CRS Compendium of Innovation Best Practices and Emerging Challenges in ECD

Background

In 2015, Catholic Relief Services (CRS) initiated a process to create a Guiding Framework for integrating Early Childhood Development (ECD) across all sectors and programs. In 2024, CRS began a comprehensive review of this Framework to examine changes in research, policy, and implementation since its inception, and to learn from CRS staff and program implementers about the challenges, successes, and discoveries of the past nine years. The review consisted of a comprehensive literature review and interviews with 12 CRS advisors and four project managers across sectors to learn about challenges, successes, and emerging opportunities in ECD within their specific sector or project. The review established that the CRS ECD Framework is consistent with current national ECD policies. It also provided an opportunity to reassess best practices and implementation, as well as identify gaps and emerging areas of integration.

Mission

The goal of CRS Guiding Framework for integrating Early Childhood Development (ECD) is to ensure that all young girls and boys are protected and valued by family and community in an enabling environment to thrive and grow toward integral human development.

Goal of this Compendium

This document will present the review's findings related to the Framework's strengths and innovations in ECD programming and will provide case studies illustrating those innovations. In addition, this document will look at how ECD programs at CRS have approached implementing challenges and how they plan to address emerging needs and challenges in ECD moving forward.

This report consists of three parts:

> ### PART 1:
> Strengths, Best Practices, and Innovations in ECD Programming at CRS

> ### PART 2:
> Programs Exemplifying Strengths and Innovations in ECD at CRS

> ### PART 3:
> CRS Approaches to Emerging Challenges in ECD

Part 1: Strengths, Best Practices, and Innovations in ECD Programming at CRS

Strengths: CRS is recognized for bringing together communities of care, as well as groups focused on finance and other needs. In addition, effective strategies to create partnerships between ECD programs, government officials, and ministries are a key element of program success and sustainability.

Programs are implementing processes to improve standards and bring nurturing care to daycare settings for children aged 0–3 years, improve trainings for teachers of children aged 4–8 years, and create tools to help bridge the gap in services between the two. Other strengths noted in the review were the implementation of the Nurturing Care Framework (UNICEF, 2018) and the use of best practices like the Care Group Model (World Relief, 1994), home visits, and effective use of the Integrated Mothers and Babies Course (IMBC) (Munoz et al., 2021). Community-based programs and the implementation of Savings and Internal Loan Community (SILC) groups are also areas where CRS is highly regarded by stakeholders, including donors (CRS, 2022). Working with faith leaders across denominations has been a highly successful strategy for disseminating ECD across communities. The activities of Catholic Sisters were noted as an invaluable and trusted resource for improving the well-being of mothers, infants, and young children within communities. CRS is actively involved in care reform, working in several countries to create effective, lasting, systemic change for the 2–8 million children in residential care institutions (CRS, 2024). In addition, climate change is an emerging area of concern in ECD and intervention at CRS (Center on the Developing Child, 2024; McEwan, 2024).

CRS helps local partners advocate for a strong referral system. While some child developmental issues can be addressed within ECD, others require more advanced intervention or services than can be provided within the program. This can lead to more inclusiveness, increasing partners' confidence

that they know what to do to assist families and children. CRS has also developed tools to engage organizations in the process of assessment, engagement, and improvement. The Early Childhood Development and Education (ECDE) program assessment tool is used in conjunction with the Holistic Organizational Capacity Assessment Instrument (HOCAI) so that partners can evaluate the quality of their ECD programs based on assessing knowledge and skills on relationship-based, holistic, and developmentally- and culturally-appropriate ECDE interventions for children aged 0–8 years, as well as in-depth coverage that includes children with special needs (CRS, n.d.).

