Case Studies on Addressing Early Childhood in Three Host Country Contexts
Cross-Country Analysis

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The following report presents a cross-country analysis of three qualitative case studies completed in Jordan, Uganda, and Bangladesh in late 2019. It reflects a snapshot of information about the refugee experience of early childhood services, based on interviews, focus group discussions, site visits and policy document review. In a qualitative study of this kind, it is not possible to capture every perspective and perception of all stakeholders. The scope of this report was not to provide a comprehensive mapping of all refugee services available or a historical accounting of events that have unfolded over years. The cross-country analysis investigates individual and group stories and experiences to synthesize common themes with the goal of identifying recommendations to improve the provision of early childhood services for young refugee children and their families.

The Moving Minds Alliance is a funders collaborative and network convened to scale up coverage, quality and financing of support for young children and families affected by crisis and displacement. Drawing from on-the-ground experience and shared learning, Moving Minds seeks to catalyze a new way of responding to crises to address the inter-sectoral needs of the youngest refugees and their families. Learn more: movingmindsalliance.org.

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ABBREVIATIONS

CFS child-friendly spaces
ECD early childhood development
ECDiE early childhood development in emergencies
EiE education in emergencies
JORISS Jordan Response Information System for Syrians
NGO nongovernmental organization
UNHCR United Nations High Commissioner for Refugees
UNICEF United Nations Children’s Fund
WHO World Health Organization
EXECUTIVE SUMMARY

Providing comprehensive, fully funded, quality programming and services to all young children aged 0-6 is difficult under the best of circumstances. The Moving Minds Alliance has commissioned this cross-country analysis on the refugee response for young children, as the synthesis of a series of case studies that took place in Bangladesh, Jordan, and Uganda. These three countries were selected given the diversity of the refugee situation within each context and to represent a range of refugee responses. Countries hosting refugees often face economic and political hardships even in the absence of a humanitarian crisis, and Bangladesh, Jordan, and Uganda are no different. As a result, although ambitious early childhood development (ECD) policies may be in place and visions of comprehensive ECD may be captured in national strategies, in reality the resource base is extremely low. The 2017 exploration of mental health care in refugee contexts by Silove, Ventevogel, and Rees captures the challenge (see box), and this framing applies to ECD as well. The present report reviews the findings of three qualitative case studies, one each in Bangladesh, Jordan, and Uganda, to identify the common challenges and promising practices that have emerged from these national experiences. As the numbers of refugees globally reach unprecedented numbers, the urgency of ensuring that displaced young children are supported sufficiently to achieve their developmental potential becomes more acute.

With protracted crises in all three countries, and no sign of abatement in the global instability that causes displacement, it is likely that many young children today (and those born in the coming years) will be raised in families that are displaced and dependent upon the goodwill and strategic planning of host governments and foreign agencies. There are many common challenges across the three countries, beginning with the fragmentation of ECD services across sectors. ECD, as defined in the Nurturing Care Framework, is inherently cross-sectoral, but in all three cases lacks a coordination entity or focal point that can ensure that ECD is not forgotten in the rush to respond to an emergency. This fragmentation underpins a host of other common challenges, namely that refugees in camps are served by a parallel system to that of the national government, availability of monitoring data is limited, impact information is lacking, coordination working groups have limited effectiveness, and the humanitarian response apparatus does not prioritize ECD or plan for sustainability. Yet promising practices inspire optimism as well, such as the use of child-friendly spaces (a common emergency response practice) as a platform for multi-sectoral ECD services; establishing a referral process between nongovernmental organizations (NGOs) and the government-run case management system for children identified as being at risk; and building ECD services by expanding from areas of strength in national government, such as ministries of health or education. Indeed, across the three cases, there is evidence that both local and international NGOs have played a vital role in filling the gap in essential ECD services for refugee families at times when governments are unable to meet the needs.

The challenge of ECD being generally excluded from humanitarian response (i.e., considered something that “can wait”) requires a large-scale, well-resourced strategic effort.

"Theoretical debates aside, the reality is that in these contexts, no single agency or program can provide for all the inter-related psychosocial and mental health needs of refugees. The success of the overall program will be gauged not by the accomplishments of one component but by the extent to which all contributors coordinate to establish the most comprehensive, inclusive, and integrated response, which includes networking of mental health agencies with social, community, and general health services.”

