

The Path of Most Resilience: Early Childhood Care and Development in **Emergencies**

PRINCIPLES AND PRACTICE

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THE CONSULTATIVE GROUP
ON EARLY CHILDHOOD
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INEE
Inter-Agency Network for
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Prepared for and in collaboration with The Consultative Group on Early Childhood Care and Development's ECCD in Emergencies Working Group and The Inter-Agency Network for Education in Emergencies Task Team on Early Childhood.

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Dedication

The guide is dedicated to the memory of Jackie Kirk, Shirley Case, Nicole Dial and Mohammad Aimal; International Rescue Committee staff killed in Afghanistan on 13 August 2008.

They worked with passion and conviction under difficult circumstances to honour and improve the lives of women and children affected by conflict. Let us honour their spirit by continuing their efforts all over the world to promote the importance of having specific policies, programs and research for young children and their families affected by conflict and disaster.

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For more information, see: www.ecdgroup.com/emergencies.asp

The Path of Most Resilience: Early Childhood Care and Development in **Emergencies**

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Executive Summary

“The Path of Most Resilience” describes an integrated, holistic approach for assisting children affected by emergencies. This Working Paper serves as a starting point, an opportunity to outline foundational principles of the field of early childhood care and development (ECCD) in emergencies.

While the progress toward standardisation of child protection and well-being principles has been remarkable, more needs to be done. Despite the plethora of guidelines and standards, no single document specifically and holistically targets parameters of assistance for young children and their caregivers, families, and communities in emergencies. Emergencies can be considered a ‘window of opportunity’ to introduce ECCD provision and concepts where none existed before. Therefore it is crucial that quality programming, adherence to good practice, and development of minimum standards are a major priority for emergency ECCD response. What is required goes beyond ensuring that humanitarian aid efforts include ECCD programming. Policy makers must rethink the way the emergency response is carried out so that the rights and needs of young children and their families are fully recognised and centred in humanitarian relief. Continued coordinated efforts must be made to make interventions effective and accountable, strengthen collective advocacy, and develop concrete policy and programmatic frameworks to prioritise ECCD as a core intervention in crisis settings.

Developing this document has been a collaborative process by an inter-agency partnership of actors: a body recognised as both a Working Group of the Consultative Group on Early Childhood Care and Development (CGECCD; www.ecdgroup.com) and as a Task Team of the Inter-Agency Network for Education in Emergencies (INEE). The Early Childhood Care and Development in Emergencies Working Group (EEWG) includes 100 organizations and individuals working in early childhood, emergencies, and other related fields, including INEE and the Agency Learning Network on the Care and Protection of Children in Crisis-Affected Countries (CPC Learning Network) through the Global Technical Group on Early Childhood (convened by the EEWG) (www.cpclearningnetwork.org). The EEWG is set up to analyse and synthesise information gathered from research, case studies, successful practices, and tools from the field of ECCD and emergencies. This information will be used to:

- Develop tools and publications and disseminate this information to global actors and stakeholders in ECCD and emergencies.

- Advocate for improved investments, policies, and commitment to action related to young children in emergency situations.
- Raise awareness around the importance of including ECCD programming in emergency situations to meet the diverse needs of young children in each phase of the emergency, from emergency preparedness and planning to an actual emergency, transition, and recovery.
- Support coordination and intersectoral collaboration among main actors in emergencies to ensure the holistic needs of young children are taken into accounts.

The EEWG is well placed to actively support capacity building, networking, and advocacy efforts to encourage greater recognition and understanding of the role of ECCD in emergencies as a central tool in saving lives and protecting young children’s development and well-being. The INEE (www.ineesite.org) is a global, open network of NGOs, UN agencies, donors, practitioners, researchers, and individuals from affected populations working together within a humanitarian and development framework to ensure

the right to education in emergencies and post-crisis reconstruction.

In coordination with the INEE Minimum Standards Task Team (www.ineesite.org/toolkit) and in response to a growing need for a consolidated practical tool reflecting recent developments in the field of ECCD, the EEWG is updating *The Good Practice Guide* (based on findings and principles outlined in this document) for those who work in emergency settings.

The first section of this Working Paper presents the situation and rationale: Emergencies pose invisible and visible challenges for young children in already difficult situations. In emergencies, young children are at increased risk of separation from primary

caregivers, forced sexual and gender-based violence, physical disabilities, and long-term negative emotional and psychological effects. Of most concern in emergency settings is that young children's developmental needs are often neglected, with serious consequences for their growth and survival.

"ECCD Programming Principles and Guidelines" discusses how the Consultative Group on ECCD's *4 Cornerstones to Secure a Strong Foundation for Young Children* might be interpreted and adapted for work in emergency settings. Other ECCD programming principles that guide the CG's work are presented.

Coordinated action among a range of sectors – Water, Sanitation,

and Hygiene; Health; Nutrition; Education; and Protection – is vital to effectively care for young children in emergencies. The third section of this Working Paper emphasises the cross-cutting nature of ECCD programming and indicates potential areas for integrating ECCD activities into emergency humanitarian interventions.

Cross-cutting issues of gender, disabilities, and HIV/AIDS are considered in section 4.

The document concludes with "A Call to Action" outlining challenges and opportunities as the ECCD in Emergencies agenda is moved forward, as well as a specific action plan on future activities.

This is a Working Paper; revisions are forthcoming. If you have any comments or suggestions, please contact the Early Childhood Care and Development in Emergencies Working Group Review Committee by emailing Louise Zimanyi at lzimanyi@ryerson.ca.

Situation and Rationale

Children between the ages of 0 and 8 represent the highest percentage of those affected by today's global emergencies. Emergencies include situations such as natural disaster, violent conflict, or complex crises in which large segments of the population are at acute risk of dying, experience immense suffering and/or face loss of dignity.

Today's global crises have displaced an estimated 42 million people (refugees or internally displaced people; IDPs), of whom over 40% are children.¹ Two thirds of the world's child population – 1.5 billion children – live in the 42 countries affected by crisis in the years between 2002 and 2006.² Worldwide, at least 200 million children under 5 will fail to reach their full potential in cognitive and socioemotional development because of malnutrition, iodine and iron deficiencies and inadequate stimulation during the first five years of their lives.³

Emergencies pose a set of challenges – visible and invisible – for young children in already difficult situations. Young children are more likely to be the victims of extreme weather events such as flooding, high winds, and landslides.⁴ With slow-onset emergencies, such as famines or drought, under-5 mortality rates are extremely high. In all emergency situations, young children are at increased risk of separation from primary caregivers, sexual and gender-based violence, physical harm, and long-term negative emotional and psychological effects.⁵

In emergency settings, young children's developmental needs are often neglected, with serious consequences for growth and survival. Early childhood covers the period from pregnancy through transition from home (or an early childhood program) to primary school. This time, from prenatal to eight years, is considered the most sensitive

developmental phase in an individual's life cycle. Key early childhood interventions include family-focused and community-based activities that focus on the holistic development of young children and their caregivers. Furthermore, these activities support children's "survival, growth, development, and learning – including health, nutrition, and hygiene, and cognitive, social, physical, and emotional development."⁶ When early developmental opportunities are missed, many of the capacities required for later healthy development are compromised or altered. In other words, although further opportunities for skill growth and behaviour adaptation will occur throughout the life cycle, trying to build new skills or modify behaviour on a developmental foundation that was not adequately cultivated in the early years is difficult. Ensuring that early childhood care and development (ECCD) activities are targeted for all girls and boys affected by emergencies provides a strong foundation for good health, growth, and success in education and life.