CRS commitment to influencing policy is based on six key principles: effective partnerships, local leadership, holistic capacity strengthening, funding mechanisms and conditions conducive to localization success, a broad and inclusive civil society that includes faith-based organizations and supporting an effective public social service sector (CRS Policy Brief, 2024). These key principles are reflected in the programs described by CRS staff who contributed to this assessment of the Framework. Selected examples of CRS programs resulting in changes in policy include: In Kenya, the project Strengthening the Capacity of Women Religious (SCORE/ECD I, II and III) has contributed to developing national documents ECD; and in Lesotho, CRS influenced the development of the country's ECD policy and is currently working with the education system to create improved guidelines for quality in daycare and pre-primary education.

Best Practices:

- Strong relationships and active engagement with national governments and ministries are crucial to success.

- Religious leaders are a valuable resource for sharing ECD best practices with community members. Leaders from different denominations may need to be approached separately rather than with a "one size fits all" approach. However, once there is buy in, religious leaders have demonstrated willingness to work together for the benefit of the children in their community.

- Care groups and home visits continue to be excellent approach for building trust and relationships with communities and integrating ECD practices.

- Awareness of cultural biases (for example, men's role in caregiving) and stigmas (for example, misunderstandings around mental health) need to be obtained from community members. When these are better understood, programs can be more inclusive in their design and materials.

Innovations:

CRS has a track record of innovatively and successfully addressing the challenges that emerge in country programs. Noted challenges include knowing the right number of home visits (dosage), implementation of maternal mental health programs, involvement of fathers and using the tools for program self-assessment.

- **Home Visits**
  Home visits continue to be a best practice in ECD, however, program implementers expressed challenges related to providing effective dosages with limited human resources (volunteers). Over time, higher priority for home visits has been given to families with the highest need (i.e., targeting). For those who do not require close follow up, home visits at least once per quarter with monthly group sessions can meet their needs and allow for identifying changes in the child or family that may require closer follow up.

- **Maternal Mental Health**
  Country programs include maternal mental health and well-being as a critical component of integrated ECD, however, introducing this concept into ECD programs can be challenging due to cultural stigmas and misunderstandings about the meaning and implications of "mental well-being." This issue has been addressed by re-framing mental health as a social issue rather than a medical issue., which allows programs to provide services to mothers without the need to obtain a certain

score on an assessment. All mothers are able to access, at minimum, a "light dosage" of self-care and mood regulation skills with the understanding that these are lifetime skills that they can use to improve their overall well-being.

■ Involving Fathers

There has also been an effort to include fathers who may also be experiencing issues with mental well-being. Fathers were found to be most likely to participate in community-based support groups where the main focus was financial support, such as SILC groups. An innovative approach to this issue is a modification within SILC groups in the SCORE II and III projects: the introduction of ECD principles into financial counseling for couples. "Smart Couples" training involves both parents in financial planning with an emphasis on the future of the children and the family.

■ Program Self-assessment

Assessing the strengths and weaknesses of an organization or program is crucial to optimal functioning. HOCAI is a CRS tool developed to assist organizations to "conduct a self-analysis of their strengths and challenges, develop an action plan and improve organizational functions through capacity strengthening" (CRS, 2018). One function of the HOCAI is to allow organizations to engage in a continuous process of assessment, engagement, and improvement. The ECDE program assessment tool is used in conjunction with the HOCAI. Partners can evaluate the quality of their programs based on assessing knowledge and skills on relationship-based, holistic, and developmentally- and culturally-appropriate ECDE interventions for children aged 0–8 years, as well as in-depth coverage that includes children with special needs. They can assess their connection to county, national and international dialogue and collaboration on issues related to children's holistic well-being in health, nutrition, early learning/education, rights and safety, and protection (CRS, n.d.).

