

# Early Childhood Development Kit:

## A Treasure Box of Activities



## Facilitator's Guide

unite for children

unicef 

## **Acknowledgements**

This document was prepared with the invaluable guidance and contributions of a number of individuals, both inside and outside of UNICEF. Special thanks go to Nurper Ulkuer, Vijaya Singh, Arnaud Conchon, Christopher Capobianco and Tami Farber.

In addition, we would like to express our appreciation to Patricia Engle and Yoshiko Oi for initiating the process and to Cassie Landers for her feedback and technical inputs. We also would like to give special thanks to the Regional and Country Offices for their support and cooperation.

## **Disclaimer**

Opinions and statements within this document are entirely those of the author and should not be attributed to the United Nations Children's Fund (UNICEF), its affiliated organisations, or the members of the Executive Directors or the countries they represent.

The text has not been edited to official publication standard and UNICEF accepts no responsibility for errors.

The designations in this publication do not imply an opinion on the legal status of any country or territory, or of its authorities, or the delimitation of borders.

## Facilitator's Guide

### Contents

I. Introduction.....	3
II. Terms of Reference for ECD Kit Facilitator .....	5
III. Background and Rationale.....	7
IV. The ECD Kit: A Treasure Box of Activities.....	9
V. Facilitator's Guide Overview .....	13
Session 1: Child Development: Building Blocks .....	19
Session 2: Stress and Young Children: What Do We Know?.....	25
Session 3: Adventures in Learning: The Healing Role of Play.....	31
Session 4: What Is Inside the ECD Kit? .....	41
Session 5: Making Toys for Young Children .....	45
Session 6: Creating Stories and Making Books .....	51
Session 7: Setting up a Stimulating Environment.....	55
Session 8: Implementing the ECD Kit .....	59
Session 9: Monitoring the ECD Kit.....	631
Annex 1: Terms of Reference .....	67
Annex 2: Adult Learning Principles.....	69
Annex 3: Additional Resources: Icebreakers and Games.....	71
Annex 4: Evaluation of Training Programme.....	75
Annex 5: Additional References .....	77



## I. Introduction

Today, global crises including war and natural disasters have displaced an estimated 42 million people - 40% of whom are children. 1.5 billion children, over two-thirds of the world's child population, have faced some type of emergency situation. Worldwide, experts predict that at least 200 million children under five will fail to reach their full potential in cognitive and socio-emotional development due to malnutrition, iodine and iron deficiencies and inadequate stimulation during the first five years of their lives.

Research has shown that early childhood is the most critical period for brain development and that experiences in the early years lay the foundation for lifelong learning and productivity. When a child's need for basic care and nurturing is neglected during the first years of life, the capacity needed for healthy development in later years is severely compromised. Children who experience extreme stress in their earliest years are at a greater risk for developing cognitive behavioural and emotional difficulties. Those who are exposed to the stresses of emergency situations are particularly vulnerable and at increased risk of separation from primary caregivers, sexual and gender-based violence, physical harm and long-term negative emotional and psychological effects.

Young children are highly dependent on their parents and communities to protect them and provide them with adequate nutrition, health care and a loving environment that will help them develop into healthy and productive adults. However, during emergency situations, caregivers also experience extreme levels of

stress and depression which may inhibit their ability to provide their young children with the positive and emotionally nurturing environment that they desperately need during times of instability and uncertainty.

An important factor in mitigating the emotional effects of such crises is the establishment of a safe environment where young children can feel secure, interact freely with responsive adults and other children, and participate in stimulating early learning activities. Opportunities to express feelings, and establish social relationships are highly important for young children and can help to restore a sense of normalcy and stability. ECD interventions can play a key role in helping to address the risk of developmental damage for these young children whose lives have been brutally disrupted by conflict and disaster.

This Guide provides facilitators with ideas for training early childhood care providers to understand how to use the Kit when working with groups of young children in situations of armed conflict and natural disasters. It includes a range of interactive activities that provide hands on experience and is meant to build on participants' own knowledge and experience. Additional sessions provide basic background in child development, the impact of trauma on young children and the healing role of play. Participants also explore ideas for enriching the Kit with locally available and homemade toys and learning materials. The design and structure is completely flexible. Facilitators are encouraged to adapt the session to meet participants' specific learning needs and expectations.



## II. Terms of Reference for ECD Kit Training Facilitator

Facilitators are responsible for training caregivers who will directly implement the Kit with young children in emergency situations and also play an important role in monitoring and assessing ECD Kit implementation.

### Tasks and Deliverables

- Identify sites and caregivers for the implementation of the ECD Kit and related activities
- Train caregivers and ensure their continuous support
- Monitor ECD Kit implementation by regularly visiting the sites and consulting with caregivers; collect monitoring forms from caregivers
- Report to ECD Coordinator in case of any problems occurring at field sites

### Qualifications

- Good experience in training
- Knowledge of ECD
- Knowledge of adult learning principles
- Good facilitation skills
- Analytical, writing and reporting skills
- Knowledge of local language



### III. Background and Rationale

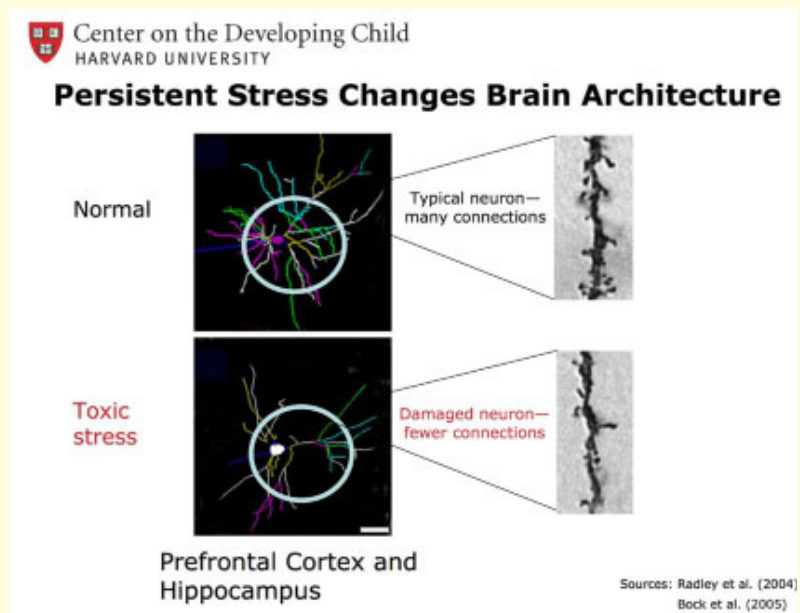
In July 2004, UNICEF's Integrated Early Childhood Development (IECD) Unit conducted a needs assessment survey in countries that were facing emergency and/or unstable situations. The results revealed that 83% of the countries surveyed lacked playing and learning materials for children ages 0-6 years old.

In order to support efforts to bring recovery and healing to young children in crisis, UNICEF's ECD Unit, in collaboration with the Education Unit, the Emergency Task Force in NYHQ and the Emergency Operations Unit (EMOPS) developed

an ECD Kit and Facilitators' Guide which targeted children ages 0-6 living in conflict and emergencies around the world. These Kits were designed to help caregivers - including parents and service providers - to meet the special needs of young children during humanitarian and conflict-related emergencies. Using these tools, caregivers were not only able to re-focus their attention on young children and their development, but also to provide them with materials for learning and play as well as hope, in an extremely difficult environment.

#### Early Childhood is a critical period for brain development

- Young children experience the most rapid period of growth and change during the human lifespan. Timing of experience is critical as these years lay the foundation for a child's future.
- During the early years of life, most of the growth of brain cells occurs, accompanied by the structuring of neural connections in the brain and physical growth. The first years of a child's life are important for the child's physical and psychological development, as well as for his or her cognitive development, personality and social behaviour.
- There is evidence of the negative impact of toxic stress during the early years on brain function and affects brain architecture as shown in the picture here.



During emergencies learning materials are often lost or destroyed. Particularly, in conflict situations looting and burning of all play and other educational materials are common. Families are not likely to be able to replace such materials and investing in playthings and educational materials for young children is rarely prioritized by governments. Therefore, the provision of basic equipment and materials such as those provided in the ECD Kit, can be a powerful catalyst to the re-establishment of early learning and stimulation activities.

## Increased number of natural disasters

- In the first half of the 20th century, the world witnessed an average of 12 disasters per year. By the second half of the century, the number had risen to 163 because of population growth, urbanization, deforestation and climate change.
- Certain regions, which are more prone to natural disasters due to geography and harsh weather patterns, have been greatly destabilized and are unable to cope with natural disasters and their aftermath due to a lack of resources or capacity to cope resulting in increased regional disparities.
- Children are less likely to survive natural disasters and those who do survive are subsequently at high risk of succumbing to malnutrition, injuries or communicable diseases. Their development is also jeopardized by the psychosocial and economic consequences of natural disasters.



## IV. The ECD Kit: Treasure Box of Activities

**Purpose:** To strengthen the response for children ages 0-6 in emergency situations and to provide them with stimulation and learning materials to help restore a sense of stability and safety for young children.

The ECD Emergency Kit can help build the bridge from 'emergency to normalcy' helping young children to reconcile with a new environment and provide an opportunity to create or expand on existing ECD programmes within the community. The Kit is complementary to "School in a Box" and other kits in addressing the learning and developmental needs of young children in emergency situations. Minimal contributions from caregivers and providers are required and young children are empowered to set their own pace of learning and recovery.

### Specific Objectives:

- Establish positive and supportive adult-child interactions;
- Create a safe and secure play and learning environment;
- Foster self-esteem and confidence;
- Develop critical early learning and development skills;
- Promote interaction between young children of the same or different ages;
- Create opportunities to develop curiosity, creativity, and self-expression;
- Create a sense of normalcy for young children whose lives have been severely disrupted by conflict and/or disaster.

### Quick Facts:

- Contains 37 durable play and learning materials for caregivers and young children from birth to age six;
- Serves groups of up to 50 young children and costs 230 USD;
- Creates opportunities for young children to interact with other children and adults in safe

and stimulating environments;

- Provides a minimum package for an emergency situation -other relevant materials should and may be added as necessary;
- Items in the Kit can be replaced by local supplies and homemade playthings;
- Kits are prepared to be as gender and culturally neutral as possible to serve boys and girls all around the world;
- Complements UNICEF's "School in a Box" and the "Recreation Kit."

## Exploring the ECD Kit – What's Inside?

### *Learning and Play Materials for Young Children:*

The Kit contains enough materials to help caregivers create a safe learning environment for up to 50 young children. It consists of 37 items including brightly coloured paper and pencils, dominoes, construction blocks, puzzle blocks and memory games to stimulate cognitive learning, social and emotional competency, creativity and problem-solving skills. Each item was carefully selected to help develop young children's skills for physical development, curiosity and exploration, speaking, feeling, and interacting with others. Counting games, beads to string, boxes to stack and sort, and puppets for telling and listening to stories are just some of the treasures found inside the Kit listed in the Table on the next page.

Included in the Kit is an easy to use **Activity Guide** filled with suggestions on how to use each item based on the children's age and interest along with supportive teaching items to help caregivers implement the activities. These items include adhesive tape, pen, pencils, plastic storage bags, exercise book markers and flipcharts. **Record books** are also provided to enable caregivers to monitor children's attendance, responsiveness

## ECD Kit: Games and Activities

Activities With Materials			
	Babies	1–3 Years	4–6 Years
1. Board Puzzle	*	*	
2. Chain Puzzle	*	*	
3. Board Book	*	*	*
4. Sponge Balls	*	*	*
5. Shape Sorter	*	*	*
6. Paper and Crayons	*	*	*
7. Stringing Beads	*	*	*
8. Puppets	*	*	*
9. Stacking and Sorting Kit	*	*	*
10. Dominoes	*	*	*
11. Construction Blocks	*	*	*
12. Modelling Clay		*	*
13. Puzzle Blocks		*	*
14. Memory Game		*	*
15. Counting Circle			*
16. Jigsaw Puzzle			*

Activities Without Materials			
	Babies	1–3 Years	4–6 Years
1. We Are Going to...	*	*	
2. We Can Move	*	*	
3. Familiar Sounds	*	*	
4. Can You Copy Me?	*	*	
5. We Can Make Music	*	*	
6. I Am Here. Who Is Here?	*	*	
7. I See Something	*	*	
8. Quiet Talking Time	*	*	
9. We Can Move/Hide and Seek			*
10. Follow the Leader			*
11. Friends Together			*
12. One Toy, Two Children			*
13. Helping Partners			*

to activities and play materials and a child's individual progress. The Kit also contains a bar of soap and a collapsible water container to help keep the materials and children clean as well as UNICEF T-shirts and decal stickers to ensure the identification and recognition of UNICEF-supported caregivers and materials.

This Guide provides facilitators with ideas for training early childhood care providers to understand how to use the Kit when working with groups of young children in situations of armed conflict and natural disasters. It includes a range of interactive activities that provide hands on experience and is meant to build on participants' own knowledge and experience. Additional sessions provide basic background in child development, the impact of trauma on young children and the healing role of play. Participants also explore ideas for enriching the Kit with locally available and homemade toys and learning materials. The design and structure is completely flexible. Facilitators are encouraged to adapt the session to meet participants' specific

learning needs and expectations. A Training Guide will be also available online soon.

The purpose of the Coordinator's Guide is to provide instruction and guidance on designing and implementing ECD activities in emergency situations. It is intended to equip coordinators with the knowledge and skills to effectively oversee the coordination and implementation of the ECD Emergency Kit. This includes instruction on the following: 1) conducting a situation analysis; 2) designing an ECD Kit intervention; 3) designing effective implementation strategies; 4) procurement of the Kit; and 5) monitoring and evaluating the deployment and utilisation of the Kit. Guidance on how to participate in and contribute to trainings for facilitators and caregivers will also be provided.

The following is a list of identified advantages and constraints that should be considered during the preparation for procurement and the implementation and monitoring of the Kit. Please note that they may vary based on the local context.

#### **Advantages:**

- Increased capacity for preparation and unit costing - by stockpiling, Kits are easier to deploy, making it easier to provide a rapid comprehensive response.
- Saves time spent on the design, contract, manufacturing, and assembly of the items.
- Prepackaged items are often better protected against rain and transport damage, as well as being suited for storage.
- Focuses attention on children's needs when kits are deployed along with shelter, food and other key items.

#### **Constraints:**

- Some items may not be replaceable in the local context.
- Items may not be culturally relevant.
- Kits often rely on assumptions of class size and therefore, may not reflect reality.
- Kits may be heavy and difficult to transport which could potentially impact the willingness or ability of partners to assist in transportation.
- The cost for kits may be higher than local assembly costs.
- Prepackaged kits do not support the local economy.
- Creates dependency as caregivers, teachers and educational systems become accustomed to receiving packaged materials even after they are available locally.
- Continued need to provide extensive training in addition to the provision of materials.

## Lessons Learned & Recommendations

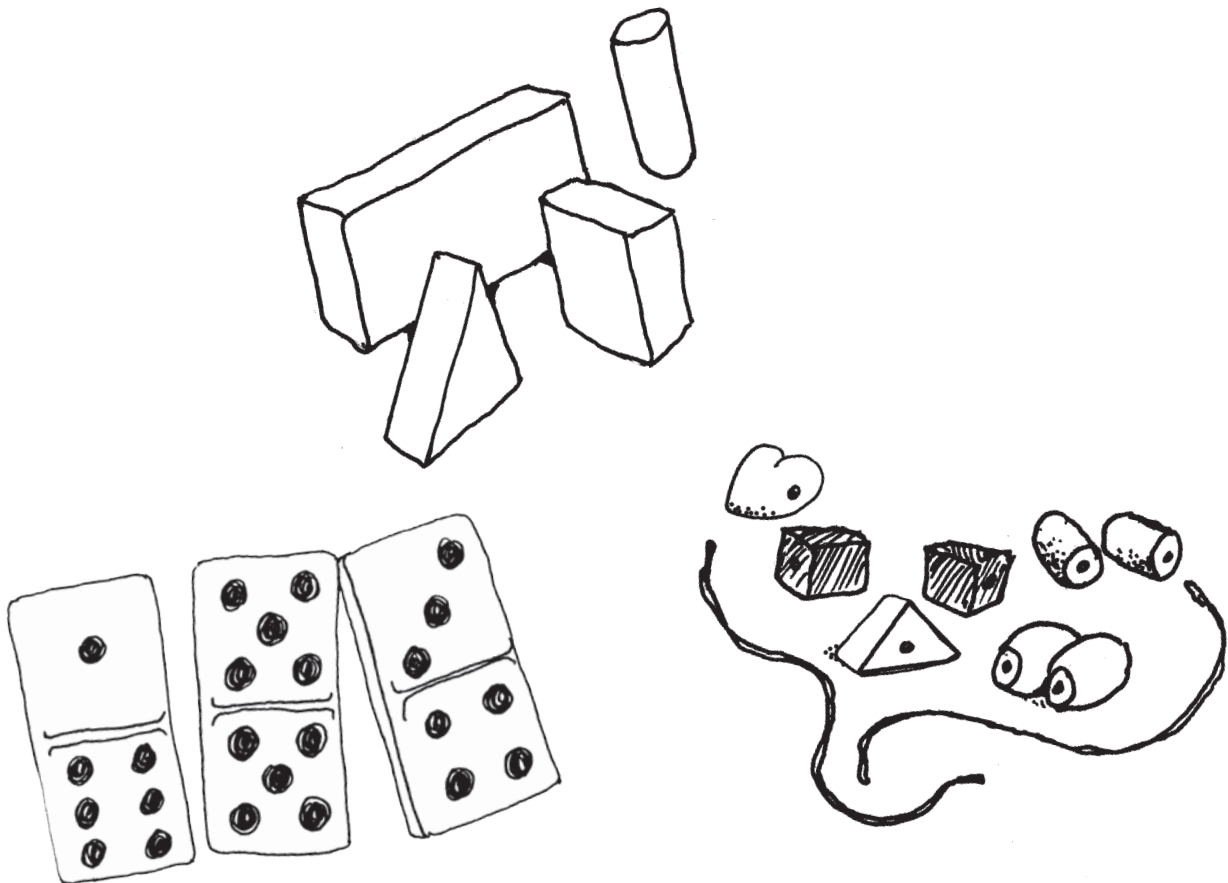
### Prepackaged Kits

#### Deployment and Delivery:

- Prompt deployment of kits (within 6-8 weeks) and a rapid resumption of ECD activities.
- Use a “two-phase” approach: 1) Initial and essential learning kits or items should be deployed within the first 6-8 weeks. 2) Second distribution of materials (most likely not through prepackaged kits) should be made after an expanded assessment (4-6 months after the emergency onset).
- Set clear deadlines for the end of distribution of prepackaged kits and prepare sustainability plan to continue support.
- Staff should ensure that caregivers receive Kits and/or confirm that Kits reach (and are signed for) their designated location.

