well as the Nurturing Care for Children Living in Humanitarian Settings Brief created by the IRC, WHO, and UNICEF. This approach reflects a recognition that context matters, and community realities dictate what services will reach families, particularly in instable settings.

Service/Programme Target	Low-Intensity (Universal Support)	Medium-Intensity (Targeted Support)	High-Intensity (Indicated Support)
Interventions for caregivers and families	**Key messages** focused on responsive caregiving, early learning, and caregiver mental health that are delivered in a variety of modalities through programming including in-person interaction, telehealth, digital messages, text messages, phone calls, pamphlets, posters, and other media and distributed in health clinics, community centers, and other safe spaces. **Mass Media** content delivered through external channels including television and radio, designed to promote early childhood development through culturally relevant and engaging content.	**Parenting support groups** that include a focus on responsive caregiving, early learning, and caregiver mental health. **Integration of early childhood development support** within existing caregiver groups such as mother-to-mother feeding support groups, parent committees, and others.	**Home visiting** typically conducted weekly or bi-weekly for at least six months to one year and include psychosocial support for caregivers, guidance on responsive caregiving, and tailored support for early learning activities depending on child's developmental stage and abilities. Individual or small group support for caregivers with a **need for more intensive help,** such as caregivers with disabilities or substantive health issues, and adolescent caregivers
Interventions for children	**Early Learning Kits** that include culturally relevant and developmentally appropriate toys, books, and games that can be combined with existing food or non-food item distributions, and cash transfer programs. **Mass Media** content including television and radio that are designed to engage young children in play and learning activities.	**Safe play and learning spaces** established in existing community buildings, waiting areas, safe and secure outdoor spaces, and other safe spaces. These can range from low-intensity, self-guided experiences in which children engage to more intensive childcare settings with trained facilitators. **Preschools/child-care services** established in tents, vacant classrooms, and other safe community spaces where children can engage in developmentally appropriate play and learning activities with trained facilitators and teachers.	**Individual or small group intensive support for children with disabilities** such as occupational therapy, psychologists, and social workers where available. **Individual or small group support for children and/or caregivers experiencing high levels of stress** or recovering from traumatic experiences, delivered by trained mental health professionals.

Building on the key guiding principles for high-quality ECD programming in conflict and crisis as well as the mix of interventions available for a range of settings, the following matrix can serve as a guidepost for driving decision making around program design, implementation, and evaluation. Some of these variables are more or less easy to control for depending on context, but reflect a mix of actions that can be taken as part of program design and implementation as well as the qualities of the operating environment that may or may not be shifted through advocacy.

	Locally led design	Monitoring, Evaluation, and Evidence Use	Scalability and sustainability
Constant	Responsive, needs-driven, contextually relevant	Established feedback loops to improve quality and efficiencies data: • children or caregivers exposed to an intervention • observation for quality such as materials in place or interaction between caregivers and child • user feedback on uptake and satisfaction Understanding cost model factors to determine cost efficiencies	Community-level, regional or national systems decision makers in program design, research, and costing processes
Variable	Modality such as center-based, home-based, community-based, phone-based, radio, digital Dosages ranging from universal support to targeted or intensive support Interventions reflective of needs depending on onset of a crisis versus a protracted crisis	Tool usage such as CREDI, IDELA, or MELE, dictated by the intended outcomes of intervention Feasibility and appropriateness of a focused research study Cost effectiveness to determine if the program creates more impact per dollar than alternatives	The extent of local decision maker engagement throughout service design and delivery Quality and availability of policies that include crisis affected populations Available public and private financing Capacity and availability of local staff

Research & Measurement

As part of its efforts to deliver programs that have the most sustainable positive impact, the IRC and partners including New York University's Global TIES for Children, test possible program variations, monitor performance, and assess cost efficiency and effectiveness of programs.

Our research, monitoring, and evaluation aims to:

- Understand the effects of home-based, center-based, remote-delivery, and mass media interventions on child and family outcomes and identify factors to guide quality implementation.

