

**Early Childhood Development in Emergencies (ECDiE) Training Module**

**Handouts**

# Defining Early Childhood Development in Emergencies (ECDiE) - The importance of the early years

**Key Developmental Facts[[1]](#footnote-0):**

* In the first years of life, the brain grows at a pace of 700 new neural connections per second, a pace which is never achieved again.
* It is early life experiences that determine the capacity of the brain.
* Healthy development in the early years of life (in particular, the first 1,000 days) provides the foundation for educational attainment, economic productivity, responsible citizenship, lifelong health, strong communities, and successful parenting of the next generation.
* Highly dependent on parents and other caregivers for health care, nutrition, social and emotional nurturing, and cognitive and language development. But also agents of their own development, especially as children get older.
* Persistent and elevated amounts of stress (such as during a crisis) can change brain architecture and actually destroy brain cells.

As many as 1 in 4 children are at moderate or high risk for developmental, behavioral, or socioemotional delay. For children aged birth to five, physical, cognitive, linguistic, and socioemotional growth and development occur rapidly. While all children in this age range may not reach developmental milestones (e.g., smiling, saying first words, taking first steps) at the same time, development that does not happen within an expected timeframe can raise concerns about developmental disorders, health conditions, or other factors that may negatively impact the child’s development. Early, frequent screening of young children for healthy growth and development is recommended to help identify potential problems or areas needing further evaluation. By catching developmental issues early, children can receive treatment or intervention more effectively, and additional developmental delays or deficits may be prevented.

There is a consensus among ECD experts that readiness for school should be understood more broadly than cognitive skills and instead is best formulated as a holistic concept involving several developmental areas, including motor, language and early literacy, math and problem-solving, socio-emotional development, and approaches to learning. Competence in all these areas will ensure that children are ready to benefit from educational activities offered in the school environment [[2]](#footnote-1).

Several simple tools can be applied to assess a child’s progress and determine if additional assistance is needed. Tools like IDELA is an example of a tool that measures key early learning and development competencies that most often appear in most national ECD curricula and standards[[3]](#footnote-2).

Height and weight charts are another set of assessment tools to help ECD professionals determine how children are progressing and if intervention is needed. Developmental and behavioral screenings ensure that children are making developmental progress in areas such as language, social, or motor development.

According to the ECD WG Early Childhood Development in Emergencies (ECDiE) is defined as a comprehensive approach that holistically addresses the needs and rights of all young children from preconception through 8 years of life affected by crises - including children with disabilities, developmental delays, and other needs. It comprehends a group of multi-sectoral, culturally relevant interventions that seek to prevent and mitigate crises’ negative effects and champion young children’s optimal development by providing nurturing care, mental and psychosocial support, and early learning opportunities while supporting parents, caregivers, and families in assuring protective, life-saving, inclusive environments.

It helps to ensure children keep developing as they should and that any negative impacts of emergencies do not affect children’s continued positive development. ECD programming can be implemented anywhere in all situations and especially in homes. The difference in emergency situations could be fewer physical structures, collapsed systems, high turnover or discontinuity of staff to lead activities, and insufficient materials. This can also be true in non-emergencies but is usually heightened in emergency situations. Using mobile ECD facilitators might be necessary if there is no space. For instance, Plan International had mobile ECD facilitators during The Typhoon Haiyan response because there was insufficient space to set up tents. These mobile ECD facilitators went to shelters and health clinics – wherever people were to lead activities with children and support parents. Further, parents may be stressed and unable to care for their children in the same way[[4]](#footnote-3).

# Impact of emergencies on early childhood

In emergencies, children face increased exposure to risk factors that can limit their proper development. In addition, this can have negative impacts on early learning opportunities and school performance, affecting employment opportunities and possibilities in adulthood; children are exposed to higher risks of[[5]](#footnote-4):