Children's resilience is evident; they often cope successfully with brief periods of intense stress during times of crisis.⁷ However, an accumulation of stressful events becomes increasingly detrimental to children's development, especially when no compensatory forces are at work to mitigate the effects.⁸ High levels of stress affect the behavioural and psychological aspects of child

development and have been associated with permanent changes in the brain's development. Persistent elevations of stress hormones and altered levels of key brain chemicals produce an internal physiological state that disrupts the developing brain's architecture and chemistry. This stress in early childhood can result in a lifetime of greater susceptibility to physical illness as well as mental health problems.⁹ When stress-related physiological responses remain activated at high levels over time, they can have adverse effects on developing brain architecture, which weakens the foundation upon which future learning, behaviour, and health are built.¹⁰

Perhaps the greatest threat to a young child's well-being is that the familiar caregiver (e.g., mother, father, grandparent, older siblings, and others) may be unable to meet the child's needs for care and support.¹¹ Caregivers may be missing, wounded or dead, or so overwhelmed by the crisis that they are unable to provide effective parenting or make good decisions about their children's well-being.¹² With a support system severely hindered or damaged by the crisis, the child lacks a critical element of his or her protective environment and is more vulnerable to the culmination of risks posed by the emergency. ECCD interventions are designed to strengthen the role of caregiving adults in the relationship with their children, helping them to withstand, overcome, and rebound from the

crisis. When caregivers are secure and engaged, they are more likely to form the attachments and supportive relationships children need to overcome risk.¹³

Underscoring the effects of crises on young children is the mandate of the United Nation's Convention on the Rights of the Child (UNCRC), which details that children are entitled to a full range of rights through four fundamental principles: (1) non-discrimination; (2) life, survival, and development; (3) devotion to the best interests of the child; and (4) the right to express an opinion and have those opinions considered. Specific to young children, General Comment 7 (GC7) on Implementing Child's Rights in Early Childhood offers a framework recognising that young children's rights are often overlooked, especially in emergency settings. Article 6 specifically acknowledges early childhood as a time of particular vulnerability, with threats to development. To address those vulnerabilities, GC7 recommends that all young children be given age-appropriate guidance and support, in the form of holistic ECCD activities, to develop into active and capable contributors to society.

Relief agencies and governments are keenly aware of the need to do their utmost to save as many lives as possible in an emergency. During the acute stage of an emergency, the main humanitarian focus is on providing essential basics like food, water, shelter, and emergency health care. ECCD activities are often overlooked as a less urgent concern in emergencies.¹⁴ Yet the impact a crisis can have on communities' social, economic, political, and cultural fabric can be just as damaging for children's development and long-term well-being

as material devastation.¹⁵ In most cases, the care, well-being, and development of these young children is understood and accepted as the sole responsibility of families, and is therefore not factored into emergency relief activities. The ability of humanitarian organisations to safeguard young children's health and well-being is hampered by the absence of prioritisation and integration of ECCD programs in emergency settings. Over the past decade, there has been an increased focus on the standardising the humanitarian field, most notably through documents such as the Code of Conduct for the International Red Cross and Red Crescent Movements and NGOs in Disaster Relief (1994) and the Sphere Humanitarian Charter and Minimum Standards in Disaster Response (2000). More recently, numerous sets of standards have been developed across technical areas to improve the quality and coherence of work with children. Some of these include:

- Operational Guidance on Infant and Young Child Feeding in Emergencies (2001)
- INEE Minimum Standards for Education in Emergencies (2004), Chronic Crises and Early Reconstruction
- Inter-Agency Guiding Principles on Unaccompanied and Separated Children (2004)
- Inter-Agency Standing Committee (IASC) Guidelines for HIV/AIDS Interventions in Emergency Settings (2005)
- UN Interagency Policy on Mine Action and Effective Coordination (2005)
- Guidebook for Planning Education in Emergencies and Reconstruction

(2006), in particular, Chapter 13, "Early Childhood Development"

- Guidelines on the Formal Determination of the Best Interests of the Child (2006)
- Mental Health and Psychosocial Well-Being Among Children in Severe Food Shortage Situations (2006)
- IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007), in particular, Task Sheet 5.4

While progress in standardising child protection and well-being principles has been remarkable, more needs to be done. Despite the plethora of guidelines and standards, no single document specifically and holistically targets parameters of assistance for young children and their caregivers, families, and communities in emergencies. Emergencies can be considered a 'window of opportunity' to introduce ECCD provision and concepts where none existed before. Therefore it is crucial that quality programming, adherence to good practice, and development of minimum standards are a major priority for emergency ECCD response. What is required goes beyond ensuring that current humanitarian aid efforts include ECCD programming. Policy makers must rethink the way emergency response is carried out so that the rights and needs of young children and their families are fully recognised and centred in humanitarian relief. Continued coordinated efforts must be made to make interventions effective and accountable, strengthen collective advocacy, and develop concrete policy and programmatic frameworks to prioritise ECCD as a core intervention in crisis settings.

ECCD Programming Principles and Guidelines

Securing a strong foundation for young children

ECCD programs provide a strong foundation for health, growth, learning, and success in education and life. Programs yield both short- and long-term benefits. The greatest impact comes from providing intensive, high-quality services for each country's most vulnerable children and families. To maximise results for children, ECCD programs should begin before pregnancy and continue until children are eight years old. In a life-cycle approach, children and youth are prepared for positive parenting, parents receive continuous parent education and support, and infants and young children are provided with loving, nurturing stimulation, early education, preventive and basic health and nutrition care, and effective protection and sanitation services.

Early childhood covers three main age periods, each posing different risks and opportunities. The period from pregnancy to age three is a time of rapid brain development; ensuring adequate growth is key. Children from three to six years benefit from experiences and programs that provide opportunities for learning and education through play and socialisation. During this time, families benefit from programs that help them support their child's growth and development by combining traditional child-rearing practices and cultural beliefs with a variety of evidence-based approaches. Including the period from age six to eight in a definition of early childhood is consistent with what we know about the ways children learn. It

also considers the time before and after a child moves into primary school either from home or from an early childhood program. Overall, across the ages and stages, a lack of adequate care has numerous survival, health, and developmental ramifications.

The Consultative Group on Early Childhood Care and Development (CGECCD) developed *4 Cornerstones to Secure a Strong Foundation for Young Children* (see next page). The Cornerstones outline an outcome-based framework to identify programs and policies that should be in place for young children across the developmental spectrum to ensure a strong foundation for the future. Although not designed for crisis contexts, the 4 Cornerstones provide principles relevant for emergency programming – good practice is common to all circumstances. What may differ is the location of the intervention, the identity of carers, and the types of activities. As with any framework, this guidance needs to be contextualised and adapted to the local context.

Cornerstone 1: START AT THE BEGINNING (Prenatal to Age 3)

Integrate early stimulation, child development, and parenting information into prenatal, early health, nutrition, and education services by:

- *Providing access to parenting programs that address holistic child development, particularly for the most vulnerable families.*
- *Improving services for young children and families, including early stimulation, health, nutrition, and child care.*

Eighty percent of brain growth occurs before the age of three.¹⁶ Disease, malnutrition, and a lack of stimulation can cause developmental delays. To achieve their potential, infants and young children need early stimulation, nurturing parenting, good health care, balanced nutrition, and clean and safe environments. Delays are increasingly difficult to reverse after age three;¹⁷ integrated ECCD services during the period of rapid brain growth can prevent delays and bring rapid improvements.

Young children in emergencies are often most at risk of developmental delays as a result of malnutrition, disease, stress, and lack of stimulation. The highest mortality rates occur in neonates and infants, particularly in the acute phase of an emergency. Continued environmental and physical stress, especially prolonged separation from primary caregivers, can have devastating consequences for infant growth and development.¹⁸ Multisensory stimulation – behaviours caregivers normally use with their infants such as rocking, talking, stroking, and looking at the infant – have been found to be important in negating the effects of stress. In a study of orphaned infants, those who received a multisensory intervention had increased weight gain, increased growth, and decreased morbidity rates compared with infants who did not.¹⁹ Interventions such as oral-sensory (sucking the breast or pacifier),²⁰ skin-to-skin (also termed Kangaroo Mother Care),²¹ tactile (via gentle human touch, stroking, or massage),²² and multisensory (talking, stroking via massage, eye-to-eye contact, and rocking)²³ have shown multiple benefits for infants such

as reduced irritability during stressful episodes, changes in sleep/wake behaviour, and improved development.