- Produce rigorous impact evidence on the outcomes and impacts of ECD programs, including direct services and mass media, that include aggregated and disaggregated sets of data to understand impact to marginalized identities including disability, gender, etc. as compared to populations living in more stable contexts as well as groups who are more recently displaced and in less stable living situations.

- Develop monitoring and evaluation systems that use quantitative and qualitative methods to monitor both program outputs (such as participant attendance and dropout) and outcomes (such as quality of implementation, participant satisfaction, caregiver behaviors and various dimensions of child development). See box below for more information on tools.

- Produce open-source measures of parent and child outcomes to potentially aid other actors and communicate these additions to the global body of evidence about ECD programs more widely.

For any type of intervention, the IRC's ECD program monitoring typically includes a measure of key outcomes at baseline, midline, and endline. For child-facing models, tools such as the Caregiver Reported Early Childhood Development Instruments (CREDI) or the International Development and Early Learning Assessment (IDELA) examine changes in child development after participation in ECD programs. For caregiver-facing models, outcome measures typically include a survey of self-reported caregiver knowledge of ECD and healthy parenting strategies[6].

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6   To review and better understand a range of these and other measures, see the INEE Measurement Library.

To ensure that the IRC's ECD program implementation will contribute to improvements in child and caregiver outcomes, the IRC also measures the quality of program model implementation and outputs. This is often measured through surveys of program facilitator knowledge on ECD and model implementation, as well as multiple structured observations of sessions to see how well facilitators apply program content and interact with children and caregivers. The IRC has adapted globally validated tools, such as the Measuring Early Learning Environment (MELE) Classroom Observation Tool. The IRC staff use the results of quality measures for individual and group coaching to facilitators in how to improve their performance. The IRC also tailors to specific models and contexts for tracking outputs such as child or caregiver attendance and facilitator training.

As of June 2022, the IRC's monitoring data is showing improvements in caregivers demonstrating developmentally supporting interactions with their children across delivery modes (between 72% and 80% reported), though it is worth noting the in-person interventions have generated greater improvement at the higher end of the spectrum as compared with remote. Additional data points to positive parenting behaviors as a result of participation in "Ahlan Simsim Families", one of the "medium-intensity" interventions for caregivers. Monitoring data showed increased application of positive discipline techniques from parents, as well as improved child developmental outcomes, reduced child violence, and increased motivation of children to attend school.

During the COVID-19 pandemic, IRC adapted monitoring and research data collection to fit remote program implementation. For our monitoring, we have moved from in-person data collection to phone-based data collection in many cases and *adapted structured observation tools to measure the quality of services delivered through phone calls, rather than in-person.* For remote programming measures of quality, trained observers act as "listeners," monitoring the facilitator's level of proficiency in building rapport, use of verbal descriptions of early learning activities, and how these descriptions are applied to caregivers. During the COVID-19 pandemic and in advance of an evaluation of an early learning program conducted remotely via WhatsApp messaging and video chats, the IRC and New York University (NYU) Global TIES collaborated to adapt IDELA for smartphone-based data collection with caregivers and children. Items needing resources families might not have on hand were modified (e.g. substituting an e-book for a hard copy book) or dropped (e.g. dropping the jigsaw puzzle item). Based on the pilot results, remote IDELA appeared to perform well.

Costing

Given the persistently low levels of funding available for ECD in conflict and crisis settings, it is a key priority to design low-cost interventions and identify which interventions and program designs create the greatest change in ECD outcomes per dollar of available funding. While the humanitarian sector devotes enormous energy to financial tracking for compliance and donor reporting, evidence about the actual cost-efficiency (cost per output) and cost-effectiveness (cost per outcome) remains a large gap. Producing rigorous data on cost-efficiency and cost-effectiveness has allowed the IRC to make more informed decisions as we design our programs, ultimately creating greater impact for our clients with our available resources.