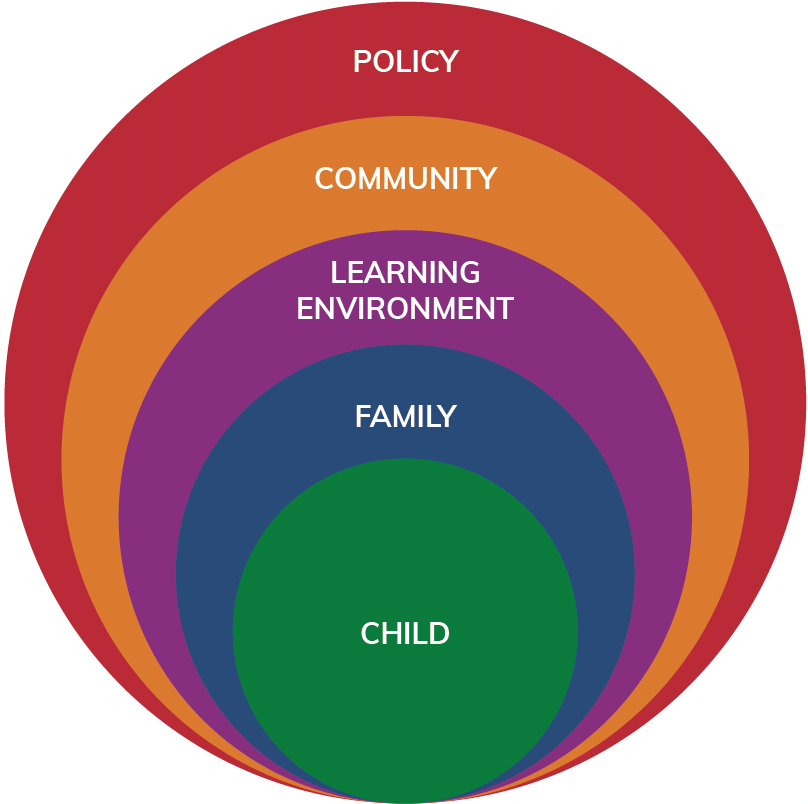
* Separation from family members and broken social support networks
* Abuse, exploitation, violence, and injury
* Food shortage
* Psychosocial distress
* Neglect (families may need to look for food and shelter, so their attention may be diverted away from their child’s developmental needs
* Reduced caregivers’ ability to support their children since they may be exhausted, depressed, isolated, emotionally distracted
* Limited or nonexistent opportunities to play and explore
* Exposure to crisis and displacement may increase potential health and nutrition concerns, including limited access to school and education

Investing in early childhood represents an unparalleled window of opportunity to make a significant difference in the lives of children. This investment makes a difference in people's lives by enabling them to develop their abilities to participate fully in tomorrow's society and the economy as active and productive citizens. It provides an opportunity to “build back better.”

# Relevant Frameworks for ECDiE

**The Socio-Ecological Model (SEM)** is a social and behavioral framework to orient ECD work to the interconnected levels that influence child development and wellbeing. This model allows us to look at an entire situation to (a) identify all the different elements and (b) understand how they relate to and interact. The SEM is used in all sectors since every response addresses the different layers, from individual to policy-level responses. By preparing your response against the SEM framework, teams can ensure that their interventions address each layer and the connections within[[6]](#footnote-5).

When teams address needs across all levels of the socio-ecological model, showing that each level is equally important and reinforces a child’s healthy development and well-being, the response is likely to be more effective and efficient[[7]](#footnote-6).



* **Individual:** In the innermost layer, children actively participate in education/learning and the protection and wellbeing of themselves, their peers, and community members.
* **Interpersonal:** Children are primarily raised in families, but sometimes this layer includes other close relations and caregivers. Families may need guidance and support to understand and respond to context and crisis-specific protection and education issues.
* **Organizational:** Children attend schools (or other learning environments) and other education institutions. Schools should be bolstered as protective spaces where children can equitably participate in quality education. This requires sufficient support to education staff to ensure they are prepared to meet children’s learning and well-being needs.
* **Community:** Families are nested in communities. Communities affected by crises and/ or harmful practices need support to better assess and respond to protection issues impacting children and their ability to access and participate in quality education. Communities form part of the wider societies and are affected by the policies and societal norms that shape them. Crises expose and alter the realities and needs of a country’s population.
* **Public Policy:** Policies are the structural and systemic arrangements adopted by the national government or local authorities to guide the delivery or support a course of action. Policies include global policies and strategies that influence national policies and introduce another level of accountability.