Part 2: Programs Exemplifying Strengths and Innovations in ECD at CRS

PROJECT: The Inclusive Nutrition and Development, or the Gikuriro Kuri Bose, project in Rwanda is a five-year USAID-funded project aimed at improving the health, functioning, nutritional status, and well-being of children under age 6 and women of reproductive age. The project aims to strengthen the inclusion of children and adults with disabilities and improve positive parenting and child development. One area of focus is the care of infants aged 0–2 with working mothers. Starting with plantations and factories, the project negotiated with corporations to provide daycare services for infants. They also provide a daycare facility for mothers who must cross the border to work. Previously, there was only informal childcare where a child could be "parked" for the day, however, the caregivers had no training and no formal ECD tools or facilities. **There has been a gradual change in perception in the community of parents from daycare as a "place" to daycare as a resource. Daycare facilities, in addition to childcare, now also present opportunities for parents to learn about disability services and children's right to services.** The program works with a behavior change communication partner who, among other activities, implements a "community scoreboard" that is publicly displayed. The scoreboard provides indicators where the community is falling behind in their commitments to ECD. **This has been effective in generating partnerships in areas where the community wants help to improve. The national government also provides a package to promote and support ECD.**

PROJECT:: The Catalyzing Quality Sustainable and Replicable Daycare Services in Lesotho project is funded by CRS and the Bainum Family Foundation. CRS is working with daycare centers in industrial areas that were previously not formally registered, and thus had no one responsible for standards or assessments. In partnership with the Minister of Education, assistant and lead daycare providers can access national teacher trainings on early stimulation and play. In terms of quality, the integrated early care team developed guidelines for daycare centers. **Ongoing work is focused on reviewing guidelines and providing standards for quality that can be monitored and measured. In partnership with the Ministry of Agriculture, Food security and Nutrition, and with dieticians from different non-governmental organizations (NGO), the project has developed an age-appropriate feeding menu for daycare providers.** SILC community groups help with infrastructure improvements, and SILC groups have also been an effective way to include fathers in the daycare quality process. **The project also collaborates with multiple community stakeholders including police, child protection officers, and child health and disability actors to develop a comprehensive system around referrals.**

PROJECT: CRS' Assistance to Refugees and Asylum Seekers Children in Egypt project, funded by UNICEF, seeks to provide children aged 3–18 years with age-appropriate, relevant, high quality, safe and inclusive educational opportunities. Within this larger project, in 2020–2021, CRS implemented a one-year LEGO play-based learning initiative to improve the quality of education through play-based learning environments and teaching/learning experiences for 441 students and 43 teachers (supported by UNICEF and LEGO). The initiative took place in refugee camps. **The target group was refugee children aged 4–12 year from Syria and Africa** who were attending community schools. The program provided play materials (LEGOs) and instructions, training, coaching and supervision for teachers on play-based learning, and a three-day summer camp festival to promote play-based learning. **A notable use of community feedback: CRS had learned through an earlier needs assessment that refugee families are most comfortable with their children participating in events led by teachers from their respective communities. As such, 11 African and Syrian community schoolteachers who had excelled in the LEGO trainings facilitated the festival. The project invested considerable time in training (three days) and provided teachers and students with many hands-on play-based activities as well as opportunities to demonstrate what they learned.**

PROJECT: Rural Emergency Health Service and Transport for System Development (REST 4D project–Ghana. Within the Community Health Services Program of Ghana, mothers of children aged 0–3 years receive health and prenatal care through Ghana health services. REST 4D works to improve services through several initiatives. To ensure inclusive access, the project has increased transportation options and referrals with the national ambulance service and rural emergency health services. Addressing maternal mental health has been a collaboration between CRS and George Washington University. To address responsive caregiving in that context, the program adapted the Integrated Mothers and Babies Course (IMBC) as a seven-month intervention to be used along with the caregiver mental health curriculum. The curriculum is a text-based program that has been adapted for low literacy mothers using pictures. The project also focuses on how to provide healthy food using locally produced staples and encourages gardens and farms. SILC groups are used to assist mothers to start farming. **Partnerships with community leaders are also of great benefit to the project. Community leaders are "custodians of culture and social systems. We engage through faith leaders and the 'Council of Champions,' a group of trusted advisors for the community. In this way, we are able to do away with practices that are not beneficial to maternal child health… at the end of the day, mothers need support."** It was also noted that the positive parenting component in REST 4D has resulted in dramatic shifts in parents' beliefs and actions. **The changes were reflected in differences in parent-child interaction and new behaviors.**