#### Contents:

- Some items are used more rapidly than others. Specific items should be inventoried and sent accordingly to avoid oversupply and underuse.
- Kits should be complete. Many of the items included in the Kit, could be procured or produced locally. These should be identified before ordering.
- Take into account the context of the emergency situation to ensure the Kit can be properly used and kept safe.
- The Kit is designed to be inclusive for *all* young children. Materials can be adapted for young children with disabilities.
- Carefully consider the ratio of Kit items to the number of young children served in order to avoid insufficient materials and limited effectiveness.
- Ensure the cultural appropriateness and relevancy of the items.



### Caregiver Training:

- Training improves the use and effectiveness of the Kits.
- Simple caregiver/teacher guidelines explaining the purpose and content of the Kit as well as ideas on how to use the individual items are essential.
- Guidelines need to be translated into the local language.

## Implementation

### *Who should implement the ECD Kit?*

UNICEF intends to use the Kit in emergency situations and beyond (when the emergency phase is over, and throughout the transition and the recovery phase). Ideally, implementation should take place through partners and counterparts (Institutions, Governments, NGOs, International Organisations, UN Agencies, etc.). Bearing in mind funding sources, donor requirements, programmatic priorities, and conditions in the field, the ECD coordinators (who might be assigned to the Education, Child Protection or Health cluster; or have a more general role in coordinating the emergency response) should ensure that: (i) the Kits are deployed in an effective manner, (ii) that the service providers/care-givers are adequately informed about the effective use of the Kits, and (iii) that the Kits are actually utilised according to best practices. Coordinators must then orient and arrange for a Training of Trainers (ToT), to support the training of caregivers. Coordinators should therefore continuously contribute to the ECD Kit implementation through its different stages (deployment, utilization, monitoring, evaluations/assessments).

### *Where can the ECD Kit be used?*

The ECD Kit is designed to be flexible and used in a wide range of community-based settings. In selecting the site, ensuring the safety and security of the environment for young children is critical. Suggested implementation sites include:

- ***Child Friendly Space (CFS):*** CFS provides a range of health, primary education, childcare and psychosocial development services within a single protected environment. They are family focused and community-based. A pre-school space is often designed which makes CFS an ideal setting for implementing the ECD Kit.
- ***Tents:*** If erected securely, tents can provide a safe space for young children. In IDP/Refugee camps, these locations are easily identifiable and surrounded by a secured parameter
- ***Health/Feeding Centres.*** Integrating the ECD Kit materials within ongoing health and feeding activities can be an ideal way to reach children in the first three years of life. Informal play sessions can be organized for families and young children while waiting to receive services.
- ***Community Centre:*** Usually after a natural disaster has occurred, community centres can be a temporary setting where the ECD Kit can be used. Security is necessary here, especially where mixed populations are gathered. When using the ECD Kit in a community centre, it is recommended to build landmarks in order to specify safe places for young children.



## V. Facilitator's Guide Overview

### 1. Scope and purpose

This **Facilitator's Guide** was developed to support facilitators in training early childhood development care providers on how to use the ECD Kit when working with groups of young children in situations of armed conflict and natural disasters. It is meant to reinforce the Kit's accompanying Activity Guide and provide trainers with ideas and guidance on working with caregivers. It is acknowledged that caregivers possess a wealth of knowledge and experience. While the Facilitator's Guide will build upon this knowledge and experience, new ideas will also be shared. Trainers should be familiar with adult learning principles (*see Annex 2*) and have a solid knowledge of all resources in the community where the training is being conducted.

The Facilitator's Guide consists of nine sessions focused on essential skills, knowledge and attitudes that are important for the safe and effective implementation of the ECD Kit with children ages 0-6 years old.

The following topics are covered:

- Basics of child development
- Stress and young children
- Play and creativity
- Materials in the ECD Kit
- Making toys for young children
- Creating stories and simple books
- Setting up a safe and stimulating learning environment
- Implementing the ECD Kit
- Monitoring the ECD Kit

The design and structure of the Facilitator's Guide is completely flexible. The sessions can be delivered within a set time block, or

the training can be spread over a few days or longer. Facilitators are encouraged to adapt the sessions to meet participants' specific learning needs and expectations and to ensure they are culturally relevant. In Annex 3, facilitators will find suggested ice-breakers and games to help warm up groups at the start of sessions or to use as energizers throughout the trainings. This will depend on the needs of the group.

It is important that trainers are thoroughly familiar with the entire Facilitator's Guide before starting any training programme with caregivers.

### 2. Understanding the Sessions

The quality of training will directly impact the lives of young children, their families and communities. Each session has several components to help guide the delivery of the material.

- *Learning objectives:* These indicate the specific learning outcomes that need to be achieved upon completion of a particular session.
- *Materials:* This section is a list of all the materials the trainer will need to prepare and have before starting the session.
- *Background reading:* This section includes the background materials the trainer needs to read and understand before the session. It is important that the trainer is thoroughly familiar with the material in each session before delivering it.
- *Activities:* Each session includes one or more activities. These are designed to build the capacity of caregiver's knowledge and skills. They are interactive and group based.
- *Handouts:* These will be provided during the sessions to help participants engage in the material they are learning.
- *Self-assessment:* At the end of each session participants will complete a self-assessment

activity to evaluate the effectiveness of the learning outcomes and if the said objectives were achieved. This should be facilitated in a fun and non-threatening way.

- *Facilitator's notes:* Additional guidance and suggestions for different options to extend the activities and enrich the participants' experience.

### 3. Resources

Each session indicates the materials you will need to successfully deliver the content and achieve success with the participants. In some circumstances materials may not be readily available. Use any local materials that can be adapted to fit the needs of the activities. Here are several standard resources needed:

#### Tips for Facilitators

- Create a positive and safe environment of care, respect and learning. It is important to consider the traumatic experiences many of the children and their parents have gone through due to the impact of the emergency situation.
- Before beginning any training programme, take time to make the group comfortable by engaging in icebreakers. It is important to establish shared agreements of the group to ensure positive experiences and an optimal learning environment.
- Establish that participants are responsible for their own learning. Everyone will take something different from the sessions depending on their needs and involvement in discussions and activities.
- Draw on experiences in the room. Encourage participants to share their knowledge, strategies and approaches to caring for young children. They will have a great deal to offer and this will create a richer learning environment. Remember to share your own experiences as well.
- Explain exercises clearly. Present exercises both verbally and in written form on flipchart using very clear language. Check to see that participants have understood instructions before starting.
- Encourage participation without forcing anyone to do something he or she does not want to do. It is important to respect participants' feelings.
- Allow enough time for participants to answer questions. Don't be afraid of silence. If participants are having difficulty, try rephrasing the question. Also make sure you allow enough time for additional questions participants may have. Do not move forward until you feel the entire group understands the content of the session.
- Model effective listening skills and encourage participants to listen carefully to one another so they can understand what is being expressed by each person.
- Be sure to vary the small groups so that different participants have a chance to work with each other.
- Remain flexible. Adjust the training agenda where necessary to effectively meet the needs of participants.
- When planning and facilitating the sessions be sure to take into account the various levels of experience, educational backgrounds and any special circumstances that may shape a participant's capacity to fully take part and engage.
- Remember that people learn the most by doing.
- Be prepared and have fun!

- *Flipchart paper:* A flipchart and flipchart paper will be needed for both the trainer and participants to use during the sessions.
- *Pens and markers:* Ensure a variety of colours and a sufficient supply available for all participants.
- *Handouts:* Each session contains handouts for the participants - be sure that copies are prepared before the session starts.
- *Tape:* Flipchart paper will need to be displayed on the wall.
- *Name tags:* These are important for trainers and participants to learn each others names and interact throughout the training. Make sure names are written clearly.
- *Mats:* Mats will provide a clean and comfortable place for the children and their parents to sit on and move around freely.

## 4. Target group for training

This Facilitator's Guide is designed for Facilitators responsible for training caregivers who will be implementing the ECD Kit with children ages 0-6. The literacy level of the target group may vary and the trainer needs to prepare and adjust the training to accommodate varying levels of literacy among participants.

The sessions are designed for a group of 15-20 people. Although they can be delivered with smaller or larger groups, some of the activities will need to be adjusted or involve an additional trainer. The specific needs and experiences of a group must be taken into consideration throughout the training. Please keep in mind that the smaller the number of participants, the more individualized attention they can receive.





## Session 1: Child Development: Building Blocks

### Learning Objectives

Participants will be able to:

- Define child development and understand the importance of the early years
- Understand the interrelationships among the various domains of child development
- Identify how caregivers can support the development of infants, children from 1-3 years and children from 4-6 years

### Materials

- Flipchart paper
- Markers
- Shoe laces or string
- Clay

### Background Reading

#### ***Developmental Domains***

The concept of the whole child is based on the accepted principle that all areas of human growth and development are interrelated. It is only for the purpose of studying one area or another in greater depth that different domains have been created. In reality, however, one must be constantly reminded that all areas of growth and development are intimately related and mutually supportive. No aspect of development develops independently and each skill, whether simple or complex, reflects a blending of other skills.

There are four major developmental areas including motor, cognitive, language, and emotional-social. These four areas help focus attention on certain components of a child's normal development and are used to describe a child's progress along the developmental continuum. An understanding of each area of development creates a profile or "word picture" useful for assessing both the immediate and ongoing status of children's skills and behaviours. Children's individual achievements may vary

across areas; a child may walk early and talk late. Development in each of these areas is dependent on appropriate stimulation and opportunities to learn.

- ***Motor development.*** Motor development is a child's ability to move and control various body parts. Running jumping climbing skipping, hopping, throwing and balancing come naturally to young children, but they need support and plenty of opportunities to practice these skills. Daily activities that require the use of large motor skills help children practice fundamental movement skills that help them develop good self-esteem and physical competence. Small motor development refers to how children learn to use their hands and fingers.
- ***Cognitive development.*** Cognitive development includes the child's thinking skills for recognizing, processing, organizing, and using information. It includes such skills as discovering, interpreting, sorting, and classifying information. In older preschool children, cognition refers to skills for evaluating ideas, making judgments, solving problems, understanding rules and concepts, thinking ahead, and visualizing possibilities or consequences.
- ***Language development.*** Language can be defined as a method of communication either spoken or written using symbols and/or gestures. Normal language development is sequential. It depends on maturation as well as learning opportunities. Children understand many concepts and relationships long before they have the words to describe them. Words and grammatical rules are learned as children convey their thoughts and ideas through language. Language development is influenced by the child's general cognitive, social, emotional and physical development and is also dependent on the quality and quantity of

interaction with the people and things in their environments.

- **Emotional and Social Development.** Emotional and social development is a broad area that deals with how children feel about themselves and their relationships with others. Some of the emotional skills learned in the early years are: the ability to accept and express feelings as well as understand others' feelings, the capacity to deal with change, the ability to exercise judgment, and to know and enjoy one's sense of control and influence. It also includes the set of skills involved in learning self-care tasks. Children learn many social skills in their early years. They learn to enjoy and trust adults other than their parents. In their relationships with others, children learn ways to cooperate, disagree, share, communicate, and assert themselves. Children also learn how to take part in group activities, adapt to group expectations, and to respect the feelings of others.

## Activities

### 1. Brainstorm: Child Development and the Early Years

Instructions:

- Ask participants the following two questions:
  1. "What does *early childhood development* mean?"
  2. "Why are the early childhood years important?"
- Briefly chart phrases and ideas that are suggested on two separate flipcharts. Try to summarize suggestions into a working definition of early childhood development and gain consensus on why the early years are important. The following points can be included in the discussion:
  - *The early childhood years are crucial and characterized by rapid physical and mental growth. These will have lasting effects across the child's life course.*
  - *When talking about development in chil-*

*dren, the discussion refers to the changes that children experience as they grow older, bigger, stronger, and more mature.*

- The concept of the whole child is based on the accepted principle that all areas of human growth and development are interrelated.
- No aspect of development develops independently, and each skill, whether simple or complex, reflects a blending of other skills.

Ask for questions and additional comments.

### 2. Role Play: Tie Your Shoe

All skill development, whether simple or complex, is dependent upon and reflective of a compilation of skills that is built upon through continuous learning.

Instructions:

- Draw a pie chart with four pieces or sections on a piece of flipchart paper and label each section with one of the four domains of child development (motor, cognitive, language and emotional/social).
- Ask participants to think about all the skills a child has mastered in learning to tie their shoes. Participants should work in pairs and if they are wearing shoes with laces – they should take a moment and re-tie their own shoes and reflect on the experience (if they are not wearing shoes with laces then hand-out string for participants to tie together).
- Ask participants to identify the specific skills learned in each of the four domains of child development and chart them in the appropriate pie pieces.

Note: Depending on participant's prior knowledge of child development, training facilitators may need to model this exercise and begin filling in the four areas of the pie.

Suggestions:

- **Motor:** small motor skills using fingers to manipulate and tie the laces; large motor skills bending down, hand eye coordination;
- **Cognitive (thinking):** ability to organize an ac-

- tivity into a sequence of events; memory;
- *Language*: developing vocabulary – shoe, ties, lace; express satisfaction; ask for help; describe what they did;
- *Emotional/Social*: developing self esteem/confidence; independence; ability to help others.

Ask for questions and additional comments.

### **3. Group Work: Supporting the Child's Development: How Caregivers Can Help**

Instructions:

- Divide participants into three groups and assign each group one of the following age ranges: babies, 1-3, and 4-6. Ask each group to divide a large sheet of flipchart paper into two columns. In one column they should list the skills children master at this age. Think of different skills in each of the four domains of child development: motor, cognitive, language and emotional/social. In the second column, participants identify the things that parents/caregivers do to support/facilitate the child's development during the specific age range.
- Once the groups have filled-in their columns they should post their flipchart paper around the room and all participants should walk around and review. Once the large group has reconvened, ask participants if they have any changes/additions for each of the groups' charts.
- Have participants break out into the same groups and give each group a portion of clay and ask them to think about how a child in their age-range would use or play with the clay. This is a hands-on activity so participants should spend time both talking about and using the clay. After 15-20 minutes have each group explain the ways they think their age group will use the clay and what a caregiver can do to support the development of young children during the activity.

Summarize the activity by asking participants to identify and discuss patterns of development and supportive caregiver activities that cut

across age groups. Use flipchart paper to record the summary and if desired leave it posted throughout the training sessions.

Ask for questions and additional comments.

### **Self-assessment**

Write the following questions on a piece of flipchart paper and ask participants to write their answers to them on a piece of paper. Explain that this is not a test and you will not be collecting their answers. The aim is to allow participants to see how much they have learned during the sessions.