Being transparent about these costs and what specific resources are needed to scale up or sustain programs is also a critical element in support government partners to adopt proven approaches. A program's quality, ability to reach a defined target population, and likelihood for sustainability is of greater value than simply its breadth or raw number of participants. As the program is scaled to more program participants, costs per household will decrease. Delivering an intervention remotely also offers cost advantages compared to in-person delivery, costing roughly half of the IRC's in-person group parental coaching programs.

IRC conducts analysis to address the following key questions about the ECD approaches, in partnership with country programs and local partners:

1. **EFFIENCY:** How much would it cost per child reached if we delivered this service in different ways? How does the cost of different approaches compare to the quality of ECD content delivered and the fit for this context?

2. **FEASABILITY:** Is the cost of our preferred model feasible given ours/our partners' budget constraints? Do they have the necessary resources (e.g. trained personnel, facilities, volunteers) to implement this intervention?

3. **EFFECTIVENESS:** Given the cost, and what we know from research on effective ECD models, is this program likely to be a better use of available funding than other things that deliver this outcome for clients?

Case Studies

Ahlan Simsim in MENA: Reach Up and Learn

Supported by a partnership between the IRC and Sesame Workshop, Ahlan Simsim or "Welcome Sesame" in Arabic, is the largest ECD intervention in humanitarian response and projects to reach over 1.7 million children and caregivers across the Syrian response region through direct services over 6 years. The program seeks to transform the national systems that delivery ECD to ensure far greater reach for years to come as a result of this catalyzed change.

Within Ahlan Simsim's direct services, trained professionals work with both children and their caregivers to support ECD. Ahlan Simsim's direct services for caregivers focus on modelling developmentally appropriate play, coaching communication strategies, supportive guidance and building caregiver's confidence. The IRC works to reach caregivers with this content and programming where they already access services, such as in health clinics, community centers, livelihoods programs, women's and child protection centers, and other safe spaces, in a way that facilitates access to families who are otherwise difficult to reach.

The Reach Up & Learn (RUL) home visiting program is a core Ahlan Simsim program supporting caregivers of children ages 0 to 3 years.

Program design

RUL was originally designed and implemented in Jamaica and since adapted by the IRC to operate in Jordan, Lebanon, and Syria as part of its humanitarian response. In 2021, the IRC's RUL program served over 10,000 families through both in-person and remote-delivery modes, adapted for the COVID-19 pandemic. The program takes place over a period ranging from 6 months to 1 year, and is led by a designated facilitator. In-person programming consists of a home visit that includes playful ECD activities that utilize toys found within the child's home, stories, and singing. Remote programming consists of interactive phone calls where trained facilitators engage with caregivers, following scripts adapted from the in-person curricula. This program was also integrated into community health programs, utilizing community health volunteers to deliver calls that included both health messages and RUL activities. Working with NYU-TIES, the IRC worked to develop a research plan that included a multitude of measures to understand and evaluate program impact for caregivers and children, inform global knowledge on ECD programming for this age group, and examine the impact of varied intervention delivery (remote vs. in-person).

