

# WE PRESENT A MEASUREMENT FRAMEWORK UNDERSCORED BY CHILDREN RECEIVING NURTURING CARE

As discussed in the previous section, the dual-gen approach can benefit families who live in different environments (emergency and non-emergency).

Existing research and practice tell us that children receive nurturing care when we see the following outcomes: ● **Good health** ● **Adequate nutrition** ● **Safety and security** ● **Opportunities for early learning** ● **Responsive care**.

We propose the following additions to this model:

A dual-gen lens means adding key caregiver-focused outcomes to bolster the intergenerational impact of ECD :

**Social capital**

**Livelihood opportunities**

**Psycho-social support for caregivers**

Further contextualising the measurement framework for emergencies, we argue that the nature of outcomes – though fundamentally critical for ensuring family wellbeing – must take into account the specific vulnerabilities of affected families.

As discussed in the previous section, vulnerabilities manifest differently across families. Consequently, **the outcomes framework we present in this section is not exhaustive.**

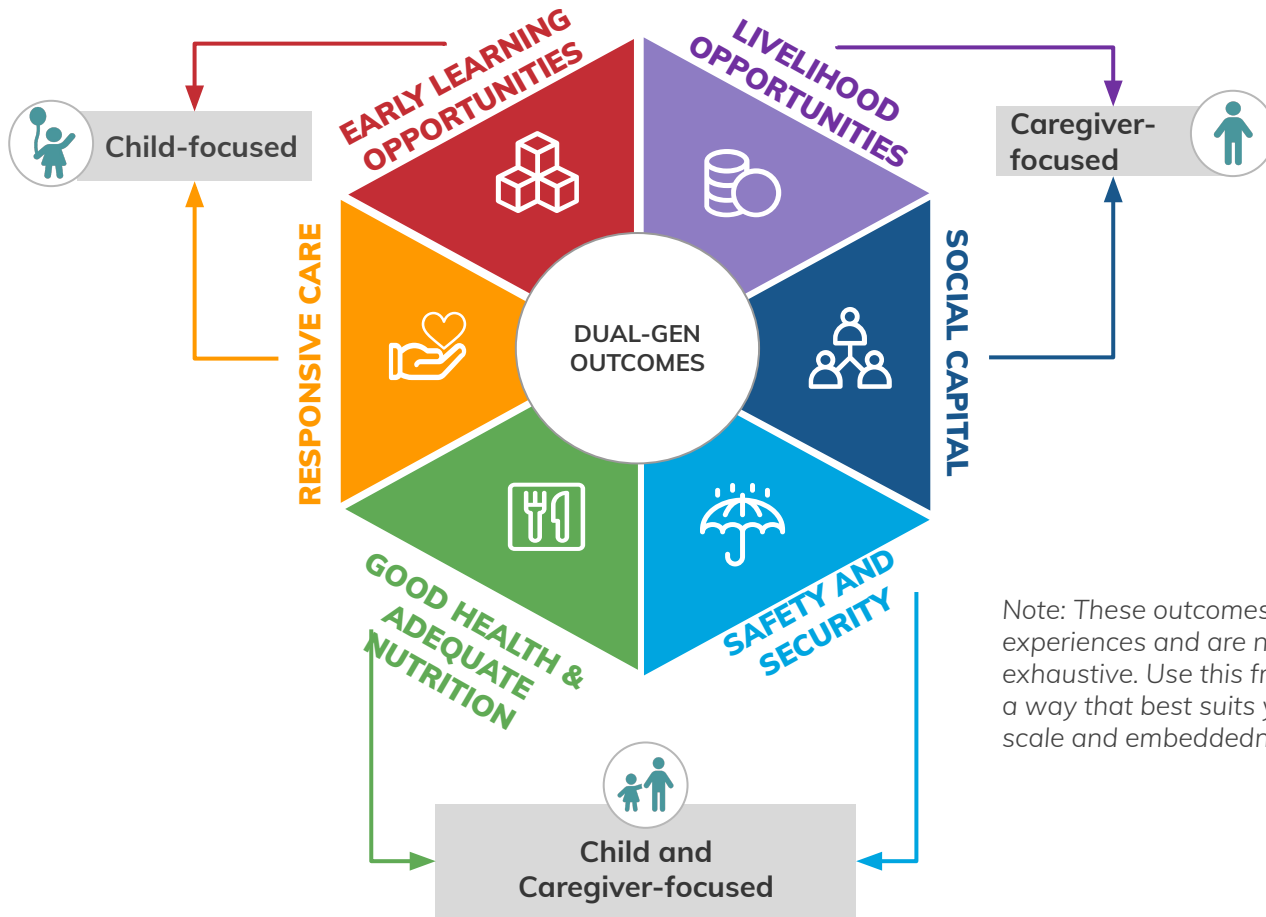
Our intention is to provide a research and practice-based foundation to help you think about your programme from a dual-gen lens (whether it operates in an emergency context or not).