**The Nurturing Care Framework[[8]](#footnote-7)** identifies best practices based on programs that have proven effective in improving early childhood development. Effective national programs combine evidence-informed policies, services, and public communication to enhance awareness of and knowledge about early childhood development.

The Nurturing Care Framework considers five fundamental and indivisible components that contribute to creating a nurturing and responsive environment and are key to optimal child development. These five elements complement and interrelate to ensure comprehensive early childhood development. They must be provided together during this sensitive period.

The components are:

1. Good health for children and caregivers
2. Adequate nutrition for children and caregivers
3. Security and safety for children and caregivers
4. Opportunities for early learning for children
5. Responsive caregiving

# Key considerations to support young children in emergencies

**Rights-based approach**: All children have the right to survival, development, participation, and protection from violence, as stated in the United Nations Convention on the Rights of the Child. Therefore, any initiative implemented to promote ECD should consider seven principles[[9]](#footnote-8):

1. **Dignity:** Every child and young person, like each adult, has inner dignity and worth that should be valued, respected, and nurtured. Respecting children’s dignity means all children should be treated with care and respect in all circumstances – in schools, hospitals, police stations, public spaces, or children’s homes.
2. **Interdependence and indivisibility:** Rights cannot be ‘cherry-picked’ depending on circumstances. All children and young people should enjoy all of their rights all of the time because all rights are equally important. Children and young people’s rights to a good standard of living or to be protected from abuse, neglect, and violence are as important as their rights to get together with their peers or to freedom of expression.
3. **Best interests:** The child's best interests must be a top priority in all decisions and actions that affect children and young people. Decisions can relate to individual children, for example, about adoption, or groups of children and young people, for instance, when designing play spaces. In all cases, children and young people should be involved in deciding what is best for them.
4. **Participation:** All children and young people have the right to have a say in matters that affect them and to have their views taken seriously. Children and young people need support and opportunities for involvement to participate meaningfully in the lives of their families, community, and the wider society. They need information, a space to express their views and feelings, and opportunities to ask questions.
5. **Non-discrimination:** Every child and young person should be treated fairly and protected from discrimination, whatever their age, gender, ethnicity, religion, language, family background, or any other status. Having access to equal opportunities and the best possible outcomes doesn’t mean being treated identically; some children and young people need more support than others to overcome barriers and difficulties.
6. **Transparency and accountability:** Open dialogue and strong relationships between children and young people, professionals, and local politicians are key to making rights a reality. For this to happen, everyone needs to be supported to learn about and understand rights. Knowledge of rights also allows children and young people to hold to account the people responsible for ensuring their rights are protected and realized.
7. **Life, survival, and development:** Every child has a right to life, and each child and young person should enjoy the same opportunities to be safe, healthy, grow, and develop. From birth to adulthood, children and young people develop in many different ways – physically, emotionally, socially, spiritually, and educationally – and different professionals should work together to help make this happen.

**Gender equality**: In emergency situations, ensuring gender equality in ECDiE means making sure that all children have access to integrated support, especially girls[[10]](#footnote-9):

* Ensuring girls and boys are provided with equal care and learning opportunities by building the capacity of the adults that care for and teach children, including through gender-responsive pedagogy for educators;
* Ensuring that girls and boys have equal access to play and learning materials and that play does not reinforce limiting gender norms and stereotypes.
* Adapting parenting programs for parents/caregivers – female and male – to include reflection on how children learn about gender from early childhood and the importance of providing girls and boys equal care and opportunities to develop and thrive.
* Promoting men’s engagement in the nurturing care of their children and shared childcare and decision-making with their female partners.
* Ensuring that ECD programs support and promote women’s rights to health, freedom from violence, and agency.
* Ensuring that nurturing care social and behavioral change communications reflect the equal value and potential of girls and boys and the importance of shared caregiving and decision-making responsibilities between women and men.
* Ensuring that social protection systems and supports for young children and their families do not reinforce gendered norms around care work and provide for maternity and paternity leave and childcare.

**Inclusion approach**: presents a way to ensure equal opportunities, support, and access to services for minority groups or those in especially vulnerable situations before, during, and after an emergency. Children with disabilities**[[11]](#footnote-10)**:

* are 25% less likely to attend early childhood education
* face poorer health outcomes
* can have a delayed development process
* have lower chances of survival when sick
* are more likely to live in poverty compared to children without disabilities
* are often marginalized and at risk in many communities. They are even more at risk when armed conflict, natural disasters, and other crises occur.