Research and Measurement

To monitor program outcomes for a combination of in-person and phone-based versions of RUL, the IRC measures child development before and after RUL using the CREDI tool. The IRC assesses caregiver knowledge through a self-reported caregiver survey. To measure program quality for in-person implementation, the IRC utilizes a supervisor checklist for observation of home visits. The IRC and NYU-TIES are also initiating a randomized impact evaluation of the phone-based version of the RUL model. To our knowledge, this is the first impact evaluation of a phone-based version of RUL. This evaluation's results are expected to be released in late summer 2022.
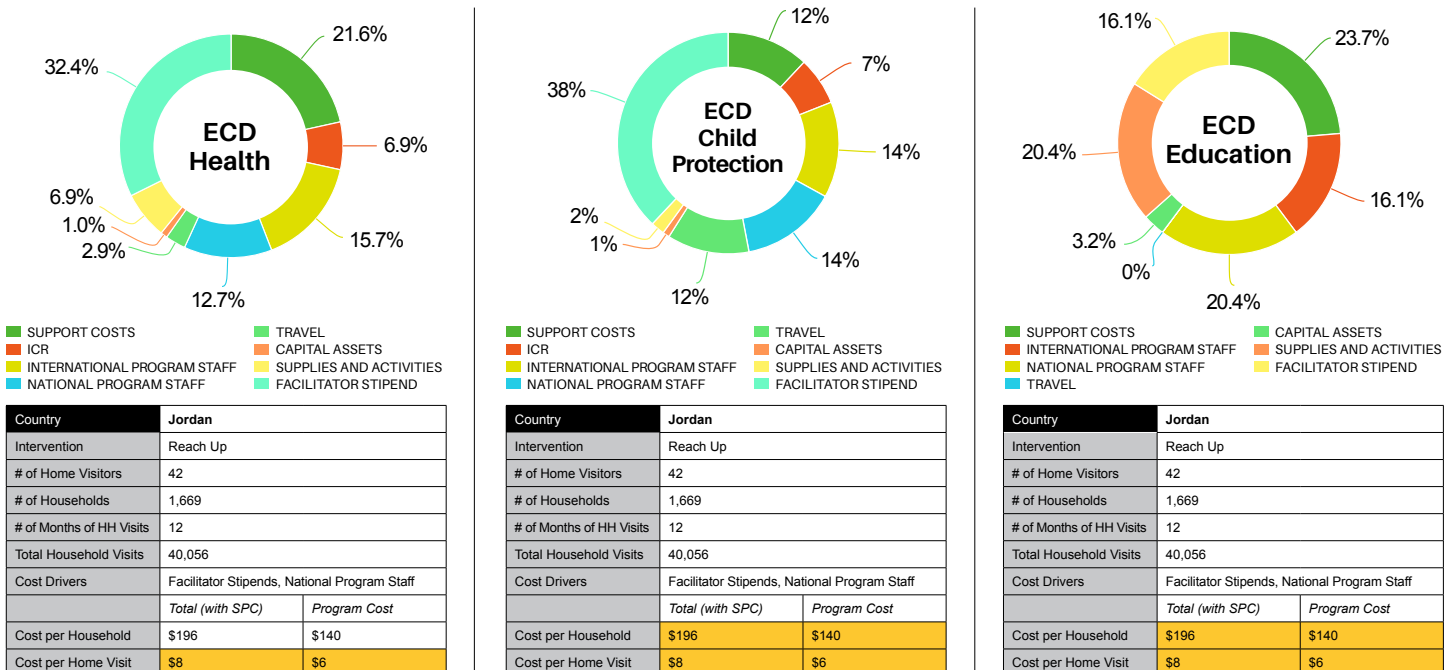
Interviews with program participants about their experiences with RU&L have been encouraging. Caregivers conveyed that this program helped alleviate their stress and led to more collaborative learning between them and their children. Children who received RU&L also demonstrated a greater ability to differentiate shapes, animals and colors and became more socially engaged generally. There was a widely shared sense among caregivers that children strengthened their cognitive, social, emotional and motor skills as a result of RU&L activities. Program monitoring data also showed that 64% of participating children scored higher at end-line than the baseline average score according to the CREDI results, with a range of results across intervention delivery type:
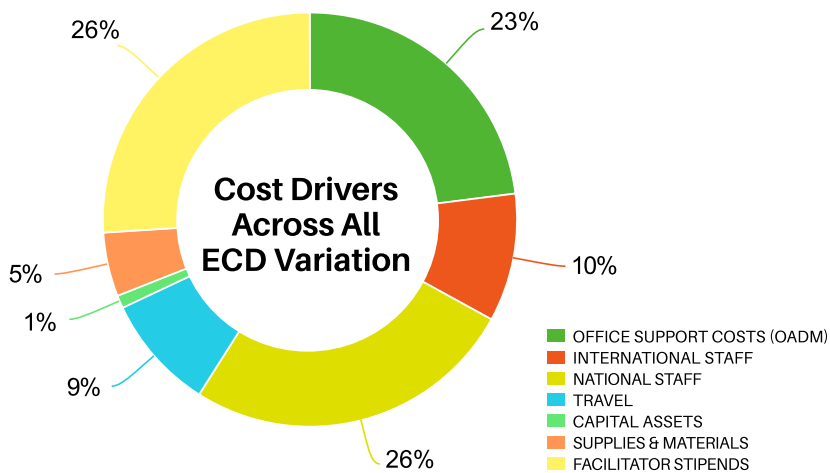
- Home visits model delivered in person: 81% children scored higher at end-line than the baseline
- Group-based model delivered in person: 72% children scored higher at end-line than the baseline
- Phone-based model delivered remotely: 62% children scored higher at end-line than baseline.

