The use and impact of ECD Kits: Post-earthquake Haiti 2010

An evaluation study

A project agreement between Consultative Group on Early Childhood Care and Development and Macquarie University, with logistical support by UNICEF

Festivities at a Baby Tent © Concern Worldwide Haiti Country Office

Final Report

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List of Acronyms

ACF	Accion Contra la Faim
ALNAP	Active Learning Network for Accountability and Performance in Humanitarian Action
BUGEP	Bureau de Gestion du Préscolaire
CAFT	Centre d'Apprentissage et de Formation Pour La Transformation
CEC	Community Education Committee
CFS	Child Friendly Space
CGECCD	Consultative Group on Early Childhood Care and Development
CP	Child protection
DEC	Disasters Emergency Committee
DIPE	Integrated Development Approach for Early Childhood (DIPE)
DoE	Department of Education
DRR	Disaster risk reduction
ECD	Early Childhood Development
ECCD	Early Childhood Care and Development
ECDiE	Early Childhood Development in Emergencies
ECDWG	ECD Working Group
EiE	Education in Emergencies
FGD	Focus group discussions
GJARE	Youth Action for Reform
HCO	UNICEF Haiti Country Office
HQ	UNICEF NYC Headquarters
HR	Human Resources
INEE	Inter-Agency Network for Education in Emergencies
INGO	International Non-Governmental Organisation
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MINUSTAH	United Nations Stabilization Mission in Haiti
MoE	Ministry of Education
NGO	Non-Governmental Organisation
OCCAARH	Organization des Cityoyens Conséquents pour l'Avancement d'Haiti
PaP	Port au Prince
SC	Save the Children
SMC	School Management Committee
UJDHRD	Union des Jeunes pour le Developpement Human Reel et Durable
UNICEF	United Nations Children's Fund

Executive Summary

Introduction

On 12 January 2010 an earthquake measuring 7.0 on the Richter scale struck the West Province of Haiti, the poorest country in the Western hemisphere with a legacy of political instability and natural disasters, with the epicenter less than twenty kilometers southwest of Port au Prince, Haiti's capital, triggering a large scale international relief operation in response to the tragic and massive destruction. A relief to development operation that is currently ongoing beyond the one year post-earthquake in 2011.

This report aims to provide a better understanding of a specific niche response, the ECD response, in post-earthquake Haiti 2010. It concentrates on the UNICEF ECD Kit, a dominating ECD response, examining the efficiency, effectiveness, impact, relevance or appropriateness, sustainability and the overall quality of the kit and its use. A primary objective of this report is to identify the capacities and capacity gaps in the usage of the kit while an overarching focus examines the overall potential of the ECD Kit via such a mass distribution of the kits during the first phase of an emergency to assist the Ministry of Education (MoE), education authorities and relevant stakeholders to provide and include ECD during the first six months to a year of an initial response.

During emergency situations young children are considered among the most vulnerable. Early childhood experts, as cited in the world's leading medical journal *The Lancet* 2007, advocate for appropriate support for young children founded on evidence-based knowledge about the impact of early experiences on long-term cognitive, psychosocial and neurological development. Therefore, early childhood care, education and overall development are emerging as essentials in emergencies reflected in the increasing support of early childhood programs and services by leaders in emergency response as evidenced by UNICEF's response with an unprecedented distribution of the UNICEF ECD Kit in Haiti.

UNICEF distributed the ECD Kits through their partners through two time periods: first from 25 January 2010 through 4 April 2010 1,566 ECD Kits were distributed followed by a distribution of 1,051 kits from 16 June through 28 October, 2010. In total, there are 2,617 ECD Kits that are accounted for as having been delivered to partners. This distribution of a large quantity of ECD Kits, demonstrated the commitment spearheaded by UNICEF to include ECD on the emergency agenda following the earthquake disaster and it presented a unique opportunity to investigate the issues related to ECD investments and interventions in emergency situations.

The report evidences many positive and increasingly dynamic developments within ECD in emergencies. There has been a growing recognition by a range of stakeholders of the importance of ECD in a humanitarian response, as evidenced through the formation of the ECD Working Group (ECDWG). The report also identifies an important base of existing capacity and expertise across the agencies interviewed for the study.

An emerging finding from the study is a lack of a shared understanding of the common elements of an ECD in emergencies (ECDiE) response. At the country level, the overall low staff capacity was a challenge. This was reinforced by three factors: that most agencies involved in the education were focused on primary education provision; that there was often insufficient coordination and programme planning across all ages and stages and phases of an education response; and that agencies have tended to focus on immediate and short-term results. Though in a context with limited resources, developing capacity cannot just be about individual agencies bringing their own capacities to scale, rather, focus must be on leverage between stakeholders, including with the relevant sections of the ministry of education (MoE).

Notwithstanding, major capacity constraint with regards to capacity building and accountability are identified. Due to various methodological constraints it has not been possible to quantify these gaps. Many of the constraints are associated with larger global challenges for ECDiE. The report seeks to have relevance beyond ECD advocates and provide practitioners with practical feedback and support.

Brief research aims
The research intended to explore the emergency relief responses for young children, in particular the heavily distributed UNICEF ECD Kit, while maintaining an overall focus on the implications of ECD in emergencies recovery practices and any emerging policies.

1. Evaluate the use of the ECD Kits (in example: efficiency, effectiveness, impact, relevance and appropriateness, sustainability).
2. Explore the overall implications of focusing on young children in the early phases of an emergency.
3. Investigate the international and national responses towards young children post-earthquake.

The research study used the UNICEF ECD Kit as an entry point to support two areas of interest, a focus on the kits as well as an investigation regarding the ECD investments and interventions in emergencies in general.

The study was grounded in a holistic perspective, acknowledging the value and interplay of institutions or governments, communities and families in child development, to address the use and impact of ECD Kits and concomitant programs, services and supports for young children and families.

The study's design ensured the principles of ethical research by building local capacity through the training and use of local data collectors. Through the use of the local data collectors, the goal remained for 200 sites, the majority with the ECD Kit, to be assessed by the open-ended questionnaire. Also included was the use of stakeholder interviews to gain insights into what other programs, services and supports were supporting young children. As proposed in the study proposal, thirty stakeholder interviews were desired; however, this number was halved with sixteen interviews formally occurring.

Data collection
The field research was completed in two phases. The first period was for three months in Haiti from 13 October 2010 through 15 January 2011 followed by a shorter field visit for two weeks at the end of July to beginning of August 2011. The data collection focused on three methods:

1. Open-ended questionnaires on the ECD Kits (goal – evaluation of 200)
2. Semi-structured interviews (with local and international representation)
3. Focus group discussions (with local communities)

Despite the challenges of conducting research in a fragile context, with the logistical support of UNICEF HCO, the data collection period resulted in the completion of 204 open-ended questionnaires, 16 semi-structured interviews with stakeholders in ECD and three focus groups comprised of the facilitators and guardians of young children with exposure to the ECD Kit.

The open-ended questionnaire targeting the UNICEF ECD Kit had been designed in collaboration with the Consultative Group on ECCD (CGECCD), UNICEF HQ NYC ECD in Emergency Unit and the UNICEF Copenhagen Supply Division input. Additionally, it was reviewed by some UNICEF HCO sectors involved in the ECD Kit distribution to the partners, predominantly nutrition,

child protection and education as well as the M&E sector of UNICEF HCO. The stakeholder semi-structured interview questioning route was also reviewed in a similar fashion.

Data via the open-ended questionnaire was collected in the greater Port au Prince (PaP) area within the twenty communes that were affected in the West Department: Cabaret, Cite Soleil, Croix des Bouquets, Tabarre, Carrefour, Grand-Goave, Petit-Goave, Leogane, Gressier, Delmas and Petion-Ville. The greater Port au Prince area was chosen predominantly for a pragmatic reason; although, ten communes were heavily affected in the Southeast Department with the worst damage in Jacmel, due to time constraints with the data collectors by the time that they were identified, hired and their short-term contracts were settled upon, they were employed for five working days to collect the data and given their allotted transport budget of 750 gourdes per day by UNICEF HCO, they had neither the time nor the funding to cover the Southeast Department inclusive of Jacmel as it would have required overnight stays incurring extra costs and time. Therefore, the UNICEF partners who had received ECD Kits and were working within the greater Port au Prince area were included and dominate the study.

In an effort to build local capacity and to complete the scope of the work, one research assistant and ten data collectors were hired locally. UNICEF HCO identified and recruited the research assistant and all ten data collectors, of which the ten data collectors were sourced through the snowball effect. As the research assistant, Mr. Rhodner J. Orisma, is himself a doctoral candidate at a university in Florida as well as a professor at a Haitian university instructing in methodology courses, Mr. Orisma assisted UNICEF Human Resources (HR) with identifying potential data collectors supplementing their snowball effect in identifying qualified and experienced data collectors. Through his contacts, two of the data collectors were identified. The ten data collector roster includes four females and six males: Samuel Revolus, Renan Anglad Charles-Cius, Guersley Chery, Jacqueline Baptiste, Mirlene L. Percinthe, Rodady Gustave, Martine Delisca, Patrick Laurenceau, Marie Sonide Dorilma and Reginald Hellande Jeune. All ten data collectors claimed to have experience in data collection either from university coursework or previous positions with international non-government organizations (INGOs) working in Haiti. The new learning from this study was regarding the briefing on the ECD Kit and ECD in general. The data collectors were each given a specific area within greater PaP for which to be responsible for covering; although, due to their difficulties in accessing and locating sites due to movements, transitions and closures of certain programs since almost a year post-earthquake, the collectors predominantly targeted their goal of completing twenty open-ended questionnaires and in doing so some moved around into departments with a great concentration of partner programming for the kit usage and easier to move around such as Carrefour, Delmas and Petion-ville.

This study heavily relied upon the collaboration with the locally hired research assistant for translation and interpretation needs. The research assistant served to translate the data collection instruments for this research and training materials into French and Haitian Creole. The assistant acted as an interpreter during the full day training on qualitative research theory and practice as well as on the implementation of the questionnaire for the ten data collectors.

Once the data collectors were hired, a full day training was what the timeframe permitted to ensure sufficient time for them to complete the data collection before the lead researcher's date of departure. It was led by the lead researcher at the United Nations Stabilization Mission in Haiti's (MINUSTAH) Log Base where the UNICEF HCO offices are currently located, provided the ten data collectors with a comprehensive briefing on the UNICEF ECD Kit and an overview on qualitative research inclusive of the validity and reliability of open-ended questionnaires, appropriate documentation practices in terms of photography and personal observations, use of key informant interviews and the ethics of research stressing consent, confidentiality, reciprocity, doing no harm and dignity in documentation. The training also provided the collectors an opportunity to

familiarize themselves with the main data collection tool, the open-ended questionnaire, and an opportunity for practice and role-play.

After which, the data collectors each were each assigned twenty open-ended questionnaires to be responsible to complete within their terms of reference over the course of five working days scheduled over 17, 20-23 December 2010, some completed them in five consecutive work days and others due to the challenging circumstances of informal and formal preschools and other educational centers and programs for young children being closed for seasonal holidays in December 2010, spread the five days over a few weeks to gain access to certain centers and preschools once opened again in January 2011.

On the 27 of December 2010 the first data was submitted and the research assistant, employing the assistance of two individuals who were privately sub-contracted by him, began the work on the English translation of all of the 202 questionnaires from Haitian Creole and French. By 7 January 2011 all of the data had been submitted and all of the collectors had been paid for the completion of their work.

During the time span of the fieldwork, the lead researcher continually was in contact with any organization known to be supporting or working with young children to access a spokesperson comfortable to discuss their work in a semi-structured interview. A total of sixteen formal stakeholder interviews were completed including: UNICEF, Concern Worldwide, PLAN, World Vision, ACF, Tipa Tipa, UJDHRD (Union des Jeunes pour le Developpement Human Reel et Durable), GJARE (Youth Action for Reform), OCCAARH (Organization des Cityoyens Conséquents pour l'Avancement d'Haiti), CAFT (Centre d'Apprentissage et de Formation Pour La Transformation), Finn Church Aid/ACT, Digicel Fondation, Kindernothilife, Save the Children, BUGEP (Bureau de Gestion du Préscolaire) and Compassion International. The interviews were recorded when permission was granted and the transcriptions of the interviews are in the process of being completed for further validation and analysis.