- (1) All children develop at the same pace and in the same way. TRUE or FALSE
- (2) There are four domains of child development. TRUE or FALSE (List them)
- (3) Development is entirely dependent on a child's natural condition. TRUE or FALSE
- (4) Parents/caregivers have a significant role to play in children's development. TRUE or FALSE

### **Facilitators Notes:**

Understanding More about Child Development

- Human development is shaped by a dynamic and continuous interaction between biology and experience.
- Culture influences every aspect of human development and is reflected in childrearing beliefs and practices designed to promote healthy adaptation.
- Children are active participants in their own development, reflecting the intrinsic human drive to explore and master one's environment.
- Human relationships and their effects are the building blocks of healthy development.
- The development of children unfolds along individual pathways.
- The timing of early experiences can matter, but, more often than not, the developing child remains vulnerable to risk and open to protective influences throughout the early years

of life and into adulthood.

- The course of development can be altered in early childhood by effective interventions that change the balance between risk and protection, thereby shifting the odds in favour of more adaptive outcomes.
- Early experiences clearly influence brain development, and it is critical to focus on the importance of the first three years of life.
- Early intervention programmes can improve the odds for vulnerable young children.
- How young children feel is as important as how they think, particularly with regard to school readiness.
- Healthy early development depends on nurturing and dependable relationships.
- Substantial scientific evidence indicates that poor nutrition, specific infections, environmental neurotoxins, drug exposures and chronic stress can harm the developing brain.
- Significant parental mental health problems (particularly maternal depression, substance abuse, and family violence) impose heavy developmental burdens on young children.

Approximate Age	What Children Do	What Children Need
Birth to 3 months	<ul style="list-style-type: none"> <li>• Learn about the world through all their senses</li> <li>• Track people and objects with eyes</li> <li>• Respond to faces and bright colours</li> <li>• Reach, discover hands and feet</li> <li>• Lift head and turn toward sound</li> <li>• Cry, but are often soothed when held</li> <li>• Begin to smile</li> <li>• Begin to develop a sense of self</li> </ul>	<ul style="list-style-type: none"> <li>• Protection from physical danger</li> <li>• Adequate nutrition (through exclusive breastfeeding is best)</li> <li>• Adequate health care (immunization, oral rehydration therapy as required, hygiene)</li> <li>• An adult with whom to form an attachment</li> <li>• An adult who can understand and respond to their signals</li> <li>• Things to look at, touch, hear, smell, taste</li> <li>• To be held, sung to and rocked</li> </ul>
4 to 6 months	<ul style="list-style-type: none"> <li>• Smile often</li> <li>• Prefer parents and older siblings</li> <li>• Repeat actions with interesting results</li> <li>• Listen intently</li> <li>• Respond when spoken to</li> <li>• Laugh, gurgle, imitate sounds</li> <li>• Explore hands and feet</li> <li>• Put objects in mouth</li> <li>• Sit when propped, roll over, scoot, bounce</li> <li>• Grasp objects without using thumb</li> </ul>	<i>All of the above, plus</i> <ul style="list-style-type: none"> <li>• Opportunities to explore the world</li> <li>• Appropriate language stimulation</li> <li>• Daily opportunities to play with a variety of objects</li> </ul>
7 to 12 months	<ul style="list-style-type: none"> <li>• Remember simple events</li> <li>• Identify themselves, body parts, familiar voices</li> <li>• Understand own name, other common words</li> <li>• Say first meaningful words</li> <li>• Explore, bang, shake objects</li> <li>• Find hidden objects, put objects in containers</li> <li>• Sit alone</li> <li>• Creep, pull themselves up to stand, walk</li> <li>• May seem shy or upset with strangers</li> </ul>	<i>All of the above, plus</i> <ul style="list-style-type: none"> <li>• Introduction of supplementary foods</li> <li>• Opportunities to hear stories, be read to</li> <li>• A safe environment to explore</li> </ul>

1 to 2 years	<ul style="list-style-type: none"> <li>• Imitate adult actions</li> <li>• Speak and understand words and ideas</li> <li>• Enjoy stories and experimenting with objects</li> <li>• Walk steadily, climb stairs, run</li> <li>• Assert independence, but prefer familiar people</li> <li>• Recognize ownership of objects</li> <li>• Develop friendships</li> <li>• Solve problems</li> <li>• Show pride in accomplishments</li> <li>• Like to help with tasks</li> <li>• Begin pretend play</li> </ul>	<p><i>In addition to the above:</i></p> <ul style="list-style-type: none"> <li>• Support in acquiring new motor, language, thinking skills</li> <li>• A chance to develop some independence</li> <li>• Help in learning how to control their own behaviour</li> <li>• Opportunities to begin to learn to care for themselves</li> <li>• Opportunities for play and exploration</li> <li>• Play with other children</li> <li>• Read to/tell stories daily</li> <li>• Health care must also include deworming if required</li> </ul>
2 to 3 years	<ul style="list-style-type: none"> <li>• Enjoy learning new skills</li> <li>• Learn language rapidly</li> <li>• Are always on the go</li> <li>• Gain control of hands and fingers</li> <li>• Are easily frustrated</li> <li>• Act more independent, but are still dependent</li> <li>• Act out familiar scenes</li> </ul>	<p><i>In addition to the above, opportunities to:</i></p> <ul style="list-style-type: none"> <li>• Make choices</li> <li>• Engage in dramatic play</li> <li>• Sing favourite songs</li> <li>• Work simple puzzles</li> </ul>
3 to 5 years	<ul style="list-style-type: none"> <li>• Have a longer attention span</li> <li>• Act silly, boisterous</li> <li>• Talk a lot, ask many questions</li> <li>• Want real adult things</li> <li>• Keep art projects</li> <li>• Test physical skills and courage with caution</li> <li>• Reveal feeling in dramatic play</li> <li>• Like to play with friends, do not like to lose</li> <li>• Share and take turns sometimes</li> </ul>	<p><i>In addition to the above:</i></p> <ul style="list-style-type: none"> <li>• Opportunities to develop fine motor skills</li> <li>• Encouragement of language through talking, reading, singing</li> <li>• Activities which will develop a positive sense of mastery</li> <li>• Opportunities to learn cooperation, helping, sharing</li> <li>• Experimentation with pre-writing and pre-reading skills</li> <li>• Hands-on exploration for learning through action</li> <li>• Opportunities for taking responsibility and making choices</li> <li>• Encouragement to develop self-control, cooperation, persistence in completing projects</li> <li>• Support for their sense of self-worth and pride in accomplishments</li> <li>• Opportunities for self-expression (drawing, painting, work with clay or mud)</li> <li>• Encouragement of creativity</li> <li>• Rhythmic movement</li> <li>• Listening to music of all kinds</li> </ul>

6 to 8 years	<ul style="list-style-type: none"> <li>• Grow curious about people and how the world works</li> <li>• Show an increasing interest in numbers, letters, reading and writing</li> <li>• Read</li> <li>• Become more and more interested in final products</li> <li>• Gain more confidence in physical skills</li> <li>• Use words to express feeling and to cope</li> <li>• Like grown up activities</li> <li>• Become more outgoing, play cooperatively</li> </ul>	<p><i>In addition to the above,</i></p> <ul style="list-style-type: none"> <li>• Support in acquiring additional motor, language, thinking skills</li> <li>• Additional opportunities to develop independence</li> <li>• Opportunities to become self-reliant in terms of personal care</li> <li>• Opportunities to develop a wide variety of skills</li> <li>• Support for the further development of language through talking, reading, singing</li> <li>• Activities which will further develop a positive sense of mastery</li> <li>• Opportunities to learn cooperation, helping, and teamwork</li> <li>• Hands-on manipulation of objects to support learning</li> <li>• Opportunities for taking responsibility and making choices</li> <li>• Support in the development of self-control and persistence in completing projects</li> <li>• Support for their sense of self-worth and pride in accomplishments</li> <li>• Motivation and reinforcement for academic achievement</li> <li>• Opportunities to practice questioning and observing</li> <li>• Opportunities to make music, accomplish art, dance</li> <li>• Attend basic education</li> </ul>
Children's whose growth is faltering, at any age	<ul style="list-style-type: none"> <li>• Child does not respond to stimulation and attention</li> </ul>	<ul style="list-style-type: none"> <li>• Caregivers who know when to seek help and how to provide a caring and loving environment</li> <li>• Extra time from caregivers, playing and talking, and massaging the child's body</li> <li>• Encouragement to play and interact with other children</li> </ul>

## Session 2: Traumatic Experiences and the Impact of Stress on Young Children

### Learning Objectives

Participants will be able to:

- Understand how stress affects young children;
- Recognize the signs of stress in young children;
- Identify ways to help young children deal with stress.

### Materials

- Flipchart paper
- Markers
- Handouts

### Background Reading

#### ***What is childhood stress?***

Stress is a normal part of life and human beings experience stress early, even before they are born. A certain amount of stress is normal and necessary for survival. Stress helps children develop the skills they need to cope with and adapt to new and potentially threatening situations throughout life. Support from parents and/or other concerned caregivers are necessary for children to learn how to respond to stress in a physically and emotionally healthy manner.

The beneficial aspects of stress diminish when it is severe enough to overwhelm a child's ability to cope effectively. Intensive and prolonged stress can lead to a variety of short- and long-term negative health effects and can disrupt early brain development. This is referred to as "toxic stress" resulting from intense negative experiences which children are unable to manage by themselves. The stress produced

from traumatic experiences can be crippling to a child's life. Depression, weight loss, bed wetting, inability to concentrate, hyperactivity, sleeping difficulties, irritability and failure to thrive are just some of the symptoms displayed by children traumatized by emergency situations.

Evidence shows that high levels of stress affect not only the behavioural and psychological aspects of child development, but have been associated with permanent changes in the brain's development. Science has shown that persistent elevations of stress hormones and altered levels of key brain chemicals produce an internal physiological state that disrupts the architecture and chemistry of the developing brain. Continuous activation of the stress response system can produce disruptions of the immune system and metabolic regulatory functions. There is evidence demonstrating that 'toxic stress' in early childhood can result in a lifetime of greater susceptibility to physical illness as well as mental health problems.

When the stress from traumatic experiences remains active at high levels over (long/a) period(s) of time, they can have adverse effects on developing brain architecture which weakens the foundation upon which future learning, behaviour and health are built. The magnitude a crisis has on children is the most severe and long lasting in 0-3 year old infants and toddlers. Given that the most active period of brain growth and development occurs during the first three years of life, the quality of the relationships a child experiences in this time period, has a deep and lasting impact on how the brain develops.

## Activity:

### Instructions:

The facilitator should briefly define and explain the effects of stress on a young child to participants using the background information and facilitators notes.

- Ask participants to close their eyes. Take them through a process of getting relaxed. Ask them to take a few deep breaths and begin to feel their bodies relaxing into the their chairs. After a moment of silence, ask participants to think back to a time where they experienced stress in their lives. Think about how they felt, any changes in their behaviour that occurred, any thoughts they may have had. Have them take another deep breath and just notice what they are experiencing in the present moment.
- After a few moments ask participants to open their eyes. Explain that thinking and talking about stress can evoke many different emotions. When children and their families experience traumatic events it can have a major impact on their lives.
- Ask for volunteers who may want to share what they experienced when closing their eyes.
- Lead participants into a discussion about what they think happens to children who experience stress as a result of traumatic experiences and how to help them cope.
- Once two or three participants have had an opportunity to share, read the following scenario:

*Tuti is a 4 year old boy whose village was destroyed by a flood. Most of Tuti's family was able to escape and get to safety, however Tuti lost his mother during the flood and is now being cared for by his grandmother. For many days Tuti and his family have had very little food and no fixed shelter. Tuti comes to where you have set up a safe area for children to play. You welcome Tuti and guide him to one of the areas where you have toys set up for the*

*children to play with. Tuti continues to come back every day over the next 2 weeks.*

You have been observing Tuti the past couple of weeks and you started to notice some things about him that you think are related to the stress of his traumatic experience. What signs of stress is Tuti exhibiting?

Allow participants to share answers and write them on a chart. After hearing from participants share the following list of behaviours one might see in very young children that are coping with stress:

- Increased clinginess to parent or whining
- Greater fear of being separated from parent or caregiver
- Increased general fearfulness (i.e. more afraid of being alone, of going to the bathroom)
- Difficulty falling or staying asleep, or having nightmares
- Changes in eating habits (i.e. refusing to eat, loss of appetite)
- More easily frustrated
- More anxious, jumpy or scared
- Increased aggressive behaviours
- More withdrawn, harder to engage
- More crying than usual
- More tantrums or screaming
- Difficulty comforting self
- Appearing to be less responsive, or showing little emotion, withdrawn
- Possible acting out of the trauma/abuse in their play
- Afraid to explore their environment
- Returning to earlier behaviours, such as:
  - » Thumb sucking
  - » Increased bedwetting
  - » Frequent awakening at night
  - » Fear of the dark or strangers

Divide participants into small groups. Using Tuti as an example and learning about the different signs/symptoms of stress, have each group come up with ways in which they would help Tuti to deal with his stress. Once groups have completed their lists have each group share and chart their responses on paper.

Share the following ideas about how to support children dealing with stress. As you go through the list ask participants what it means to them in their own words and what their actions would entail:

- It is important to reassure, comfort and support your child.
- If the child wants to talk, take the time to listen.
- Try to be patient and calm when the child is clingy, whining, or acts more aggressive.
- Provide as many opportunities for the child to play with other children and be in a safe and stable environment.
- Avoid blaming or minimizing the child's feelings (for example, avoid saying, "Don't be a baby. Stop crying.")
- Help to identify the child's feelings by naming them (such as "sad," "scared," or "angry.")
- Encourage the child to keep coming to participate with you as a way of maintaining consistent, everyday routines.
- Ask family members and friends not to talk about scary events in front of the child.
- Be aware of your own reactions. Try to always stay calm and relaxed when with the child even under stressful circumstances
- Encourage children to be proud of themselves in some way. Developing a special interest or skill can serve as a source of pride and self-esteem.
- Use gentle humor or read a silly book to create laughter and to reframe negative thoughts into opportunities.

## Self-assessment

Write the following questions on a piece of flipchart paper and ask participants to write their answers to them on a piece of paper. Explain that this is not a test and you will not be collecting their answers. The aim is to allow participants to see how much they have learned during the sessions.

(1) Children who experience stress may withdraw or become clingy. TRUE or FALSE

(2) All Children who experience stress show the same signs/symptoms. TRUE or FALSE

(3) One way to support a child experiencing stress is to give them lots of opportunities to play. TRUE or FALSE

(4) It is important as the facilitator to stay calm and relaxed when children are experiencing stress due to traumatic situations. TRUE or FALSE

## Facilitators Notes:

---

*Excerpted from: Judith L. Evans. **Children as Zones of Peace: Working With Young Children Affected By Armed Violence** Coordinators' Notebook, No. 19, 1996*

### **Psychological trauma**

Many of the children who survive wars are likely to suffer trauma resulting in severe psychosocial problems. But not all children are impacted in the same way nor to the same degree by organized violence. There are a number of factors that determine the extent to which children are traumatized as a result of wars and civil strife. These have been outlined by Raundalen, Dodge and Dyregrov (1993), and Djeddah and Shah (1996). In a series of studies conducted by the former, they looked at the ways in which wars and civil violence affected children from different countries. What they found illustrates the wide diversity possible in children's responses to traumatic events. The factors that affect the degree of trauma and children's reactions include:

### **THE NATURE, DURATION AND INTENSITY OF THE EVENT**

Children's reactions will differ depending on what happened, how long it lasted, and the degree to which the child was directly involved. For example, it makes a significant difference whether a child is exposed to grenade explosions heard at a distance, whether the child actually

witnessed the explosion, or if the explosion was so close that family members were directly threatened or hurt. Also, children who have been confronted with the possibility of losing their own lives are more traumatized than children who have been at a reasonable distance from the threat. (Raundalen et al. 1993, 12)

## **THE CHILD'S AGE AND PERSONAL CHARACTERISTICS**

The age and characteristics of the child have a mediating effect on how well the child survives and thrives. Also important is the child's previous experience with violence, the child's degree of resilience, and the child's knowledge, skills and abilities. Physical health plays a part as well; a strong, healthy child is likely to be more resilient emotionally and psychologically than one who is weak or sick.

**The child's age.** Depending on the child's age and developmental stage, a child will react differently to acts of violence. If the child is young and still dependent on the family for survival, then the loss of a parent or significant caregiver is likely to be more traumatic than if the child is older and functionally independent. In response to organized violence, children under the age of six often demonstrate regressive behaviour. They evidence anxiety, fear, restlessness, irritability, and dependent and demanding behaviour. This may be explained by the fact that their "cognitive immaturity is an obstacle to finding ways to avoid the impact of traumatic events." (Djeddah and Shah 1996, 46)

Generally children 6-12 years of age are better able to deal with trauma. Their "relative cognitive maturity enhances expression and coping." (46) Evidence of their trauma is seen in their lack of ability to concentrate, memory problems, learning difficulties, lack of spontaneity, passiveness, depression and/or aggression, and demanding behaviour. But age alone does not determine a child's reaction.