Cost Analysis

The IRC team analyzed three ECD home visiting pilots in Jordan and Lebanon to understand their cost per family reached and what factors influenced these costs. The pilot in Lebanon was based heavily on the RU&L model and the pilot ECD programming in Jordan was delivered as part of an established community health program. The third ECD program piloted as part of this analysis was a standalone program supervised by the IRC's child protection team. Where resources such as management staff were shared between the home visiting component and other Ahlan Simsim activities, time tracking was used to ensure that cost estimates would reflect the full value of resources necessary to implement.

Overall, these three home visiting pilots cost between $11 and $16 per home visit, or between $129 and $373 for the full set of home visits. The differences in cost per visit were largely driven by the differing scale of number of homes the health, child protection and education networks were able to reach. Consistent with cost-efficiency data from other sectors, the cost per visit and cost per household was lower for programs that achieved greater scale.

ECD Health

21.6% 32.4% 6.9% 1.0% 2.9% 12.7% 15.7% 6.9%

SUPPORT COSTS | TRAVEL
ICR | CAPITAL ASSETS
INTERNATIONAL PROGRAM STAFF | SUPPLIES AND ACTIVITIES
NATIONAL PROGRAM STAFF | FACILITATOR STIPEND

Country	Jordan	
Intervention	Reach Up	
# of Home Visitors	42	
# of Households	1,669	
# of Months of HH Visits	12	
Total Household Visits	40,056	
Cost Drivers	Facilitator Stipends, National Program Staff	
	Total (with SPC)	*Program Cost*
Cost per Household	$196	$140
Cost per Home Visit	$8	$6

ECD Child Protection

12% 7% 14% 38% 2% 1% 12% 14%

SUPPORT COSTS | TRAVEL
ICR | CAPITAL ASSETS
INTERNATIONAL PROGRAM STAFF | SUPPLIES AND ACTIVITIES
NATIONAL PROGRAM STAFF | FACILITATOR STIPEND

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ECD Education

16.1% 23.7% 20.4% 16.1% 3.2% 0% 20.4%

SUPPORT COSTS | CAPITAL ASSETS
INTERNATIONAL PROGRAM STAFF | SUPPLIES AND ACTIVITIES
NATIONAL PROGRAM STAFF | FACILITATOR STIPEND
TRAVEL |

Country	Jordan	
Intervention	Reach Up	
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Total Household Visits	40,056	
Cost Drivers	Facilitator Stipends, National Program Staff	
	Total (with SPC)	*Program Cost*
Cost per Household	$196	$140
Cost per Home Visit	$8	$6

Cost Drivers Across All ECD Variation

- 23% — OFFICE SUPPORT COSTS (OADM)
- 10% — INTERNATIONAL STAFF
- 26% — NATIONAL STAFF
- 9% — TRAVEL
- 1% — CAPITAL ASSETS
- 5% — SUPPLIES & MATERIALS
- 26% — FACILITATOR STIPENDS

This detailed cost models demonstrated that program staff are the largest cost drivers. This is particularly true in the Middle East, given wage levels for program facilitators, as well as their case load and the large scale of home visits. This suggested that, with the goal of improving cost-efficiency, the IRC should emphasize scaling ECD interventions through large and well-established para-professional networks as has been done in Latin America and other regions.