ECD Kits: Haiti study
For the purpose of this study, ECDiE is broadly defined as prioritizing the holistic needs of young children ranging from age 0-6 years. UNICEF (2010) has drafted an Integrated Quality Framework for ECDiE which provides a globally recognized detailed and comprehensive definition of ECD:

> "Early childhood development refers to the processes through which a young child under eight years develops his/her optimal physical health, mental alertness, emotional confidence, social competence and readiness to learn. Through the process of development, the young child gains the abilities to move from 'less to more' and acquires mastery of complex skills...Holistic early childhood development programming integrates essential early childhood interventions within the health, nutrition, water, sanitation and hygiene, education and child protection sectors. This enables the young child to claim his/her rights to survival, growth, development, protection and participation and ensures that the duty bearers, namely, parents, caregivers, communities, sub-national and national authorities respect, protect, promote and fulfil those rights." (p. 6)

Early childhood development and education remains at the forefront of the education in emergency agenda. During fragile situations whether by an emergency or disaster, young children are considered the most vulnerable and must be provided with essential and adequate care and education. Beyond the initial phase of instability, young children must also be provided with appropriate care and education to address their holistic developmental needs. Early childhood experts continually advocate for appropriate supports for young children in any fragile situation well founded on evidence-based knowledge on cognitive child development. Regardless of the

situation or context, education is established as a fundamental human right; furthermore, development is recognized universally to be a fundamental right for the young child. Quality early childhood development, care and education are essentials in the field of education in emergencies as early childhood is an effective entry point from which to address many social issues.

What remains a challenge is to identify best practices supporting the needs of young children, their caregivers and their communities through rigorous monitoring and evaluation. Moreover, what remains to be considered is how best to create a sense of agency and scale-up the involvement of young children, families and caregivers and opportunities for social change to inform the interventions and supports of the relief community. With ever increasing fragile situations in the world, there is a push to identify effective tactics and responses to address the needs of the young in a crisis. Amongst the international relief community, UNICEF was the first to launch an ECD kit in July 2009 after piloting the kit in seven countries – Chad, Liberia, the Republic of Congo, Jamaica, Guyana, Maldives and Iraq. Since then, the kit has been heavily used in the most recent emergencies such as after the tragic January 2010 earthquake in Haiti.

At the official launch of the ECD Kit in Geneva in July 2009 UNICEF's current Executive Director, Ann M. Veneman, expounded on how "the Early Childhood Development Kit is a tool for young children displaced or affected by war and natural disasters. It is the first of its kind within the humanitarian community."[2] Furthermore, subsequently she has stated that, "it is essential to ensure resumption of normal childhood activities without delay, even in an acute phase of an emergency."[3]

In considering this surge to pre-position early childhood development material, "early childhood development play and recreation material (e.g. UNICEF ECD kits) which is responsive to the needs of young children should be pre-positioned for use in communities, baby clinics, nutrition centres, child friendly spaces etc. When it is not possible to pre-position material, local procurement arrangements should be made. This may be done either by identifying local suppliers of similar products or by involving communities in preparing culturally relevant toys and games for young children" (UNICEF, 2010).

Establishing the research context
On February 18-19, 2010 the EEWG Research Task Team[4] met at UNICEF headquarters (New York) and developed specific goals for the early childhood in emergencies agenda. At that time UNICEF identified some key areas for investigation regarding the ECD response in Haiti, and specifically the use of the ECD kits. This study was a result of such meetings to address such concerns.

Thus, the catastrophic earthquake that struck Haiti on 12 January 2010 killing over 220,000 people, injuring 300,000 and leaving over one million people homeless, provided an opportunity to investigate the responses in consideration of a *positive emergency*.[5] Apart from the loss of lives and properties, infrastructures and complete governing bodies were also damaged or destroyed, with recovery and repair hampered by the following hurricane season and the outbreak of cholera. Presently, the cost of reconstruction is estimated at $11.5 billion USD. Prior to the earthquake, Haiti was already the poorest country in the western hemisphere ranking 149 out of 182 countries on the

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[2] http://www.unicef.org/
[3] http://www.unicef.org/
[4] This proposal was developed by the Research Team at Macquarie University following a meeting of the EEWG Research Task Team in February 2010, and with input from UNCEF personnel. The proposal incorporates research questions contributed by the Consultative Group and Dr. Fabienne Doucet as indicated.
[5] This term has been used in various personal communications amongst the humanitarian community in light of emergencies providing an opportunity to essentially *build back better*.

Human Development Index 2009 with ineffective social services, a weak civil society and political unrest (Report for the Disasters Emergency Committee, 2011). The disaster has impacted Haiti on an unprecedented scale and its after-effects will impact Haiti's development for decades to come.

In response to the earthquake in Haiti 2010, in the acute phase of the emergency, UNICEF had distributed over 1,500 ECD Emergency Kits. As of April 2010, 1,546 kits have been recorded as distributed, an additional 3,341 kits were to come from UNICEF Supply Division, based in Copenhagen, from which 1,104 kits were to be sent to Haiti with the remaining 2,237 kits scheduled to arrive during the end of May-June, 2010 (UNICEF Haiti Situation Report, April 2010). Additionally, the UNICEF Latin American and Caribbean Regional Office has provided these numbers: 200 ECD Emergency Kits have been locally procured in Panama as a first step to assess regional procurement and the printing of 600 copies of the ECD guide in French for the UNICEF Haiti office (personal correspondence). This extensive and unprecedented dissemination of the ECD kit during the acute emergency response coupled with a long term commitment by UNICEF and others for post-earthquake recovery provides an unparalleled opportunity to research the issues, capacity, support, development and impact of services and programs which target young children within and beyond emergency situations.

Purpose of study and methodology
This report is based on a compilation of information from secondary data sources, observations and informal discussions during two field visits to Haiti. The process began with a desk review of existing ECDiE literature and continued with a situational assessment of ECD in Haiti. Efforts were made at all stages in the study to triangulate information through the varied methodology, compiling both quantitative and qualitative data.

During the first visit, several stakeholder interviews were completed, site visits and observations and a focus group. The following visit resulted in two additional focus groups. It is important to note that all attempts were made to avoid assessment fatigue amongst the communities and adults engaged in this study; a widespread occurrence due to the large scale international intervention post-earthquake. Both field visits were completed in an effort to gain a better understanding of:

- the overall situation and the impact of the earthquake
- the response of the relief and humanitarian organizations' efforts towards ECD
- the community perspective on children's immediate needs, focusing on the very young child (aged 0-6)
- gaps in provision
- document lessons learned and good practice

The agencies interviewed for this report were drawn from a compilation of logistics lists from UNICEF HCO in addition to sectoral input from the involved sectors with the kit such as nutrition, child protection and education predominantly. While organisations that comprise the evidence base for this report by no means represent all those with ECDiE capacity at international level, they do make up the majority within Haiti. Therefore, research for this report also incorporated other stakeholders, internal to Haiti but not engaged with the ECD Kits and externally active advocates and leaders within ECD, in order to develop a more comprehensive sense of the global ECDiE capacity and direction.

Finally, the overall study has benefited from the expert advice of a panel of four peer reviewers.[6]

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[6] Professor Jacqueline Hayden, Dr. Emma Pearson and Dr. Kathy Cologon of Macquarie University provided oversight and input to the design of the research study, the analysis and final report. In addition, Dr. Fabienne Doucet of New York University also provided expertise and guidance.

Study constraints
The research process encountered two main constraints. First, in terms of information collection, efforts were made to design survey questionnaires that could be used across different stakeholder groups. Partly due to this, and partly due to the burden of information collection requirements, survey responses differed considerably in terms of the questions answered and the amount of information provided. As a result, parts of this report are based on quite limited responses. This led to further difficulties in attempting to quantify gaps.

Secondly, the difficulty of conducting the study against the backdrop of a highly fragile and volatile environment presented extreme weather conditions, a cholera outbreak and political and social unrest that impeded the research to be conducted in a prompt and planned fashion.

There were a host of other challenges in the various stages of the data collection. Many of these were in concern to the loss of institutional knowledge from the frequency of emergency staff turnovers at both UNICEF HCO and their partner organizations. Therefore, simple mapping tasks of who had received a certain number of ECD Kits and the specific sites for where they had been or were being used were complicated due to the loss or movement of emergency personnel, international and national, and their knowledge of the responses in the acute phase of the emergency, making the initial task of securing and then maintaining updated records of who was responsible for or working in and on ECD amongst the partners a challenge.

New ECD management and staff months post-earthquake when emergency personnel phased out for new permanent staff posts, typically resulted with individuals new to Haiti and some to emergency programming. This exemplified an issue with organizations' staff continuity, which potentially reflects in program discontinuity. It is duly noted that with emergency contexts, beyond the staff movements, the responses in terms of distribution, coordination and monitoring are a daunting task, particularly post-earthquake in Haiti, with a weakened government and destroyed buildings and infrastructure, making the mapping and processing of reactive responses a continued challenge.

When reflecting upon the ECD Kit response, it initially was a mass distribution to UNICEF HCO partners through the five UNICEF sectors: nutrition, education, child protection, health and water and sanitation (WASH). UNICEF HCO has some records, though not comprehensive, from their supply section as to who received kits and how many kits were received. From there, efforts were focused on where those kits were sent and used by the partners. For large partner organizations that received over a hundred kits, keeping in mind emergency personnel shifts as well as movements amongst internally displaced people and adaptive programming in shifting tent cities, there was not always a specific address to be given or concrete knowledge to where the kit was being used or kept in the field. Therefore, for the data collectors it was extremely difficult to first locate a tent city or camp and then to arrive only to find that the programming for young children had never existed, had closed or had moved despite the information provided by an organization's central office in PaP.

Structure and contents
This report takes on an evaluative conceptual framework to understand how the ECD Kit measures up in terms of efficiency, effectiveness, impact, relevance and appropriateness, sustainability and quality and accountability.[7] The following sections consider the relative strengths, weaknesses, opportunities and constraints of the ECD Kit and its usage within the Haitian context.

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[7] The study strives to review the data in light of an adapted adherence to the Organisation for Economic Cooperation and Development (OECD) Development Assistance Committee (DAC) Principles for Evaluation of Development Assistance criteria (ALNAP, 2006).

The report ends by drawing together a series of recommendations with regard to the future potential of using the ECD Kits and to the focus on ECD during the first phases of an emergency.

Data collection methods
The following sections detail the findings from the three data collection methods: questionnaires, focus group discussions and stakeholder interviews.


Questionnaire findings

There were 204 open-ended questionnaires that were completed by the ten data collectors. The following graphs and charts provide a comprehensive overview addressing each question's findings. The questions were organized in the questionnaire in nine sections: 1) baseline information, 2) kit content, 3) working environment, 4) support and supervision, 5) resources, 6) impact on children, caregivers and community, 7) additional follow-up questions, 8) impact on ECD development and 9) sites without kits.

1. Baseline information
1.1 Kits received
The graph below depicts out of the 204 individuals or organizations spoken to, how many kits were received by each of them. Clearly, the majority of kit recipients received between 1-10 kits, with 91 recipients receiving solely one. For the respondents that answered with 'don't know' most likely the reason was due to the fact that they were not there when the kits were received.


Fig 1.1
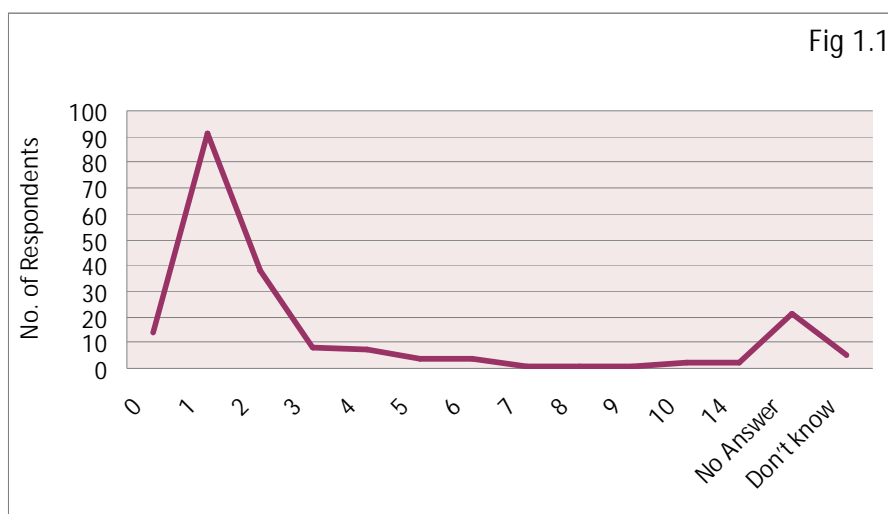
1.2 , 1.3 Kit guides received
The respondents were fairly clearly divided with 76 receiving the kit guide authored by UNICEF and 76 not receiving the kit guide. Of which, 62 respondents of the 76 who received the guide said it did change their approach to using the kit; however, specific ways were not expounded upon.