Applying an ECCD lens to emergency assistance means ensuring that ECCD measures are put into place right from the start of a child's life and right from the start of an emergency. Perhaps most importantly, the success of ECCD programs depends on caregiver involvement and commitment. This includes mothers, fathers, grandparents, older siblings, health staff, volunteers, and the community. Caregivers should be supported to care for their children – both girls and boys – with programs such as food distribution systems that target at-risk populations (e.g., girls, pregnant women, children who are disabled), community-based support programs, and breastfeeding support for pregnant and lactating mothers. Programmers should strive to communicate with children and their families in their own language and use culturally relevant methods. Integrating ECCD into nutrition, health, education, and protection interventions should be accompanied by community-based support to caregivers with continuous involvement of other community stakeholders.

Cornerstone 2: GET READY FOR SUCCESS (Ages 3 to 6)

Ensure access to at least two years of quality early childhood programs prior to formal school entry, beginning with the most vulnerable and disadvantaged children.

Investing in ECCD programs reduces infant, child, and maternal mortality, improves child health, and significantly lowers children's later health care costs. Early stimulation, parent education, and

quality early care in homes or centres helps to ensure school success with lower school dropout rates, reduced repetition, and higher achievement and completion rates. Early childhood programs, while of value in and of themselves, also help children transition to school and promote retention and success at school. Integrating ECCD activities and services has a multiplier effect for reducing poverty and increasing national productivity over time through by lowering health and education costs.

Age-appropriate learning environments – both formal and informal – should be available to young children as soon as possible during an emergency, beginning with the most vulnerable and disadvantaged children, to ensure that young children have access to at least two years of quality ECCD services prior to formal school entry. Learning occurs all the time; it should be maximised through the development of creative educational spaces for movement and play in addition to support of the home learning environment. ECCD programs can incorporate pre-literacy and numeracy activities to further prepare children for primary schools. Community-based, non-formal child development centres can provide preschool learning activities through play that are integrated with health care, nutritious meals, clean water, latrines, and child safety initiatives. For children who have lost a caregiver, the presence of a caring adult can help them develop resiliency to overcome stress.

Cornerstone 3: IMPROVE PRIMARY SCHOOL QUALITY (Ages 6 to 8)

Increase investments and improve the transition from home to preschool to

primary school and the quality of learning in grades 1-3 by:

- *Providing teachers with knowledge about early childhood during in-service and pre-service training.*
- *Giving children adequate learning materials.*
- *Ensuring smaller classes.*

ECCD services from conception to school entry are the essential foundation for successful child development. Early gains are diminished if children are unable to enrol in primary school, enter school late, receive low-quality schooling, are placed in very large classes, repeat grades, or do not complete primary school.

Quality education, as defined in the INEE Minimum Standards for Education in Emergencies, Chronic Crisis and Early Recovery, can restore a sense of normalcy, dignity, and hope by providing structure and supportive learning activities.²⁴ Education provides children with a safe, secure environment within which to express their views, be listened to, and flourish. Side-by-side with their peers, children develop essential skills for healthy social development. Education has wider benefits for families and communities. Children's participation in school gives caregivers the time and space to address their own pressing concerns. This is especially important when older siblings serve as primary caregivers for young children. In this case, ECCD activities can provide these older children with the time to attend school and participate in their own education and development. Lastly, schools provide a stable structure to the community within which to build social, political, and economic networks and strengthen community customs, beliefs, and values.

Cornerstone 4: INCLUDE EARLY CHILDHOOD IN POLICIES

Address ECCD in all national policies and plans across sectors.

Assure adequate resources and multi-sectoral coordination by ensuring that ECCD is integral to development and macroeconomic planning and budgeting.

Policymakers and community and government stakeholders must be educated about the importance of ECCD in order to integrate ECCD into national policies and plans across sectors. Governments and policymakers must recognise that effective investment in the early years is foundational for human development and central to a society's success. ECCD activities significantly lower later costs for education, health, nutrition, welfare, and criminal justice systems. Integrated ECCD services create a common vision and language – a convergence – across sectors and achieve a multiplier effect for improving child development, reducing poverty, and increasing national productivity. ECCD policies, frameworks, and action plans should be developed in a fully participatory manner to enable communities and stakeholders to take ownership of policy strategies.

The multisectoral reality of ECCD could pose a challenge in identifying which key individuals and government agencies to include in policymaking. Most countries with successful early childhood systems have developed National Early Childhood Councils to guide ECCD policy planning activities. A few countries, such as Colombia, Chile, and Cameroon, take an intersectoral and integrated approach to early childhood, utilising either a ministry of planning or semi-autonomous institute

to lead the approach. The Ministries of Planning and Finance of Chile and Cameroon have established bold new visions for children that promise rapid results. Their visions ensure that ECCD services are adequately funded and effectively linked to the objectives and targets of national development plans, poverty reduction strategies, and global development goals.

Long-term benefits from ECCD intervention programs found a cost-benefit ratio of 7:1.²⁵ In other words, for every dollar spent on ECCD programs, 7 dollars were saved through the added benefit to society. The cost-benefit ratios are greatest for groups with the worst social indicators (e.g., high infant mortality, high malnutrition, low school enrolment). In addition to cost-benefit, agencies working to promote ECCD interventions need to encourage greater recognition and understanding of ECCD's benefits as central to reaching development goals – Millennium Development Goals (MDGs) and Education For All (EFA) initiatives at the global level and Poverty Reduction Strategy Papers (PRSPs) and EFA's Fast Track Initiative at the national level – that are the focus of the world's development efforts.

To further bolster ECCD advocacy efforts, new evidence is needed on the effectiveness of current ECCD strategies in emergency settings. While the child development research presents a convincing picture of the success of ECCD interventions in stable contexts, research on the effectiveness of ECCD programs in emergency settings is much more limited. Focusing on developing culturally appropriate indicators, learning more about the cultural dimensions of ECCD, exploring cross-cutting issues (e.g., gender, disabilities) and the age-

related impacts of crisis on children will contribute to a valuable evidence base solidifying arguments for the need for ECCD interventions in emergencies.

At the same time, ECCD advocates need to make inroads into key settings where humanitarian actors prepare for emergencies to ensure that ECCD practices will be a part of any humanitarian response. In concrete terms, this means:

- Identifying and assessing the status of country emergency plans by government and humanitarian agencies.
- Facilitating the definition of roles and responsibilities of different government and non-governmental stakeholders with regard to ECCD services.
- Lobbying for access and commitment from Humanitarian Country Teams at the national level.
- Participating in the development of national emergency plans to ensure that ECCD is included as an essential element.
- Documenting and sharing best practices from the field.
- Ensuring that ECCD is represented in training, simulations, and planning exercises conducted by all humanitarian organisations in the field.
- Evaluating and analyzing the effectiveness of ECCD emergency operations and their impact.

An effective strategy can involve education and advocacy with key individuals and agencies that have decision-making power in emergency response, including Ministers of Education, Departments of Community/Social Development, ICRC Delegates, UN Resident Coordinators and Humanitarian Coordinators, directors of relief agencies, and Cluster leads.

ECCD programming principles and guidelines

The Consultative Group on ECCD uses the following principles and guidelines for planning and implementing ECCD programs affecting policy change. These principles are important to consider in all contexts, including emergencies.

Seek program integration ... in conceptualising, planning, delivering services, establishing content, and promoting use. Just as child development is holistic and requires integrated attention to children's physical, mental, social, and emotional dimensions, effective and sustainable ECCD programs are best achieved through multidimensional approaches that combine health, nutrition, education, and social actions.

Foster participation by individuals, families, and communities ... who will benefit from the services. Sustained human and social development and program sustainability all depend on enhancing people's capacities to improve their own lives and take greater control over their own destinies.

Build child-focused partnerships ... by expanding existing collaboration and bringing together new program partners. Neither governments nor communities nor a wide range of NGOs can easily maintain an effective program without help.

Build on inherent strengths of local child-rearing practices ... that benefit child and social development. Knowledge about child development and solutions to child development problems are found in traditional wisdom and experience as well as in academic wisdom and new technologies.