READ ABOUT  
THE NURTURING  
CARE  
FRAMEWORK  
HERE.

# DUAL-GEN OUTCOMES FRAMEWORK

Guiding Principles
Intentional Alignment of Services
Effective partnerships
Timely and Frequent Engagement
Responsive to context and local needs
Designed with a long-term view



Note: These outcomes are based on our experiences and are not necessarily exhaustive. Use this framework flexibly in a way that best suits your programme's scale and embeddedness in the context.

# DUAL-GEN OUTCOMES FOR EMERGENCIES REQUIRE ADDITIONAL NUANCE



Though indicators might not vary between emergency and non-emergency contexts, **we recommend approaching measurement based on the context in which the programme operates**. Emergencies have implications for programme design and delivery, and shift the focus of the foundational pillars in the results framework.

# CHILD-FOCUSED INDICATORS IN EMERGENCY AND NON-EMERGENCY SETTINGS



## DUAL-GEN OUTCOMES



### EARLY LEARNING OPPORTUNITIES

Refers to any opportunity for the baby, toddler or child to interact with a person, place, or object in their environment. Recognises that every interaction (positive or negative, or absence of an interaction) is contributing to the child's brain development and laying the foundation for later learning.

Quality standards in formal/informal child care spaces,  
Age-appropriate interaction with household objects  
and people.



### RESPONSIVE CARE

Refers to the ability of the parent/caregiver to notice, understand, and respond to their child's signals in a timely and appropriate manner. Considered the foundational component because responsive caregivers are better able to support the other five components.

Caregivers respond to children (eye contact, smile, cuddle, praise), Time caregivers spend with children.

## DUAL-GEN OUTCOMES IN EMERGENCIES

### PLAY-LED ECD

For children in the early years who have been affected by emergencies, a safe ECD space is critical. It offers children opportunities to learn through play. Learning through play helps children develop social, emotional, creative, physical, and cognitive skills, and strengthens their brain connections essential for future development. Play also helps enable positive parent-child interactions, enhancing communication within families, and supporting caregivers and children in managing stress and trauma.

Social-emotional skills, self-regulation, resilience to stress, social integration, relationship building, primary school readiness.

### TRAUMA-INFORMED CARE

Trauma-informed care ensures that children's emotional needs are sensitively addressed, supporting those who have experienced adversity. It helps children process traumatic experiences, cope with stress and anxiety, and express difficult emotions in a safe and supportive environment.

Incidence of violence against children, Typical development.

Note: All indicators in this section are indicative; all of them may not be present in your programme.

# CAREGIVER-FOCUSED INDICATORS IN EMERGENCY AND NON-EMERGENCY SETTINGS



## DUAL-GEN OUTCOMES

## DUAL-GEN OUTCOMES IN EMERGENCIES



### LIVELIHOOD OPPORTUNITIES

When families are financially stable, caregiver well being improves. As a result, they are able to cater to their child's emotional and developmental needs. Therefore, it is important to provide caregivers with opportunities for training, employment pathways, entrepreneurship or wage labour.

Individual employment, income trends.

### LIVELIHOOD SUPPORT

Enhancing income is crucial for improving families' financial security and meeting children's needs. Refugee parents struggle to find jobs in host countries due to limited opportunities, language barriers and lack of awareness among employers about refugee rights. It is important to promote income-generating activities such as business start-up training, seed capital for families, and savings associations.

Sustained economic independence, resilience, access to basic services, social integration, ECD, childcare.