Fig 1.2
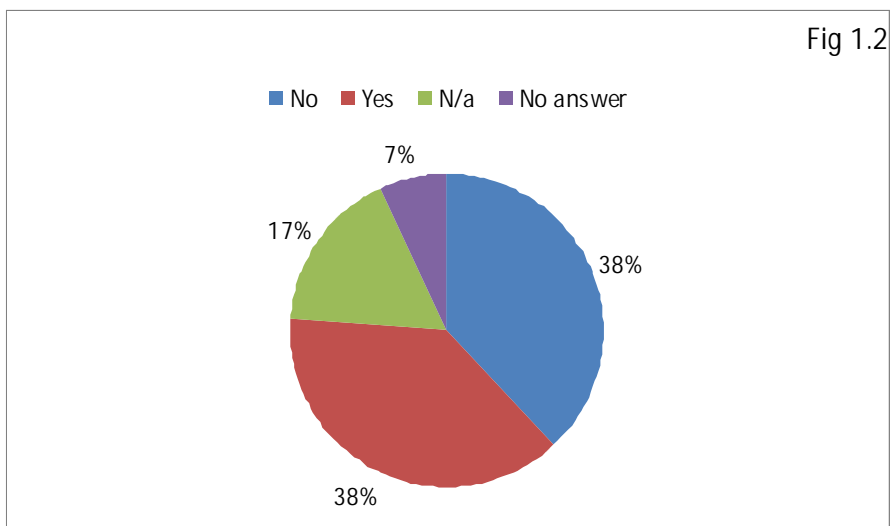
1.4 Staff orientation

In terms of any training or staff orientation provided with the reception of the kits, 80 of the respondents did receive such orientation and 70 of them did not. The reasons cited for the lack of instruction were few, twelve said that they were not invited to an orientation while eight said that none existed and only four stated that such orientation was not necessary.

Fig 1.4
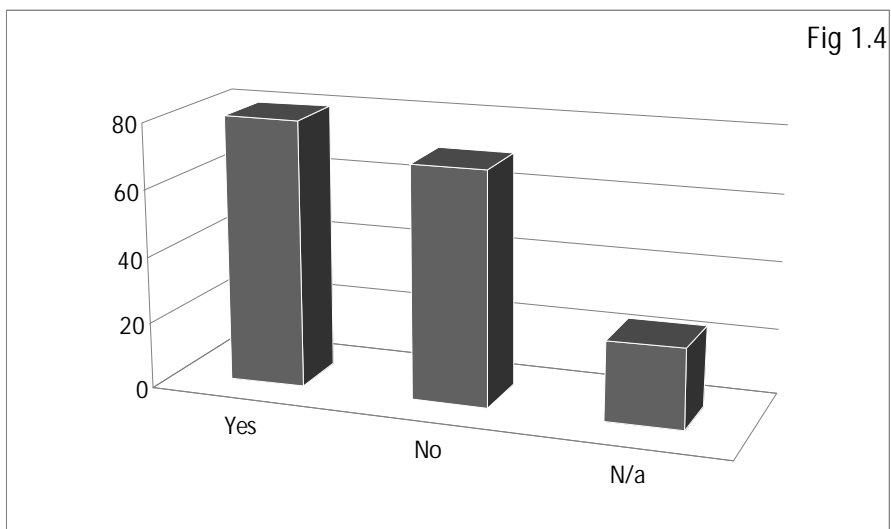
1.5 Other UNICEF material received

41 respondents stated that they had received some type of other material asides from the kits from UNICEF while 114 respondents said that they had received nothing else.

Fig 1.5
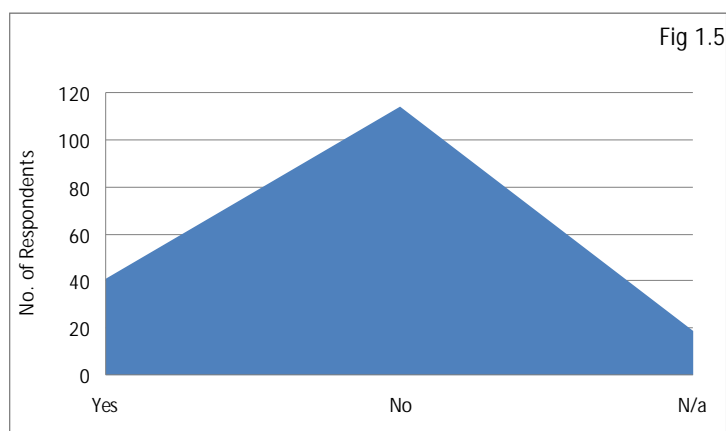
2. Content of the kit
2.1 Date received kit
The data was highly varied regarding the date the kit was received and provided no distinctive dates of reception. The only conclusive statement that can be made from this question is that the kits were given at such varied times over the course of the first months of the crisis compounded with the fact that those receiving the kits were ill-prepared due to context to make accurate records, so the respondents were unable to provide accurate dates.

2.2 Condition of kit material
An overwhelming percent of respondents, half of those interviewed, claimed that the kits were still in good shape.

Fig 2.2
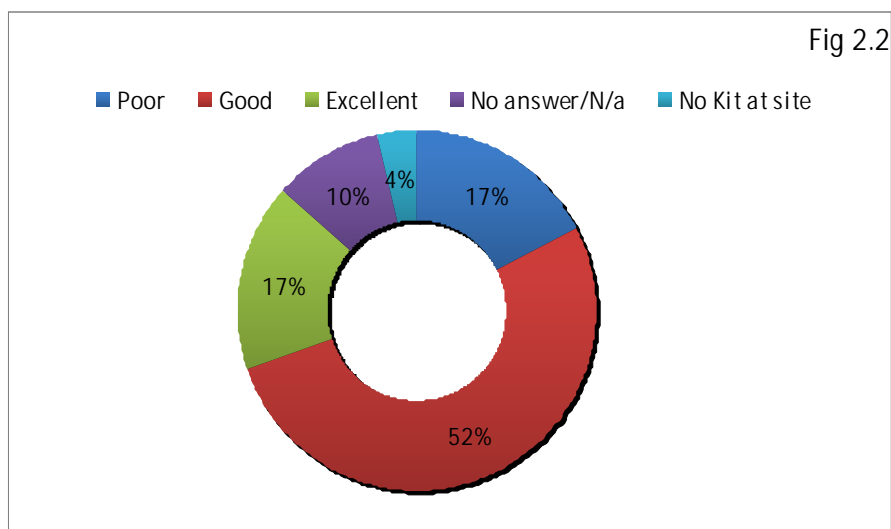
2.3 Kit items require replacement
Though the previous question established that the kits were in good condition, still, an overwhelming percentage, 118 respondents, still found that items in the kit required replacement. Specifically, 41% answered that the balls needed replacement followed by notebooks, art materials such as pencils, colors and crayons and puzzles.

2.4 Top five items to keep in the kit
The top five items that require replacement are the balls, puzzles, dominoes art materials and then the stuffed toys (i.e. stuffed animal puppets). These five items interestingly align with the items that also require replacement. The use of balls was a top favourite mentioned by 76 respondents.

2.5 Top five items to return
The responses that dominated to this question were 78 providing no answer and another 78 stating that they desired to return nothing. Only a few mentioned specific items: dominoes, chalk, puzzles, cards and modelling clay.

3. Environment
3.1 Access to the kit
The majority of those surveyed claimed that all children did have equal access to the kit. Only one respondent claimed that all children did not have equal access to the kit, but unfortunately no reason was cited. Figure 3.1.1 shows the age groups that were provided access to the kit. The most respondents, 145, shared that 4-6 year olds were given access, 138 shared that 1-3 year olds were given access and 79 that babies were given access. This clearly shows that the least targeted group were the under-one year olds. Therefore, the babies were given the least attention in terms of access to the kit and activities organized with the kit items amongst those surveyed in this study.


Fig 3.1

Fig 3.1.1
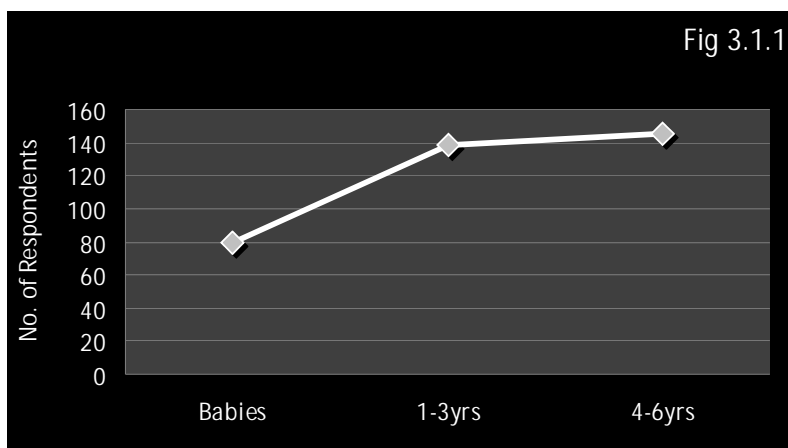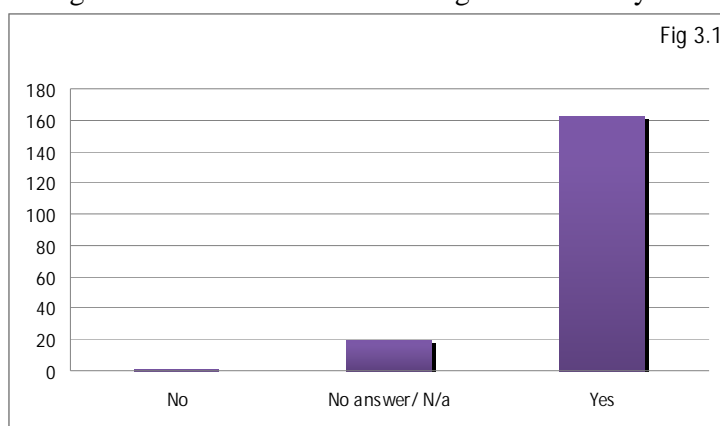
3.2 Numbers of children with access to the kit
This question possibly is a result to the responses to the previous question reflecting that the 4-6 year olds, if they did have the greatest access to the kit also showed up in the greatest numbers for services, followed by the 1-3 year olds and then the babies.

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Fig 3.2
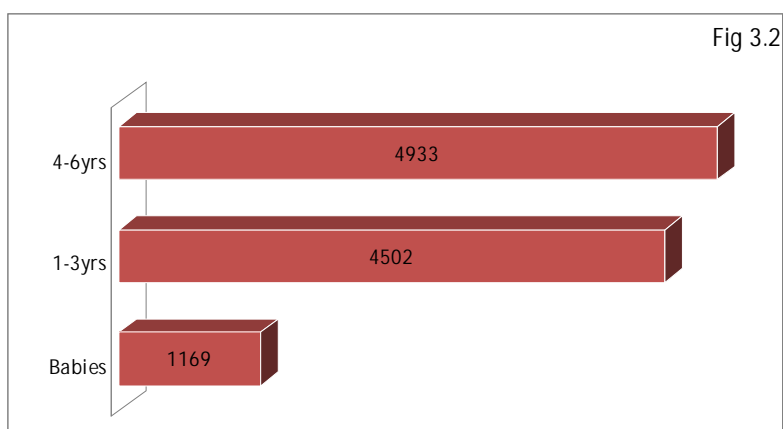
3.3 Facilities using the kits

Despite the fact that the under-ones had the least access to the kits, interestingly, the baby spaces and/or nutrition tent was the most represented space in this study to receive the kit. A total of 57 baby spaces and/or nutrition tents were included in the study, followed by 52 formal preschools and 23 child friendly spaces, 15 orphanages and 15 informal preschools.
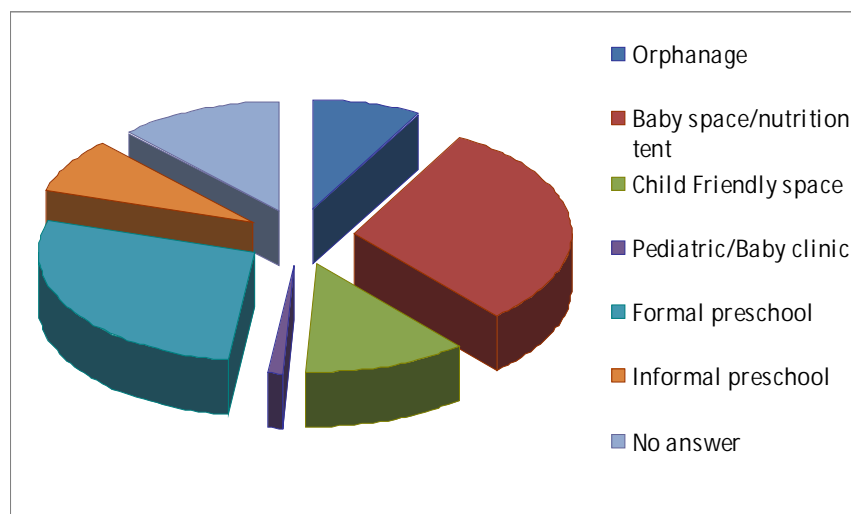
3.4 Frequency that children attend the space

The chart below displays how often the three age groups of children attend the spaces with the kits. For all three age groups, having children attend the space to receive services is the highest for five days followed by six days.