**Children's personal characteristics.** An ability to understand and give meaning to the experience of violence, and to adjust to such experiences emotionally can be vital to mental health and even survival. Children who develop constructive coping strategies are better able to manage their feelings and emotions than those who accentuate the difficulties and the sense of hopelessness. A key dimension of children's coping strategies is a child's resilience. Grotberg (1995) provides a definition of resilience and a description of its role in a child's life. Resilience is the human capacity to face, overcome and be strengthened by or even transformed by the adversities of life. Everyone faces adversity; no one is exempt. With resilience, children can triumph over trauma; without it trauma (adversity) triumphs. (10)

Resilience results from a combination of dimensions and is developed as a result of the way in which adults interact with children—through their words, actions and the environment they provide for the child. It is difficult enough to support the development of these characteristics in children in the best of situations; it would appear to be almost impossible in times of war and violence. But children affected by emergencies, war and violence exhibit many resilient characteristics. Resilience has made it possible for children to survive and some children have somehow gotten what they need in order to thrive, even within the most devastating contexts.

## **SOCIO-CULTURAL FACTORS—SOCIALIZATION PRACTICES AND BELIEFS, AND THE STRENGTH OF AFFECTIVE TIES BETWEEN THE CHILD AND THE FAMILY AND COMMUNITY**

Cultures have different ways of socializing children and have different attitudes and beliefs about what constitutes appropriate behaviour. These attitudes and beliefs contribute to a child's ability to cope with stress and violence. Grotberg (1995) describes some of the differences among cultures in terms of socialization:

Some cultures rely more on faith than on problem solving in facing adversity. Some cultures are more concerned with punishment and guilt while others discipline and reconcile. Some cultures expect children to be more dependent on others for help in adversity rather than becoming autonomous and more self-reliant. The parents in some countries maintain a close relationship with their children, while others 'cut off' their children at about age five. The resilient children manage this rejection; non-resilient children withdraw, submit and are depressed. (9)

Thus socialization practices that existed within a culture before the emergency will determine to some degree how children respond as a result of the violence and what they need to thrive. It is important, in attempting an intervention, to know the extent to which there are coping strategies in the culture and what they are. In addition, those who attempt to intervene during unstable conditions should be aware of cultural socialization practices, and work with, rather than against, these practices.

### **THE DEGREE TO WHICH THE CULTURE IS DISRUPTED**

Children will experience less trauma if the immediate family and community are displaced together. There is a sense of continuity and security that children are able to maintain if familiar structures and practices are maintained, even though the setting may have changed. But when the aggressors force changes in rites and ceremonies, when they prohibit practices that once brought the community together and introduce alternative schemes—whether they are in the form of schooling or religious practice or ways of earning a living—then children are left without familiar supports and are more likely to be traumatized. When a child is separated from the family and finds refuge in a cultural group where customs and foods are different, then there are even greater disruption and trauma.

### **THE IMMEDIACY AND EFFECTIVENESS OF THE INTERVENTIONS**

Quite understandably there is less trauma if there is immediate attention to the child's needs and if that attention is appropriate to the child's needs at the time. If children are exposed to unstable conditions and violence over a long period of time and there appears to be no likelihood of it stopping, children are likely to be worn down by the constancy. They lose hope. On the other hand, even if the violence they experience is intense, if it comes to an end rapidly, and if there are people and services on hand to address the issue with them, the trauma is likely to be less severe.

In sum, there are a numerous variables that affect how children are impacted as a result of organized violence. Knowing something about these variables helps determine an appropriate response.

### ***Developing Appropriate Interventions***

In addition to knowing something about the nature of the violence and how children are likely to react, it is also important to plan interventions in accordance with the various stages of an emergency. The ways in which programmes are implemented for children—the goals, activities and resources available—will depend on the evolution or progression of the emergency. The interventions developed while violence is occurring are not necessarily the same as those that should be undertaken when people are living in refugee camps and/or when they are being resettled. UNICEF has defined three stages in relation to unstable conditions: *Immediate*, *Transition*, and *Rehabilitation/Reconstruction*.

***Immediate.*** This is the stage when the violence is actually occurring. One of the characteristics of this stage (which can last from a few hours to several years) is that there is a breakdown of all systems. During the *Immediate* phase there are few assistance agencies or mechanisms in place

to address the situation. The activities that do exist in relation to young children are likely to focus on basic survival—providing food, water, shelter—and trying to ensure that young children are with parents and/or other family members.

**Transition.** During this stage, the emergency conditions are still in force but structures are being instituted to address needs. A degree of normalcy can be established. Camps are likely to be established internally or in neighbouring countries, and there may be agencies and mechanisms available to provide assistance. During this stage it is possible to create or re-establish a range of early childhood activities. Caregivers/teachers can be trained, curricula can be developed and implemented, and there may be some basic equipment and supplies available.

**Rehabilitation/Reconstruction** is the stage at which normalcy is established. There is a modicum of stability. Government sources are being recognized and taking more control, and displaced and/or refugee populations are beginning to repatriate and settle. Although the terms rehabilitation and reconstruction connote physical construction, this stage should not be viewed in such a limited way. Rather, it should be interpreted as rehabilitation of the entire social system.

It is important in planning interventions to not only take into account the present stage of the emergency, but also to build in supports for people's transitions through and beyond emergency situations toward enduring and peaceful structures.

---

## **Being Culturally Sensitive to Addressing Children's Stress from Traumatic Events:**

Addressing the impact of traumatic experiences has been primarily driven by current Western models of clinical psychology. Although these models provide a great deal of insight and knowledge it has become clear that current models can be inadequate and culturally irrelevant. For one thing, an event that may cause trauma in one culture may not have the same significance in another culture. Hence, treatment for stress needs to be specific to the culture. Culturally skilled facilitators respect the religious and/or spiritual beliefs and values of communities they are working with. Although the Kit has been designed with a consideration of the cultural relevance of each item, facilitators must be mindful to ensure the local care practices, customs and traditions are honoured and upheld and integrated into the activities.

It is important for facilitator's to be mindful of the use of "self" and the ways they interact and engage with the caregivers when conducting trainings. Not only are facilitators tasked with developing caregivers' capacity to implement the ECD Kit, they are also supporting caregivers in addressing the psycho-social well-being of children that has been affected by traumatic events. As "practitioners" it is critical to be aware of one's own attitudes and beliefs. This can be in relation to what is believed to be "best" or "right" for the affected community. Therefore, it is essential to take the time to develop personal knowledge and awareness of the culture of the communities in which the facilitator is working.

## Session 3: Adventures in Learning: The Healing Role of Play

### Learning Objectives

Participants will be able to:

- Recognize developmental stages of children's play
- Identify characteristics of effective play materials
- Understand how caregivers can facilitate and support children's play

### Materials

- Flipchart paper
- Markers
- Handouts

### *Background Reading*

Play is learning. Children are born ready to learn and they learn all the time. They use all their senses to understand the world around them. They actively create their own knowledge by interacting with the people and things around them. Young children do not separate playing from learning – between what they do 'just for fun' and what they do 'to learn'. Play develops a child's skills for moving, thinking and remembering, and learning how to get along with others. By learning through play, a child tries different techniques to find out what works for her/him and when she/he cannot achieve something she/he is interested in doing, she/he gets frustrated. Frustration encourages her/him to find out how to do it. When she/he finally does it, she/he feels proud - "I did it myself!" This is the best incentive for future learning. Through play children learn important lessons – how to play with other children, how to handle other adults and how to learn about themselves.

### *Exploring and Experimenting*

With increasing mobility, toddlers can go and find things to explore. As they pick things up, they try to find out what they can do. Soon they

begin to experiment with objects. Sorting and grouping objects by colour, shape and size are fundamental to later thinking. Toddlers observe what happens, compare findings and discover answers. They need frequent opportunities to experience all kinds of substances as they put together the concepts of everyday life such as wet, dry, full, empty, floats, sinks.

After months of exploring, young children begin to experiment. They need opportunities to experiment and to use objects in all different ways. As the child picks things up and puts them to her/his mouth, the child tries to find out what can be done with them and what they taste like. The child fingers, drops and squeezes things just to see what will happen. When experimenting, children will use one object in a number of ways. Experimenting helps to develop the child's creative thinking processes – doing something experimentally rather than always following the rules that govern the behaviour of objects in the world. When a child tips a cup of water, she/he gets wet; when she/he tips a cup of sand she/he does not. The water soaks into the child's clothes but the sand rolls off when the child stands up.

By discovering how different objects behave, the toddler also begins to recognize their similarities and differences. The child begins to classify objects by colour, shape and size. Gradually his ability to understand categories of objects improves. Young children spend lots of time practicing these sorting and classifying skills in play.

### *Imaginative Play*

The ability to think in symbolic terms, which occupies such a central place in the development of language, adds a completely new dimension to children's play. Once a child has reached the

stage where she/he can make one thing stand for (symbolize) another – whether it is a word standing for the thing it refers to, or a doll being treated as if it were a baby, or a circle and two strokes on a paper representing a person – the rich world of fantasy and pretend play is now open to the child.

The development of fantasy play closely parallels the development of language. A child who is using single words to refer to objects can make the simple substitution of pretending that an empty cup is full and that the child is “drinking” from it. At about the same time as children begin to put two or three words together to make simple sentences, they start to elaborate their pretend play. Now it may have two or three actions. For example, a two-year-old may make an empty cup into a full one by pretending to pour milk into it, drinking the milk, and saying “all gone.” By being able to pretend to take certain actions by themselves with simple implements (comb, spoon, cup), children progress to being able to make another person the subject of the action (combing mommy’s hair, feeding a doll with a spoon). At around the same time they begin to use sentences involving a subject, a verb, and an object. Between ages two and three they begin to pretend with a new freedom, using substitute objects to stand for real ones: combing with a ruler, feeding a block to a doll, making a chair into a car.

The beginning of abstract thought is reflected in a toddler’s ability for imaginative play. Through imagination, toddlers’ play is filled with inventing and pretending. Toddlers like to have props that stimulate their imaginations. Without any help, they can begin to incorporate objects they find into their make-believe. Children get a lot of social experience from carrying out a different person’s role. This kind of imaginary play allows a child to go through motions and solve problems of everyday life in make-believe.

Oftentimes, children will not get the details right,

but there is no need to tell them every time they have done something wrong. What is important for now is that they have the confidence to keep on pretending. Given adequate space and time for play, children’s thinking skills will develop. Like true scientists, they require independence to work as they please, showing you their results only when they are finished.

Give your young children plenty of time to imagine and to practice newly learned skills. A child at play is in charge. She/he can test out many different situations and actions to find which one works for her/him.

## Activities

### ***1. Group Brainstorm - Why do Children Play?***

Instructions:

Ask the group to brainstorm the following question:

- Why do children play?

Write their responses on a flip chart. Ask if there are any questions or points of clarification. Then summarize them briefly. The following points can be included here: When playing, children:

- Learn to figure out how things work; think creatively and develop their imagination; are independent, develop confidence; pick up new words and ideas; use problem solving skills; are independent; learn to cooperate with others; feel in control of the environment and have fun! Play is a child’s work!

Next the group will investigate further some of the things kids are doing when they are working at play.

### ***2. Pair Activity – Working at Play***

Pass out the handout ‘Working at Play’ Review with caregivers some of what children learn and experience in a day of playing.

Break the group into pairs and ask caregivers to

look over the handout. Ask them to use their own experiences and share with one another some examples of their children doing several of the things suggested in the handout. Participants can address the following questions in their pair discussions:

- How do children use one object to represent something else? (*i.e. shells for coins*)
- How do children propose to fix something if it is broken? Does the child offer ways to try and fix it?
- How do children assign roles when they are playing make-believe games?

Bring the group together and have pairs share the main points of their discussion based on these questions. Chart key points.

### **3. Group discussion – What Makes Good Play and Learning Materials?**

In this activity, participants will discuss how to recognize materials that are wonderful play materials that encourage development. Begin the discussion by asking the group the following questions and facilitate the discussion:

- What was the best toy/play activity you had or did as a young child?
- What made it so special?
- What is the best plaything you ever bought or created for your child?
- What did you like about it?

Briefly summarize comments. Pass out handout 'What Makes a Good Play Item?' Go over contents with group. Clarify any questions or additional comments.

### **4. Small Group Work – 'Facilitating Children's Play'**

Caregivers can do a great deal to facilitate a child's play - the key word is *facilitate*! Their role is to provide the materials, the environment and encouragement for happy and productive play and then leave the child free to explore, discover

and create. The art of facilitating a child's play is to let her/him lead the way.

Break the participants into small groups. Ask each group to brainstorm ways they might participate in their child's play.

Bring the group together and have each group report back on their discussion. Chart the key points of the discussion. Summarize and add the following suggestions if they have not already been mentioned. At the end of the discussion, pass out the handout, 'Facilitating Children's Play'.

- **Support play:** Caregivers should be nurturing and supportive while guiding and extending a child's learning. They should allow enough time for play to develop and use language to put what children are playing into words.
- **Extend play:** This means to pay attention to what children are playing and to encourage the play to continue before it diminishes. Caregivers can also ask children questions that lead to further discovery and exploration.
- **Offer help:** Children are still physically growing and learning to coordinate all their big and small movements. Often, they may be frustrated if not able to carry through an activity. Caregiver can lend their coordinated muscles and strength while following the child's lead and letting her/him discover the solutions.
- **Promote partnership:** Some games need a partner. A child cannot practice rolling and receiving a ball if no one else will play. Focus children's attention on one another and encourage them to interact with each other. Suggest roles for children who would like to join in play but may lack the confidence to ask.
- **Follow the child's lead:** Capitalize on children's thoughts and ideas and do not force a point of view on them. Children will welcome your suggestions if they are made carefully and at the right time.

### **Highlights: Play and Adventure in Learning**

The purpose of play is to have fun. The outcome of play is physical, social, emotional, and intellectual development.

Caregivers should encourage all different types of play: physical and verbal, solitary and shared, quiet and loud, and make-believe.

Play is so very important for children. Caregivers need to provide children plenty of unstructured time for play and using their imaginations, appropriate toys and materials, and a safe place to play.

By playing, children also learn to understand adult roles. For example, fantasy play helps children work through many issues that might be confusing to or troubling them.

Caregivers can help by joining in their child's play. Respect children's ideas and interests while playing.

The art of playing with children is to let them lead the way.

Be creative! Try to find ways to make everyday activities and routines exciting, playful, and fun.

### **5. Role play – 'Facilitating Children's Play**

For the following activity participants will be able to explore through the use of role plays. Have participants sit in a large circle. Ask for a group of volunteers for each of the scenarios provided below. Provide the volunteers with the materials needed and then have them act out the role play in the centre of the circle while the remaining participants observe.

*Scenario 1: You have 3 children, 1 is 2 years old and the other two are 5 years old. They are*

*playing with blocks and clay in different ways.*

*One of the caregivers notices the older children take some blocks from the 2 year old. The 2 year old doesn't seem to mind, however the caregiver goes over to the children.*

*Scenario 2: A caregiver has a few play materials and is working with a group of children. The caregiver wants to encourage the children to play together and to create a game where they can use their imagination and have the children learn something new.*

*Scenario 3: A group of young children are playing a game together. A caregiver walks over and notices they are doing all these wonderful and imaginative things with the play materials. You want to join in and "follow the children's lead" to contribute to their play and fun.*

### **Self-assessment**

Write the following questions on a piece of flipchart paper and ask participants to write their answers to them on a piece of paper. Explain that this is not a test and you will not be collecting their answers. The aim is to allow participants to see how much they have learned during the sessions.

(1) Children's play is important to their development .TRUE or FALSE

(2) Play supports creativity, social abilities, exploration, motor development and security, TRUE or FALSE

(3) Adults should control a child's play. TRUE or FALSE

(4) Most materials we can find for children can turn into play materials. TRUE or FALSE

## Facilitator's Notes:

Excerpts from: *The Convention of the Rights of the Child and Play: The Implementation of International Human Rights Law* by, Kathryn Chapman

Play has been recognized as a protected human right in a number of instruments under international law. Play has been elevated to the status of a protected “right”, in part, because of its essential role in child development and because of its potential as a tool for international development and peace building. It has long been recognized that child combatants, HIV/AIDs orphans, children in war torn countries and other children who are deprived of opportunities to play, miss essential opportunities for the development of life skills. Many argue that these life skills are a necessary requirement to global peace building. In order to realize the full potential of play in child development, adults must create opportunities and programmes that allow children the kind of free and unstructured play necessary to build healthy individuals. Organized sport and play certainly have a place in the efforts to protect this right. However, in order to fully realize the potential of this right, opportunities must be created for unstructured free play that allow opportunities for children to “interact with the world on their own terms: [to] explore, create, make choices and mistakes, experience cause and effect, and have fun.”<sup>1</sup> The ‘right to play’ is given form in Article 31 of the UN Convention of the Rights of the Child”. This article recognizes “the right of child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts”.<sup>2</sup>

Article 31 further asserts that States Parties shall respect and promote the right of the child to participate in such activities and “shall encourage the provision of appropriate and equal opportunities for ... recreational and leisure activity”.