Utilise an intergenerational view ... involving children, youth, and adults. ECCD programs can and should benefit caregivers and communities as well as children. Child care, for instance, should meet both women's and children's needs.

Embrace diversity ... and complementary approaches. Each child is an individual who interacts with home, community, social institutions, legal frameworks, and culture. A comprehensive program to improve child development should function at all of these levels and focus on the child, caregivers, community, national institutions and policies, and the society's knowledge base.

Strive for quality programs. Low-quality programs are ineffective, deprive children of benefits, and waste resources. Setting norms does not guarantee quality, nor is quality defined by expenditure level. Quality is affected by the motivation and training of program personnel, the interactions that take place between

child and caregiver, the physical environment, materials used, and curriculum. A quality program is appropriate to the stage of development of the children involved and respects individual differences in development.

Ensure that universal attention is given to children ... but with special recognition of children living in conditions that increase their risk of delayed or debilitated development. All children need support, but children in special circumstances often have more urgent needs. Universal attention does not mean extending one program or model to all children or parents or communities, but can be sought through a series of different programs that respond to distinct needs.

Seek cost-effectiveness. It is important to use scarce resources efficiently and effectively to reach as many children as possible. "Low cost" programs may be ineffective and may waste resources. In general, strategies that stress prevention are more cost-effective than compensatory strategies.

Incorporate monitoring and evaluation into programs ... from the outset. Many programs fail because they do not include a capacity to analyse strengths and weaknesses and adjust accordingly.

A Cross-Sectoral Approach

Early Childhood is cross-sectoral by nature. A single early childhood activity may address a range of issues including prenatal care, immunisation, nutrition, education, and community engagement. Yet unless the various sectors communicate with each other, it is difficult to ensure that all the child’s needs are met.

An integrated approach for ECCD in emergencies is based on the premise that the physical, intellectual, social, and emotional aspects of a child’s development are interrelated and interdependent; intervention in a single sector will provide only limited results. A holistic approach to policy and programming requires coordination and communication between national authority departments or ministries responsible for water, sanitation, hygiene, nutrition, health, education, and protection, as well as UN and non-government groups, working together with families and communities. Coordinated action among a range of sectors is vital to effectively care for young children in emergencies.

A coordinated and integrated ECCD response in an emergency should be informed by a needs assessment that includes estimates of the number and ages of girls and boys under 8, the number of pregnant women, the number of women with newborns, and the number of ECCD teachers and volunteers.

Humanitarian actors have made efforts to extend their accountability and predictability beyond voluntary adherence to standards. In 2005, the Inter-Agency Standing Committee (IASC) Cluster Approach was adopted as part of the Humanitarian Reform Agenda. The Cluster Approach was intended to increase response capacity and effectiveness by providing predictable

leadership, strengthened inter-agency partnerships, greater accountability, and improved field level coordination and prioritisation. In emergencies, the overall response takes place through the Cluster’s coordination mechanism. Therefore, whenever a Cluster coordination mechanism is established, ECCD responses should be channelled through the various Clusters.

Because ECCD does not fit neatly into any one sector, working through the Clusters poses challenges as well as opportunities. Overall, it is vital to

emphasise the cross-cutting nature of ECCD programming. The Cluster Approach provides various entry points into which ECCD principles can and should be mainstreamed. The following sections indicate potential areas for integrating ECCD activities into emergency humanitarian interventions.

Water, sanitation, and hygiene

In times of crisis, existing infrastructures often collapse and living conditions deteriorate. A lack of clean water and

Key ECCD Activities for the Water, Sanitation, and Hygiene Sector

- Provide water and sanitation facilities to ECCD centres, preschool settings, and schools
- Ensure availability of hygiene kits, baby kits, and water kits in ECCD centres, preschool settings, and schools
- Guarantee availability of a minimally safe water supply through provision of technical and material support to implementing partners
- Ensure that families with children are provided with chlorine or purification tablets and detailed user and safety instructions in the local language
- Ensure that water and latrines are accessible to children (i.e., at a level children can reach and/or latrines at a size that is not dangerous for even young children to use)
- Ensure quick improvement of baby- and child-friendly water and sanitary conditions in ECCD centres, preschool settings, and schools
- Ensure that young children have access to and know how to use soap for good hand-washing and hygiene practice
- Circulate waste disposal messages and facilitate safe excreta and solid waste disposal
- Educate families – especially caregivers – on the importance of water, sanitation, and hygiene

waste disposal systems causes diseases to dramatically increase. Young children are most vulnerable to the effects of diseases that result from poor water, sanitation, and hygiene. Children under 5 account for about 80% of sanitation-related illnesses and diarrhoeal disease, mainly because of their less-developed immune systems and their play activities, which puts them into frequent contact with pathogens.²⁶ Diarrhoeal diseases account for almost two million deaths a year for children under 5, and is the second most common cause of child mortality worldwide.²⁷

The main goal of water, sanitation, and hygiene (WASH) programs is to reduce transmission of faecal-oral diseases and exposure to water-borne diseases through the promotion of good hygiene, the provision of safe drinking water, and the reduction of environmental risks. Combining ECCD activities with existing WASH programs helps to teach young children and inform families, teachers, and communities about the importance of hygienic and safe environments and sanitation practices for good health. This integrated ECCD approach will help children and families in emergencies to live with good health, dignity, comfort, and security.

Health

Crisis situations often lead to decreased health status among young children, leaving debilitating impacts during the most important years of their physical development. Crisis-affected populations often see the highest child mortality rates for children under 5 years,²⁸ with the most common causes of morbidity and mortality being acute respiratory infections, diarrhoeal disease, measles, malaria, and severe malnutrition.²⁹ Pneumonia kills more children than any other illness with two million

Emergency health programs

In November 2007, a devastating cyclone battered Bangladesh's coastal areas, affecting approximately 8.5 million people, more than half of them children. In response to the cyclone, Save the Children's initial health interventions transitioned to a 12-month Emergency Health Program that worked to strengthen health facilities and deliver services for mothers and young children at the community level. The program worked with 502 community health volunteers and 57 formal health service providers to promote maternal, child, and newborn health and nutrition in the most affected communities. The health volunteers worked with nearly 100,000 families and conducted monthly surveys of

communities and health facilities to identify ill and malnourished mothers and children. The volunteers provided health advice, specific information for pregnant and breastfeeding mothers and their families, and referrals to health facilities. They distributed one million multivitamin tablets with iron and folic acid, 3,268 clean delivery kits, and 2,639 newborn kits. Almost 100,000 malnourished women and young children were provided with micro-nutrient powder. To improve the quality of long-term health services, the program conducted orientation and training activities with physicians, nurses, and traditional birth attendants, and distributed medical equipment to local health facilities.

children dying each year, equal to one in five child deaths globally.³⁰ Increased mortality and morbidity rates for children under 5 in emergencies may be as much as 20 times higher than the standard level, with additional risks of increased disabilities.³¹ Even during the first five years after a conflict has ended, the under-5 mortality rate averages 11% higher than its corresponding pre-crisis rate.³² After five years of a crisis in a country, the under-5 mortality rate increases by 13%. Neonates face particular risks in unstable emergency settings, including low birth-weight due to maternal anaemia or poor nutrition, hypothermia due to lack of shelter or blankets, and maternal stress caused by social disruption.³³ Neonatal deaths made up 38% of all child deaths in the developing world in 2000,³⁴ and contribute significantly to overall child mortality in crisis-affected settings.

Article 24 of the UNCRC asserts that children have a right to the highest attainable standard of health and that States shall take appropriate steps to diminish infant and child mortality, ensure necessary medical assistance and health care, combat disease and malnutrition, and ensure health for expectant mothers. Health interventions should be prioritised at all levels of the health care system for all ages and stages – from prenatal care through paediatric health care – to reduce excess child mortality and morbidity in emergencies. ECCD activities can support the integration of health interventions into other programs to address young children's health issues. For example, ECCD activities should be integrated into Maternal Child Health (MCH) clinics to ensure that young children's health concerns – especially immunisation – are addressed. ECCD activities within

the health sector should include training health workers to generate alternative, creative health activities for young children that are holistic and developmentally appropriate.