	1 day	2 days	3 days	4 days	5 days	6 days	7 days
Babies	0	1	3	0	18	12	2
1-3yrs	1	6	10	1	72	19	5
4-6yrs	1	9	12	1	84	12	5

3.5 Availability of kit for use at sites

The hours that the kits were available and accessible at the sites ranges from a half hour to twelve hours per day. Most frequently, though, 22 respondents said that they were available for two hours and 22 respondents stated for five hours.

Fig 3.5
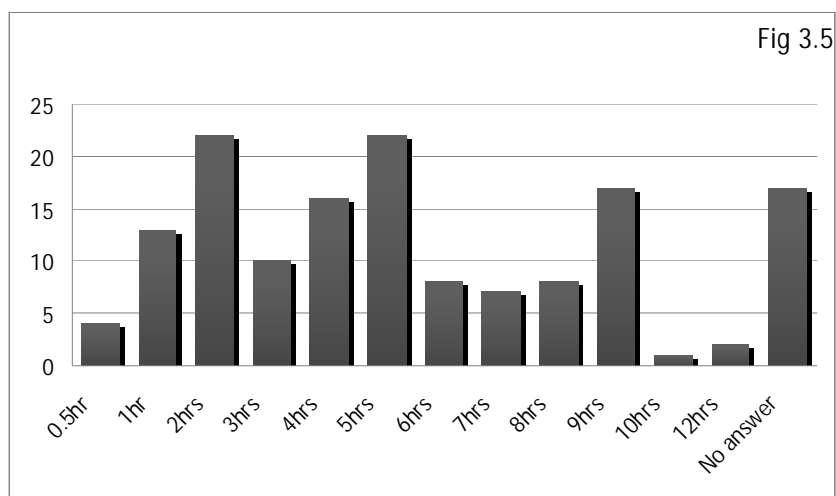
3.6 Schedule of kit use
As the kits have been developed for children between infants and six years, it is of interest to note if there is some organization within the spaces reviewed and when the kits are available. 60% of the respondents answered that they divided the children into groups, 25% had no answer and 15% said they used that all age groups used the kits at the same time.

3.7 Organization of children using the kit
Expanding upon the previous question, 150 responders stated that they organized the children into age groups when using the kit, 13 answered that they did not and a remaining 26 did not choose to answer.

3.8 Use of kits in formal instruction
From the respondents, 128 answered that they did use the kits to supplement their formal instruction with only 25 answering that they did not use the kits in any formalized learning. When asked how the materials were used in formal instruction the responses were few. The top shared response was that the activities were based on fixed objectives, thirteen shared that they used the guidebook and seven stated they did so through received training.

4. Support and supervision
4.1 Adult supervision of the kits
Most spaces interviewed shared that they have between 1-4 adults providing supervision while the children are in the space using the kit. As the graph below shows, most had three to two adults supervising.

Fig 4.1
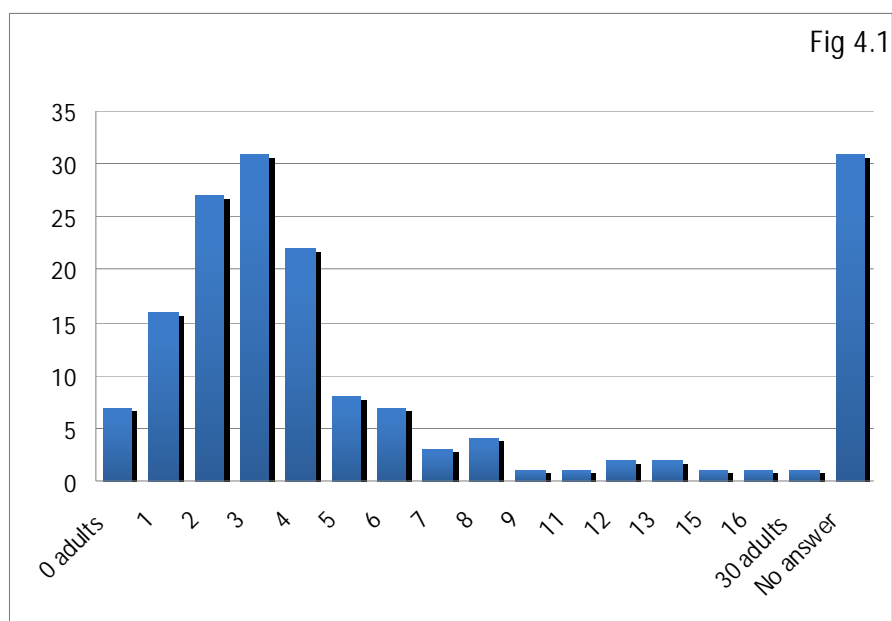
4.1 Classification of adults supervising

Most the adults supervising the children in the spaces identified as animators or monitors of the spaces. Typically within the post-earthquake context, the animators and monitors ran the child friendly spaces and baby spaces. A large group of respondents stated 'other,' but did not specify further.

Fig 4.2
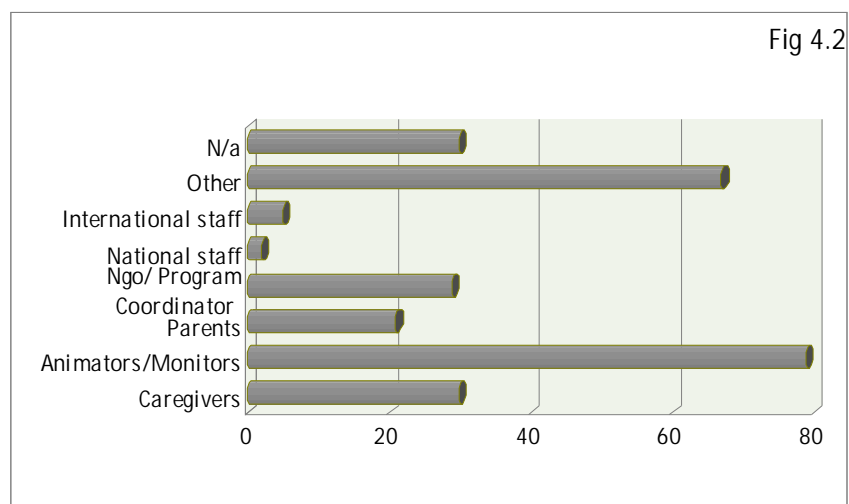
4.3 Training provided on the kits

The greater percentage of questionnaires reflects that training was not provided, a total of 46 percent. For the 38 percent that did receive training, the agencies stated as having given them were Save the Children, Concern, World Vision, IRC and with 17 answering 'others.'

Fig 4.3
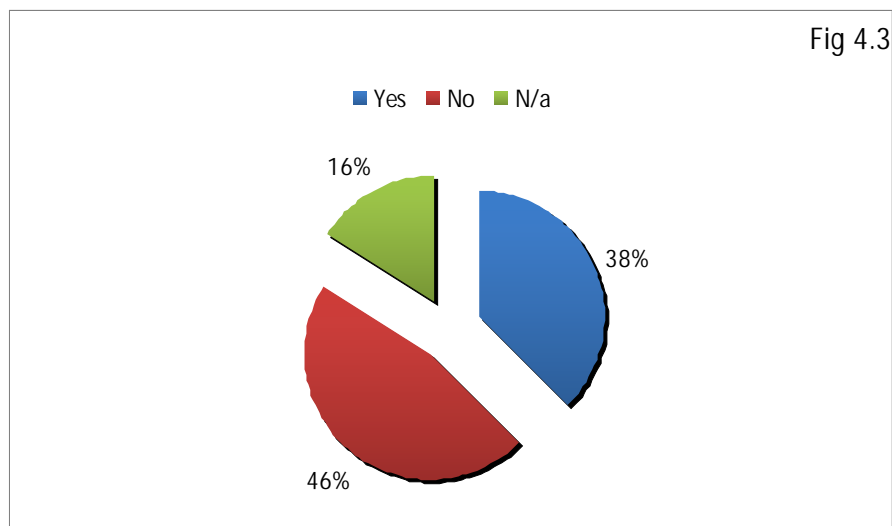
4.4 Availability of training
Over half of the respondents answered that training was not available, 138 respondents. When asked to follow up with who was providing the training, this time only Save the Children and World Vision were mentioned as providing training.

4.5 Desirability of training
Of value is that training was and is desired on the kits with 133 stating that they wanted and needed training.

4.6 Parent involvement
Parent involvement was shown to be a fairly standard part of the spaces using the ECD Kits with 119 saying that parents were involved. An interesting aspect for follow-up would also be to gain a clearer understanding of how the parents were involved as none of the respondents elaborated. In addition, it is of interest to know if parental education classes and trainings were offered at all or if the parents were involved in any type of community ECD committees or parent groups that evolved naturally or were organized by the organizations.

4.7 Children and youth (6+) involvement
Children and youth, classified as older than six years, are even more involved with kits as 152 responded that they were involved. When asked to expound, 68 said that they played, 11 said that they were helping with the young children and 8 shared that they were there to learn new skills as well. This is a definite area that could be expanded upon in regards of exactly how to effectively support young children through engaging with their older peers and vice-versa to have the engagement benefit older children.

5. Resources
5.1 Availability of local materials
Few respondents, only 14, answered positively in there being local materials and items available to replace the kit items. Of course, what is not clear with the questioning is whether or not this is due to the fact that the items just cannot be found in the markets due to unavailability as the economy restarts or if the items to begin with were never available in Haiti as they are not commonplace or typical items used. Though, when asked what items were available the answers included, in order of frequency, swings, balls, cards, cola tops and rope. The balls were items available within the kits for replacement; however, the other mentioned items would be locally found things to complement the

ECD Kit materials. This is yet another area that could be further explored in regards to what a local ECD Kit might contain.[8]

5.2 Use of local materials

About a fourth of the respondents answered that they used local materials with the kits. In the explanation the dominant answer was that they supplemented their activities and the kits with paper and craft materials and tables and chairs. Other items that were mentioned by a few were rope, musical instruments and swings. From these findings, it is clear that furnishing the space was something that most organizations had to cover. The art materials are items that are quickly used up, so the need to replenish them is not surprising. Another are for further investigation would be the musical instruments, possibly highlighting the use and importance of culture and the arts.

5.3 Use of crafts and homemade play materials

A large number of respondents, 131, did not incorporate the use of easy-to-make play materials into their activities. Though, 40 people did share that they used homemade play materials and crafts. Though, exactly what types of play materials were created is not known asides from some of their crafts hanging on the walls and from the ceilings of the tents and spaces.

5.4 Age appropriateness

Clearly depicted in the graph below, the kits were thought to be age-appropriate for all targeted age groups: 114 found it appropriate for the babies, 165 found it appropriate for 1-3 years and 167 found it appropriate for 4-6 years. The only significant number finding the kit inappropriate was for the babies, with 59 respondents believing it to be inappropriate. This finding reflects others in that an emerging critique has been for the kit to contain more baby-specific toys and manipulatives such as rattles or noisemakers of sorts for infants to hold and shake.

Fig 5.4
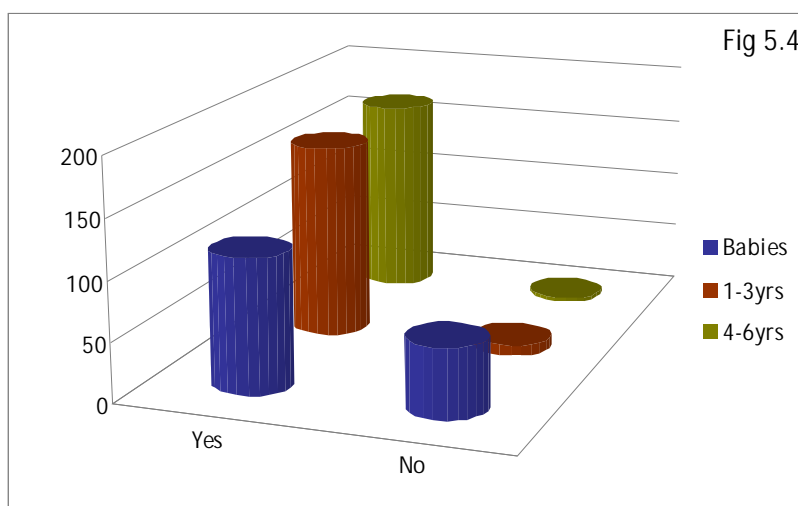
5.5 Safety of kit items

A concerning number of respondents, 137, found that the kit items were unsafe. Though, there were no comments added on what made the items unsafe or which ones were unsafe. There were 32 respondents that found the kit items safe and 20 respondents who said the question was non-applicable.

5.6 Sufficient quantities in kits for 50 children

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[8] Prior to the earthquake, UNICEF and partners had explored the possibility of putting together locally found items for an ECD box or kit; however, there was not much that further developed from it and no reports or documentation available for review of the initiative (personal communication).