**The UNICEF Implementation Handbook for the Convention on the Rights of the Child (1999) notes that “[children’s right to play is sometimes referred to as the “forgotten right”, perhaps because it appears to the adult world as a luxury rather than a necessity of life.”<sup>3</sup> In addition, simple play may be lost in rights protection because adults tend to focus on organized sport in implementation of protection of this right.**

It is important to ensure, in implementing the lofty language of the human rights instruments that assert the ‘right to play’, that the spirit of play is not lost in programmes designed to protect play. Child advocate, Barbara Coloroso, suggests that:<sup>4</sup>

To see that spirit, watch a young child at play, spontaneously enjoying the moment without a worry about deadlines, rules, winners, or losers, paycheques or bills. ... Play is more than the absence of work or the reward for work well done. ... It is an opportunity to recreate and renew ourselves, and connect with others in the spirit of cooperation and acceptance.

She advocates for a “lost-in play” type of play that allows children to be absorbed in imagination and wonder.

Age appropriate play is necessary to healthy childhood development. Particularly in situations of emergency or trauma, play can provide both a means for dealing with the stress of the situation

- 
- 1 Davis, Laura and Janis Keyser, *Becoming the Parent You Want to Be: A Sourcebook of Strategies for the First Five Years*, (New York: Broadway Books, 1997) at p. 283
  - 2 United Nations Convention on the Rights of the Child – Article 31 (1989), in Ghandhi, P.R., *Blackstone’s International Human Rights Documents 2nd Ed.*, (London: Blackstone Press Ltd, 2000) p. 118
  - 3 UNICEF *Implementation Handbook for the Convention on the Rights of the Child* (1999); “A World Fit for Children”, <http://www.peace.ca/AWorldFitForChildren.pdf>
  - 4 Coloroso Barbara, *Parenting With Wit & Wisdom*, (Toronto: Penguin Books, 2001) p.75-76.

and for ameliorating the disruption of the child's healthy growth and development.<sup>5</sup> As Evans notes, children are denied their basic rights:<sup>6</sup>

"... if an emergency situation is allowed to prevent them from continuing their normal growth and development.

Attention to physical and survival issues is dominant among most organizations, but exclusive attention to these concerns is not sufficient. Children also need to be healthy and loved and supported so that their minds develop as well as their bodies. While life-saving strategies are an immediate concern, interventions should also be designed to support the quality of a child's life".

---

## The Role of Play in Emergency Situations

In emergency situations, child survival has typically been the main focus of the response. A child's struggle to survive is coupled with her/his struggle to develop. Therefore, it is essential to take a more comprehensive and integrated approach to the needs of young children especially during emergencies. It is necessary to expand the emergency response to include tools that will meet the psychosocial needs of children--to reduce stress and anxiety, develop secure bonds with caring adults, build self-esteem and confidence and provide positive stimulation and learning opportunities.

Young children in emergency situations have a special need for the freedom and emotional release inherent in play (Landers, 1997). Children are able to deal with complex psychological difficulties through play. Play allows them to work through their emotional problems and to experience the relief of acting like a child. Play

helps children to integrate the experience of pain, fear, and loss. Often, the elements of the event will show up in the child's play activities. For example, this was evident in the case of a four-year-old Lebanese girl who witnessed the stabbing of her father by militia fighters repetitively. In her play she re-enacted the act of stabbing her doll and rushing it to the hospital. "Re-enactments and play involving some aspects of the very stressful situation are extremely common among very young children. Play is the child's way of trying to master the impact of what happened by recreating the situation over and over in play" (Macksoud, 1993). The child can take control of an event by playing different roles and altering the outcome. Playing freely, therefore, is vital to children's healthy development; it satisfies children's curiosity and imagination and nourishes their ever-growing abilities.

Across cultures, children's play involves the same themes - nurturing, family relationships, and roles of people. Children seek to understand reality through play--there are no expected outcomes and children are free from failure (Landers, 1997). When playing, the child is in control, he/she establishes the conditions of the play, makes choices, uses self-expression, self, explores, invents, and tests possibilities. Play is innately a self-expressive activity that is based on the child's powers of imagination. Thus play in and of itself is self-healing.

The extensive relationship between play and cognitive learning has been established. Children develop physical, social and mathematical knowledge in play. They find out how things work, solve problems, make decisions, and construct ideas about the relationships between objects. Children at play are constantly at work--adding new observations, asking and responding to questions, making choices and extending their imaginations and creativity.

---

<sup>5</sup> Evans, Judith, *Children as Zones of Peace: Working with Young Children Affected by Armed Violence*, Supra note 1 at 1.

<sup>6</sup> Ibid at p. 7.

## HANDOUT – ‘WORKING AT PLAY’

Here are some of the skills children develop through play. One-year-olds are just beginning to experience these things while older preschool children might be even more advanced in their play. Watch your child as he or she plays. You will be amazed at how hard he is working.

Problem-Solving	Matching shapes in puzzles or games Building Sharing Creating ways to make the dress-up clothes fit Untangling something
Social Abilities	Taking turns Talking with others Playing together Solving their own disputes Cooperating in a game or activity
Creative Ideas	Using one thing to stand for something else Obtaining colouring using colour and lines Using household things in play (empty boxes and spoons)
Fantasy and Imagination	Acting out everyday scenes Working through problems Making up stories Imaginary trips
Emotions	Talking about feelings Recognizing others' emotions Acting out discipline situations (giving a doll a time-out) Comforting other children and adults Caring for dolls—feeding, dressing, and loving them
Knowledge and Concepts	Using stacking cups or other things to understand size and volume Remembering that something works or does not work Learning words to songs and rhymes Recognizing places where he has been and describing them
Persistence	Staying with an activity despite repeated failure—finishing a puzzle, building a tower Trying again later Finishing a project Trying until a skill is mastered (catching a ball, jumping rope)

## HANDOUT – ‘WHAT MAKES GOOD LEARNING MATERIALS?’

Did you ever wonder what makes a plaything good for your child? How do age-appropriate learning materials help stimulate your child’s growth and development?

Good play and learning materials seem to have several characteristics:

- Do not break easily and do not have many parts vital to use. Playthings that break easily can make children feel clumsy, guilty, and irresponsible.
- Have more than one use. Playthings like clay, play dough, crayons, building sets, blocks, and dolls provide lots of possibilities and variety for children.
- Can be taken apart and put back together again in many different ways.
- Consider the developmental age and stage of a child, with age ranges given on toys.
- Have no small parts that can be swallowed; no sharp edges; nontoxic and non-flammable.
- Washable.

## HANDOUT – ‘FACILITATING CHILDREN’S PLAY’

Caregivers can do a great deal to facilitate a child’s play, the key word is facilitate! Your role is to provide the materials, the environment and encouragement for happy and productive play and then leave the child free to explore, discover and create. The art of child’s play is to let her lead the way.

- **Support play:** Caregivers should be nurturing and supportive while guiding and extending a child’s learning. They should allow enough time for play to develop and use language to put what children are playing into words.
- **Extend play:** This mean to pay attention to what children are playing and to encourage the play to continue before it diminishes. Caregivers can also ask children questions that lead to further discovery and exploration.
- **Offer help:** Children are still physically growing and learning to coordinate all their big and small movements. Often, they may be frustrated if not able to carry through an activity. Caregiver can lend their coordinated muscles and strength while following the child’s lead and letting her discover the solutions.
- **Promote partnership:** Some games need a partner. A child cannot practice rolling and receiving a ball if no one else will play. Focus children’s attention on one another and encourage them to interact with each other. Suggest roles for children who would like to join in play but may not be confident to ask.
- **Follow the child’s lead:** Capitalize on children’s thoughts and ideas and do not force a point of view on them. Children will welcome your suggestions if they are made carefully and at the right time.



## Session 4: A Treasure Box of Activities: What's Inside?

### Learning Objectives

Participants will be able to:

- Familiarize themselves with the learning materials in the ECD Kit
- Understand how the materials in the ECD Kit can be used to enhance different areas of development
- Use the Activity Guide to address the skills and interest of children at different ages

### Materials

- Flipchart paper
- Markers
- Placards
- ECD Kit
- ECD Kit Activity Guide

UNICEF's Early Childhood Development Kit was created to strengthen the response for young children impacted by emergency situations. The Kit contains enough materials to help caregivers create a safe learning environment for up to 50 young children. Each item was carefully selected to help develop children's skills for thinking, speaking, feeling and interacting with others. Puzzles, counting games, beads to string, boxes to stack and sort, and puppets for telling and listening to stories are some of the treasures found inside the Kit.

Start this session with 15-20 minutes of "free exploration" of the Kit. Spread the Kit content out around the room. Allow caregivers to look at, touch, and talk about the Kit materials freely with each other.

### Activities

#### 1. Pair Activity – Exploring the Materials

Children's interest in play materials and the ways they play with them changes as their minds and

bodies develop. The more creativity a child uses when playing with a toy, the more he/she can learn. The materials in the ECD Kit are designed to promote children's development.

Prepare cards with a picture of one of the items in the ECD Kit on one side and its description on the other side (you want to make sure there are enough cards so that each "pair" can get one card so you may have duplicates of items). Also prepare flip charts with an outline of a child. One should represent babies, a second 1-3 and a third 3-6. On the flip chart, mark different areas of development:

Head=intellectual, thinking  
Heart=emotional, feeling  
Hands=small motor skills  
Body, arms, leg=large motor skills

Hang the flip charts on a wall, which will be used later on in the activity.

Have participants get into pairs. Each pair should choose at least one card (depending on how many pairs), read the description and discuss briefly the following questions:

- What ages is the toy designed for?
- If the toy can be used by a child at different ages what are the different ways it will be used?
- What area of development does it encourage?
- Will it keep the child's interest or will the child's interest quickly diminish?
- Will the toy grow along with the child?
- Can the toy be used in many ways or only one?
- Is it safe?
- Will it break easily?

Once pairs have had a chance to discuss, ask participants to briefly share the main points of discussion. Allow time for participants to express their thoughts, ideas and opinions about what the other groups are saying.

Once all groups have had a chance to share, refer to the flip charts with the pictures of the children outlined on them. Based on their discussions, ask participants to take their cards and place them on the flipchart by the areas of development the Kit material encourages. If it encourages more than one area, participants might make a second card to post on the chart.

Close the session with a brief discussion on where participants have placed the cards. As the facilitator, you can build on anything that has been offered to expand the participants thinking and deeper their knowledge about the connection between the play materials and the development of a child. Ask if there are any further suggestions or questions.

## **2. Group game – Exploring the Materials**

Prepare two sets of index cards. One set should include cards with a picture of one item from the ECD Kit. The other should include one of the following age groups: babies, 1-3 years old and 4-6 years old. You can use different colour paper to distinguish between the two types of cards. Note: the number of cards you prepare will be determined by the number of participants. Because this activity calls for “matching” item to age group you must make sure there is an equal number of each to do so. There will be multiple cards for each age group.

Have participants count off by ones and twos. Have all the ones choose a card from the Kit pile. Have all the twos choose a card from the age pile. Ask participants to get up and find someone with the opposite card. Thus, if you have a play item card, you need to find someone with an age

group card. Give the pairs a chance to think of a way to make the activity into a playful experience for a child or group of children. Repeat several times if you wish. Bring the group back together. Have volunteer pairs act out their ideas.

## **3. Small group activity - Understanding the Activity Sheets**

Briefly show the Activity Guide to the group and explain the three parts (Introduction, Activities with Materials, and Activities with No Materials). Inform participants that they will have a chance to review the entire guide and will receive a copy at the end of the session.

Break participants into four small groups. Give each group copies of one of the Activity Sheets from the Guide to review and ask them to consider:

- What information is included?
- How is it organized?
- Is it easy to understand?

Once groups have had a chance to discuss, ask for any feedback, questions or comments. Summarize the discussion and add the following information:

These activity cards have been developed to help you use the ECD Kit and related materials in your work with young children. There is one activity sheet for each item. The activities are arranged from easier to harder. Each item can be used in different ways for babies, for children from 1-3 years old and from 4-6 years old. There are also activity sheets that do not require any materials.

Look for the symbol to help you find the right activity for the right age. There are activities for babies, 1-3 year olds and 4-6 year olds and some materials and games are applicable to different age groups.

*Each activity sheet also includes:*

What you can do:	Ideas for how to use the material to help children develop skills for talking and thinking, moving and doing, learning about self and getting along with others.
What to look for:	Things to observe in children as they play
Possible extensions:	Suggestions for other things you might do
Caution:	Tips to help you keep children safe while playing

## 4. Small Group Work: Designing Activities

Organize participants into 4 groups. They can stay in the small groups created in Activity 3. Assign each group one of the following scenarios. Distribute a set of 6-8 activity cards to each group. Note the mixed age group with no materials should receive the relevant “no materials” activity cards. Distribute the following scenarios.

### **Infants and Toddlers: (1-3 years of age):**

Caregivers with young children are waiting at the therapeutic feeding centre in an IDP camp. Most of the children are malnourished and the caregivers are stressed and fearful. Some are full of energy and curious, while most of the children seem to be shy and rather withdrawn. Several are crying and clinging to their caregivers most of whom are older siblings. A nutritionist on site decided that the materials in the ECD Kit could be used to help caregivers interact with and play with their children. She is aware that children do better when feeding programmes are linked with stimulating and responsive activities. She has also observed that parents seem to enjoy these activities too. What activities would be effective in this setting? How would you encourage the care-

givers to participate in the activities? What activities could you design for a parent-child group?

### **Children 4-6 years of age:**

UNICEF’s School in a Box has arrived. Primary school sessions are held three mornings a week. Several of the remaining primary school teachers have organized small groups of children to work on various lesson plans. The groups of children are organized into older and younger age groups. However, there are many very young children, who are sitting among the older children. The activities appear very difficult for them. Some are distracting the students as they are fearful and clinging. Others are trying to copy what the older children are learning. You have just received a new ECD Kit, which has some interesting early learning activities. How could you encourage the teachers to organize some activities for the youngest learners? What barriers or challenges do you anticipate?

### **Mixed age group (1-6 years):**

A large group of approximately 50 children has gathered in the Safe Space. They seem pleased to have arrived in a safe place to meet and be with friends and other children. The smaller ones are sitting quietly with older siblings. Word has already spread that exciting play materials have arrived in a big box. What could you do to distribute the materials quickly and fairly? How would you go about structuring a set of activities during a two-hour group session?

### **Mixed age group (no materials): 1-6 years**

The school is closed due to the ongoing conflict. There are several former teachers that seem to be keeping an eye on the children. Several children are sitting on the outside of the group, watching with little interest or energy to actively participate. A group of young children between 1-6 years are playing in a courtyard outside the school. The ECD Kit materials are not available. Using the ideas suggested in the ECD Kit Activities sheets,

organize interesting and stimulating activities. How could you organize small groups of children to increase participation?

Ask each group to prepare a brief presentation on the set of activities selected for their group as well as how they would organize the children to encourage maximum participation and enjoyment.

Following each presentation, facilitate a group discussion by asking the following questions:

- What are the strengths of this activity selection and group organization?
- What might be some anticipated challenges in implementing play activities in this setting?
- How could the selection and organization of activities be strengthened?

Conclude this session by highlighting following points:

- The ECD Kit can be used in many different settings where young children and their caregivers are gathered.
- Use the materials in creative participatory ways in order to involve the greatest number of children.
- Develop a variety of group organization strategies including small groups, individual activities, pair activities, larger group discussion, as well as mixed age groups.
- Involve older children as well as parents and other caregivers in the fun. They will also enjoy playing with their own and other children.
- Focus on children's individual strengths and unique abilities.

## Self-assessment

Write the following questions on a piece of flipchart paper and ask participants to write their answers to them on a piece of paper. Explain that this is not a test and you will not be collecting their answers. The aim is for them to assess how much they learned during the sessions.

- (1) All materials in the kit can be used for all children from infants to 6 years old.

TRUE or FALSE

- (2) The Kit and Activity Book can be used in a variety of settings like feeding centres or Child Friendly Spaces (CFS).

TRUE or FALSE

- (3) The activities sheets will tell you what to look for when observing the child's play.

TRUE or FALSE

- (4) The Activity Book is designed to add to our already existing knowledge and ideas and we can use the materials in a variety of ways that may not be in the activity book

TRUE or FALSE

## Facilitator's Notes:

Children are learning from you and each other all the time. There are many ways to help children develop without any materials. For example, they love listening to stories and telling their own, making up silly rhymes and talking about their feelings. Look for the activities sheets to get more ideas on what to do even without any materials.

This is just a beginning. Use creative ideas for play materials and fun games with children. Adapt them. Get ideas for new toys and games to make and play. Sometimes it can be tempting to put new materials away from children to keep them safe and clean. Please don't! These materials are made for children to touch, shake, stack, toss, pretend with, jump in and out of, put together, and take apart. The only way children can benefit from the treasures in this box – and others you add – is if they have the chance to play with them.