As children with disabilities are a particularly vulnerable group, there is a greater risk that being identified as having a disability could lead to discrimination or stigma in their schools or communities. Since children are constantly growing and developing and develop at their own pace, it can be quite challenging for parents and project staff to identify developmental delays or impairments, particularly among children under the age of 5 (Plan International, 2015). Still, there are practical and accessible tools that support practitioners and other stakeholders with screening and early identification of disabilities and developmental delays in young children.

**Intercultural approach**: Intervention strategies must be adapted to the local environment. Programs must recognize native or indigenous languages, and educational programs must include them. In ECD, the idea is to build on the strengths of each local community in their child-rearing practices.

For instance, using the mother tongue in learning spaces enhances participation, decreases attrition, and increases the likelihood of family and community engagement in children's learning processes. Research also shows that using the mother tongue as the medium of instruction enhances the child's cognitive learning processes and that learner-centered teaching in a language the child speaks tends to be effective. The following are recommended key considerations for supporting local/mother language use during early childhood education: (a) language of instruction, (b) appropriate curriculum, and (c) teacher and other education personnel capacity (UNICEF, 2016).

**Life-course approach means[[12]](#footnote-11):**

* Recognizing that all stages of a person’s life are intricately intertwined with each other, with the lives of other people in society, and with past and future generations of their families
* Understanding that health and well-being depend on interactions between risk and protective factors throughout people’s lives
* Taking action:
  + Early to ensure the best start in life
  + Appropriately to protect and promote health during life’s transition periods
  + Together, as a whole society, to create healthy environments, improve conditions of daily life, and strengthen people-centered health systems

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# How to conduct a situation assessment

**Why work in preparation for ECDiE?[[13]](#footnote-12)**

* Usually, no updated or differentiated information on ECD would allow decision-making and planning of actions focused on early childhood.
* Management and coordination structures for preparedness and response do not have mechanisms to incorporate an ECD approach.
* Response and contingency plans usually do not identify or integrate early childhood-focused scenarios and strategies.
* The personnel who work and interact with early childhood do not always have the necessary preparation and training to articulate an appropriate response in case of disasters.

To determine the intervention’s scope, teams can analyze the local characteristics, needs, and strengths. A solid understanding of existing ECD infrastructures and potential partners will facilitate a more rapid and effective response. Consider the answer to the following questions:

**Analysis of Young Children and Families**

* How many children are between 0-8? ( by age, gender, disability – if they have one)
* What percentage of young children live with parents or caregivers?
* What local knowledge exists about ECD?
* What are customary local care practices for young children?

**Analysis of Existing ECD Activities**

* Are any ECD activities currently taking place? If so, what are they?
* Is the available space appropriate for both indoor and outdoor play?
* What early learning, play, recreational, stimulation, and other ECD-type materials are available?
* Are the teachers/facilitators/volunteers trained?
* Are older children/other caregivers part of organizing and helping with activities for young children?
* Is there a referral system in place for children who are psychologically distressed or have special protection needs?
  + If yes, where are they referred? How are parents involved in the activities?
* How can ECDiE be integrated into existing ECD programs and activities?

**Analysis of Potential Partners**

* Who are the key ECD players?
* Has an emergency plan, including ECD, been drafted for the country?
* Have local staff been trained? Do they need additional training to respond to the crisis and children's needs?
* Are international and local staff in place and able to coordinate ECD in the emergency plan?
* Are management structures and lines of accountability in place?
* Are international emergency staff fully briefed and on standby?
* Are there local partners engaged in ECD activities?
* What are their approaches, and what specific activities have been planned?

# The importance of contextualized ECDiE

To ensure that we best serve young children in crisis response, it is critical to actively engage community members to assess existing belief systems and capacities that promote resilience and protection and respond to risk without discrimination. Key actors must understand:

* Existing resources and challenges
* How early childhood concerns are understood and prioritized
* How communities mobilize around these issues to work in ways that are supportive and collaborative and not undermine local systems

This requires active participation from key actors, including:

* Young children and caregivers
* Communities
* Humanitarian agencies
* Civil society and community organizations
* Government institutions

For ECDiE, teams should consider the context and the core factors necessary for young children's well-being. This ensures that programming is appropriate for children, families, and communities. A deep context analysis requires demonstrating respect, building trust, and developing community relationships. How we do this is as important as what we do.