A large number of those surveyed, 121 stated that the items were insufficient with only 57 stating that they were sufficient. This finding also was something that came out in the focus group discussions as an implementation concern that there were never enough materials to go around for the large numbers of children attending the spaces.

5.7 Appropriateness for girls and boys
The appropriateness of the kits for both boys and girls was equal and largely supportive that the kits are gender appropriate.

Fig 5.7
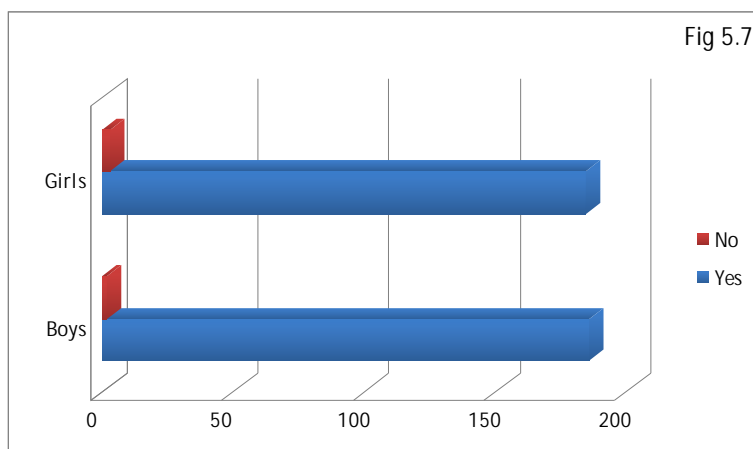
5.8 Kits appropriate for working context (or too luxurious)
The majority of respondents answered that no, the kits were not too luxurious for the context with a small number, only 6, stating that they were too luxurious. Those few who did find them too luxurious expanded on it sharing that they were too beautiful to make them dirty or waste them, that they did not understand the kit materials and that the toys became dirty when used on the floor such as the balls.

5.9 Cultural appropriateness
In general, those surveyed found the kits to be culturally appropriate with 166 respondents finding them to be appropriate. Of the 11 who found them to be inappropriate, they cited predominantly the puzzles to be so, with single responses stating the balls, pens, copybooks and games as also inappropriate.

5.10 Kits support the education and prevention of cholera
Many people did not find the kits to be supportive of cholera education or prevention. Specifically, 107 individuals said the kits were not helpful and 68 found that the kits were helpful. For those who found the kits helpful, when questioned how they mentioned the use of the soap and buckets specifically for hand washing and some solely mentioned the soap and buckets.

5.11 Kits support the education and promotion of disaster risk reduction (DRR)
Similar to the findings for the kits supporting sensitization on cholera, 145 respondents believed that the kits were not helpful with only 27 finding them to be helpful. When further questioned how, they also mentioned the idea to use the soap for hygiene promotion, the use of pencil and paper and the first aid kit, although a first aid kit is not included in the kit.

6.1 Impact on children
6.1.a. Children like the kit items
Clearly as visualized by the pie chart, those in charge of the kits found that the children truly do like the items in the kit.

Fig 6.1a

No
1%

N/a
9%

Yes
90%
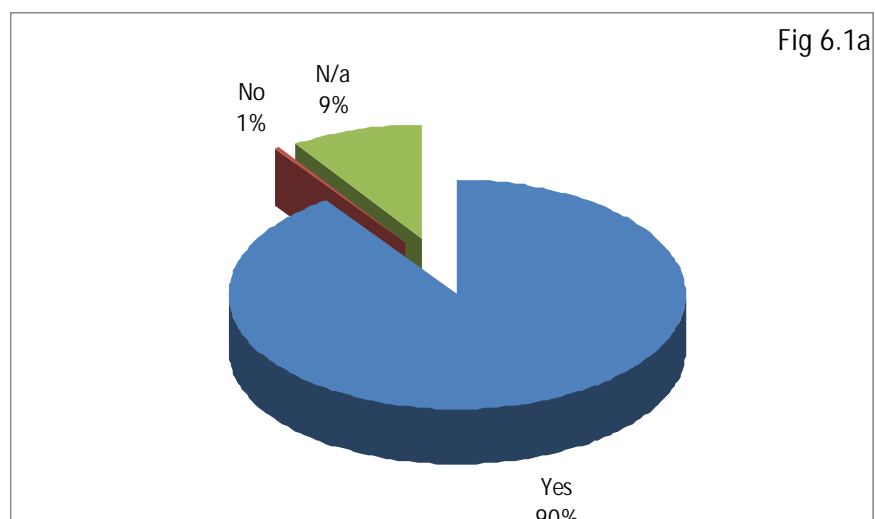
6.1.b. Children's favorite kit items

The respondents also added that yes, children gravitated towards and had favourite items in the kit. The top items in order of favorites were: balls, arts and crafts materials, stuffed puppets (referred to as teddy bears by the participants), dominoes and puzzles.

[Bar chart: Balls 56, Arts & Crafts 27, Dominoes 14, All Items 4, Teddy Bears 27, Puzzles 8]

6.1.c. Supporting children's social and emotional needs (psychosocial)

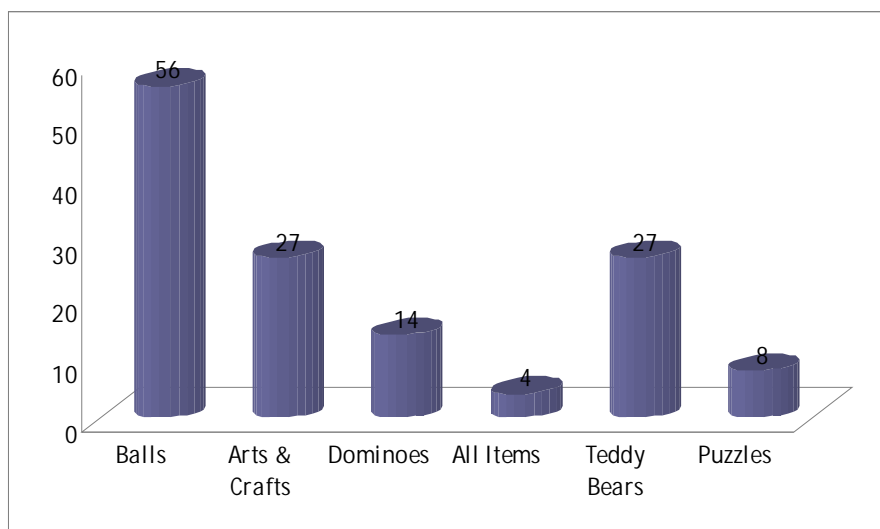A total of 156 respondents said that they believe that the kits worked to support children's social and emotional needs. Then when asked how the kits worked to do this, there were three responses: that it created a better learning process, that it encouraged interaction and that it developed the creative capacity. The comments that were given were not further explained as how they did support children's social and emotional needs as opposed to the more obvious support of their cognitive needs.

6.1.d. Unintended consequences when using the kit

For the most part a total of 121 respondents answered that there were no unintended consequences from using the kit with the children, though, 43 responded that yes there were unintended consequences. The ones mentioned were not necessarily positive or negative. They were that the children became more intelligent, more interactive and more attentive and there was the destruction of material.

6.1.e Observable good signs in the children

To elicit information of whether or not the kits impacted the children's attitudes and behaviors in positive was, the question was quite open-ended and provided an opportunity for the respondents to answer however and if they necessary they were given some example options as the positive signs below on the bottom of the graph. Happiness and an overall positive attitude were the two top observable signs noted.
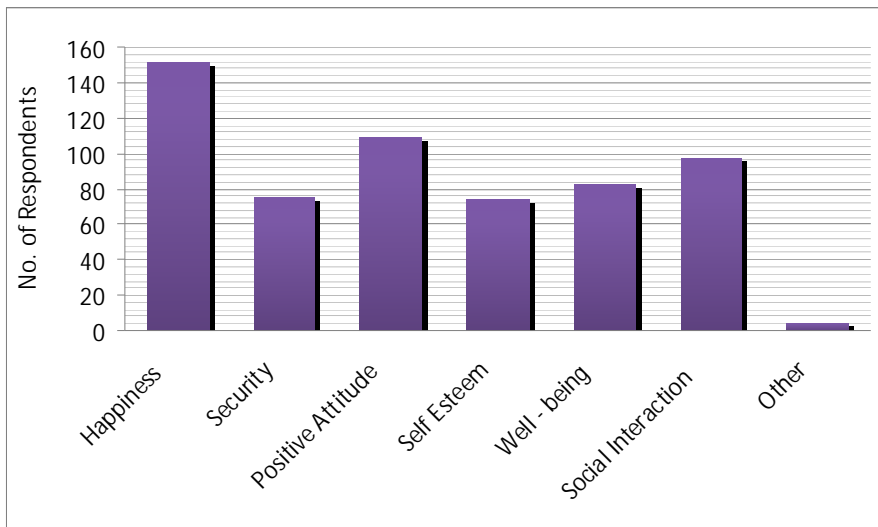
6.1.f. Observable negative signs in the children

On the flipside, the question was posed to find out if there was any negative signs observable in the children after using the kits. Interestingly, the respondents were pretty split for those who answered, 56 stating yes and 56 stating no. In regards to what has been noticed, again the respondents were given the space to respond with their own ideas and if necessary were provided with some example options. Unhappiness resulted in the highest score with 27 remarking that the children were unhappy. The other noted items were minimal with six citing a negative behaviour, 3 for withdrawn and one stating a low self-esteem.
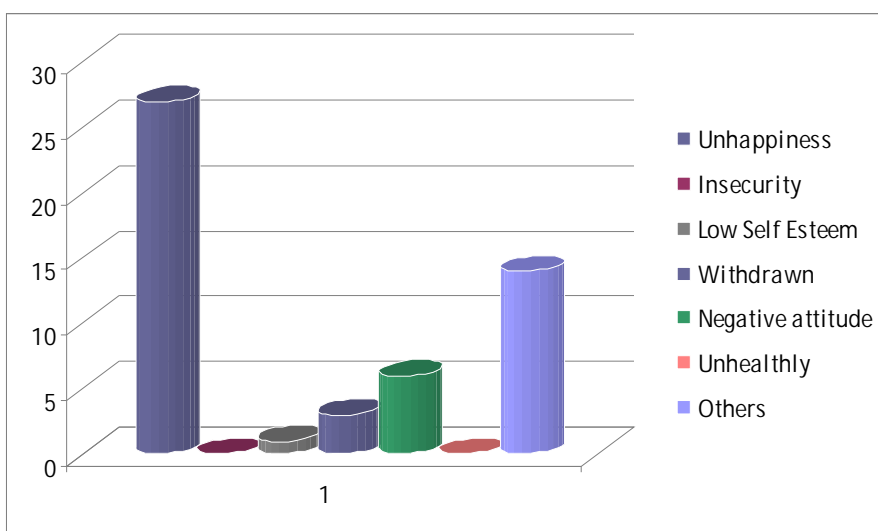
6.2 Impact on caregivers
6.2.a. Interaction with children through play and stimulation

A total of 156 respondents said that yes, the kit encourages caregivers to interact with their child through play and stimulation. There were only two respondents who answered negatively. The ways in which caregivers interacted were more contact and dialogue followed by more attention given.

6.3 Impact on community
6.3.a. Community interest to become involved in ECD
The answers were predominantly even in regards to the community displaying an interest to become in ECD efforts and activities with 90 affirming that the community was interested and 74 stating that the community was not interested. Those with communities showing interest did so through wanting to participate and volunteer in the ECD activities, supporting the ECD spaces materially, financially and morally and two respondents shared that they had been given space for ECD spaces by the community.

6.3.b. Supporting existing ECD efforts within the community
The use of the ECD Kits for many organizations questioned did support existing ECD efforts within the community as 141 responded positively to this occurring. However, when asked in what ways or how no appropriate answers were given which leads one to question if the question was fully comprehended.

6.3.c. Encouraging expanding efforts within the community
As in the previous question with 141 respondents stating that the kits supported existing ECD efforts, the same total of respondents believed that the kits encouraged expanding efforts within the communities. This question was also followed by how and also resulted in no appropriate answer.