From Silove, Ventevogel, & Rees, 2017, p. 137
on the part of donors and advocates; this report recommends studying the tactics of the Education in Emergencies field, which has successfully gained a seat at the table. The report further recommends that ECD donors and advocates partner with governments to build capacity for sustainable ECD systems, rather than support one-off programs or NGO initiatives. Finally, there is a call for improved use of rigorous data (including human-centered design) to more effectively allocate resources to the degree of need at population, community, and family levels.
INTRODUCTION

Globally, an unprecedented number of people have been forced from their homes—over 70 million in 2019, according to estimates from the United National High Commissioner for Refugees (UNHCR). Of these 70 million, 41.3 million are internally displaced, 3.5 million are asylum-seekers, and 25.9 million are refugees. This report focuses on how those refugee families with young children from pregnancy through age 6 are being supported. It takes a close look at three countries hosting large refugee populations: Bangladesh (914,998 total refugees), Jordan (745,608 total refugees), and Uganda (1,381,122 total refugees). The way in which countries affected by refugee crises respond to meet the needs of families with young children will have lasting effects on those individuals, the societies in which they live, and the next generation. The risk that young refugee children’s developmental needs are not adequately met has generated concern among international donors and calls for research to inform strategies of support.

The Moving Minds Alliance, a coalition of philanthropies investing in early childhood development (ECD) globally, has commissioned three case studies of the approaches taken by governments and international agencies to support refugee families with children under the age of 6. The goal of the studies is to help the Moving Minds Alliance and other stakeholders identify potential avenues of support and areas of strength to build upon. In each of the three case study countries—Bangladesh, Jordan, and Uganda—researchers visited refugee camps and service providers, spoke with key informants from government and civil society, reviewed key government documents and other relevant reports and interviewed refugee families with young children (from pregnancy to 6 years old). These three case studies are available as separate reports. The present report offers a comparative analysis of the findings in those three case studies. It begins with a brief discussion of how the Nurturing Care Framework may be applied in crisis- and conflict-affected contexts, which guides the conceptual framing. The next section presents a brief overview of the context and the ECD response in each country. The following section presents findings, which are organized into two categories of themes: common challenges faced in the three countries, and promising practices identified that merit exploration and expansion. Finally, the report concludes with a discussion of the implications and recommendations emanating from the analysis.

Nurturing Care Framework in Crisis and Conflict Settings

healthy, actualized adults: good health, adequate nutrition, responsive caregiving, security and safety, and opportunities for early learning (see Figure 1). These case studies investigated policy and practice with regard to all five of the Nurturing Care domains. The Nurturing Care Framework articulates an ideal set of conditions that enable policies, programs, and services to support the comprehensive needs of refugee children, their families, and communities. How this ideal can best be operationalized in emergencies, with scarce resources and urgent needs, is a question that the global ECD community is still resolving. The ECDiE Integrated Programme Guide produced by UNICEF suggests key principles to guide design of ECD services for refugee families. These include applying a lifecycle approach to ECD, ensuring refugee community participation in service planning and advocating for ECD to be integrated into other emergency response “clusters” (rather than becoming its own sector).

The analysis presented here is informed by these ECDiE principles outlined in the UNICEF guide and investigates in particular the integration of ECD into other sectors, and how the timeline of the emergency affects the response.

Landscape of the Refugee Crisis in Bangladesh, Jordan, and Uganda

The extent to which policies and services are effectively organized, coordinated, and delivered for refugee families with young children by host-country governments depends largely on three factors: the attitude of host governments (and their citizens) toward the refugee population, the degree of encampment of refugees (versus settling among the host population), and the duration of the refugees’ stay in the host country. Jordan and Uganda have generally positive attitudes toward refugees, which are reflected in their participation in international legal frameworks and in national policy. Jordan and Uganda respect the principle of non-refoulement (the practice of not forcing refugees to return to their country of origin). By contrast, Bangladesh is not a signatory of the United Nations Refugee Convention (1951) or the Protocol Relating to the Status of Refugees (1967). The government of Bangladesh has refused to call the Rohingya “refugees”—and instead officially registered them as “Forcibly Displaced Myanmar Nationals,” which is a calculated decision to deny them the rights afforded to refugees. The posture of the Bangladeshi government toward the Rohingya has resulted in humanitarian agencies being restricted to a shorter planning and budgeting cycle that does not work towards a durable solution, whereas in Jordan and Uganda, there is a greater sense of shared commitment to work towards medium- and long-term solutions.