As the facilitator, emphasize that the contents of the Kit and the Activity Book are simply designed to build upon what they already know and do. As caregivers they should trust their instincts and follow their heart and mind.

## Session 5: Making Toys for Young Children

### Learning Objectives

Participants will be able to:

- Identify locally available toys and learning materials that can be added to the ECD Kit
- Create a list of toys to make with readily available low cost materials
- Make toys using local materials

### Materials

- Flipchart paper
- Markers
- Other available materials such as string, newspapers, bottle caps, rubber bands, containers, light stones, shells, plastic bottles, sand, juice boxes and any other non-sharp objects that are safe for children to handle

### Activities

Children will grow and develop just as well with simple toys, homemade toys and a clean, safe place to play. Young children do not need a lot of purchased toys to develop critical cognitive and motor skills. Making toys takes time and patience but can also be a very creative and fun process. However, if it is not possible to make toys, there are many objects that can serve as play material for young children (sand, plastic bottles, juice boxes, empty cardboard boxes, waste and natural materials, among others).

#### **1. Group Discussion – Reflecting on Personal Experiences**

Begin by asking participants to again remember their favourite toy they had as a young child. Have them turn to the person next to them and share with each other for 5-10 minutes. Use the following questions to prompt discussion:

- What did you like most about this toy?
- Did it last a long time and grow along with you?

- What are some of the skills you developed by playing with this toy?

Then bring the group together and ask for volunteers to share with the big group. Write their ideas on a piece of chart paper. Summarize the discussion and remind participants about some of the positive qualities their favourite toys had in common. Share the following characteristics of good play materials:

- Do not break easily;
- Have more than one use and provide lots of variability and possibilities;
- They can be taken apart and put back together again;
- Safe without small parts that can be swallowed;
- Encourage children to show caring and expression of feelings;
- Help children to pretend and explore different roles.

Continue the discussion by asking participants to generate a list of toys that can be made using natural materials that can be easily found in the local environment along with toys that can be purchased locally.

#### **2. Small Group Work – Making Homemade Toys**

Identify several toys for participants to make during the session using the suggestions generated by the group, as well as the ideas listed in the Handout. It will be important to provide the necessary supplies.

Depending on the number of participants, divide them into small groups with at least 3-4 participants. Using the materials provided, ask each small group to make a toy. Each group should also discuss the following questions: How would it be used with babies, children from 1-3 years

and children from 4-6 years? For each age, identify how the toy will help to develop a child's creativity, imagination, as well as language, thinking and motor skills?

Have each group display their toy and have a gallery walk. Ask participants to walk around and view the different toys that have been prepared. Facilitate discussion around feedback and comments from the group.

Conclude the session by highlighting the need to incorporate locally available and homemade toys to the ECD treasure box. It will also be important for the facilitator to acknowledge and praise the creativity and ideas demonstrated by the caregivers during the exercise.

## Self-assessment

Write the following questions on a piece of flipchart paper and ask participants to write their answers to them on a piece of paper. Explain that this is not a test and you will not be collecting their answers. The aim is to allow participants to see how much they have learned during the sessions.

(1) It is important to see what locally made toys are available. TRUE or FALSE

(2) Not all materials are appropriate for each age group. TRUE or FALSE

(3) When making toys it is ok if they break easily. TRUE or FALSE

(4) Children should have a clean and safe to play with their toys. TRUE or FALSE

## Facilitator's Notes:

### ***Materials/Activities Appropriate for 0-3 Age Group***

- Soft, fabric toys
- Plastic objects - bowls, spoons, lids
- Pull toys - tape a string to a little box
- Push-pull toys - with wheels
- Fabric tunnels: sheets draped over chairs and small tables
- Mobile of colourful papers & cut up pieces of paper towel roll hanging over the crib
- Large grocery boxes--some open, some taped shut
- Small slides
- Early cloth books - sew together pieces of fabric and use non-toxic markers to make simple pictures
- Photos covered with clear plastic--familiar people, family, pets, animals
- Play peek-a-boo games - hiding faces, objects
- Things that make noise/musical instruments - banging on pots, drums, stroking a Comb, etc.
- Shakers with different sounds - put different quantities of shells or pebbles in cans with the plastic tops glued on for safety
- Puppets - make sock puppets and sew on button eyes
- Newspaper (old) to tear and crunch
- Spools (old and empty) - sand them to make stacking toys
- Space to crawl - clean, safe, comfortable
- Water play - in large plastic bins, with plastic bottles, plastic bowls, sponges, soap
- Sponge balls, or stuffed old stockings - to practice throwing and catching, and possibly large baskets to throw them in
- Blankets and fabric for hide and seek
- Matching games - matching sets of pieces of coloured paper, fabric, old wallpaper
- Matching shape games - cut out matching sets of geometric shapes
- Props for pretend play - old clothes for dress-up, hats, fabric, old kitchen items (bowl, spoon, pot), toy telephone, doll babies
- Sorting games-collections of large items (that cannot be swallowed) like seashells, big pieces of coloured cardboard for playing "put together what goes together"
- Jigsaw puzzles-take a simple magazine picture and glue it to a piece of cardboard. Cut the image into 3 or 4 pieces and let the child reconstruct it.
- Small boxes - taped closed, for constructive play

- Surprise bag - game for naming and texture recognition. Put one item at a time in the surprise bag, let the child feel it and guess what it is.
- Sand and water play - sand can be dry or mixed with water.
- Provide spoons, shovels, pails, plastic containers, funnels, and strainers, if available.
- Riding toys - tricycles, or take a square board and attach wheels to it so children can move it with their feet.
- Dolls-bought or made at home
- Pretend play costumes and props - old dress up clothes and/or uniforms, shoes, hats, kitchen equipment, dolls and doll bed (could be a box or blanket), empty food boxes, fabric, masks, play telephone (or a sanded and painted piece of wood)
- Puppet theatre - made from a big cardboard box
- Beads for stringing - spools, old hair curlers, cut up towel rolls, cut up plastic straws
- Art materials - paint, paper, crayons, if available, or make lines in the soil, or build structures in the wet sand; clay, if available.
- Collage - paper, or newspaper; glue, or a mixture of flour and water; nature items (acorns, shells, sticks, leaves), cut up old magazines, pieces of material, old wrappers
- Sorting - use an old egg carton for compartments; buttons, sticks, shells, stones, cork, pieces of wood, bark, bottle caps, feathers
- Constructions - discarded pieces of wood (sanded for safety) that children can glue or hammer together, if hammer and nails are available and if adults supervise
- Lotto games - made like bingo games with pictures of familiar objects, shapes, letters, numbers, children's names
- Blocks - wooden blocks (sanded pieces of wood), or a variety of cardboard boxes (taped closed)
- Dolls - made by parents and children, or purchased
- Storytelling - reading books of recorded family stories, photo albums, joke books, children's stories about the neighbourhood; have children enact stories from the books; create a library play area; purchase books, if possible
- Puzzles-create jigsaw puzzles
- Musical instruments-make them from daily items
- Singing, action games, movement play-Everybody do this,
- Nature as play source-shadow play and dance, trains, airplanes, kites (Seefeldt, 2001)
- Active play outdoors-climbing equipment, slides, swings, jump ropes, balls, obstacle courses, wheeled vehicles (wagons, trucks, tricycles) made or bought, balance beam

## ADAPTATIONS

Children with disabilities may be limited physically and may need to be positioned to allow maximum use of their arms, hands, and legs. Each child is different. For some this may require adaptive equipment or positioning on a rolled up towel so they can reach, touch, and explore. Locomotion can be enhanced by simple wheelchairs or moving boards, so that children can experience motion. Children who are blind need more textured and sensory play materials, and stable, predictable play spaces. Medical problems may necessitate that children need more time for rest, their energy levels may fluctuate, and they may have reactions to medications. While playing, they need to be carefully monitored for fevers, skin rashes, and exposure to too much sun.

When children have attention problems, the amount of sensory input in play may need to be restricted, in order to remove distractions (i.e., too much auditory input or too much visual stimulation). Speech and language delayed children begin to exhibit difficulties as they try to interact with other children. They often need specific language modelling from caregivers and emphasis on the correct articulation and production of words while engaged directly in play experiences. Learning language in the actual context of play has proven effective and beneficial.

## **Materials/Activities for 3-5 year olds**

- Puppets - a variety; paper bag puppets, sock puppets, stick puppets, mitten puppets

(wood), balls, a target for throwing (hoop, basket, box)

## **ADAPTATIONS FOR CHILDREN WITH SPECIAL NEEDS**

“It is important that children in every neighbourhood or community have a chance to better understand persons who, for whatever reason, are different from themselves—in colour, in dress, in beliefs, in language, in movements, or in abilities.” (Werner, 1987) Children between three and five years of age can understand the needs and feelings of others, and they can communicate, share, and take turns. This is an excellent time for children to gain awareness of different disabilities and think of ways they can help disabled children feel welcome in play activities. Children should make friends with disabled children, focusing on their abilities, and finding imaginative ways to maximise their participation. Adults can help children learn about particular disabilities and model inclusive behaviour for all children. Care should be taken to support the autonomy and decision making of disabled children, and they should be protected from any real harm, but certainly not overprotected.

As with younger children, children with physical disabilities may need adaptive equipment (i.e., standers, crutches, wheelchair) and positioning to enable them to engage in pretend play and in guided play activities. Children with speech and language difficulties often encounter difficulties in developing play themes with other children and adults should model language for

them while they are playing. It is also important for the other children to understand the disabled child’s limitation so they find other non-verbal methods for communication (i.e., gestures, facial expression) and have patience with children who have difficulty with word retrieval or experience latency of response time.

Children with sensory impairments, autism, or attention limitations need a simple, well-organised play space with fewer play materials. This helps them to focus and develop in play, with a minimum of distractions. Visual cues may be needed to help them stay engaged. Positive responses from adults and other children reinforce their confidence in themselves and promote their play.

Blind and hearing impaired children can play with a focus on their strength or ability, in terms of sensory modality. A blind child may be able to hear, for example, and so language should be used frequently to structure and promote communication in play. Hearing impaired children will rely on sight and signing to facilitate their play.

The attitudes of parents and caregivers are crucial in promoting the inclusion of disabled children in play activities. Therefore, parents and caregivers should be educated about the strengths and limitations of each area of disability, and specific instructional strategies. They should work together collaboratively to help each child play. Learning through imitation, the other children will absorb positive attitudes of their parents and caregivers.

## HAND OUT – MAKING TOYS FOR THE ECD KIT

### Containers with Holes

To make this toy you will need containers with a cover (empty coffee can, large plastic container, shoebox) and small safe objects—clothespins, small blocks, wooden spools, shells, large seeds, etc. Wash the container and smooth out any sharp edges. You can use sandpaper or put masking tape around the edges. Cut a hole a little bigger than the size of the small objects that will go in it. Make sure the hole has no sharp edges. Then put the cover back on the containers. For older children you can cut other holes for other shaped objects such as squares, and triangles.

### Sock Puppet

To make this puppet you will need a sock and some items to sew on to make a face. Use beads or buttons for eyes and a nose, a felt strip for a tongue, and wool for hair. Put the sock on your hand. Show children the puppet's face. Have the puppet talk to the children. You can also let children put the sock on their hands and talk to the puppet.

### Noisemakers

For this toy, you will need containers with covers, strong tape, and small objects—dried beans, rice, bells, and buttons, etc., to put in the containers. Make sure the container is safe and smooth out any sharp edges. Put one kind of object into each container. Tightly tape the cover to the container. Be sure children will not be able to open the container or remove the tape. Try to make at least three different noisemakers.

### Nesting Toys

A set of plastic cups or kitchen bowls is the simplest and best nesting toy and can be used for other play activities such as emptying, filling, and stacking. Paper cups also work and can be manipulated and used together in any order to make it easier for the youngest children.

### First Jigsaw Puzzles

The simplest of these, sometimes called play trays or inset boards, have pieces that need to fit into individual spaces. Some have knobs on one side so they are easily lifted. For variety, you can make your own simple play tray. Cut simple shapes out of thick cardboard then paste the left over cardboard with the hole to a backing of cardboard the same size.

### Beanbags

To make this toy you will need small squares of fabric, needle and thread, and the stuffing for the finished beanbag—dried beans or peas, cereal or oatmeal, dried rice.

Put two squares of the fabric together so that the outsides are facing each other. Use very small stitches to sew the sides together and one-half of the last side; sew it two or three times to make sure that none of the stuffing will fall out. Turn the bag inside out. (The sides you want to see should be on the outside.) Put one kind of stuffing into the bag. Don't fill the bag completely; make it a little bit squishy. Sew the opening closed.

## **HAND OUT – MAKING TOYS FOR THE ECD KIT (CONTINUED)**

### **Blocks**

To make this toy you will need wax milk cartons, tape, and scissors. Wash the carton well and cut off the tops. Put one carton inside another carton. Then tape them together. You can also put a few small items inside the cartons before you tape them together. The carton blocks will then make noise. Try to make many blocks of different sizes.

### **Threading Toys**

You can buy sets of colourful block beads, and other shapes for threading. For beginners the hole must be large and the thread thick, or with a stiff end. You can make your own threading toy from cut-up cardboard tubes from plastic wrap, paper towels or toilet paper rolls; empty small rolls from adhesive tape; cutting rings or large nuts. For thread, use plastic or rubber tubing or string with a straw tied onto one end for stiffness. You can also cut a simple shape out of cardboard, make some holes in it and tie on a threading device.

### **Dolls, Soft Toys, and Puppets**

These have significant emotional value. They can take on different roles and provide an outlet for feelings. They also encourage children to talk. In general, the simpler they are, the more they stimulate your child's imagination. They should be soft and cuddly and fit in a child's arms. You can make a simple hand puppet out of an old sock or mitten. Use beads or buttons for eyes and nose and a felt strip for a tongue. You can use wool for the hair.

### **Sand**

Sand can be used in many ways. Dried sand can be poured from cup to cup. When damp, it can be used to build sandcastles, hills, roads and tunnels. When wet it becomes good for stirring, mixing and spooning.

### **Patterns**

Use shells, beans, buttons, etc. to make patterns that children can copy. Simple patterns can be made for younger children while more complex patterns can be used with older children. You can also play a game where you decide what pattern you make. One person starts by developing a pattern, the next child continues adding to the pattern.

### **Shape Patterns**

Cut different shapes – circle, square, rectangle, triangle - from a piece of cardboard or heavy paper. Ask the children to make their own patterns (i.e. circle, circle, square) using the different shapes. You can also begin a pattern and ask the children to continue by adding the shapes that follow the pattern.

## Session 6: Creating Stories and Making Books

### Learning Objectives

Participants will be able to:

- Understand the role of stories in promoting development
- Make simple books

### Materials

- Flipchart paper
- Markers
- Glue, scissors, assorted coloured paper
- Sample story books (ideally locally)

### Activities

Long before children are able to read and speak words, they are accomplished visual learners. Stories provide a doorway into imagination, learning new information and fun. Stories also provide healing to children who have experienced extreme traumatic situations. Children are able to understand illustrations and images with ease. Stories reinforce the visual learning skills needed for children as they prepare for school.

Gather all the participants to sit together on the floor. Using either a local storybook or one from the Kit, imagine the participants are all children and read them the story. Make sure to be engaged and enthusiastic and ask questions as you read the story (i.e. what do you see? What colour is her shoes?). Have them point out shapes or objects).

After reading the story, have each participant come up with three ideas about how this story can possibly support a child's development within the different domains. Go around the circle and have participants share their ideas.

Share the following benefits with participants.

Stories and reading to children are beneficial in the following ways:

- Vocabulary development
- Language cognition
- Emotional closeness
- Increased imagination
- Image recognition
- Increased understanding of life experiences for children
- Provides insights into human behaviors, emotions, dilemmas
- Stimulates curiosity
- Develops problem-solving skills
- Provides comfort
- Models coping strategies by walking children through possible solutions or ways to cope with experiences similar to their own

Let participants know that storybooks are easy to make on their own! They may not always have access to printed books but just by coming up with an idea and using newsprint, drawing pictures and using simple words they too can easily create a story book.

Spread out on the floor all the materials. Explain to participants that in a moment they are all going to get the chance to make our own storybooks. Ask them to brainstorm some different ideas for topics/themes for storytelling. It might help the participants to think about stories from their own childhood or stories they tell their children. Remind them that for children in the early years can simply be about teaching shapes, colours, different foods, about different emotions and then can get a bit more complex where there is an actual story line with a beginning middle and end.

On chart paper write the words "Story Topics" on the top. Ask participants to shout out one by one different ideas (i.e. numbers, colours, a little girl who gets hurt and someone makes it all better, two children learning to share together or something new a child discovers).

Allow participants 30 minutes to come up with story ideas and to create their own story books. Suggest the following:

- Think about the age group
- Think about where that age group is developmentally
- What is the purpose/goals of your book?
- Is there something you want them to learn, if so what?
- Is there a story line? If so what is the beginning, middle and end?
- How can I make this story come alive?