7. Follow-up questions
7.1 Improving the effectiveness of the kit
As visually displayed below in the pie like graph, the majority of respondents believe that the effectiveness of the kit could be improved. The responses to how the kits could be improved were informative with 105 desiring an increase in quantities, and this was followed by the desire for training, a wider coverage with the kits, better quality and the provision of parental support.
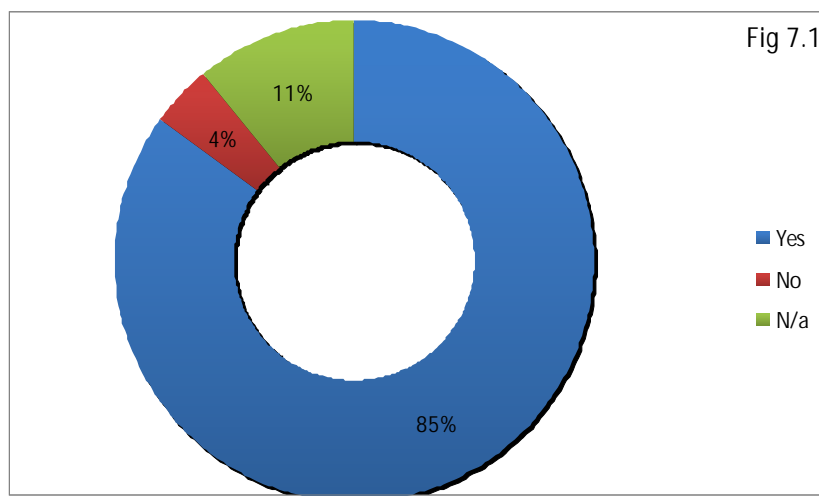
7.2 Recommendations to improve the kits
When asked an open-ended question on any recommendations for how the kits could be improved, the answers revolved around the quantities, with a desire for more materials in the kit, more varieties of materials and an increase in kits received. The provision of training was also noted by some as a way to improve the kits.
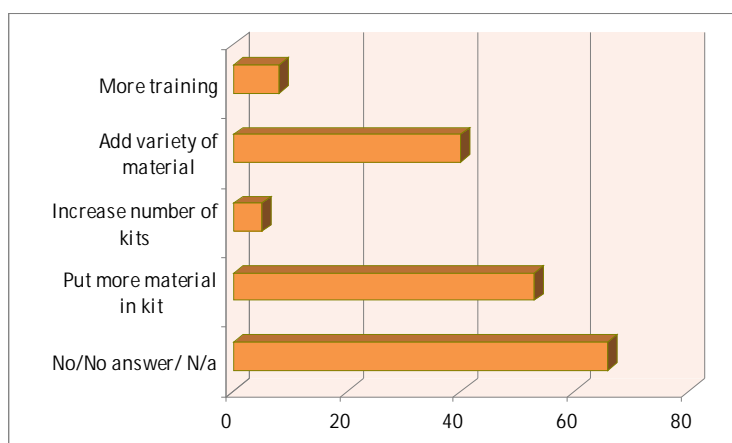
7.3 Promoting the development of young children

There were 84 positive responses that the kits aided in promoting the development of young children. There were 34 who thought that the kits did not promote the development of young children. Specifically, the graph below shows the 84 responses thoughts in which domains was development promoted.
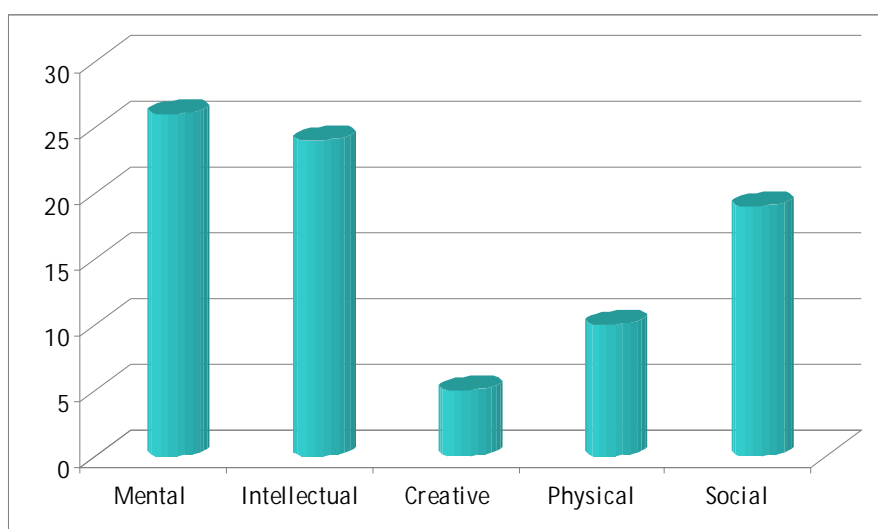
7.4 Promoting the development of ECD within the community

The respondents were fairly divided in answering this question with 48 stating that the development of ECD within the community was promoted and 57 answering that no the kits did not. The rest of the respondents provided no answer or thought the question to be non-applicable. For those who did find that the kits promoted the development of ECD they verified it as the kits helping needy children, helping parents and raising community awareness.

8. Impact on ECD development
8.1 Perception of the situation pre-ECD Kit

The responses to this open-ended question were few as the majority provided no answer. Those who did respond cited that the situation was difficult, bad, stressful and okay but did not expound on any examples or why the situation was viewed in such a way.

8.2 Desire for kit if a cost was incurred

When asked whether or not organizations would still want the kit if they had to pay for it, 60 responded that they would want it and purchase it, 15 said no and 105 did not provide any answer. Out of the 60 who did want the kit even at an incurred cost, they did so because they felt the material is important, useful and interesting and that children develop due to the kits.

8.3 If no ECD Kits were available, would it be detrimental to programming
The answers to this question were inconclusive with the majority providing no answer and the yes and no answers being fairly equal. For those who did respond that if they had not received the kit it would be detrimental provided the reasons that they would lack materials and be left to use their own resources and that there programs would be given less improvements.

8.4 Changes in caring for children as a result of ECD Kits
There were more responses that said that the kit changed things with a total of 55 and only 19 responding that it did not. Changes in staff care that were shared included more patience shown, increased capacity and more supportive. There were no specifics given as to how the staff were able to be more supportive.

8.5 Situating ECD
All respondents were asked about where they felt ECD should be situated whether within the education sector or categorized in or under any other sector or group. There was a large percentage that did not answer and the other top percentage was those who felt ECD should be situated within the education sector. For those who responded with 'other' they did not add any specifics and there were no responses when probed about why.
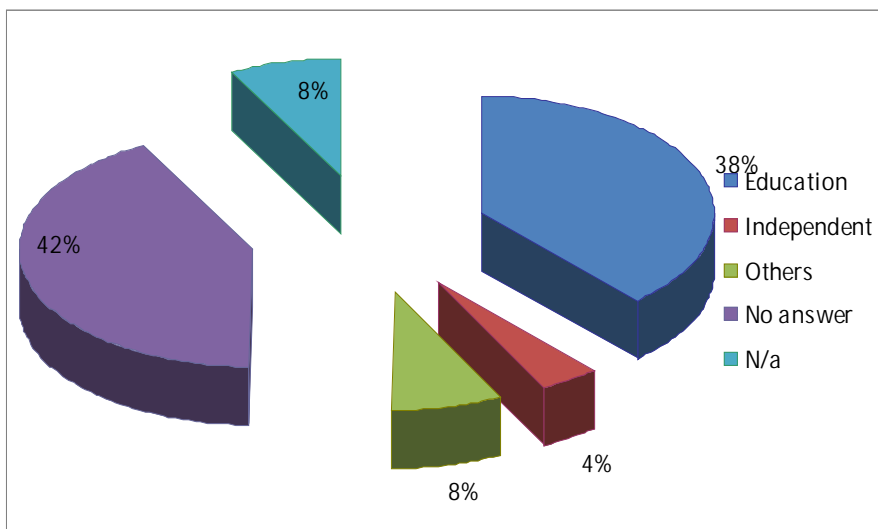
8.6 Awareness raised on ECD
A fourth of the respondents answered that the ECD Kit raised awareness on ECD when asked. There were no clarifications of how or why.

8.7 Mobilization of ECD resources
A small percentage of respondents answered that the ECD Kit mobilized the use of other ECD resources. There were no explanations of what was mobilized.

9. Sites without kits
The following section of the questionnaire was asked to respondents who did not receive the ECD kits, but were working with young children.

9.1 Availability of services within the community for young children
The majority stated that nothing was available; however, a handful shared that health care was available and a few said that baby tents existed nearby.

9.2 Specific services or activities targeting young children
The answers were few, but activities mentioned included sports, education, overall care and the arts.

9.3 Availability of services or supports to caregivers of young children
The responses to this question proved to be inconclusive as one answered with membership and one answered with a company's presence, but neither provided the organization or group for membership or the company's title.

9.4 Necessary supports for young children that are unavailable
In general, the responses were favourable that yes, things are needed to support young children. When asked what, the pie graph below shares what support is desired.
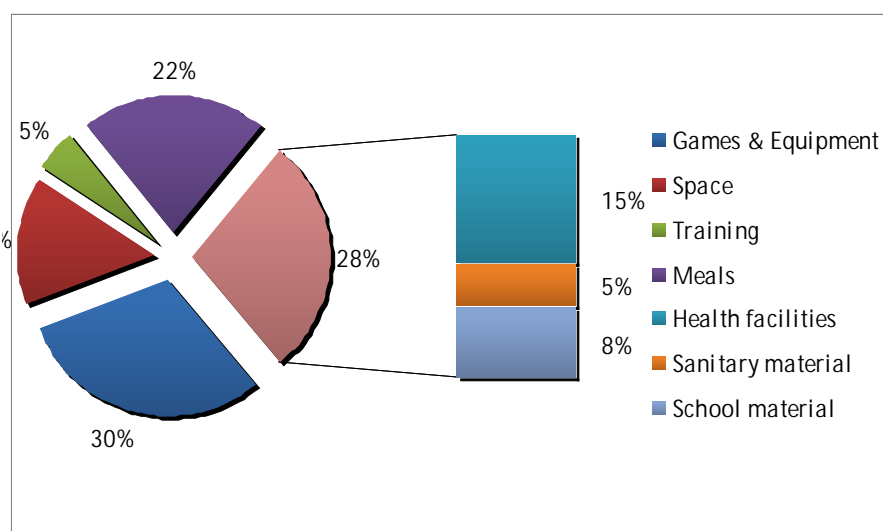
9.5 Community interest to engage with ECD
Few interviewed answered favourably to this question. Those who did answer shared that parents, committee members and pastors became involved. There was no specification as to what committee, possibly a community education committee (CEC) or a school management committee (SMC). Further, when asked how, responses included that they worked with kids, provided space to set up for activities and the provision of encouragement.

Towards the end of the questionnaire, it was noted that lots of the responses were 'no answers,' leading one to question whether or not the questionnaire was too long and too intensive for the participants resulting in quick no or no answer retorts. This does lead to concerns for the later sections of the questionnaire that responses were so few.

Focus group findings

Three focus group discussions (FGD) were conducted, each with 10-15 participants and they were composed of parents, caregivers and animators or educators working with the ECD Kits within temporary CFS or ECD learning spaces. All FGD were facilitated in Haitian Creole by academic

colleagues working within ECD in Haiti. Importantly, the focus groups provided a forum for the participants to provide a more in depth understanding of the use of the kits and role of ECD within their communities.

Much of what was shared within the focus groups has been reflected or supported through the questionnaires. Though, there were a few key issues that were expressed that deserve highlighting:

- The value of preparing for or transitioning to formal education
- The desire for the ECD space to gain accreditation; receive more government involvement; link to the MoE
- The lack of parental education and/or parental involvement
- The need for more training on the ECD Kits
- The call for literacy activities and inclusion of libraries

In regards to the value of formal education, conversations included statements such as, "you see the difference when the child is going to preschool and the learning skills are better" and another parent responded stating "from what I know children when they go to preschool they have many skills that are being developed."

Parental education or involvement was something advocated during the FGDs by the educators, volunteers or animators of the spaces, adding that, "from my experience working with children when parents are not playing with a child it affects his behaviour in negative ways and children need it." Further, "what I would like to add is that the center is for the parents and the children and its helping them in many ways and that work is a very relevant work and it needs to have support."

Of the issues that emerged what requires further noting is how local initiatives did occur within communities and sites, though, concerns were raised in regards to appropriate technical expertise to meet the needs. One of the participants shared that, "we just made up some psychosocial activities for them to start helping them cope and help them with the stress they were facing." Further, "we rented a place and we ran an informal school with some volunteers to help children, we started with 362 children." Though, it was recognized that training continued to be an issue, even before the kits were received, as one responded that "volunteers have not been trained and so far we have all those persons that are committed to work with the children to help them and some of them are here with us and we are here trying to see if we can strengthen the activities and make the process more sustainable." These local initiatives were told to be necessary in order to respond to the great needs as the INGOs and NGOs were unable to meet them all.

Stakeholder interview findings

A total of sixteen formal stakeholder interviews were completed. International and community-based organizations were targeted, starting with the organizations that were active in the ECDWG, organizations that were UNICEF partners and listed as having received ECD Kits and then inclusive of other organizations with a reputation for providing services to children. The interviewees included representatives from UNICEF, Concern Worldwide, PLAN, World Vision, ACF, Tipa Tipa, UJDHRD (Union des Jeunes pour le Developpement Human Reel et Durable), GJARE (Youth Action for Reform), OCCAARH (Organization des Cityoyens Conséquents pour l'Avancement d'Haiti), CAFT (Centre d'Apprentissage et de Formation Pour La Transformation), Finn Church Aid/ACT, Digicel Fondation, Kindernothilife, Save the Children, BUGEP (Bureau de Gestion du Préscolaire) and Compassion International. The interviews were recorded when permission was granted and the transcribed for analysis utilizing NVivo.