The second important factor influencing the access to and quality of ECD services for refugee families is whether the refugees are living primarily in camps apart from the host-country population or are integrated into the local community. Although there are several major refugee camps in Uganda, the government has an official non-encampment policy (called the Settlement Transformative Agenda), buttressed by the 2006 Refugee Act and the 2010 Refugee Regulations, which guarantee refugees freedom of movement, the right to work, the right to establish businesses, the right to own property, and access to public

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Figure 1. Nurturing Care Framework

![Nurturing Care Framework](source: WHO, UNICEF & World Bank, 2018)
services, including education and health. Similarly, the Jordanian government has allocated land and shelter for large camps and allows refugees to get work permits and avail themselves of basic health and education services. Significantly, 83% of the Syrian refugees in Jordan are integrated in host communities, while the remaining 17% are in one of three camps. By contrast in Bangladesh, refugees are almost exclusively in camps, which limits integration and any sense of normalcy.

Finally, the length of time that refugees are anticipated to stay is a critical variable in the host government’s response and how services evolve over time. The oft-cited statistic that the average duration of exile (e.g., in a refugee camp) is 17 years has been revised recently by the World Bank: the median duration of exile at the end of 2018 was 5 years, and numbers vary constantly, as forced displacement situations are dynamic. The government of Uganda is not investing in permanent infrastructure, which may be interpreted to mean that it expects refugees to return eventually (which many South Sudanese are doing, but their numbers are being replaced by Congolese fleeing North Kivu). Jordanians doubt that many of the Syrian refugees will ever return home; instead they are resigned that Jordan will eventually absorb the Syrians fully and permanently as has happened with the Palestinians, Lebanese, Iraqis, and others who have migrated into Jordan over decades. Urban planners are now working to re-imagine Za'atari Camp as a “livable city.” Return is not an option for most refugees in Bangladesh until their rights and livelihoods are guaranteed in Myanmar, but the government of Bangladesh is actively pursuing repatriation anyway. The long period of displacement for most refugee families blurs the line between a short-term humanitarian crisis and a long-term development challenge, which is discussed later in this report. Details on refugees in each country are illustrated in Figure 2.

Bangladesh, Jordan, and Uganda each has a coordinated response framework for addressing the arrival of refugees, but the extent to which ECD is explicitly addressed in this response plan differs. Table 1 summarizes the various national ECD policies and

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8 Data in Figure 2 from UNHCR https://data2.unhcr.org/en
humanitarian response policies related to ECD, as well as the existence of an ECD coordinating agency.

| Table 1: Overview of policy and strategy by country |
|-------------------------------------------------|------------------|-----------------|------------------|
| Policy, strategy, or coordination type          | Bangladesh       | Jordan          | Uganda           |
| Refugee ECD Policy or Strategy                  | No, but within the Response Plan, sectors have prioritized a variety of ECD interventions | No, but within the Response Plan, sectors have included a variety of ECD interventions | No, but a “high-level ECD strategy for refugees and host communities” has been established by UNICEF and other partners |
| ECD coordinating body                           | Ministry of Women and Children Affairs is the coordinating umbrella ministry for ECD (for citizens) | National Council for Family Affairs leads ECD advocacy (no explicit mandate for refugees) | National ECD Secretariat National ECD Technical Committee (no explicit mandate for refugees) |

Table 1 illustrates that ECD policies are not consistently addressed in refugee response frameworks (although they exist as national policies, without regard to refugees), and that coordination bodies do not have a mandate to prioritize ECD in the refugee response.

**FINDINGS: THEMES OF CROSS-COUNTRY ANALYSIS**

Providing comprehensive, fully funded, quality programming and services to all young children is difficult under the best of circumstances. Countries hosting refugees often face their own economic and political hardships and, although ambitious policies may be in place, ECD services may be inadequate for host-country citizens prior to the arrival of refugees. Bangladesh and Uganda were already among the poorest countries in the world prior to their refugee crises, while Jordan is a middle-income country with limited natural resources that relies significantly on international financial support. The additional stress caused by a refugee crisis on already-strained government systems naturally results in decreased coverage and quality of services, which may increase tensions between populations and elevate the risk of negative impacts on children’s development, protection, and health.
Considering the difficult circumstances, the following section presents a selection of common challenges that realistically may be ameliorated through thoughtful concerted action and promising practices that merit consideration for scaling or replicating in current crises and in the future.