### SOCIAL CAPITAL

When caregivers have social capital, they are strongly tied to their communities through their relationships with other members. This promotes interpersonal trust and an overall sense of belonging. It is important that caregivers are fulfilled in their communities so they have better wellbeing, allowing them mental space to provide their children with responsive care.

Social emotional wellbeing, life satisfaction.

### PROTECTIVE SOCIAL NETWORKS

Social networks are vital support systems for refugee families navigating displacement. They facilitate access to basic services, offer mental health support, improve job opportunities, and help restore a sense of normalcy. These networks include peer support, connections with neighbours and involvement in community and faith-based organisations.

Individual knowledge or behaviour resulting from networks, access to group knowledge and resources, social cohesion.

# CHILD- AND CAREGIVER-FOCUSED INDICATORS IN EMERGENCY AND NON-EMERGENCY SETTINGS



## DUAL-GEN OUTCOMES

## DUAL-GEN OUTCOMES IN EMERGENCIES



### GOOD HEALTH AND ADEQUATE NUTRITION

This refers to the health and well-being of the children and their caregivers, and maternal and child nutrition.

**Health:** When caregivers are physically and mentally healthy their ability to care for their child improves.

**Nutrition:** the nutritional status of the mother during pregnancy affects her health and wellbeing and that of her unborn child. After birth, the mother's nutritional status affects her ability to breastfeed and provide adequate care.

Children's growth on track, immunisation status, health-seeking behaviours, antenatal health visits, complementary/breastfeeding status.

### HEALTH AND NUTRITION TO SURVIVE AND THRIVE

Refugee families often face heightened health risks due to displacement, trauma, and inadequate living conditions, making health services critical. Access to emergency health and nutrition services can help refugee families stabilise their lives, fostering better integration into host communities. Healthy caregivers are able to earn income, support their families and provide their children with responsive care.

Access to immunisation, healthy births, maternal mortality, access to emergency medicines and trauma care, access to food and potable water.



### SAFETY AND SECURITY

This refers to safe and secure environments for children and their families, where they are protected from physical dangers, emotional stress, environmental risks (ex: pollution), and have access to nutritious food and safe water.

Birth registrations, safe spaces to play, food security, access to sanitation facilities.

### PSYCHO-SOCIAL SUPPORT

When a caregiver's mental health is compromised, they may struggle to provide nurturing care, becoming a risk to their child's wellbeing. Supporting caregivers in managing their mental health and psychosocial challenges is essential. This support can include group or individual workshops/ resources and creating such community spaces.

Social integration, self-esteem, life satisfaction, coping strategies, ID documents.

# PILLARS IN THE DUAL-GEN RESULTS FRAMEWORK ARE INTERRELATED

The relationship between dual-generation programme outcomes is **unidirectional**, flowing from caregiver to child, and **varies from programme to programme**. Moreover, outcomes are **cumulative** – positive impact is accrued over time by the family as a unit.

Unidirectional flow: Child outcomes depend on caregiver outcomes.

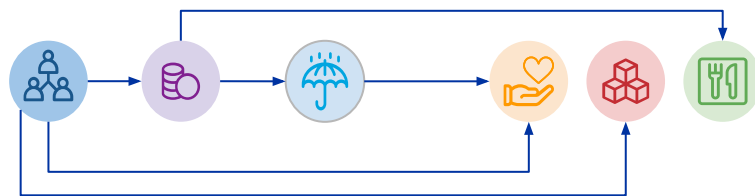
## A programme provides caregivers with business skills classes and start-up capital.

As a result of skilling, caregivers have the know-how to open their own small businesses. Together with the capital the programme provides, caregivers have new livelihood opportunities. The family is better off as a result of more income; caregivers have better mental wellbeing from reduced financial stress, spend more time caring with their children and can afford more nutritious food and healthcare.



## A programme provides group counselling for parents in refugee camps.

Caregivers gain social support from other parents in the group through an increased sense of belonging. They make friends and bond with other caregivers in similar situations as them. There is a flow of knowledge about responsive parenting, including education and nurturing young children. Caregivers may also help one another find employment, which, coupled with knowledge flow, improves nutrition and health outcomes for the family.



Variance: Relationships between outcome vary by programme.