PROJECT: The THRIVE II Project, funded by The Hilton Foundation, was implemented in Kenya, Malawi and Tanzania and targeted 15,000 children in three main program areas: (1) direct services for improved child development to promote stable and responsive relationships, safe and stimulating physical environments, and proper health and nutrition; (2) capacity-building of partners and community-based organizations and (3) improving knowledge and expertise across CRS and the ECD sector by active cross-country learning. THRIVE II used the **Care Group Model with mothers of children under 2 years of age.** Mothers were encouraged to practice early stimulation, positive parenting, Infant and Young Child Feeding (IYCF) strategies, and health-promoting water and sanitation behaviors. The community volunteer-led program used social and behavior change strategies and communication strategies during care group sessions as well as home visits to enhance responsive caregiving practices. At the health facility, the project established ECD child-friendly spaces. They collaborated with staff to improve their counseling skills and create a supportive environment during antenatal and Prevention of Mother-to-Child Transmission (PMTCT)clinic visits. **Among other outcomes, the project achieved an increase in the use of ECD child-friendly spaces in medical facilities, increased ECD understanding in caregivers, increased play in children under 2, and increased overall positive parenting behaviors, although physical punishment is reported to be the most difficult behavior to shift. The model also was found to increase self-efficacy in care group volunteers (CGV). Integrating faith leaders and faith systems was a large contributor to the success of this work.**

Part 3: How CRS Will Approach Emerging Challenges in ECD

Identified Challenges or Emerging Areas of ECD Integration

In interviews with CRS staff and program personnel, challenges, and efforts to meet those challenges, were noted. One specific challenge that is also reflected in the literature on ECD integration in general is the difficulty in producing evidence of the impact of nurturing care and positive parenting on child development outcomes (Cavalerra et at. 2019). A stronger relationship between baseline intervention, feedback, and course correction in response to newly discovered needs was requested in multiple sectors. CRS staff engaged in the education sector described the challenges involved in the complex relationship between government and ministry policies, teacher training, parent involvement and daycare quality. Despite ongoing prioritization of disability inclusion, gaps in funding, training and coordination with other services need to be addressed to achieve the goal of optimal development for all children (Bizzego et al., 2020). Personnel were interested in additional efforts to reach out to adolescent girls to improve future maternal health, mental health, and child development outcomes. Finally, the intersection between ECD and climate change is an ongoing conversation (McEwan, 2024).

Recommendations to Update the CRS Framework to Leverage Strengths and Address Emerging ECD Issues in 2025 and Beyond

1. Cross sector partnerships: Include mechanisms to explore innovative partnerships between sectors early in the program as well as the integration of cross cutting technical advising, particularly on ECD, Monitoring, Evaluation, Accountability and Learning (MEAL) and disability inclusion.

2. Direct emphasis and resources toward emerging areas of focus:
   In the Framework as a whole, explore relative emphasis in terms of focus and resources between sectors, focus areas (i.e., disability inclusion), and CRS' lenses (i.e., gender, especially as related to adolescent girls).

3. Leverage strengths: CRS has widely acknowledged strengths in many areas of ECD, including building partnerships at national and ministry levels, mobilizing communities for change, implementing best practice methodologies such as care groups, nurturing care in pre-primary settings, maternal mental well-being, and community savings groups that include family strengthening. The updated Framework should suggest ways to leverage acknowledged strengths to address under-funded areas such as climate change, access for children with disabilities and outreach to adolescents.

4. New measurement strategies for nurturing care outcomes: Measurement of nurturing care behaviors and child development outcomes is an issue in the field as a whole (Olusanya, Gulati & Newton, 2023). CRS is in a position to prioritize and systematically address measurement of nurturing care behaviors and their impact on ECD outcomes.

5. Create standards for quality across platforms: Quality is an enduring construct for program success and impact. Due to the scope of their projects, CRS is in a position to re-define and measure quality across multiple platforms such as homes, daycares, pre-primary classrooms, and medical facilities and connect it to ECD outcomes (Raikes et al., 2024).