Deep context analysis is ideally undertaken during the preparedness phase in a humanitarian context. This would be updated during the response phase. If no context analysis were undertaken before the response phase, the process would begin there and be enhanced on an ongoing basis through the recovery phase.

We can better plan and implement responsive, protective, and equitable programming for young children by understanding underlying inequalities, disparities, and power dynamics. We do so by:

* Learning about local understandings of key concepts (e.g., child, child development, protection, risk, harm) and how those influence local approaches to ECD and Child protection)
* Identifying what community members already do to protect children.
* Understanding the leadership structures and who the opinion leaders and influencers are.
* Learning about education and protection concerns and priorities in the community, including approaches and practices before emergencies and if/how those have been affected by the emergency (positively or negatively).
* Identifying existing resources within the community for child protection and ECD efforts.
* Considering the potential influences (positive and negative) that the involvement of external actors (including humanitarian workers) may have in community child protection and ECD.
* Understanding if there are issues that community members would not want to or be able to address and why.

# Multi-sectoral collaboration and coordination

Integrated programming approaches are not only cost-effective but also provide the best outcomes. ECD is an excellent connector and provides opportunities for bringing together multi-sectoral services around the child in response to immediate and longer-term needs.

The most relevant sectors for ECDiE are:

* Protection
* Learning/education
* Water, sanitation, and hygiene (WASH)
* Nutrition and food safety
* Health

Every sector that integrates with ECDiE is stronger. There are many possible synergies when a response integrates traditional interventions like health and WASH with ECDiE and improves effectiveness by leveraging resources.

Integrating ECDiE with cross-cutting programming like Gender and RCCE or Community Engagement ensures that the response addresses gendered practices that impact children’s agency. By ensuring the participation of children and their caretakers in all decisions that affect them, teams promote the development of skills and engagement in individual and collective decision-making processes and increase a child's sense of self-worth, self-esteem, and empowerment. Children themselves say the capacity to act, exercise choice, and influence daily situations are essential to their wellbeing*.*

Coordinated ECDiE interventions that consider **child protection** can include[[14]](#footnote-13):

* Promoting birth registration
* Implementation of child-friendly spaces
* Recognizing children who show signs of stress or trauma and referring them to specialized service providers
* Family reunification actions
* Accessible infrastructure (for children with disabilities)
* Adequately sized and accessible latrines and urinals
* Support mothers and fathers to care for their young children and protect them from abuse and violence

Integrating **WASH** and ECDiE ensures that young children have access to clean water, basic toilets, and good hygiene practices while learning ways to stay healthy and safe from waterborne diseases. Caregivers also learn about the best practices of WASH through ECDiE centers and efforts. Key actions to achieve this include[[15]](#footnote-14):

* Integrating learning with hygiene practices
* Educate families, especially caregivers, on good sanitation and hygiene practices
* Accessible and safe water distribution
* Gender-appropriate sanitary facilities with participatory maintenance
* Availability of hygiene kits by age
* Disseminate information on safe WASH practices
* WASH can be integrated into parenting education sessions, early learning centers, or child-friendly spaces through hygiene games and songs.

Integrating **health** programming with ECDiE greatly impacts children’s well-being as well as child mortality and morbidity. By integrating health and ECDiE interventions, teams can better address inequities due to the disruption of resources and structural support. Collaboration with health can be done by[[16]](#footnote-15):

* Integrating early learning, stimulation, and parenting education in health centers (e.g., play or reading corners in health centers).
* Leading parenting sessions and play activities with children and parents while they are in health centers.
* Health screening and provide immunizations.