Nutrition

Malnutrition and micronutrient deficiencies contribute substantially to child mortality and morbidity in crisis-affected settings, mainly because they exacerbate the effects of disease. Adequate nutrition is vital for building a healthy immune system and for motor and cognitive development. Malnutrition is the greatest underlying cause of child mortality and morbidity worldwide, accounting for 53% of all deaths among children under 5.³⁵ Stunting, or low height for age, is caused by long-term insufficient nutrient intake and frequent infections, both common in the vulnerable regions often affected by conflict and disaster. Stunting generally occurs before a child reaches 2, and the effects – delayed motor development, impaired cognitive function, and poor school performance – are largely irreversible. Wasting, or low weight for height, is a strong predictor of mortality among children under 5, usually resulting from acute food shortage, such as famine, and disease.

Evidence underscores the importance of breastfeeding in emergency settings. Infants who are not breastfed have an increased rate of mortality due to diarrhoeal disease and acute respiratory infection compared to infants who are exclusively breastfed.³⁶ Exclusive breastfeeding during the first six months of life has the potential to avert 13% of all under-5 deaths, making it the most effective preventive measure to save children's lives.³⁷ Timely and appropriate complementary feeding could avert a further 6% of under-5 deaths.³⁸ Breastfeeding is

Key ECCD Activities for the Health Sector

- Establish a healthy environment for children, ensuring adequate health services (ambulatories, mobile clinics, etc.) and safe access to a referral system are available to young children
- Support childcare practice campaigns for the community
- Deliver joint packages for children including immunisations, early stimulation, and nutrition activities
- Advocate for health worker outreach to families of newborns by increasing resources and transport facilities including mobile clinics
- Complement feeding programs with play activities that promote socioemotional support and cognitive stimulation
- Ensure that young children's developmental progress is monitored
- Build parenting capacity
- Guarantee referrals to other services
- Ensure that all health workers are trained in ECCD practices
- Help promote safe motherhood practices
- Educate families – especially caregivers – on basic health practices such as antenatal care and immunisations

optimal for the physical, psychosocial, and cognitive well-being of young children. It supports the child's development, comforts the child, is likely to strengthen the mother-child bond; breast milk is free, easy to prepare, and usually very safe.

Through breastfeeding, young children receive touch, interaction, and stimulation essential for healthy development. ECCD activities should promote continued breastfeeding through individual support and community dialogues, including

Combined infant stimulation and nutrition interventions

The World Health Organisation (WHO) recommends combination nutrition-stimulation programs that emphasise appropriate feeding practices and responsive parenting. WHO notes that nutrition programs that contain a psychosocial component to support caregivers are more effective in promoting growth and positive child development than nutritional programs alone.³⁹ In Northern Uganda, research is underway with International Medical Corps to evaluate whether

combined psychosocial and nutrition programs for infants have more effective psychosocial and well-being outcomes than nutrition programs alone. Initial results show that mothers receiving the combined interventions had significantly improved maternal mood and involvement, and used play materials more effectively. While existing evidence supports combining both approaches, more outcome evaluations of interventions adapted to emergency contexts are needed.

Key ECCD Activities for the Nutrition Sector

- Support breastfeeding mothers by providing messages on the integration of early stimulation and responsive breastfeeding
- Ensure adequate micronutrient and vitamin A supplementation for young children
- Share information on health and nutrition issues, including the importance of breastfeeding
- Include an area for caregiver-child play and interaction in all services for younger children, such as therapeutic feeding programs, hospitals, and clinics, as well as areas for distribution of food and non-food items

counselling new mothers and supplemental feeding for pregnant and lactating mothers. At the same time, mothers who

do not want to breastfeed, who find it very difficult, or who cannot breastfeed should be properly supported in their situations and decisions.

Education

Learning is a critical development task. Basic learning is crucial for “furthering children’s development, fostering psychosocial well-being, and safeguarding possibilities for social reconstruction.”⁴⁰ Providing education activities in early childhood is fundamental to prepare children for school, help them acquire new skills, and increase performance and retention in later education.⁴¹ Per the UNCRC, education should focus on the development of the child’s personality, talents, and mental and physical abilities.

Educational settings provide children affected by crisis with a much-needed sense of routine and participation in normalising activities. As stated in the INEE Minimum Standards for Education

in Emergencies, Chronic Crisis, and Early Reconstruction, even with the challenges posed by crisis, education interventions in emergencies should include ECCD activities to ensure that children’s basic rights to survival, protection, care, and participation are attended to from birth through schooling and onwards.⁴²

Early education activities help prepare children to enter and succeed in school, ensure parents are ready for their children to attend school, as well as make sure schools are ready for children. These activities build children’s confidence as they prepare to take their first educational steps outside of the home environment. The initial period of formal schooling is stressful for most young children.⁴³ Upon entering primary school, young children face many transitions including a shift to formal learning, a transition from oral to written culture, adaptation to a rule-filled environment with restrictions on movement, or a change in role from ‘child’ to ‘student’. Sometimes children

Child centred spaces

Child Centred Spaces (CCSs; also known as child friendly spaces, safe spaces, or emergency spaces for children) are safe physical spaces where children affected by emergencies can gather to play, learn, express themselves, and receive protection and psychosocial support. CCSs provide a structure to the day, offer a sense of a return to normalcy, and reestablish existing educational programs. They promote children’s and caregiver’s health by educating staff in hygiene and physical hazards, disease diagnosis, prevention and treatment. Nutrition and therapeutic feeding can also be provided if needed. CCSs are a place where the community gathers

and can be reached for engagement in humanitarian activity. They are intended to prioritise children’s needs by mobilising and supporting communities on behalf of children and by engaging parents and other caregivers in effective interactions with children. CCS interventions can also serve as an entry point for a variety of other ECCD activities, including health, nutrition, and water and sanitation programs.

Evidence exists on the effectiveness of CCS interventions. In 2008, Christian Children’s Fund (CCF) commissioned a study of 3- to 6-year-olds in Internally Displaced Persons (IDP) camps in Uganda and found significant differ-

ences between CCS and non-CCS intervention groups.⁴⁹ The intervention group showed less emotional distress, hyperactivity, and attention problems; fewer peer interaction difficulties and less fighting; more pro-social and cooperative behaviour; better well-being and life skills; improved health and hygiene resulting in decreased exposure to disease and sickness; and increases in cognitive skills. Another key finding of the study was that CCSs were an important child protection tool, providing statistically significant effects in increased safety of young children in the camp and at home, and decreased sexual exploitation and rape of young girls.

must learn a new language. The anxiety of transitioning into a new learning environment can be overwhelming for some children. Combined with the stress of war or disaster, this anxiety may result in poor educational performance, low self-esteem, or non-attendance. ECCD efforts should be designed to support these children and ensure that the transition from home to the classroom is not interrupted. Furthermore, ECCD activities should engage children and their families in their own language and use culturally appropriate methods.

Play is the medium of learning in early childhood and has a central importance as an educational strategy that can promote the psychosocial, emotional, and physical well-being of learners. Children at all ages and stages need opportunities to play. Creative expression through art, music, dance, drama (where

relevant, tailored to the child’s culture) or “free play” gives young children and their communities a much needed sense of hope and mastery over their environment. This learning promotes resilience by allowing them to take an active part in their own recovery. Child-driven “free play” activities can be powerful tools to enable children, their families and their communities to regain some sense of lost order and hope in their world in the midst of crisis.

Creating a stimulating environment for children to play and explore – while feeling secure in insecure surroundings – provides the building blocks children need to continue with more formalised education. Providing holistic stimulation and learning opportunities to young children significantly increases both cognitive and social-emotional competence.⁴⁴ In particular, socioemotional functioning is linked to success in

school and in adult life.⁴⁵ Children who experience approval, acceptance, and opportunities for mastery are far more likely to be resilient than those who are subjected to humiliation, rejection, or failure. Furthermore, these activities facilitate children’s understanding of diversity and promote peaceful problem solving. ECCD activities should promote social community building and non-violence.