Common Challenges

Fragmentation of ECD policy and services across sectors

As outlined in the ECDiE Guide, integration of ECD into existing sectors of emergency response within a comprehensive ECD framework is a critical step to bring attention to the unique needs of children at different stages of development and to the role various sectors play in supporting nurturing care. However, achieving integration is a tall order; it requires co-designing strategies and work plans, tracking and monitoring services across entry points, agreeing on common goals and definitions, articulating standards of care for the unique needs of different populations, and more. Integration also requires working with multiple ministries at national and sub-national levels to establish shared priorities and timelines. This degree of integration calls for an overarching coordinating body (or focal point) that has both the technical capacity to articulate a holistic, life-course vision for early childhood services and the governing authority to make sure that responsibilities are delegated to the appropriate parts of government without gaps or redundancies.

Fragmentation across sectors and the lack of a coordinating body were common challenges in the three countries. For example, in Jordan, each sectoral policy or strategy is focused on a particular sub-population, such as kindergarten for 4- and 5-year-olds (in the education sector) or immunizations for infants (in the health sector). In the absence of cross-sectoral coordination, each sector has a limited scope, time-bound responsibility toward the child. Furthermore, because Jordan’s Response Plan lacks a coordinating structure for ECD, it is not on the radar of government decision-makers leading the response, and consequently there is no systematic tracking of early childhood-related budget requests, activities, or outcomes. The Joint Response Plan in Bangladesh includes ECD interventions, but they were not created in collaboration with the involved sectors that would ensure common definitions, age ranges, measurement, and shared approaches. For refugees in Uganda, there are consortiums for education, mental health, and other areas that overlap with the Nurturing Care Framework, but there is no dedicated ECD consortium. Uganda’s National Integrated ECD Policy and Jordan’s National Human Resource Development Strategy envisage an integrated, comprehensive view of child development, but both countries struggle to implement that vision, given siloed budgets and parallel decision-making processes within each relevant ministry.

“No one person or organization is closing the loop, or monitoring a young child’s well-being holistically.”
– Quote from a stakeholder in Uganda
Separate services and standards for refugees and host populations

Where there is a national ECD policy for all citizens, that policy should be extended to refugees, or at least serve as a guideline for standards and approaches to ECD for refugees. In all three countries, there is a national ECD policy (or a framework for a policy, as in the case of Jordan), but the standards and approaches outlined in those national documents are not consistently applied to the humanitarian response. For countries that aim for rapid repatriation, establishing ECD services may be perceived as encouraging refugees to stay. This is particularly evident in Bangladesh, where the government strictly prohibits, and enforces a ban on, early childhood education of refugees. Although Bangladesh's comprehensive ECD policy is considered a model in the region, the government does not permit it to be used as a basis for the refugee response; partners understand that, although their refugee programs may be responsive to the ECD policy as a guide, explicit references to the policy (that would legitimate equivalent activities for refugees) are not sanctioned by the Ministry of Women and Children's Affairs.

In addition to repatriation objectives, the inclusion or exclusion of refugee populations in national policies is influenced by political concerns. In Jordan, the Prime Minister's Social Protection and Poverty Alleviation Strategy for 2019–2025 aims to provide financial support to the 14% of Jordanians living in poverty and notably expands access to kindergarten. However, Syrians and other nationalities living in poverty in Jordan are not addressed in this policy. Key informants reported that the government of Jordan anticipates a risk of political backlash if there is public perception that refugees are getting services beyond those that poor Jordanians receive.

Disconnect between humanitarian response and development assistance

Another common challenge in the three countries is the way that development aid and humanitarian aid are structured, funded, and delivered over time, as an emergency evolves into a protracted situation. Initial refugee response strategies rarely address at the outset how rapid response might transition into long-term programming to build government capacity and sustainability. While the long-term nature of a crisis cannot be predicted at the outset, the prospect that children may spend the larger part of their formative years displaced necessitates planning for services across the life cycle. Yet the prevailing view in Jordan at the start of the Syrian crisis was that ECD “can wait” for the acute emergency phase to pass and sustainable development partners and funding to kick in. Similarly, in Uganda government officials noted that given the massive influx of people and their urgent survival needs, government concerns are rightly focused on security, land rights, and reporting figures—and ECD provision is left to development partners. Interviews from Nakivale Camp in Uganda suggest that, given the general state of the emergency there, only the survival—and not the development—of young children is a priority. In addition to determining when ECD gets addressed in an emergency, this “development-humanitarian divide” manifests itself in the way that organizations are staffed and funded. For example, nongovernmental organization (NGO) operational structures divide development and humanitarian teams focused on similar technical challenges but oriented around different populations, timelines, and funding sources. This creates a situation where staff are approaching similar technical challenges but referring to different policies, applying different
approaches, and engaging with government partners to varying degrees. Another problem that results when ECD is viewed as a long-term development challenge instead of an immediate priority is that international donor support tends to drop when a refugee crisis evolves into a protracted emergency. Many key informants believe that the Syrian crisis has come to an end—or, at least, that international donors perceive it that way—therefore funds for Syrians in Jordan are dwindling as donors shift their attention to Yemen. However, until refugees have equal access to income, housing, and social services, external funding is still required.