In Mental Health and Psychosocial Support (MHPSS), we know that exposure to traumatic events, adversity, violence, and toxic stress typical of humanitarian crises create and compound immediate and long-term psychological distress and suffering for children and their caregivers. Age and development are significant factors in the child’s need for additional MHPSS during crises. Integrating ECDiE with MHPSS interventions enable children to build their own social emotional skills and healthy relationships while strengthening families, schools, and communities

Collaboration with **nutrition** can happen by linking Infant and Young Child Feeding (IYCF) in safe spaces or alongside parent/child play groups. Other key actions are[[17]](#footnote-16):

* Sharing information about IYCF in parenting sessions.
* Integrating early learning and parenting sessions into therapeutic feeding centers and other locations where children could receive food and nutrition services.
* Promoting breastfeeding.
* Supporting lactating women, encouraging breastfeeding, and responsive feeding are key priorities for baby tents.
* In child-friendly spaces have an area for breastfeeding and feeding children
* Integrate food and nutrition programs into other activities.
* Providing guidance to caregivers on children's nutritional needs and nutrition management

Working with the broader **education** sector supports the needs of most children through community and school-level interventions and policy development. Integrated interventions across levels can enhance impact by ensuring consistency of approach for children, teachers, and caregivers. Key actions include:

* Implement temporary learning spaces
* Involving families in activities, including children with disabilities
* Spaces for different development needs
* Identify institutions that provide complementary services
* Manufacture of games and toys with local materials
* Support parents in preparing their children for school.

# Importance of play

The power of play is one of the most influential and fundamental forces in every child’s life. ECDiE teams use play to ignite a lifelong love of learning in every child, making it fun, active, and engaging.

Play becomes a highly attractive form of self-protection for children. It may seem that it is without any meaning to adults, but for many children, play has the potential to support survival and enhance well-being. For this self-protection to be realized, active participation in everyday life, in environments and communities that support this through offering time and space for play, is required[[18]](#footnote-17).

Playing with other children develops a child's social and communication skills. Playing with others also teaches a child how to manage one’s emotions and behavior while also being considerate of other children’s feelings.

By interacting and gaining self-control, children learn the importance of cooperation, honesty, sharing, and giving chances to others.

Activities in emergencies, such as the establishment of child-friendly spaces or opportunities for children to play, draw, and interact with their family, caregivers, and friends, can make huge differences in children’s recovery from the impacts of emergencies. Ideally, materials should be adapted to the local context; and promote the use of locally made toys[[19]](#footnote-18).

# Caregivers’ role and involvement

Parents and other caregivers are the first line of support to young children during crises. Their health and well-being are essential in ensuring children, adolescents, and youth are appropriately cared for, and protected, and learning opportunities supported. When a caregiver of a young child is struggling, they may not be able to provide the care and attention that their child needs. Crisis situations put caregivers under mental and psychosocial duress, which may prevent them from providing the nurturing care, stability, and protection their children need. Family strengthening and parenting support are core components of collective social protection for children during crises.

**Caring for the Caregivers**: An essential part of family strengthening is supporting caregivers’ well-being. During crises, caregivers face immense pressures: loss of livelihood, displacement, loss of support network, loss of loved ones, and imminent dangers for families. Both sectors have a responsibility to understand the impact crises have on caregivers and respond with interventions that support caregivers’ wellbeing.

Providing parenting and caregiver support strong, responsive caregiving benefits children’s protection, well-being, and healthy development, including being able to participate and be successful in learning opportunities. Helping caregivers to understand the importance of positive, non-violent discipline in child development and of close, effective parent-child communication reduces harsh parenting practices, creates positive parent-child interactions, and helps increase bonding between parents or other caregivers and children.

These are all factors that help prevent violence against children and support children’s learning and development. Supporting families, parents and caregivers to learn positive, responsive parenting can prevent the separation of children from families, the risk of child maltreatment at home, witnessing intimate partner violence against mothers or stepmothers, and violent behavior among children and adolescents.

Parenting education or parent/child playgroups is essential in all ECD programming – whether in emergency or normal circumstances. This type of intervention can provide psychosocial and peer-to-peer support for parents, but also increase their knowledge and skills of caring for their child in a way that promotes positive development. This intervention also directly supports small children because parents would bring their children to the sessions and practice games that they learn with their children. It is important to have time for parents and children to PRACTICE, PLAY and HAVE FUN during parenting sessions[[20]](#footnote-19).

Parents or other primary caregivers are crucial for young children, especially infants. During the first year of life, a “secure attachment” with at least 1 parent/caregiver is essential. It helps a child feel safe, secure and loved. This attachment helps a child feel that he/she can explore the world around him/her and take risks (such as letting go of furniture and walking alone). This exploration and risk-taking helps children develop normally. Stress that what parents or caregivers feel can affect the child. There is evidence specifically of the negative effects of maternal depression on children.