6. Create strategies to build upon baseline research and respond to changes and feedback from caregivers and stakeholders at regular intervals: Staff are recognizing the benefits of adaptation and course-correction at key points in intervention, especially as the focus of ECD intervention moves into areas of more marginalized populations (such as the families of children with disabilities) and specialized situations (such as the effects of climate change on ECD).

Conclusion

CRS has innovative and well-documented successes in improving ECD in the countries it serves. Based on the literature review and interviews with staff, it seems that the challenges CRS is facing are, broadly, the challenges that the field in general is experiencing. CRS is known for unique approaches and contributions to ECD and is well positioned to build on those strengths. The organization's willingness to engage in exercises such as this one, allowing for a close examination of their successes and challenges, will contribute to continuing leadership in the field of ECD.

References

Bizzego, A., Lim, M., Schiavon, G., et al. (2020). Child disability and caregiving in low- and middle-income countries: Big data approach on open data. Research and Developmental Disabilities, 107, 103795. https://doi.org/10.1016/j.ridd.2020.103795

Cavallera, V., Tomlinson, M., Radner, J., Coetzee, B., Daelmans, B., Hughes, R., Pérez-Escamilla, R., Silver, K. L., & Dua, T. (2019). Scaling early child development: What are the barriers and enablers? Archives of Disease in Childhood, 104 (Suppl 1), S43–S50. https://doi.org/10.1136/archdischild-2018-315425

Center on the Developing Child. (2024). Brief: Growing up in a warming world: How climate change is affecting the availability and safety of water in the development environment. Harvard University. https://developingchild.harvard.edu/resources/growing-up-warming-world/

CRS (n.d.). CRS Early Childhood Development and Education Program Assessment Tool (ECDE HOCAI Tool).

CRS (2022). Lives and Livelihoods: How savings groups transform lives. https://www.crs.org/our-work-overseas/program-areas/microfinance/silc-road/impact

CRS (2024). Changing the Way We Care. https://www.changingthewaywecare.org/

McEwan, E. (2024). CRS Climate Change and Child Health and Early Childhood Development. [PowerPoint Slides].

Muñoz, R.F., Le, HN., Barrera, A.Z. et al. Leading the charge toward a world without depression: perinatal depression can be prevented (2021). Archives Women's Ment Health 24, 807–815 https://doi.org/10.1007/s00737-021-01160-1

Olusanya, B. O., Gulati, S., & Newton, C. R. J. (2023). The Nurturing Care Framework and children with developmental disabilities in low- and middle-income countries. Pediatrics, 151, e2022056645. https://doi.org/10.1542/peds.2022-056645

Olusanya, B. O., Wright, S. M., Smythe, T., Khetani, M. A., Moreno-Angarita, M., Gulati, S., Brinkman, S. A., Almasri, N. A., Figueiredo, M., Giudici, L. B., Olorunmoteni, O., Lynch, P., Berman, B., Williams, A. N., Olusanya, J. O., Wertlieb, D., Davis, A. C., Hadders-Algra, M., & Gladstone, M. J. (2024). Early childhood development strategy for the world's children with disabilities. Frontiers in Public Health, 12, 1390107. https://doi.org/10.3389/fpubh.2024.1390107

Raikes, A., Rao, N., Yoshikawa, H., et al. (2023). Global tracking of access and quality in early childhood care and education. International Journal of Childcare and Education Policy, 17(1), 14. https://doi.org/10.1186/s40723-023-00116-5

UNICEF. (2024). Putting children at the heart of climate action and supporting Africa's development. https://www.unicef.org/executiveboard/stories/putting-children-heart-climate-action-and-supporting-africas-development-srs-2024

USAID (2024). Advancing protection and care for children in adversity. https://www.usaid.gov/inclusivedevelopment/children-in-adversity/thrivestrategy

World Health Organization, UNICEF, & World Bank Group. (2018). Nurturing care for early childhood development: A framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization. https://nurturing-care.org/ncf-for-ecd

World Relief. Care Group Model (1994). InfoInternational@wr.org.