Pre-primary educational programming for younger children also allows them to learn through social interactions with other adults and their peers. The teacher serves as a guide, support, and facilitator for the child’s development and learning. In situations of war and disaster, teachers may play an even more critical role, responding to their students’ emotional needs as they face the uncertainties of crisis. In turn, ECCD activities should support teachers by

Key ECCD Activities for the Education Sector⁵⁰

- Refer to the INEE Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction, contextualise and apply relevant indicators and good practice, and work toward meeting the standards
- Ensure young children have safe spaces to play where their developmental needs are met
- Make formal and non-formal education supportive and relevant for all ages and stages
- Strengthen access to education for all through (1) child readiness for school; (2) school readiness for child; and (3) parents readiness to support the child’s transition from home to learning centre (preschool, CCS, school, etc.)
- Prepare children socially, emotionally, intellectually, and developmentally for later education
- Prepare and encourage educators to support learners
- Promote access to quality ECCD activities and tailor activities to the children’s age, gender, and culture
- Consider using known games, songs, dances, and homemade toys, since these are most practical in an emergency
- In program planning and implementation, use culturally relevant developmental milestones such as rites of passage rituals, which may be more appropriate than Western developmental models
- Facilitate activities for young children that promote social community building and non-violence
- Involve family members – including mothers, fathers, siblings, and other family members – in ECCD programs
- Set up informal preschool activities and ensure safe, secure, and equal access to quality ECCD activities
- Ensure adapted services to children with special needs
- Build caregivers’ capacities – including mothers, fathers, grandparents, siblings, and other family members – through support and training
- Ensure that parenting programs integrate information on child health, nutrition, and well-being

ensuring that they are well trained, paid, and mentored.⁴⁶ In line with the INEE Minimum Standards, teachers should be provided with pre- and in-service training that emphasises the concepts of learner-centred, participatory, and inclusive instruction.⁴⁷ Furthermore, special care should be taken to support teachers who are experiencing stress or loss as a result of the current crisis situation.

Involving caregivers is an integral part of any successful ECCD program. Caregivers are children's first and best teachers, capable of helping children learn through play, and ECCD interventions should support caregivers' roles as educators of their young children. Efforts should be made to provide caregivers – including mothers, fathers, grandparents, older siblings and other family members – with education and support services that are family-focused and meet the needs of their young children. There should be an area for caregiver-child play and interaction in all services for younger children, such as therapeutic feeding programs, hospitals, clinics, as well as in areas for distribution of food and non-food items.⁴⁸ Early childhood programming can also help ensure access to education for older learners. The establishment of institution-based early childhood programming such as infant-care day-centres or preschools often means that other older siblings or adolescent mothers are able to attend educational activities.

Protection

Child protection guidelines emphasise preventing separation, preserving family unity, facilitating rapid reunification, and – when children have been separated, orphaned, or otherwise isolated from their family – prioritising community-based care over residential care. Efforts

to prevent separation include teaching songs that include name, village, and contact information and/or tagging children to minimise separation during times of population movement. In the case of separated children, the priority is to reunite the child with the primary caregiver using tracing and reunification methods. Age-appropriate methods of gathering information from children, such as having them draw where they live or tell a story about their life, are useful for reunification.⁵¹

For very young children who are separated, care arrangements should be determined based on the child's best interests. Assessing choice may be a challenge for children who are nonverbal or preverbal, and sensitised steps must be taken to ensure that the child's best interests are heeded. Because very young children who are separated from

their primary caregivers are most vulnerable to loss of physical shelter and absence of food and good health, rapid assessment of population groups and immediate identification of separated children, registration, and unification should be priorities during a crisis.

Children should be kept within the extended family or community whenever possible. Separating siblings should be avoided. If a child must be placed with a foster family, efforts should be made to avoid multiple families. For separated newborns, the basic needs for food, warmth, and care must be met. Institutional care is known to be the most damaging to the youngest children, and it should be a last resort.⁵² For young children who have already been placed in institutions such as orphanages, there should be a rapid assessment to identify their condition

Supporting caregivers and communities

Using a holistic approach to support young children in situations of crisis, Christian Children's Fund (CCF) in Angola implemented various community trainings and workshops for adult caregivers.⁵⁴ To support the emotional well-being of adults affected by the protracted conflict, CCF conducted community workshops during which adults reflected on their experiences with the war and its effects on their past, present, and future. Facilitators then guided discussion toward children, asking which current child care practices were negative and what improvements were possible. The result was a collective sense of hope and empowerment among caregivers that contributed to rebuilding

the community systems necessary to support family well-being.

As a means of community mobilisation and local capacity building, CCF in Angola also implemented training sessions for community volunteers on ECCD issues such as child health, feeding infants, providing stimulation, and managing unwanted behaviour. Half-day sessions with local staff of humanitarian organisations around ECCD issues were conducted, with a positive response from the local communities. Building on inherent community knowledge of childrearing leads to articulated problems and implemented solutions around child development issues.

and guide possible steps to promote ECCD activities. In all of these contexts, it is imperative to have mechanisms to monitor children's well-being, guard against their marginalisation and discrimination, and ensure that they maintain some sense of autonomy, perhaps by having a choice in where they will be placed.

Caregivers must be able to cope with and respond to their own needs before they can provide a caring and nurturing environment for their children. Therefore, in addition to being provided with information on the importance of ECCD activities, caregivers should be given opportunities and support to talk with each other about their hopes, fears, and concerns for their children. In emergencies, it is important to organise gatherings during which caregivers of young children can discuss the past, present, and future, share problem solving, and support one another in caring for their children. Meetings should be conducted in safe spaces where caregivers can talk about their own experiences. Caregivers should be guided to not speak about details of horrific events in front of their young children. ECCD activities can help parents and caregivers to understand the changes they might witness in their own children following a crisis. It should be explained to parents that children may experience a range of behaviours – such as heightened fear of others, withdrawal, or increased fighting with other children – as common reactions to extraordinary circumstances. During small group activities for families and their young children, parents have the opportunity to learn from the positive parent-child interactions of others with their children. They should be able to share information with other parents

Training caregivers

In late August and early September 2008, Haiti was battered by four storms in rapid succession. The city of Gonaives and the Southeast were hardest hit by rains that lashed the deforested mountainsides, resulting in severe landslides and a deluge of mud that all but buried Gonaives. Hundreds of people were moved into temporary shelters. In early October, Save the Children received reports of emotional and physical child neglect in the shelters – understandable given the amount of emotional upheaval the families had endured over the previous weeks. Save the Children responded with a series of training sessions focused on good practices in parenting, sanitation, and hygiene. They rapidly adapted a flashcard curriculum developed by their El Salvador office focusing on face-to-face dialogue with family members on

good parenting practices. Save the Children in Haiti added additional messages on good practices after traumatic events to assist parents in the shelters with strategies to reach out to their children. Save the Children also adapted several training modules used in its school health and nutrition program on hygiene, including modules on basic hygiene, the importance of good nutrition in emergency settings, hand washing, treating diarrhoea, and how to recognise symptoms of malnutrition. Sixty-six motivated and energetic temporary shelter residents and local volunteers were trained. The goal of the training was to have the residents replicate the training formally or informally with their peers in the shelters. Informal feedback from the shelters indicated that “things were better” because of the training delivered.