Unfortunately, there aren't clear benchmarks for comparing against other types of childhood interventions, but as an example, Jordan spends 13.3% of its GDP per capita on primary education, totaling $570 per child. This indicates that the value for impact for early childhood development programs is strong.

Gindegi Goron in Bangladesh:

Similar to Ahlan Simsim, Play to Learn is an innovative program from the IRC, Sesame Workshop, BRAC, and NYU-TIES that harnesses the power of play to deliver critical early learning opportunities to children and caregivers affected by conflict and displacement. Play to Learn is reaching families affected by the Rohingya and Syrian refugee crises through direct services and educational media. Tailored to meet the needs of the local context, the program lays the foundation for transformational change by generating a set of tested, scalable and transportable models for use in other humanitarian crises globally. These efforts have the potential to reach multiple generations of children and caregivers affected by crisis and displacement.
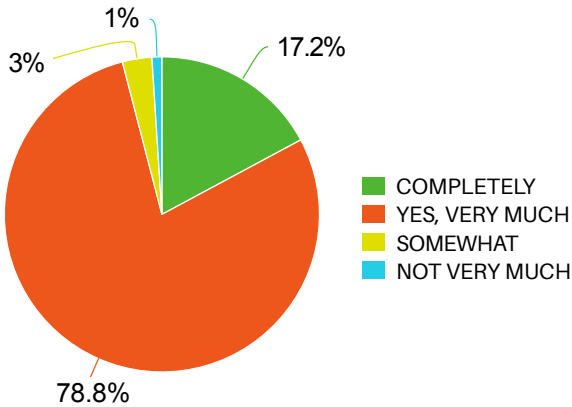
Program design

Prior to the COVID-19 pandemic, the IRC in Cox's Bazar, Bangladesh, assessed the ECD needs of Rohingya refugees and those living in the surrounding host communities. Through focus group discussions and phone-based surveys with pregnant women, their families and community members, the IRC identified gaps in ECD knowledge related to healthy pregnancy, breastfeeding, basic infant care, vaccination and the value of play and that there was a divergence in preference as to how these messages are disseminated. Nearly 100% of women, 90% of their husbands, and 70% of their mothers-in-law (identified as having a key role in caretaking) surveyed expressed interest in talking to the IRC.

Working with the icddr,b Maternal and Child Health Division, the IRC developed the tools in demand that included audio scripts and SMS, as well as facilitator capacity building trainings. Before launching the program, the content was tested in the Cox's Bazar camps and in the host community. Prototyping was conducted by the IRC staff in August with eight mothers, supported remotely by a human centered designer.
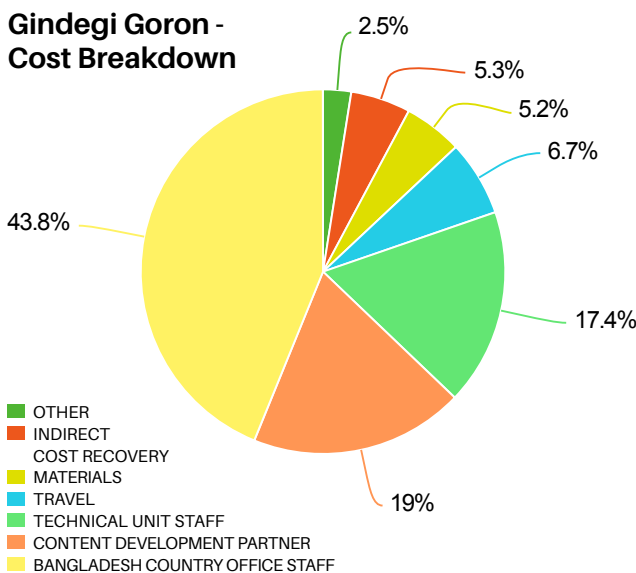
Do you think that the service you received from the IRC will improve your quality of life in the future?