The value of the semi-structured nature of the interviews was that they provided the freedom for the interviewees to openly comment on their thoughts and concerns on the ECD Kits and the role of ECD. In general, the ECD Kits were well received by the INGOs interviewed and predominantly because they frankly shared that post-earthquake there were so many logistical challenges that it was ideal to not have to put forth efforts towards procuring the host of ECD items for their programs as there were sufficient logistical challenges that they were dealing with.

Some of the emerging issues were similarly echoed in the FGD; however, as the majority of the staff interviewed were in more senior positions, field or site managers, coordinators or advisors, coordination issues were a major topic among others within the interviews.

A key interviewee, an official at the governmental body on preschool, BUGEP (Bureau de Gestion du Préscolaire), genuinely called for greater coordination, communication and involvement amongst all ECD stakeholders, "To take care of and protect the children, we must work harmoniously with different partners encompassing the NGOs, UNICEF, Tipa Tipa, UNESCO, IDB, the Chilean government, etc. All their help can be very interesting."

Beyond issues of coordination, the stakeholder interviews drew out the importance on:

-   Incorporating psychosocial support (particularly focusing on the mothers) within ECD
-   Providing parent education focusing on the value of stimulation
-   Use of local (community) initiatives, working through small communities of mothers or women's groups
-   Integrating the ECD response (via nutrition, health, CP, etc.)
-   Recognizing cultural impacts and influences

Incorporating psychosocial support
When speaking on incorporating psychosocial support in one interview, a manager working with the baby tents with the ECD Kits shared, "the idea is to provide the support for the mothers and pregnant women…when we started the program we realized mothers, they needed to have psychological support because they were stressed and depressed after the earthquake" and further, "finally we started the program, the psychosocial program and the idea is to provide psychological assessment and psychological support for the mothers, you know for their wellbeing."

Providing parent education
For this organization in particular, the setting up of a psychosocial program included the recognized need to hire licensed psychologists for technical and expert support. The specialized personnel also were described as actively training the caregivers in basic ECD principles such as the importance of stimulation and play. A strong supportive statement is the need for "effective communication, so how to communicate affection to the baby because it is also very important…with a playing session, the psychologist was showing the mum how to play and the idea is to reinforce the mother's capacity to take care of the baby" and to "give an education for the mothers how to, to have a good hygiene with the babies and also how to take care in a good way for the babies, so it is not only emergency response it is also middle and long term development." These comments underscore some of the benefits of using the ECD Kit with trained specialists, with the provision of parenting workshops and a more sustainable outlook in that the potential for the kits to make a greater impact on the parents' wellbeing, their parenting skills and the wellbeing of the child.

Community initiatives
The benefit of working through the community was encouraged through statements, "at the community level…a small group of women speaking together, they can advise the other women to come and benefit from advice in the baby tent." Though, it is noteworthy to add that the majority of

interviewees did not touch upon the issue of resulting single fathers or the primary male caregivers as a result of the earthquake and how through site visits and observations, the majority of caregivers at the sites were females. There is a call for greater research on supporting the role of the father or male within ECDiE.

An integrated response
 "Early childhood development…it is an integrated program" was the response during an interview on how to define ECD. And throughout the interviews this was how ECD was viewed, as the ECD Kits were distributed through the various sectors (i.e. CP, nutrition, health, education) it led itself to easy and obvious integration. Interestingly, no issues were cited by any of the interviewees that ECD was integrated and cut across the sectors versus being a stand-alone sector.

Cultural impacts
Specific cultural impacts that came through in a few interviews and informal casual conversations within Haiti were the importance and reliance by some caregivers on voodoo and often when speaking about pregnant women and the traditional practitioners practicing voodoo. To mitigate any concerns regarding the use of voodoo in place of Western medicine for an ill women or child, one organization in particular made sure that at least one of their psychologists was Haitian and understood the voodoo culture and religion.

Finally, the interviews highlighted that few organizations have considered phasing out strategies or what will occur when the spaces cease to function due to site closures, movements of populations or as a result of no funding. To mitigate the phasing out or transition, some interviewees touched upon the following as necessary considerations:

1. Community involvement via community ECD committees in project implementation, setting the duration/length of the project and training for all involved in various stages of the project.
2. Ensure the local authorities have a responsibility in the process.

And, due to the fact that the stakeholder interviews were lengthy, on average they lasted between 45 to 90 minutes, there was a great deal of information covered and therefore, not all of it was relevant for an analysis on the kits or ECD in Haiti, but touched upon issues of an international humanitarian response and the role of international agencies, the nature of development versus an emergency response and the transition between the two and other overarching issues.[9]

Data analysis
Through the analysis of the overall data, conclusions can be provided on examining the efficiency, effectiveness, impact, relevance or appropriateness, sustainability and the overall quality of the kit and its use.

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Efficiency

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For the purposes of this study, efficiency was looked at in regards to the procurement and distribution of the ECD Kits as the measured outputs of the kits. It also looked at it from an economic perspective, if the resources or aid was the least costly option in general to achieve the results or if the activities were cost-efficient and timely. And, for the most part, the interviewees

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[9] The stakeholder interviews will continue to be analyzed and results will be compiled in follow-up papers beyond the examination and focus on the ECD Kits.

agreed that the kits were received in a timely fashion and for programming, it was highly efficient as they did not have to tie up logistic teams in the sourcing of every little item making up an ECD Kit as well as the Kits came without any expenses, saving a great deal of funds for INGOs and NGOs. Some problems were discovered in the distribution of the kits via smaller organizations spoken to due to the fact that the kits in the later stages, 6-12 months post-earthquake, were more difficult to receive in terms of lack of clarity in who to request the kit from within UNICEF, lack of access to the appropriate form and lack of a well defined timeline in terms of a response and the reception of the kits if they were approved.

Furthermore, frequent critiques of pre-packaged materials distributed by any INGO, whether a school-in-the-box or ECD Kit, is that it undermines the local economy. From discussions with the current logistics team at HCO and from information gleaned from many of the interviews, the first few weeks and months post-earthquake had crippled the local economy and markets to such a degree that the procurement of items that would be found in an ECD Kit was unavailable, and if they were available, they would be at extra ordinate costs. Of course, the established consensus was that as soon as possible, the kits should be substituted or restocked with local goods as the earliest opportunity.

Effectiveness (& Coordination)

In regards to the subject of effectiveness, when thinking about to what extent the activities were achieved or likely to be achieved, there were some discrepancies in answers as the objectives or desired achievements were not necessarily explicit asides from supporting ECD initiatives. Through some of the interviews, the effectiveness of the ECD Kits response is debatable, having received a range of both positive and critical responses clearly highlighted through this report. This was predominantly noted, the ineffectiveness of the kits, for the organizations that did not receive any training support. Due to the fact that there were a host of new agencies responding post-earthquake, there was a definite call to strengthen capacities and mechanisms for dealing with inexperienced NGOs in general and particularly to support them in their ECD responses.

An additional note on effectiveness is in consideration to how the use of inter-sectoral collaboration was critical in promoting and supporting authentic and appropriate ECDiE. In consideration of the various contexts in which the kits were distributed and used, within nutrition, health, child protection and education responses, the coordination and collaboration with the various sectors worked to support young children in a more holistic and integrated manner. Greater efforts also need to be focused on inter-operability between sectors and clusters if ECDiE is going to function seamlessly across the sectors.

When thinking about coordination of activities, it is notable to mention that the ECDWG provided support and coordination to the handful of organizations that routinely attended the meetings. Humanitarian coordination should accommodate non-humanitarian actors, and for the ECDWG, there was representation by the government, the MoE, with a focal point for preschool education and a few local organizations such as Tipa Tipa. Along with this, the interviewees also mentioned the need to strengthen coordination and engagement with the MoE and the private sector, particularly due to the large private education sector within Haiti.

Impact[10]

In regards to impact, this is a definite area for further investigation. Impact typically measure the positive and negative changes by an intervention, directly or indirectly and intended or unintended. In general, it asks, what has happened as a result of the program or project and for some monitoring purposes, asking how many people have been affected.

Briefly, such questions were addressed in certain fashions in all of the data collection methods. Particularly the questionnaires attempted to elicit how many children received ECD support and services as well in regards to intended or unintended consequences, the impact for the young children, caregivers and communities (see section 6.1, 6.2 and 6.3 above).

If the research should permit, a further examination on impact could be conducted at a later stage within one of the many emergency contexts, where sufficient baseline data exists, at the current time of introducing and beginning the use of the ECD Kits.

Relevance & Appropriateness

In terms of relevance and appropriateness, it focuses on the extent to which the intervention or activity is suited to the priorities and policies of the working context for the recipients. For the most part, the ECD Kits were grounded in and recognized the ages and stages of the young child and the items and activities included in the kits were based on them. The questionnaire provided a more detailed look at the relevance and appropriateness of the kit in the Haitian context (see figure 5.4 and narrative to 5.9).

Unfortunately, the data collected did not provide much detail of the policy environment within Haiti; however, this may be due to the fact that when respondents and interviewees were asked about the drafted National Policy Framework Document, Development for Integrated Approach to Early Childhood (DIPE), there was little knowledge on it.

From conversations with UNICEF HCO and relevant personnel at the MoE, the policy was presented as a draft that would provide direction, guidance and momentum for ECD nationally, though concerns were that it was still quite new and centralized within PaP. The policy was created to promote the 'harmonious and balanced development of children from birth to six years, with an emphasis on prenatal to three years' (DIPE, 2010). Further, it strategically advocates for investing in ECD, especially in this period of reconstruction and development, as essential in achieving economic and social stability. Even including in the draft this statement 'in countries emerging from violent conflicts and natural disasters, the development of services for children, high quality and care about their safety, gives parents a sense of security that allows mothers to work and become productive' (DIPE, 2010). When developing ECD initiatives, it states that it is essential that the services are community-based, culturally appropriate and provided in the languages of the home and community.

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[10] No impact evaluations have been yet completed due to the fact that at the time of the research, the kits were still in use and gaining an understanding of the use of the kits was the aim as a traditional impact analysis was not feasible.

When reviewing the data in light of how the priorities took into consideration and consultation of the recipients and local communities, respondents in the stakeholder interviews consented that the Haitians were poorly consulted and that local Haitian responses and coping strategies were largely overlooked. These sentiments support the overall critique and call to understand and build on Haitian resilience and coping strategies to better inform recovery strategies (DFID Evaluation Insights Haiti, ALNAP).

Sustainability

Overall, sustainability looks at whether the benefits of an initiative, program or activity are likely to continue after the agency, organization or donor has withdrawn and in consideration to the ECD Kits, sustainability focused on dominating factors influencing the continuation of the use of the ECD Kits and the support of ECD efforts.

Within an emergency context, often the response is immediate and reactive when needs seem obvious; therefore, the distribution and use of the kits were to immediately support actors working to support young children and unless the receiving agencies or organizations had phase-out or transition plans, issues of sustainability were not addressed with the distribution of the kits.

The most frequent responses in regards an incorporation of sustainability into the responses of what the ECD Kits introduced or ECD in general within Haiti focused around the need to support, train and build the capacity of nationals working with the kits or in ECD. In addition, in interviews, responses on sustainability were often linked to considerations of effectiveness.

Most interviewees mentioned that most appropriate and sustainable responses occur when led by local and national capacities. While it is beyond the scope of this report to provide an analysis of strengthening sustainability, it has been noted that a component of future ECDiE response should involve building local and national capacities. The chart below seeks to provide an overview of capacities and capacity gaps that emerged from the interviews.

Summary of Capacity and Gaps	
Capacity	Capacity Gaps
• Increasing incorporation of ECDiE into humanitarian response • Establishment of ECDWG (the cluster approach as an effective mechanism to build capacity)	• Advocacy for ECDiE in emergencies • Inclusion of ECDiE across all sectors • Greater strategic focus – in the form of mandates/objectives for ECDiE • Insufficient investment in monitoring and evaluation (M&E) • Transition early programming and harmonisation with longer term development ECD • Lack of joint assessments and planning amongst ECD actors • Collaboration – working with the government and private sectors

Quality (and accountability)

Quality and accountability are all too often over-looked within emergency responses and if it is addressed, too often falls under the responsibility of monitoring and evaluation (M&E) personnel. In addition, within education, quality is a contentious issue that can be heavily debated as to what constitutes quality. "The critical ingredient of programs linked with child outcomes; a dynamic, flexible and adaptable construct that contours itself across cultures, settings, time and types of intervention" (Britto, Yoshikawa and Boller, 2011, p. 4). That being said, it is of value to gain an understanding of what attributes to quality from the Haitian perspective.