After all the participants have completed making their storybooks, put them into small groups and have them share their stories with each other.

## Self-assessment

Write the following questions on a piece of flipchart paper and ask participants to write their answers to them on a piece of paper. Explain that this is not a test and you will not be collecting their answers. The aim is to allow participants to see how much they have learned during the sessions.

(1) Reading to children develops their language.  
TRUE or FALSE

(2) Stories can help develop problem-solving skills with children. TRUE or FALSE

(3) Before children can read they are already visual learners. TRUE or FALSE

(4) Stories can actually help reduce stress for children who have had traumatic experiences.  
TRUE or FALSE

## Facilitator's Notes:

### ***Skills Children Develop***

Through stories children are able to solve problems, ask questions, learn new things and share ideas. In early childhood, vocabulary grows every day. Early reading skills include

an ability to see details in pictures, developing motor skills by turning pages, hearing different sounds, interpreting and creating symbols, tracking written words in different directions and following story sequences.

*Excerpted from: Supporting Children's Literacy Development Before Kindergarten*

Gary and Maryann Manning, University of Alabama at Birmingham

Young children construct many notions about reading and writing long before they begin kindergarten. In fact, some children can actually read and write before they start school; others find learning to read and write relatively easy once they begin. Research has shown that children who become literate at an early age or who become successful readers and writers share several common characteristics: 1) they have been read to regularly, 2) they have had many opportunities to handle books, 3) they have seen parents and other adults read and write for real purposes and for enjoyment and 4) they have been encouraged to express themselves through writing.

### ***Read Aloud to Children***

Reading aloud to young children on a regular basis is an essential practice for parents and child care workers. Children enjoy having picture books read to them because they are charmed by the delightful characters, warm and often humorous plots and beautiful illustrations. As they enjoy the sound of written language, children learn about starting at the front of a book, turning pages, noticing print characteristics and realizing that print conveys meaning.

There is no magic formula for when or how to read aloud to children, but it is wise to show enthusiasm and involve the children in the story. It may be helpful to read a story before or after nap time, or just before children go to bed, making sure that children can see the text as you read. Have the children predict what will happen

next, discuss a part of the story or give an oral response to predictable words or phrases in the story. Children often want to hear the same book read over and over.

Music can also soothe children. When they are infants, it can help them fall asleep. As they

grow older, they learn to sing along which helps to facilitate their oral language development and, later, their written language development. Therefore, it is highly recommended that parents and child care workers use songs as well as reading as a method to develop critical skills for children.





## Session 7: Setting up a Stimulating Environment

### Learning Objectives

Participants will be able to:

- Design and set up an appropriate environment for young children to promote play, learning and interaction
- Design appropriate and effective programmes for young children

### Materials

- Flipchart paper
- Markers
- Copies of ECD Kit: A Treasure Box of Activities
- Activity Guide for each participant

### Activities

Children learn through their interactions with people and objects around them. An environment that supports and challenges children while providing safety and comfort for both children and caregivers, can promote effective interaction and learning. In setting up a stimulating environment for young children, caregivers must have clear goals. The environment should support children's development by offering many opportunities to interact with other children, caregivers and play materials and move about freely and in a safe and supportive manner.

#### **1. Group brainstorm – What Makes an Ideal Environment for Children?**

Ask participants what they think an ideal environment should be for young children. Participants should keep in mind the context in which the Kit is being used. Record their answers on chart paper.

#### **2. Small Group Work – Setting up the Environment**

Divide participants into small groups. Have each group discuss the following question:

- “How can we make our environment more interesting and stimulating for young children”?

Distribute a piece of chart paper to each group and have them draw the space where young children are meeting. Each group should design that space, and imagine what an ideal environment would look like using the ECD Kit and other materials. Ask participants to imagine different activity areas where different activities are happening simultaneously and describe what these would look like. For example: art, blocks, toys, puzzles, books, make believe etc. What would go into these areas and how can they be safely organized?

Have participants think about and illustrate other necessary amenities to create a holistic environment for children (i.e. access to water, pit latrine, cooking space, etc.).

Each group should then present their design. Summarize discussion highlighting main points and convergences among presentations. Conclude by offering the following points if not already mentioned:

- Amount and types of activity areas the caregiver sets up depends on the space and the age and interest of the child;
- Having multiple activity areas where children can play will help engage more children; and
- It is important to always have adult supervision present.

Ask for questions and additional comments.

#### **3. Group brainstorm – Planning a Daily Activity Programme**

It is important that caregivers and others working with children prepare an activity plan ahead of

time to ensure maximum implementation of the Kit's activities and children's engagement. A little planning can go a long way.

Creating a daily programme will help provide structure, format and timing for events and activities that children will experience. Young children in particular, are more secure and comfortable in a place that has a consistent schedule where they know what comes next and can count on it. This way, they are free to move, explore and learn at their own pace within the expected programme.

At this point provide each participant with an ECD Kit Activity Guide. Give participants 10 minutes to review the contents of the guide.

On a chart paper display the sample daily activity plan found in the activity guide.

### **Treasure Box Fun: Daily Activity Plan**

**10:00** Welcome children and families

**10:15** Circle Time: Select a fun topic. Ask children to talk about what they know

**10:30** Small groups: Divide children into age groups. Let children explore and play with activities on their own.

**10:45** Pairs: Older children spend time working with smaller children on a specific activity

**11:30** Circle Time: storytelling. Try letting children make up a new ending!

**12:00** Closing Song

Review the Daily Activity Plan with participants. Explain that Circle Time can be approached in many different ways. It may be helpful to start off learning each other's names, singing a song together, playing a little fun game together, etc.

Daily activity plans can also be created where children have time for individual choice of activities or parents and children can play freely together with the materials provided especially after they have used them in more organized ways. This can be part of the routines that are created such as transitioning from an organized activity to free play time. Remind participants that it is important to set a time frame of when things will start and end so children will know ahead of time and not be surprised when they are told it is time to end.

Divide the group into small groups of 3-4 participants. Provide each group with chart paper and markers. Each group should create a daily activity plan using the Activity Guide and Kit as a reference and to generate ideas. Ask them to be specific.

Once everyone is finished have each group present their plans.

Spend time debriefing the process by asking participants the following questions:

- Was it easy or difficult to come up with ideas to make a plan? Explain why.
- When having little time to prepare and knowing many of the children coming have been affected by the emergency situation and may be very emotional, what can you do to make sure you are best prepared?
- Do you feel confident to make different plans?

### **Self-assessment**

Write the following questions on a piece of

flipchart paper and ask participants to write their answers on a piece of paper. Explain that this is not a test and you will not be collecting their answers. The aim is to allow participants to see how much they have learned during the sessions.

(1) Activity plans should have specific activities and time. TRUE or FALSE

(2) During Circle Time you should only sing songs or tell stories. TRUE or FALSE

(3) Activity plan should be prepared in advance. TRUE or FALSE

(4) It is important to set time frame of when things will start and end. TRUE or FALSE

## Facilitator's Notes:

Well thought out activity plans can contribute to a calmer and more stimulating atmosphere. While children need structured routine in their day, it is always important to allow for a measure of flexibility.

When planning your activity guide make sure to include activities that are going to promote the different developmental areas that are essential to healthy development. So think about things like sensory, speech, large and fine motor skills, socialization skills, etc. Often you may find that the activities will overlap and promote multiple developmental areas at once.





## Session 8: Implementing the ECD Kit

### Learning Objectives

Participants will be able to:

- Develop a community plan for using the ECD Kit
- Devise strategies for caring and replacing items
- Identify potential implementation challenges and difficulties

### Materials

- Flipchart paper
- Markers
- Handouts

### Activities

In this session participants will discuss how and when the ECD Kit can be used within their communities. The organization and structure of this session will vary depending on the group of participants as well as the country context. Facilitators will need to think about how best to organize this session to make it relevant and useful for the participants. In preparing this session facilitators should complete the Handout Frequently Asked Questions.

#### **1. Small Group Work – Planning your ECD Kit Activities**

Break participants into small groups, and distribute the Hand Out: Planning Your ECD Kit Activities. By completing this handout, participants will develop a project plan describing how the ECD kit will be used within their communities.

##### **I. DESIGN:**

- Where will the Kit be used?
- Who will be your key partners?
- How will young children and their families learn about the programme?

##### **II. IMPLEMENTATION**

- What times and days will the Kit be used?

- How many children will be able to participate during each session?
- How will you involve older children's parents and other adults in the activities?
- Prepare an example of a suggested plan to be followed during a typical ECD Kit session?

##### **III. MANAGEMENT**

- How will you keep the kit materials clean?
- Where will the ECD Kit be stored?
- Where will you get additional supplies and material?
- Who will you contact if you have questions about the Kit and its use?

#### **2. Group Presentations**

Ask each group to present their plans to the whole group. Ask participants to provide comments and feedback on the plan. Address issues and concerns as needed.

#### **3. Group discussion**

Following the presentations, facilitate a group discussion based on the following questions:

- What concerns do you have regarding children's safety and protection during the programme?
- What do you feel will be the biggest challenges in using the Kit?
- What additional questions do you have about the organization and management of the Kit?
- Do you feel you have the support and supervision necessary to implement a successful programme?
- Do you have any additional questions or concerns?

Distribute the Hand Out, "Frequently Asked Questions". The responses to the questions should be prepared by the Facilitators prior to this session. Questions that are not relevant to the context should be deleted and additional questions added as needed.

## **HAND OUT – ECD KIT: PLANNING YOUR PROGRAM**

### **I. Design:**

- Where will the Kit be used?
- Who will be your key partners?
- How will young children and their families learn about the programme?

### **II. Implementation**

- What times and days will the Kit be used?
- How many children will be able to participate during each session?
- How will you involve older children parents and other adults in the activities?
- Prepare an example of a suggested plan to be followed during a typical ECD Kit session.

### **III. Management**

- How will you keep the Kit materials clean?
- Where will the ECD Kit be stored?
- Where will you get additional supplies and material?
- How will you add locally or homemade toys and learning materials to use in your programme?
- Who will you contact if you have questions about the use of the Kit?

## **HAND OUT – USING THE ECD KIT: FREQUENTLY ASKED QUESTIONS**

1. Who do I contact when I have questions on how to get additional materials?
2. How can I organize workshops to make additional materials for children?
3. How can I get help with how to use the activities and materials with young children?
4. How can I get advice on ways to involve children's parents and caregivers?
5. Will my programme be evaluated? What do I have to do?
6. How can I keep the ECD Kit materials clean?
7. Where should I store the ECD Kit?
8. What are some ways to ensure children's safety and protection during the programme?
9. How do I help others to understand the importance of ECD?
10. How can these activities be linked to other programmes for young children?

## Self-assessment

Write the following questions on a piece of flipchart paper and ask participants to write their answers to them on a piece of paper. Explain that this is not a test and you will not be collecting their answers. The aim is to allow participants to see how much they have learned during the sessions.

(1) The design implementation and management of the Kit are very important to consider. TRUE or FALSE

(2) The Kits can be stored anywhere. TRUE or FALSE

(3) It is important to know where I can get locally available materials if necessary. TRUE or FALSE

(4) I need to know the appropriate person to contact if I need more materials for the Kit. TRUE or FALSE

## Facilitator's Notes:

Understanding how to plan and care for the ECD Kit is an essential part of the training for caregivers. To ensure the maximum value and sustainability of the Kit, caregivers need to be clear on its design, implementation and management. The questions in the above session have been carefully laid out to help caregivers successfully employ the Kit. During times of emergency our responses must be rapid and smooth. Through critical planning and developing an infrastructure to roll out the Kit, the quality of the programme/services will be more effective. Caregivers need to feel they are being fully supported and have a clear understanding of their roles and responsibilities.



## Session 9: Assessment of the ECD Kit and Children's Progress

### Learning Objectives

Participants will be able to:

- Understand their role in assessing the use of the ECD Kit
- Understand their role in assessing the child's progress

### Materials

- Flipchart paper
- Markers and pens
- Handouts

### Activities

Assessment is a process of being able to track or measure the children's progress. It includes measuring children's physical development, socialization skills, emotional well-being and cognitive development as they participate in the activities.

The purpose of assessment is to:

- Provide accountability for caregivers' effectiveness in terms of how the Kit and activities are implemented;
- To determine whether or not caregivers met their identified goals;
- To be able to monitor a child's progress and development over time; and
- Provide information so programmes can be adapted to meet changing situations.

Divide participants into small groups. Provide each group with chart paper and markers. Have them think about what is important to look for when assessing their activity plans to ensure that the children are learning, growing and having fun.

In small groups, have them come up with a list of specific areas they would try to look for to be able to assess the impact of their work (i.e. # of

children who return, development of fine and large motor skills, children demonstrate a lot of imagination and creativity in their play, children are making friends easily, etc.)

Have each group present their lists and write them up on chart paper.

Provide each participant with the sample assessment handout. Review the assessment tools together. Go through each item and take time for any questions or comments. If there is time participants can work in small groups and think about what other items they might put on the assessment forms.

Using the Facilitators Notes, share ideas about keeping play journals. If time permits, ask a group to volunteer to play with the materials while other participants create a play journal of what they observe. This should be followed up with a group discussion.

### Self-assessment

Write the following questions on a piece of flipchart paper and ask participants to write their answers on a piece of paper. Explain that this is not a test and you will not be collecting their answers. The aim is to allow participants to see how much they have learned during the sessions.

- (1) Assessments are used to track and measure the complete process of how the Kit arrives at the site. TRUE or FALSE
- (2) Assessments can help a caregiver reflect on his/her progress and abilities. TRUE or FALSE
- (3) Play journals are a simple way to assess a child's progress. TRUE or FALSE

(4) Assessments can teach me a lot about a child's overall wellbeing. TRUE or FALSE

## Facilitator's Notes:

### **Assessment**

#### **0-3 years**

Parents and caregivers should observe their children's play and if possible keep a weekly play journal of their children's progress in play. Checklists or brief anecdotal descriptions can be helpful in monitoring progress. **At this age level, particular areas of focus should be: motor activity (fine and gross motor); oral language and communication; social behaviour with other children; activities chosen and attention span; and willingness to try new tasks, explore, and discover.** Play journals can be reviewed periodically to assess progress and identify areas of development that need attention.

### **Assessment**

#### **3-6 years**

Assessment is recommended to monitor children's progress in play development, and to identify any problems so that early interventions can take place. Through observation, parents can monitor and record children's organisation of play (to see if it has a beginning, middle, and end); how play is initiated; predominant themes of imaginative play; amount of time spent engaged in play activities; evidence of creativity and the imagination; use of language

(vocabulary, grammar, conversation and negotiation skills); physical abilities; social skills (sharing, turn taking, compromise, experiencing pleasure); attitude toward play; and willingness to clean up.

In settings with groups of children (day care and community centres), teachers and other caregivers should conduct similar types of assessment and keep weekly play journals with simple checklists and descriptive anecdotal information but emphasise the social and cooperative aspects and specific cognitive tasks exhibited in children's play. If available, videotaping of group of children's play processes would be valuable for the adults to watch when the children are not present. Often one can see more when one "steps back" and watches. Videotaping and reviewing children's group play at three month intervals can be revealing and productive.

**A powerful strategy for assessment is children's self-reporting and recall of the play activities of the day.** This type of "recall time" promotes short and long-term memory skills, and self reflection. (High Scope, 2000) Children get in the habit of assessing, reporting, and rethinking what they've done and can then more naturally take the next steps in play development. Recall time can be done in a group circle of children at the end of the day.

## HAND OUT – ASSESSMENT

The following are samples of a simple assessment tool that caregivers can use to rate their performance and observations of the children.

On a scale of 1-5 with 5 meaning Strongly Agree, and 1 meaning Strongly Disagree, please rate the following statements by checking the appropriate box.

Self Assessment	1	2	3	4	5
1. The activities I have been using have been effective.					
2. I feel confident when leading the activities.					
3. I can develop activity plans easily.					
4. When I give instructions they are clear and easy to understand.					
5. I am able to create new ideas for activities beyond the activity guide.					
6. I can work well even in very stressful situations.					
7. What I enjoy the most is					
8. What I enjoy the least is					
9. An area I need where I need more support in order to be a more effective caregiver is					

## HAND OUT – ASSESSMENT (CONTINUED)

On a scale of 1-5 with 5 meaning Strongly Agree, and 1 meaning Strongly Disagree, please rate the following statements by checking the appropriate box.

Individual Child Assessment Name: _____ Age: _____ Gender: _____	1	2	3	4	5
1. The child is able to use the toys appropriately for his/her age.					
2. The child seems happy when they come to the site.					
3. The child is fully engaged in the activities.					
4. The child is able to do more complex tasks.					
5. The child enjoys playing with other children.					
6. The child appears to be well nourished.					
7. The child responds well to his/her parents/caregiver.					
8. One thing I notice about this child is					
9. A concern I have about this child is					
10. Something I want to continue observing is					
11. Do you have any concerns about the health and well-being of the child? If so what are they and what can you do to support them?					