6.1% 0% 4%

- COMPLETELY
- YES, VERY MUCH
- SOMEWHAT
- NOT VERY MUCH

89.9%
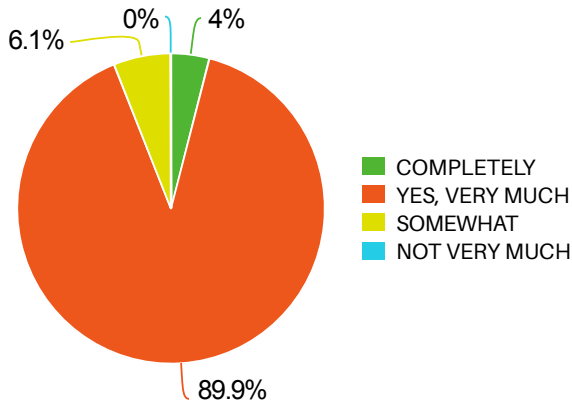
Do you think that the service you received from the IRC will improve your child's life in the future?

1%
3%
17.2%

- COMPLETELY
- YES, VERY MUCH
- SOMEWHAT
- NOT VERY MUCH

78.8%

Gindegi Goron - Cost Breakdown

2.5%
5.3%
5.2%
6.7%
43.8%
17.4%
19%

- OTHER
- INDIRECT
- COST RECOVERY
- MATERIALS
- TRAVEL
- TECHNICAL UNIT STAFF
- CONTENT DEVELOPMENT PARTNER
- BANGLADESH COUNTRY OFFICE STAFF

Research and Measurement

The IRC delivered Gindegi Goron to 434 households with pregnant and lactating women and their husbands and mothers-in-law. The initiative divided participants by pregnant women, lactating women with babies younger than 6 months, and lactating women with babies 7 months or older. Each of these groups received different messages once a week on 12 different topics including nutrition, breastfeeding, the importance of play, child safety, making simple toys at home and other key ECD topics.

Program monitoring data from Gindegi Goron revealed the program gained traction with the participating caregivers. The pregnant mothers and other caregivers who received the Gindegi Goron messages reported increases in play and reading books with their children, height and weight tracking of their babies, and mothers reading to children. An overwhelming majority of participants reported satisfaction with the messages and program.

Costing

This intervention demonstrates the potential of a remote modality for reaching large sets of the population in an acute emergency where access is limited, at a relatively low cost. The IRC found that direct cost program activities cost an average of $285 per household, or $341 including shared and indirect costs, for the five-month intervention. This also accounts for significant one-time startup, initial design expenses, and messaging multiple members of the household. After subtracting start-up costs, technical support and shared costs for office support, the running costs for maintaining key program staff, transportation, training, and materials is $165 per household. As is typical of programs to promote nurturing care, staff time makes up the largest program expenditure at 44 percent, and the total cost of the program is heavily driven by the prevailing wages for staff with the necessary skills.

PHOTO CREDIT: THE IRC

Conclusion

The IRC is committed to growing the body of research on specific ECD approaches that work best in crisis contexts. This includes continuing to advance ECD provision quality and evidence generation on what it takes to design and implement early childhood programs in challenging environments. Other stakeholders dedicated to the ability of families to thrive can use the experiences and results detailed in this brief to takeaway three core elements of quality ECD programming for crisis contexts. Programs must be:

1. Informed by the specific needs of the children and caregivers within the communities that programs are implemented and serve.

2. Honed over the course of the intervention with response to feedback and other challenges that emerge, helping guide program adaptation and support the building of evidence.

3. Committed to integrating ownership of interventions into the local systems and engaging with the necessary stakeholders to ensure programs are positioned for long-term success.

When considered in coordination with interventions available for a range of settings, there is significant opportunity to transform the lives of millions of children affected by crisis and conflict who are spending their whole childhoods without access to the necessary foundations of healthy human development. The IRC's experience has established that early childhood initiatives that sustainably put families at the center can be scalable and cost-efficient opportunities for realizing improved education, health, and economic outcomes gains. Achieving these gains globally will require accelerated commitment to early childhood interventions as a critical solution for preventing and responding the impact of humanitarian settings.