**Funding limitations and alignment to needs**

Insufficient or earmarked funding is a significant cause of the gap between policy and implementation across the three countries. In Bangladesh there has been little progress putting policy into practice as funding levels against appeals are decreasing and most sectors are funded at less than 60% of their request. When donors designate their funding contributions to particular sectors or projects, governments are constrained in their ability to allocate funds according to their own understanding of the most urgent needs. Jordan, Bangladesh, and Uganda all experienced some form of partitioning among donors, with agency priorities seemingly linked to their own strategic agendas, global advocacy campaigns, and flagship programs more than needs assessments on the ground. None of the three case studies found evidence of systematic, meaningful consultation of refugee families in designing programs and services to meet their needs. In Uganda, there are guidelines for ECD but no national funding, while there is funding for child protection but no guidelines or pathways for implementation (for Ugandan citizens or refugees). Funding shortfalls are more pronounced when refugees have lived in settlements for longer periods and services have transitioned from NGOs to district governments. For example, child-friendly spaces (CFS), which provide a critical whole-of-child means of providing nurturing care in refugee camps, are no longer a component of the government’s approach to supporting children due to lack of sustainable funding.

**Effectiveness of coordination working groups**

The practical challenge of coordinating service delivery is another recurring theme across the countries. There are working groups made up of the implementing partners in key sectors, and these forums seem promising avenues for coordination. Yet in Jordan, stakeholders reported that sometimes self-promotion, professional networking, or advocating for agency special interests tend to dominate the coordination meetings. In Bangladesh, participation in coordination meetings is considered essential to establishing and maintaining relationships, keeping up to date on evolving needs, and establishing an organization’s operational space. Yet the agenda of the meetings, which typically includes agency updates and discussion of general challenges, leaves little time for discussing sector-specific technical issues or planning coordinated activities. Local organizations are often at a disadvantage when technical discussions are held in English. In short, without an ECD coordination entity with sufficient authority and technical expertise to set a clear national agenda, the effectiveness of working groups may be limited.

**Evaluating the impact of response efforts**

Absence of rigorous monitoring and impact evaluation and variability in quality of programming across organizations and geographic areas are becoming more noticeable, according to seasoned stakeholders.

“The [Joint Response Plan] needs an external impact evaluation. I have heard that the [plan] has had no discernible impact outside of Amman, and we have no empirical data on how successful the response plan has been in achieving its goals.”

— Jordan key informant
promising practices

all three countries have developed their own unique strategies and approaches to ECD in their refugee response. A few that seem particularly promising for scale-up and replication are presented here.

- **Child-friendly spaces and safe spaces:** CFS are a common practice in refugee camps, and organizations in Uganda have been successful building on the existing CFS to provide more structured ECD interventions in the mornings or off-hours. In Bangladesh and Uganda, multi-sectoral programs are provided through the CFS and can include parenting education focusing on all aspects of nurturing care, supporting children’s social-emotional well-being, as well as direct provision of psychosocial support and other more specialized ECD services. However, it is important to note, that the quality and availability of services at CFS depend on staff capacity, which is variable. Staff at CFS typically receive NGO-led training, and curricula may not be comprehensive.

- **Individual case management:** In Uganda, implementing partners rely on integrating with other sectors that cater to the needs of children of all ages in order to “catch” young children within a much larger target population. This has an upside; many organizations collaborate to provide casework services attached to existing government structures (District Child Development Officers) where possible, and this reduces redundancy and competition. In Uganda, “caseworkers are the glue that hold services for young children together,” according to one key informant. Although caseworkers are typically focusing on separated and at-risk children, staff at CFS can call case workers for any child they think is sick, malnourished, or exhibiting behavior that raises concern. While there is still a risk that refugee children can “fall through the cracks,” stronger tracking and monitoring systems, such as a case management approach, can help to mitigate these challenges.