When interviewing leading INGOs, anomalies found in the quality of programming with the kits were attributed to lack of training offered on the use of the materials before their distribution. A couple of other problems were disclosed during this route of questioning, largely pertaining to the extent of effectiveness of instruction on utilizing the kits for ECD educators, facilitators or animators.

Finally, in terms of quality and accountability, this study noted that interviewees considered quality a more serious issue than accountability despite the lack of any formalized internal or external accountability mechanisms. With regard to quality, the biggest problem relates to the fact that many of the recipients of the ECD Kits, such in the orphanages and child friendly spaces organized by NGOs with little experience and involvement in ECD often did not know what constitutes a quality ECD intervention and for the INGOs sensitization on what constitutes a quality ECDiE intervention was not provided. For some interviewees, this is compounded by the continuing focus on outputs rather than outcomes. The findings further point towards the need for training on the use of the kits.

On a side note, the Inter-Agency Network for Education in Emergencies (INEE) Minimum Standards functions as the primary tool to support both quality and accountability in educational interventions. Despite this critical resource, none of those interviewed mentioned the Minimum Standards. Possibly this was a result of the right questions not being asked or possibly this stresses a gap, an area for training.

Cross-cutting issues

There seems to continue to be a need for ECDiE to fully realize its position within the various sectors – there is a discrepancy between whether or not it is a stand-alone sector or if it is a multi-sectoral issue that requires mainstreaming and inclusion throughout the sectors.

Furthermore, in terms of cross-cutting issues the study sought to elicit a greater understanding of a few key cross-cutting themes for the Haitian context, such as disaster risk reduction (DRR) and cholera awareness or health sensitization campaigns particularly as noted in the questionnaire (see questions 5.10 and 5.11).

Some of the interviews did highlight the potential for the ECD Kits to be specifically used in supporting awareness and sensitization on both DRR and cholera. These statements were also then followed with a call for UNICEF to provide specific trainings or workshops providing concrete and practical ways in which the ECD Kits could support this. Additionally, an ECDWG meeting was devoted to this topic of addressing DRR and cholera sensitization with the various organizations represented sharing their various activities. Notably, PLAN had developed a cholera awareness song and shared it amongst the group.

It is of value, if further research is conducted on the ECD Kits, that a greater emphasis is placed on examining the possibly unintentional and intentional cross-cutting issues appropriate to the given context.

Key Lessons and Recommendations

Throughout the report, in the sections devoted to the three data collection methods and findings, there are key lessons and recommendations highlighted along the way. However, an advantage of researching while immersed in the field, providing ample time for observations and various informal conversations with humanitarians and Haitians, also allowed the time to consider the larger working context. Thus, some overarching key lessons, fairly typical to most working emergency environments, were gleaned from this study:

- Linking assessment and implementation, a critique that the two are not well linked (followed by a critique that an ECD specific assessment did not occur)
- Collaborating is essential, engage the government and private sector (avoid creating parallel sectors)
- Utilizing pre-disaster networks (assume skills exist locally)
- Building social and human capital is key, build neighbourhood social and human capital
- Balancing the need for longer-term solutions against short-term needs
- Recognizing the scale of ambition and reality of what can be achieved
- Using adapted 'School Management Committees'(SMCs) for ECD
- Undertaking research and advocacy to a greater extent

Quite specifically in terms of key lessons from the use of the ECD Kits, training was repeatedly highlighted as something to invest in tandem with the distribution of the kits. Pointedly stated in a FGD by an animator at a child friendly space (CFS), "[training] that is exactly the biggest problem; it's us that has to figure out how to use it." The training potentially could cover these gap areas, and mitigate various kit critiques, that came through in the interviews and FGDs:

a) Review kit's relevant leaning materials for the ages and stages targeting the various domains of development (mitigate issues of effectiveness, quality and accountability)
b) Encourage the use of supplementary local materials and games (mitigate restock needs and appropriateness)
c) Involve the community into the programme to ensure its participation and ownership (mitigate issues of sustainability)
d) Design a curriculum that is acceptable based on when possible informal and rapid assessments conducted to establish community needs (mitigate issues of appropriateness)

Going forward
The report concludes with the following series of recommendations which attempt to build a picture of the way forward at both the individual agency level and broader global level. They can be encapsulated as follows:

- In terms of capacity development, the first step will be to direct more focus and efforts on capacity building, despite its contentious nature in the first phases of an emergency. It remains an area that did not receive much attention and considering the context possibly justifiably due to the scope of disaster. Though, such development activities may require to be given in tandem with the distribution of ECD materials. ECDiE training needs to be prioritized within the first months of the emergency, and done in support of already existing local initiatives. ECD

stakeholders targeted for training may include educators, facilitators, animators, volunteers, health and nutrition workers, SMC or CEC for ECD and MoE or DOE staff.

- To enhance the work with the ECD Kits it will be of value to develop informative posters for the educators, facilitators, animators, volunteers, health and nutrition workers, caregivers and parents on the importance of play and stimulation as well as specifically descriptive posters on how to use the various items within the kit in multiple ways depending upon the various ages and stages. These posters can be composed completely of illustrations in order so that they can be used within any context.

- It will be critical to further strengthen partnerships amongst the agencies and networks, locally and globally, involved in ECD, as they relate to harmonized activities, enhancing relations and mutual support. It will require creative thinking about how to raise ECDiE profile and it will demand much greater understanding of the benefits of partnership and collaboration.

- It will be important to develop an integrated monitoring and evaluation strategy for ECD actors at all levels. This could include defining a common set of quality indicators for Haiti.

- A systematic approach to planning, conducting needs assessments and information sharing amongst ECDiE stakeholders will help ensure the success of ECD over the months and years to come.

In conclusion, this report recognizes that much work remains in regards to research within ECDiE; however, this report aims to create greater awareness of the issues surrounding the ECD Kits and ECD within the first phases of an emergency as well as strives to provide meaningful additions to promote the ECDiE dialogue and call for further research within the Haitian context and beyond.

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Annex 1: List of Interviewees

A total of 16 stakeholder interviews were completed:

1. UNICEF
2. Concern Worldwide
3. PLAN
4. World Vision
5. ACF
6. Tipa Tipa
7. UJDHRD (Union des Jeunes pour le Developpement human Reel et Durable)
8. GJARE (Youth Action for Reform)
9. OCCAARH (Organization des Conséquents pour l'Avancement d'Haiti)
10. CAFT (Centre d'Apprentissage et de Formation pour la Transformation)
11. Finn Church AID/ACT
12. Digicel Fondation
13. Kindernothilife
14. Save the Children
15. BUGEP (Bureau de Gestion du Préscolaire)
16. Compassion International

The interviews were recorded when permission was granted and the transcriptions of the interviews are in the process of being completed for further validation and analysis.

Annex 2: Focus Group Questioning Route

Pre-earthquake ECD Activities
1. How did you take care of and protect your children before January 12, 2010?
2. Before January 12, 2010, did your 3-6 year old go to preschool?
    a. If no, why?
    b. Is it important to you to send your 3-6 year old to preschool?
    c. Why would preschool be important or not?
3. Did you spend time playing with your baby (0-3 year old) before the earthquake?
    a. If yes, how did you play with him? Did you use any 'toys'?
    b. If no, why?
    c. Is it important to you to play with your 0-3 year old?

Post-earthquake ECD Activities
4. How did you take care of and protect your children after January 12, 2010?
5. Did you receive any support to care and protect your children after the earthquake?
    a. If yes, from who? (i.e. family, community, INGOs, NGOs, church, etc.)
    b. What type of support?
6. Was the support helpful? If yes, what changes did it bring?
7. What were some of the biggest challenges for caring for and protecting young children after the earthquake?
8. From everything you have experienced so far after the earthquake, what is important to you to do with and for your child before primary school?

Specific INGOs Interventions
9. I have been told that the ECD kits were used widely; can you talk about your experience with the ECD kits?
    a. What was good about the ECD kits for your children? Can you give any examples?
10. I have been told that ECD Learning Spaces and Child Friendly Spaces were (are) used a lot; can you talk about your experience with these spaces?
    a. What was good about them?

      b. What could be improved about them? What were the problems with them (if any)?
      c. What is your advice regarding their future use in this situation or in a similar disaster situation?

Community involvement post-earthquake
11. How your community is now shaped or kept together?
      a. Do people help and support each other in the area you live within? If so, how?
      b. What do people think about the young children? How are children valued? Do people feel protective and responsible for them?
12. Tell me about how your community deals with children below school age?
      a. What is the experience of these children?
      b. What about the very young children (0-3)?
      c. What about the separated children?
13. Are there ECD programs in your area?
      a. Who runs them?
      b. Who designs them?
      c. Who attends them?
      d. Who does not use them? Why?
      e. Are ECD programs good for children? What did they bring for the children? (i.e. changes?)
      f. Are they good for families? In what ways?
      g. Have any new programs developed since the earthquake? (i.e. community based or locally developed and owned programs?)

Future Needs
14. In your opinion/belief, what does your community need most to care and protect young children?
15. Do you think that you need more support for care and child protection?
      a. By who? Why?
16. If you were designing a program to support young children in your area, what would you do?
      a. What things would be most important to include?
17. What are your hopes for the future of your young children?
      a. Would preschool programs help your child realize these hopes?
      b. Why and how?

Annex 3: Stakeholder questioning route (semi-structured, open to adaptation)

1) How did your organization respond to the needs of young children post-earthquake?

2) How did your organization decide to use the ECD Kits?

3) What are your thoughts/experiences on the ECD Kits (i.e. can you please speak on the topics of efficiency, effectiveness, impact, relevance, appropriateness and sustainability)?

4) Did your organization include any training on the Kits (conducted by your own staff)? And/or, did your organization attend the one-day training with UNICEF(conducted by Arnaud Conchon, at the time ECD focal point at UNICEF)?

5) What would your organization want included in a training on the ECD Kits if another one was to be conducted by UNICEF?

6) In regards to the ECD Kits – do you see a connection between them and DRR preparation and/or for cholera (i.e. sanitary preparation)?

7) If you could create a local ECD Kit - what items would you want to see in it?

8) Have you noticed things happening independently (outside of the international community's efforts) towards the care and development of young children? (i.e. more community based, grassroots or locally developed initiatives, programs and/or responses?)

9) Please share any thoughts regarding ECCD's differing roles/responsibilities in moving between and best responding within the phases of relief-recovery-development?

10) What are the biggest challenges for the ECD community (comprised of advocates, caregivers, educators, relief workers, etc.) in emergency contexts?

11) What needs to be considered when thinking about ECCD in Haiti (i.e. cultural considerations or sensitivities) in regards to the planning and development of ECCD?

12) How (if at all) is your organization taking the drafted National ECCD Policy into consideration in your programming and planning for young children? If you have not taken it into consideration, then how (if at all) do you think having a National ECCD Policy would assist or aid in the development your planning and programming?

13) Any other comments or thoughts you would like to share in regards to ECCD in Haiti or the UNICEF ECD Kit that have not been touched on thus far?

Annex 4: ECD Kit contents

ECD Kit contents - Item description	
1.	Lockable metal box for storage
2.	Activity Guide
3.	UNICEF T-shirt, cyan blue, cotton
4.	UNICEF decal
5.	Tape, adhesive, box—20
6.	Ballpoint pens—10
7.	Pencil Sharpener, plastic pack—20
8.	Flipchart; markers pack—4
9.	Bar soap, wrapped
10.	Plastic bags, pack—20
11.	Exercise books, pack—10
12.	Water container, collapsible,
13.	Board book, children's age 0–3
14.	Board Puzzle, wood- 4 pieces
15.	Chain puzzle, colored – 6 pieces
16.	Colored pencils, metal box—12
17.	Eraser, soft, for pencil, box 20
18.	Crayons, box—8
19.	Dominos, box—28
20.	Sponge balls, net—–5
21.	Shape sorter, plastic pack—12
22.	Stack and sort kit- 16 pieces
23.	Paper pad, 50 sheets, colored
24.	Paper pad, colored 50 sheets
25.	Paper roll, 25 cm long
26.	Beads, wood, box—50
27.	Wax J. crayon, box—8
28.	Puppet, hand, child size, set—6
29.	Puppet, hand, adult size, set—6
30.	Pencil, HB grade, black box–10
31.	Construction blocks, Set/50
32.	Clay, modelling
33.	Safety scissors, box—10
34.	Glue, classroom use – Bottle
35.	Puzzle blocks, wood Set/16 pieces
36.	Circular puzzle- Set/12 pieces

| 37. | Jigsaw Puzzle Set/12 pieces |
| 38. | Memory game, wood, Set/32 |

Annex 5: ECD Kit, Desk Review References

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Annex 6: Photos

Upon request - embedded within PowerPoint presentation.