Child protection coordination groups

Following the conflict in Angola, Christian Children's Fund (CCF) worked with local child protection coordination groups to advocate for the institutionalisation of ECCD policies at the community and national level.⁵⁵ The main goal of the child protection coordination groups was to advocate for improved practices concerning children separated as a result of the Angolan war, which ended in 2002. One advocacy measure that CCF and child protection coordination groups worked

together for has been against using formal institutions as a first means to support separated children in emergencies. Institutions are too poorly resourced, overcrowded, or unprepared to provide appropriate care for young children. In crisis settings where the government's capacity is low or non-existent, advocating for ECCD integration is a challenge. However, working with local child protection coordination groups has been a useful tool for reinforcing advocacy efforts at the community level.

and caregivers on how to identify problems and support the psychosocial health of their children. In this context, harmful responses to children's

behaviours may also be identified and alternative approaches suggested. Parents who have difficulties caring for their children because of mental health

issues should be referred to appropriate mental health services, for certain mental illnesses may interfere with the caregiver's ability to care for children.⁵³

Key ECCD Activities for the Protection Sector⁵⁶

- Keep children with their mothers, fathers, family, or other familiar caregivers by preventing separation, reunifying children and parents, and facilitating alternative care arrangements
- Prioritise keeping breastfeeding mothers and their children together
- Use culturally acceptable and appropriate methods to keep children and their families together, such as teaching children songs about their family name, village, and contact information and tagging children when population movement is likely
- If children are separated, make efforts to reunify children with their caregivers by collecting information from children themselves, using age-appropriate methods such as having them draw where they live or tell a story about themselves
- Determine care arrangements for separated children based on the child's best interests within the local cultural context
- Whenever possible, keep separated children within their community; avoid multiple foster families
- For newborns who have been separated from their caregiver, ensure their basic needs for food, warmth, and care are met
- For children who have already been placed in orphanages, integrate ECCD activities as soon as possible
- Facilitate play, nurturing care, and social support through a variety of ECCD activities such as caregiver education, home visits, shared child care and communal play groups, toy libraries, and informal parents' gatherings in safe spaces
- Support the establishment of age-appropriate safe environments for children and women, including CCSs, as a first step toward providing psychosocial support and promoting protection
- Support caregivers by organising meetings where caregivers can discuss the past, present, and future, share problem solving, and support one another to care effectively for their children
- Provide support and information to caregivers on how to identify problems and support their children's psychosocial health; identify harmful responses to child's stress
- Refer caregivers who have difficulties caring for their children because of mental health issues to mental health services

Cross-Cutting Issues

Gender

In emergencies, family roles and responsibilities often shift. Family members who once contributed to the household tasks may leave the family for a variety of reasons, and children, particularly girls, may be expected to take on more household responsibilities or participate in income-generation activities outside the home. In non-crisis settings, early marriage, pregnancy, household

activities, and traditional gender roles often contribute to barriers in girls' access to education. Those factors are often exacerbated in crisis; emergencies disproportionately limit girls' access to safe, quality educational opportunities.⁵⁷ When schools are destroyed and children have to travel long distances to attend school, girls are more likely to stay home.⁵⁸ Even when girls are able

to access education, gender inequalities still exist, including a lack of clean and safe facilities, long and dangerous walks to and from school, and the threat of sexual violence, all which greatly impact girls' access to and quality of education.⁵⁹ In emergencies, there are usually far fewer female teachers; girls are disproportionately affected when schools are dominated by men.⁶⁰

Healing Classrooms⁶¹

The Healing Classrooms Initiative integrates principles of psychosocial well-being and the 'healing' of children and teachers affected by crises with the culturally appropriate notions of 'good teaching.' The initiative focuses on three main areas – student well-being, teacher identity, and gender dynamics – to create teaching systems that promote student well-being.

Healing Classrooms was implemented by the International Rescue Committee (IRC) in Ethiopia's Shimelba refugee camp as a response to the 1998-2001 conflict between Ethiopia and Eritrea, which forced both Eritrean Kunamas and Tigrigna-speaking Ethiopians to escape persecution from the government. As an initial response, IRC established a primary school in 2001, and quickly followed with the development of non-formal education programs. A preliminary assessment found that girls' attendance in primary school education activities was very low, mainly because girls began to take on significant household chores around

the age of 7. Classes beyond Grade 5 were often taught by more educated and experienced teachers, while the younger students were being taught by teachers with no training in ECCD methodologies. This resulted in the youngest students sitting at their desks, listening to and watching their teacher with no educational resources to assist in the learning process. Not surprisingly, school attendance for these young children was very low.

IRC's Healing Classrooms Initiative suggested that the education programs move toward more age-appropriate scheduling, target out-of-school girls, and integrate teaching methods that emphasise learning through play, song, story, and drama. Designated homeroom teachers were recommended so that children could develop one consistent teacher-child relationship even if taught by a variety of less-familiar teachers throughout the day. As a result of its assessment, IRC constructed a nine-classroom learning space for young children with an adjacent feeding

centre, play room, age-appropriate sex-segregated latrines, and an outdoor playground.⁶²

The introduction of preschool activities for young children contributed to increased enrolment and retention of girls in school. IRC hired and trained a female school director, 10 female classroom (not subject) teachers and 4 female assistants. The start-up of the preschool and the hiring of female teachers as potential role models was a noted strategy for identifying more potential female role models in the community. Moreover, IRC targeted female heads of households for its vocational training, adult education, and income-generation programs, creating a demand for structured activities for preschool-aged children while their mothers participated in trainings and classes. As IRC hoped to decrease child labour by engaging women in vocational and income-generation activities, it was important to further increase their access to IRC programs by providing structure and safe activities for their preschool-aged children.

At their most basic, ECCD activities provide young girls with the knowledge and skills to succeed from childhood through adulthood. Practically, ECCD activities can alleviate the gender imbalance in these settings by increasing the participation of preschool-age children in early education activities, thereby giving their older female siblings the opportunity to attend school. To address the risk of gender-based violence, community members should be engaged in ensuring that children, particularly girls, can walk to and from school safely. Female teachers should be proactively recruited, trained, and supported. Childcare facilities for female teachers and girl-mother students should be made available in all learning centres. Feeding programs should ensure that girls have equal access to nutrition and girl-mothers should be provided with take-home rations for their young children. Overall, support of ECCD programs to facilitate young girls' access to health, nutrition, and education is crucial to help address the gender imbalance common in emergency settings.

Disabilities

Disabilities among children are common in crisis-affected situations; children with disabilities make up approximately 10% of the worldwide child population.⁶³ Children and adults with disabilities are disproportionately affected by emergencies, and many individuals become disabled during disasters.

Childhood disabilities can result from injury, lack of immunisations, or malnutrition, including Vitamin A and iodine deficiency, as a result of famine or war. Untreated eye and ear infections in early childhood can lead to lifetime blindness and deafness, and a lack of

emergency medical care contributes to the large number of impairments. Amputations are common in emergency settings.

Children with disabilities are among the highest at risk and the most vulnerable during an emergency. Mortality for children with disabilities may be as high as 80% in countries where under-5 mortality as a whole has decreased to below 20%.⁶⁴ Habilitative and rehabilitative services are almost entirely absent in most crisis-affected areas, with most health efforts targeting basic health needs, and the demand for adaptive equipment (e.g., wheelchairs, prostheses) far outweighs supply. Children with disabilities are much more likely to live in poverty, and they face widespread discrimination, which greatly affects their health and educational achievement. Ingrained societal prejudices about disability may be the single most important factor in the exclusion of a child from schooling.⁶⁵ In fact, societal, environmental, and institutional barriers limit disabled children's opportunities to participate in activities and put them at higher risk for violence, abuse, and exploitation. Children with disabilities are more likely to face sexual abuse and violence than their non-disabled peers.⁶⁶ Because they often live with stigma, prejudice, and misunderstanding, many children with disabilities face neglect, which means they might miss out on immunisations, food rations, health care, and education. These facts underscore the importance of challenging discriminatory attitudes, removing barriers, supporting families and childcare workers, and ensuring that young children with disabilities have equal access to early stimulation, health, nutrition, and protection activities.

In emergencies, children with disabilities have the same needs as children without disabilities, but it is often more difficult to ensure their needs are met. Children with disabilities are often forgotten or left out of humanitarian activities, because programmers think they do not have the capacity to support them or assume that specialist disability organisations will meet their needs. Neither of these assumptions is correct. While children with disabilities sometimes need specialised support, all children have the same basic needs for food, shelter, water, sanitation, health-care, learning, and love.