- **Community awareness campaigns:** In Bangladesh, community health workers from among the refugee population are trained to raise awareness of health issues and resources among their peers, which reduces stigma and increases the engagement of particularly vulnerable families. This has been successful in raising awareness among mothers of where to access services. Such community awareness campaigns led and implemented by peers can be expanded to host communities as well and can include information about CFS, opportunities for parent education, and other services across the Nurturing Care domains.

- **Expanding from strong traditional sectors to build ECD services:** In Jordan, there has been excellent progress made on expanding kindergarten access for 4-
and 5-year-olds because of strong Ministry of Education leadership. Jordan’s Human Resource Development Strategy has a broader vision of ECD than just education, but the country has been successful in implementing parts of that vision by empowering its already-strong sectors (education, health) to do more. Instead of trying to build services where government systems do not yet exist, building “from strength” (i.e., mainline ministries that already have significant budget, personnel, and data systems) is an effective strategy to make progress on an ambitious ECD agenda rapidly.

CONCLUSIONS

The common challenges and promising practices discussed above have implications for strengthening practice and mobilizing support for ECD systems and services in refugee contexts. One of those implications of the research is that ECD needs stronger positioning in emergency responses. The research team recommends studying the strategies of the Education in Emergencies (EiE) field. In the last 20 years, primarily through two significant campaigns (Rewrite the Future9 and Education Cannot Wait10), education has moved from an afterthought in a humanitarian crisis, to a central feature of the response. When EiE experts were trying to get the issue recognized as a legitimate first-phase emergency response, it took years of concerted effort, engagement of political and technical heavyweights, and significant resources to deploy people to the emergencies who could jockey for space at “the table.” Advocating from a distance for ECD to be integrated into a refugee response and assuming that various sectors will take this on would be ineffective.

Addressing the need for ECD integration in the immediate aftermath of a crisis is only a first step, and a further implication of this research is that ECD donors focus investment (including financial resources, time, and technical support) on government capacity building and sustainability. An influx of resources triggered by a refugee crisis can be an opportunity to strengthen the preexisting ECD structures, led by governments—or it can undermine those systems by working in parallel. As relief transitions to development in a protracted crisis, development assistance becomes more predictable and thus can be focused on strengthening host governments’ capacity to provide ECD services to citizens and refugees alike. Creative strategies for government capacity building, such as one suggested in Uganda, that officials in “refugee districts” could be facilitated to mentor government officials in districts receiving refugees for the first time. In this scenario, an experienced local government official would share lessons learned, strategies and resources with a peer-level government official in another district that is newly responding to a refugee emergency. This approach empowers local government actors to learn from their peers while on the job, takes advantage of informal social networks (e.g., Facebook, SMS services) and maximizes the likelihood that technical guidance will be individualized, timely and relevant for district level needs, thus strengthening the refugee response and building sustained capacity. Supporting a dedicated ECD body with appropriate technical expertise

9 For additional information on the Rewrite the Future campaign, see https://resourcecentre.savethechildren.net/keyword/rewrite-future
10 For additional information on the Education Cannot Wait campaign, see https://www.educationcannotwait.org/
(particularly in more specialized areas such as mental health support), authority to enforce the policy, and a solid financial platform would improve sustainability of quality ECD service for both refugees and citizens.

Related to building government capacity is the use of data for decision-making. A discouraging trend noted across the three countries is that refugee families have been little consulted on their needs, or that consultation is perfunctory. This implies a likely mismatch between the unique constellation of ECD needs in a given population and the design and provision of services, when the objective should be to use data to align the type and intensity of the intervention as closely as possible to the needs at the population, community, and individual family levels. Human-centered design\(^\text{11}\) is one proven strategy to tighten the connection between families’ needs and service responses and could provide the foundation of a more robust monitoring and evaluation system led by government. ECD donors and advocates should consider how best to strengthen data collection and usage platforms. Larger donors may be well positioned to strengthen data platforms at a national scale, while smaller donors may best focus on ensuring that input from refugee families is used to design programs that fill particular gaps in targeted or indicated services for at-risk families or those with special needs.

\(^{11}\) For additional information and examples about human-centered design, see https://www.designkit.org/human-centered-design.
READING LIST


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