In establishing and running parenting education sessions, it is critical that the education, child protection, health, nutrition and WASH sectors work together because key messages and practices can be integrated into one parenting program. Further, if humanitarian donors are unwilling or slow to give funds to the education sector, they might provide financial support to other ECD related sectors. Community-based parenting programs are inexpensive and contribute to child survival and development, thus programs should be the result of combined interventions and resource mobilization across sectors[[21]](#footnote-20).

It is essential to also ensure teams target fathers and male caregivers as equally important and influential members of a child’s caregiving team. Programming efforts to engage fathers in ECD yield benefits to the father, child and whole family. Furthermore, when caregivers’ ability to support their children is affected during emergencies, this makes the child’s stress more acute and can tip it into being toxic. Children are resilient when they have a consistent, responsive caregiver and can combat the negative effects of stress so it does not become toxic.

# Support efforts to transition into recovery

During the recovery phase, things may gradually return to normal, but children and caregivers may suffer the emotional, physical and financial consequences of the emergency for months and years. Now is the time to lay the groundwork for the restoration of normal services based on the emergency measures adopted[[22]](#footnote-21):

* Restoration and improvement, where necessary, of the facilities, installations, livelihoods, and living conditions of disaster-affected communities, including efforts to reduce disaster risk factors.
* **Early recovery:** Refers to actions developed in the last stage of response and up to 1 year or more, approximately from months 4-6 to 12-18, depending on the magnitude and complexity of the disaster.
* **Long-term recovery:** This refers to actions linked to long-lasting development processes that are carried out a year or a year and a half after the disaster. This long-term recovery is also known as reconstruction and rehabilitation.

It is important that what is done in this phase serves to reduce the risks of future emergencies.

**Key actions[[23]](#footnote-22):**

* Involve early childhood, caregivers and key stakeholders in continuity strategies.
* Ensure that the actions carried out are not left unfinished
* Organize recovery committees with broad participation
* Sign collaboration agreements with ECD entities and programs.
* Implement trainings for caregivers and other ECD stakeholders.

Some examples of mid-and-long-term actions for transition, per sector, are:

**Protection[[24]](#footnote-23)**:

* Ensure that children are provisionally registered and documented during the disaster and that it is integrated and recorded in the records and identification system.
* Ensure the guardianship and protection process for children separated from their primary caregivers and that follow-up mechanisms are maintained.
* Incorporate protection issues and how to support children's psychosocial well-being into discussions with parents.
* Strengthening community-based protection mechanisms for safeguarding young girls.

**Education**:

* Update school safety plans and adapt them to the needs of early childhood.
* Organize sustainable play workshops for children, educators, caregivers and the community.
* Ensure that the reconstruction of learning/education facilities is reconstructed in a manner that eliminates existing risks.
* Support early stimulation and play for children at home and in ECD community centers, using homemade toys as much as possible.
* With local communities and the ministry of education or social welfare, ensure that rehabilitation and reconstruction of ECD community centers meet hazard-resistant standards.

**WASH[[25]](#footnote-24)**:

* Establish hygiene education and promotion programs linked to health centers and learning and socialization spaces.
* Integrate, within the cycle of home visits to parents, hygiene issues.
* Ensure that in the reconstruction and/or construction of new learning spaces there are safe water, toilets, sinks and showers adapted.

**Nutrition**:

* Implement stable mechanisms for monitoring malnutrition through the public health system, ECD centers and home visits.
* Link supplementary feeding actions for pregnant and lactating mothers at risk of malnutrition to stable government programs.
* To make the transition from early childhood feeding support actions developed in child-friendly spaces to preschools or schools.

**Health**:

* Establish hygiene education and promotion programs linked to health centers and learning and socialization spaces.
* Integrate, within the cycle of home visits to parents, hygiene issues.
* Ensure that in the reconstruction and/or construction of new learning spaces there are safe water, toilets, sinks and showers adapted to early childhood.
* Support vaccination and growth monitoring of children.
* Support health promotion campaigns in preschools, ECD centers and primary schools.

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