In emergencies, the difficulties faced by children with disabilities may be exacerbated by loss of their assistive devices, loss of access to medicines or rehabilitative services, and – in some cases – loss of their caregiver. To address the needs of children with disabilities, a variety of strategies need to be integrated into existing ECCD practices. There is a need to recognise and address the gap in improvements for under-5 mortality rates for children with disabilities. Children with disabilities should be targeted for current ECCD strategies, such as child centred spaces (CCSs, see p.12). In emergency contexts, young children with disabilities are in desperate need of the nurturing, comforting, and peaceful environment that a CCS provides. Furthermore, given that less than 2% of children with disabilities attend school,⁶⁷ education programs need to modify and direct activities specifically for children with disabilities.

Ensuring the inclusion of disabled children in all areas of society is critical to supporting children in realising their full developmental potential; it is also a fundamental human right put forth in Article 23 of the UNCRC. This right is

also enshrined in the UN Convention on the Rights of Persons with Disabilities (UNCRPD), which came into force in 2008. Article 24 of the UNCRPD, addressing education, says:

State Parties shall ensure an inclusive education system at all levels and life long learning directed to the full development of human potential and sense of dignity and self worth, and the strengthening of respect for human rights, fundamental freedoms, and human diversity.

Similarly, Article 11 of the UNCRPD, addressing situations of crisis and humanitarian emergencies, declares:

State Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies, and the occurrence of natural disaster.

HIV/AIDS

There is an urgent need to incorporate the HIV/AIDS response into the overall emergency response, especially given the interplay between the HIV/AIDS epidemic, food insecurity, and weakened governance.⁶⁸ In general, emergencies aggravate the condition of children made vulnerable by AIDS, including orphans, HIV-infected children, and child-headed households. Displaced people and refugee children confront completely new social and livelihood scenarios with notable vulnerability, a circumstance that facilitates HIV transmission and aggravates AIDS impact on well-being.

Children in situations of armed conflict and displaced, migrant, and refugee children are particularly vulnerable to all forms of sexual exploitation. Vulnerability to HIV infection may be increased due to the loss of livelihoods and the disruption of supportive and protective family and social networks and institutions; that is, women and girls may be forced into transactional sex for money, food, or protection.⁶⁹

ECCD programs are a vital component to HIV/AIDS strategies. ECCD provides the best entry point to integrate and extend the widest variety of services to reach the greatest number of people (including adults) for the purpose of the prevention, care and treatment of HIV and AIDS. ECCD is an effective means for ensuring appropriate follow-up and effectiveness of Preventing Mother-to-Child Transmission (PMTCT) interventions. Utilising an integrated approach, ECCD programs can share these messages with caregivers and

communities through feeding programs, ECCD centres, schools, and community-based activities. ECCD is a cost-effective strategy for introducing health, nutrition, economic strengthening, and psychosocial interventions that mitigate the impact of HIV and AIDS in households, families, and communities. Lastly, by helping children to be physically healthy, mentally alert, socioemotionally sound, and ready to learn at school (through appropriate interventions), ECCD reduces the risk to HIV and AIDS and increases the responsiveness to antiretroviral (ARV) treatment.

ECCD programs to address HIV/AIDS include caregiver support programs that counsel on issues such as child health, nutrition, early stimulation, and play and community-based ECCD centres that provide integrated health-nutrition care and early learning-play opportunities in a group setting, organised and owned by the community.

Working in partnership to develop an essential package of ECD services in HIV contexts

A consortium of organisations – CARE, Save the Children, UNICEF, the Centers for Disease Control (CDC), the Academy for Educational Development (AED), Christian Children's Fund, World Bank, Georgia State University, and others, brought together under the Consultative Group on ECCD and called the Inter-Agency Task Force (IATF) on ECD and HIV/AIDS – are working to develop an essential package of ECCD services in HIV contexts. This package will be an adaptable, comprehensive intervention model to implement globally. The essential package incorporates

a strong focus on children made vulnerable by HIV/AIDS, but it is meant to be adaptable to a wide variety of settings. The model identifies five areas in which a holistic intervention can help young orphans and vulnerable children: health, food and nutrition, child development (encompassing cognitive, emotional, and physical development), child rights/protection, and economic security. The model also intervenes at five levels: the individual child, the family or caregiver, the childcare setting, the community, and the wider policy environment.

A Call to Action

How can we best assist young children in emergencies? ECCD programming can fill the gaps when family and social order are torn apart by conflict and disasters; it can provide a platform for adults to act in the community; and it can give children the care and routines they need for healthy development in and beyond the emergency.

As an investment in the future, ECCD programs can complement and strengthen family recovery programs. They are an important vehicle to help young children transition to primary school. Just as importantly, ECCD programs afford an important window of opportunity to engage with national and civil institutions to improve resource capacity for early childhood in the transition and post-transition phases of an emergency. They also facilitate and support a partnership and dialogue between sub-national, national, and international actors. Including ECCD in the disaster preparedness and emergency response policies ensures that in an emergency, ECCD will be integrated early and remain a priority for the future.

Moving forward, we face several ongoing challenges and opportunities in the field of ECCD in emergencies:

- We must disseminate state of the art knowledge on the critical importance of the early years and the long-term impacts of trauma on a child's development, particularly in the area of the impact of stress on brain development.
- We have the opportunity to enrich, support, and enhance existing health and nutrition programs by incorporating an ECCD perspective into all interventions. Building on health workers' knowledge of ECCD will make their work more effective and powerful.
- We must continue to support the establishment of a coordination system at all levels for well-organised and immediate ECCD provision to young children affected by emergencies.
- We must continue to support families to help care for young children, particularly by recognising the critical role of positive child-caregiver attachment and responsive interactions in the first two years of life. ECCD programs also need to support and help parents cope with their own reactions to stress. Programs should strive to support families and children together.
- Efforts should be made to link early learning programs with primary education initiatives. This involves helping teachers understand how young children learn and how to create more responsive learning environments through active teaching strategies. Teachers should be reminded that children need structured, routine, safe learning environments during times of risk.
- Young children at risk – especially girls and all children with disabilities – must be identified for, included in, and provided with more intensive services.

Despite international progress characterised by more and more countries developing and implementing ECCD policies, ECCD remains a critical policy challenge. Governments and policy-makers must recognise that effective investments in the early years are a cornerstone of human development and central to societal success. Indeed, our planet provides no examples of highly successful societies that have ignored development in the early years.

The Early Childhood Care and Development in Emergencies Working Group (EEWG), also recognised as the INEE Task Team on Early Childhood, is made up of agencies working to promote and deliver ECCD in all contexts. It is well placed to actively support capacity building, networking, and advocacy efforts to encourage greater recognition and understanding of the role of ECCD in emergencies as a central tool in saving lives and protecting young children's development and well-being. The EEWG will focus on the following activities over the next several years to improve response, increase visibility, and mobilise resources.

Knowledge generation and research

- Establish an “ECCD in Emergencies” knowledge database on good practices and lessons learned for improved ECCD programming in emergencies
- Produce and contribute to new and existing tools, guidelines, and standards for ECCD in emergencies
- Support research on ECCD in emergencies, linking and coordinating with current researchers, agencies, and donors
- Develop indicators to effectively monitor and evaluate the impact of ECCD programs on children, caregivers, and families

Advocacy and communication

- Advocate for ECCD inclusion through the development of communication and advocacy materials
- Work with response agencies through the Cluster system to ensure ECCD programming is included in emergency preparedness, response, and early recovery interventions

Training and capacity building

- Develop capacity building plans to promote ownership, coordination, and sustainability of ECCD programs in emergencies
- Share existing practical guidelines, tools, and materials to facilitate the implementation of ECCD activities into humanitarian responses

As more and more countries are affected by conflict and disaster, it is imperative to understand the impact of emergencies on young children and their families, to prioritise the implementation of ECCD programming in emergencies, and to ensure that ECCD interventions inform emergency preparedness and recovery planning. The response of humanitarian agencies must be broadened to include provision of developmentally appropriate interventions that help young children, families, and communities to withstand, overcome, and rebound from the chaos of crisis.

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Notes