## Annex 1: Terms of Reference

Facilitators play a major role in the implementation of the ECD Kit. They are creating the bridge between coordinators at the national level and caregivers in the field. Facilitators are responsible for training the caregivers and play an important role in the monitoring and assessment of the ECD Kit implementation.

### Main Tasks

- Participate in the Orientation Workshop of the Facilitators
- Organise Orientation Training for Caregivers
- Monitor the ECD Kit implementation by regularly visiting the sites
- Collect the monitoring forms from Caregivers
- Report to Coordinator in case of any problem occurring in the sites
- Consistently conduct monitoring and evaluation of the ECD Kit implementation
- Consistently report the ECD Kit outputs and outcomes

### Minimum Qualifications

- Basic knowledge of child development
- Experience in Adult Learning
- Knowledge of local language



## Annex 2: Adult Learning Principles

### Six Principles of Adult Learning

1. Adults can direct their own learning.
2. Adults have strong, individual learning styles.
3. Adults need to share their experiences.
4. Adults need information that is relevant and culturally appropriate.
5. Adults need a balance of information and support.
6. Adults need to apply what they have learned.

#### ***Adults can direct their own learning.***

Adults come to a group willing and eager to learn. They can usually identify what they want to learn and how they want to learn it. They can help to design the education that best meets their own needs.

#### **IMPLICATIONS:**

- Adults in a group may be at different stages of development. Some will be better at directing their own learning.
- Others will need more direction and involvement and request the support of the facilitator. They may look to facilitator as an important role model. In such cases, it is important to assume a “teacher” or leader role in a very subtle fashion. The leader should begin with the assumption that adults are independent learners, but should not be surprised when they are not.
- Encourage adults to identify topics and present some of their ideas to the group. Involve them as much as possible in the presentation of information. Draw on their experiences and feelings.
- Adult involvement has many benefits. For example, adults either learn or become aware that they can help each other; they

see themselves as good resources; group cohesion is enhanced and their own learning is solidified.

#### ***Adults have strong, individual learning styles.***

Adults come to a group discussion with well-established learning styles. Each style reflects how they learned at home, in school, at work, as well as their past experiences in group learning situations.

#### **IMPLICATIONS:**

- Sometimes telling or suggesting information is not sufficient. Use as many of the senses as possible when presenting a topic.
- Let adults hear, see, and touch the information. When one participant demonstrates a behavior associated with the topic, make sure to point it out.
- Encourage adults to use the information quickly.

#### ***Adults need to share their experiences.***

Adults can learn from one another. Both facilitators and caregivers need to share their life experiences with the group and with one another. Learning is most relevant when the subject is closely related to the adults’ own immediate experiences. As individuals develop and mature, they acquire a reservoir of experience that is an ever-deepening learning resource.

#### **IMPLICATIONS:**

- Encourage adults to share their experiences as much as possible. You can help them understand or clarify their own experiences. You can also help find links between different experiences.

- Share your own experiences as appropriate. Begin with the experiences of the participants, and then offer your own experiences, perspectives and insights you have that the other adults may not have experienced.
- Try to expand the participants' viewpoint. Ask what they have seen, what others do and what they think of different approaches.

***Adults need information that is relevant and culturally appropriate.***

Adults' need practical and useful information. Caregivers responsible for children in the early years, will especially want information about health, child development, child guidance, family management, and personal development. When providing information it is essential to be mindful of the context from which caregivers are "teaching". Information should be relevant to the lives of the adults and should always be culturally sensitive to their particular context.

**IMPLICATIONS:**

- Ask adults to identify their information needs. What do they want to know? Ask them to identify topics that interest them and then develop an agenda that addresses their needs and interests.
- If, for example, if you observe that adults need more information about addressing the needs of children who have experienced a great deal of stress due to traumatic events, add this concern to the agenda.
- Try to balance topics so they focus on the child as well as the adults.
- Before leading an activity or teaching a specific lesson, assess whether the information is culturally relevant and speaks to the appropriate context in which you are working.

***Adults need a balance of information and support.***

Adults need to share their ideas as well as feel-

ings. Information can be supportive when it affirms an individual's beliefs, sparks curiosity, or stimulates new ideas. It has been suggested that parent group education is as much an emotional experience as it is an intellectual one.

**IMPLICATIONS:**

- Encourage parents to share their ideas and feelings about a topic; be sensitive to their feelings.
- Even the most information-driven presentation usually evokes an emotional response, especially when dealing with traumatic events.

***Adults need to apply what they have learned.***

Adults need information to be prepared to handle situations or problems when they occur. There is no one right way to respond to situations. Rather, the idea should be that caregivers can make informed decisions. This approach encourages adults to be aware of alternatives and to choose an approach that is right for them. As individuals mature, time perspective changes from postponed application of knowledge to immediate use and application. Learning shifts from "subject-centered" to "problem-centered."

**IMPLICATIONS:**

- Working with adults provides an opportunity for remaking experience. When information is present, try to discuss specific insights that parents might incorporate in their day-to-day child-rearing practices.
- Encourage adults to try new skills. At a follow-up training, ask how it went, how they are using the information? Point out specific behaviors that relate to the information covered.

*Adapted from Parents as Partners in Learning: Six Principles By, Cassie Landers, Kathleen Hayes and Judy David*

## Annex 3: Additional Resources: Icebreakers and Games

### 1. The Rhythm and Name Game

**MATERIALS: NONE**

**DIRECTIONS:**

- Everyone starts by standing in a big circle. One person establishes a basic rhythm with their feet, and the whole group follows this until everyone has it down. Still keeping this sound going, everyone goes around the circle saying their name using this same rhythm, and each time the group echoes the person. In the second rotation everyone keeps this rhythm but says their name at different pitches and/or volumes. In the third rotation, everyone adds a gesture or movement while saying their name and still keeping with the rhythm. The group still mimics the person with each rotation.

### 2. The Story of My Name

**MATERIALS: NONE**

**DIRECTIONS:**

- Have everyone get into a circle and explain that although they may know each other's names that you are just getting to know everyone. Although we may know each others' names, there is always something more we can learn about a person! So we are going to take the next 10 minutes or so getting to know each other a little better. Are you ready?
- Have everyone go around the circle and say their name and tell the story of the meaning of their name or how their name was chosen for them. (Note: many may not know and that is ok but what usually happens is it sparks an interest and has them go back to ask their parents or family members where their name came from which is great).

### 3. Magic Desires

**MATERIALS:**

- 3 x 5 cards-1 for each participant
- Pencils/pens-1 for each participant

**DIRECTIONS:**

- Distribute a 3 x 5 card to each participant and describe it as a magic box.
- Ask the participants to fill the box (by writing or drawing) with all the things they hope will be a part of their experience during the training. They are to write or draw as many things as possible.
- When everyone has filled his or her box, have each person share the box with the rest of the group. Be sure each person has the chance to describe the contents of the box to the group.

## 4. Human Knot

**MATERIALS: NONE**

**DIRECTIONS:**

- All participants stand in a circle and start by reaching into the group to connect hands (hold hands) with another person across from them.
- Once everyone is holding one hand, they reach in with the second hand and do the same. You cannot hold both hands with the same person.
- By doing this the team will create a knot.
- Participants try to untangle knot, working together, but they cannot let go and break the knot or they must start again

## 5. The Superlative Game

**MATERIALS: NONE**

**DIRECTIONS:**

The superlative game is a simple icebreaker that asks players to line up in ascending order for various different categories (e.g. height, birthday month, etc.). These categories can be surface-level categories such as height (in ascending order), birthday month (in ascending order, from January to December), shoe size, number of siblings (least to most), etc. or you can also make deeper categories, depending on your goals.

- Read the first category aloud, such as “Line up by increasing order of height. Go!” Each team scrambles to get in the proper order. When a team thinks they are done, they must all sit down and raise their hands.
- At this point, the facilitator checks the team and verifies that they are in the proper order. If they made a mistake, they get awarded zero points that round and the facilitator checks the next group that sat down. The first team to correctly get in order and sits down gets awarded a point.
- The facilitator then reads off the next category, and this process repeats until the game is over (no more categories).
- Variations: There are many variations to this game that are worth considering. No talking allowed. All players must rely on body language and hand gestures to get in the proper order. Head and feet only. You can only use your head and feet to signal where to go. No talking or use of arms/hands to communicate.

## 6. Incomplete Sentences

**MATERIALS: NONE**

**DIRECTIONS:**

- The participants make a circle and the leader asks a series of incomplete sentences to each person in the group one after the other. The idea is that if there is not enough time to think too much, spontaneous and honest answers will be given. Suggested incomplete sentences are:

a. Today I feel....	f. I have....
b. The person in front of me....	g. My present fear is.....
c. This group....	h. I am....
d. I don't want....	i. I love.....
e. Later I hope to....	

Try to have enough sentences to have at least two rounds.

## 7. Stand up and touch something purple.

**MATERIALS: NONE**

**DIRECTIONS:**

It's exactly that, get the group to stand up and do something quick and energizing.

## 8. At a Drop

**MATERIALS: HANDKERCHIEF OR NAPKIN**

**DIRECTIONS:**

The leader explains that when she/he throws a handkerchief in the air - the higher it is, the more noise the group makes, while the lower it is the quieter the group is. When it hits the floor the group must be quiet. You can catch the handkerchief in mid air to stump the group. You can have one of the participants controlling the handkerchief.

## 9. Mingle Mingle

**MATERIALS: NONE**

**DIRECTIONS:**

- The leader calls out different numbers, e.g.: 3, 7, 4, 14 etc. As a number is called out participants must immediately form groups with that number of people in them by linking arms.
- Each time a new number is called out participants form new groups of with that number of people in them. Variations: have one or more catcher/s preventing people from forming the groups by tagging individuals who must then stand still. The groups could put arms round each other's waists or shoulders instead of linking arms.
- End the game by calling out a number larger than the number of participants so everyone ends up in one group. After which the participants are asked what they did and did not enjoy about the activity. Variation: The group is mingling and is constantly one the move.
- The leader calls out different numbers 9, 7, 6, 4, 3 etc. As a number is called out participants must immediately form groups with that number of people in them by linking arms.
- Each time a new number is called out participants form new groups of with that number of people in them. The participants that didn't have enough group members are out of the game. The winners are the two last people.

## 10. Pass the Face

**MATERIALS: NONE**

**DIRECTIONS:.**

- The participants form a circle.
- Ask the first person to form an exaggerated face (e.g.: a mad face, a silly one, a monster face etc...) And 'pass it'. That means show it to the person to the right.
- This second person will have to copy the face and then make a new one to the person on the right.
- This continues until it has gone around the whole circle.
- Note: It is important in this game is to go around as fast as possible and to make funny faces in order to keep the participants interested after their turn. This game can make participants feel comfortable and confident in the group.



## Annex 4: Evaluation of Training Programme

On a scale of 1-5 with 5 meaning Strongly Agree, and 1 meaning Strongly Disagree, please rate the following statements by checking the appropriate box.

As a result of the workshop	1	2	3	4	5
1. I understand and can easily teach children how to use the resources/activities in the ECD kit.					
2. I understand and can use the Activity Sheets provided with the ECD Kit.					
3. I can develop session plans for working with young children.					
4. I understand how I will be supervised in using the Kit and who will follow up with me once I begin using it.					
5. I know who to contact if I need to order additional materials and supplies.					
6. The length of time for training in each session was sufficient.					
7. The most useful session was					
8. The least useful session was					
9. What would you add or change about the workshop?					
10. What additional training do you feel you need?					



## Annex 5: Additional References

- Al Gasseer, N., Dresden, E., Keeney, G.B., and Warren, N. (2004). Status of women and infants in complex humanitarian emergencies. *Journal of Midwifery and Women's Health*, 49(Suppl. 1), 7-13
- Anda, R., Felitti, V., Bremner, J.D., Walker, J., Whitfield, C., Perry, B., et al. (2006). The enduring effects of abuse and related adverse experiences in childhood. *European Archives of Psychiatry and Clinical Neuroscience*, 256, 174-186.
- Berkman DS, Lescano AG, Gilman RH, Lopez SL, Black MM. Effects of stunting, diarrhoeal disease, and parasitic infection during infancy on cognition in late childhood: a follow-up study. *Lancet* 2002; **359**: 564–71.
- Black, RE, Morris, SS, Bryce, J. Where and why are 10 million children dying every year? *Lancet* 2003;361:2226-34
- Blair C. School readiness: integrating cognition and emotion in a neurobiological conceptualization of children's functioning at school entry. *Am Psychol* 2002; **57**: 111–2.
- Blanchflower, A. et al. *How important are Difficult Environments for Achieving the MDGs?* PRDE Working Paper 2. 2004. Poverty Reduction in Difficult Environments Team, Policy Division, UK Department for International Development
- Caldji, C., Tannenbaum, B., Sharma, S., Francis, D., Plotsky, P., & Meaney, M. (1998). Maternal care during infancy regulates the development of neural systems mediating the expression of fearfulness in the rat. *Proceedings of the National Academy of Sciences*, 95(9), 5335-5340.
- Centres for Disease Control: Famine-affected, refugee and displaced populations: recommendations for public health issues. *MMWR REcomm Rep* 1992;41:1-76
- Chang SM, Walker SP, Grantham-McGregor S, Powell CA. Early childhood stunting and later behaviour and school achievement. *J Child Psychol Psyc* 2002; **43**: 775–83.
- Daniels MC, Adair LS. Growth in young Filipino children predicts schooling trajectories through high school. *J Nutr* 2004; **134**:1439–46.
- Elbedour, S., Ten Bonsel, R. & Bastien, D. (1993). Ecological Integrated Model of Children of War: Individual and Social Psychology. *Child Abuse & Neglect*. 17(6), 805-819
- Ezzati M, Lopez AD, Rodgers A, Vander Hoorn S, Murray CJL, and the Comparative Risk Assessment Collaborating Group. Selected major risk factors and global and regional burden of disease. *Lancet* 2002; **360**: 1347–60
- Garbarino, J., Kostelny, K., & Dubrow, N. (1991). *No place to be a child: Growing up in a war zone*. Lexington, MA: Lexington Books.
- Gunnar M., & Donzella, B. (2002). Social regulation of the cortisol levels in early human development. *Psychoneuroendocrinology*, 27, 199-220.
- McEwen, B., & Sapolsky, R. (1995). Stress and cognitive function. *Current Opinion in Neurobiology*, 5(2), 205-216.
- Lawn, J.E., Cousens, S., and Zupan, J. (2005). Four million neonatal deaths: When? Where? Why? *Lancet*, 365, 891-900.
- Marmot, B. McEwen, & J. Stewart (Eds.), *Socio-economic status and health in industrial nations*:

*Social, psychological, and biological pathways. Annals of the New York Academy of Sciences, 896, 30-47.*

Martorell R, Rivera J, Kaplowitz H, Pollitt E. Long-term consequences of growth retardation during early childhood. In: Hernandez M, Argente J, eds. Human growth: basic and clinical aspects. Amsterdam: Elsevier Science Publishers BV, 1992: 143–49.

McEwen, B. (1998). Protective and damaging effects of stress mediators. *New England Journal of Medicine, 338*, 171-179.

McEwen, B., & Seeman, T. (1999). Protective and damaging effects of mediators of stress: Elaborating and testing the concepts of allostasis and allostatic load. In N. Adler, M.

Mendez MA, Adair LS. Severity and timing of stunting in the first two years of life affect performance on cognitive tests in late childhood. *J Nutr* 1999; **129**: 1555–62.

O’Gara, C. Long, L, and Triplehorn, C. Young Children Can’t Wait. Save the Children US. Unpublished report

Ramay, S.L., & Ramay, C.T (2000) Early Childhood experiences and developmental competence. In J.Waldfoegel and S. Danziger (Eds), *Securing the Future: Investing in children from birth to college*. NY Russell Sage Foundation.

Shonkoff, J.P., Phillips, D. *From Neurons to Neighborhoods: The Science of Early Childhood Development*. National Research Council (U.S.). Committee on Integrating the Science of Early Childhood Development. National Academies Press, 2000

Shore, R. (1977). Rethinking the Brain: New Insights into Early Development. NY: Families and Work Institute.

Toole, MJ, Waldmen, RJ. The public health aspect of complex emergencies and refugee situations. *Annu Rev Public Health* 1997; **18**:283-312

UNICEF. 2005 *The State of the World’s Children 2005: Childhood Under Threat*. New York, New York: Programme Division, UNICEF

Walker SP, Chang SM, Powell CA, Grantham-McGregor SM. Effects of early childhood psychosocial stimulation and nutritional supplementation on cognition and education in growth-stunted Jamaican children: prospective cohort study. *Lancet* 2005; **366**: 1804–07.

World Health Organisation. 2000. *The management of Nutrition in Major Emergencies*. Geneva: WHO



