Launch of JEiE Special Issue on Early Childhood Development in Emergencies

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Inter-agency Network for Education in Emergencies
Webinar Housekeeping

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EFFECTS OF TWO EARLY CHILDHOOD INTERVENTIONS ON THE DEVELOPMENTAL OUTCOMES OF CHILDREN IN POST-EARTHQUAKE NEPAL

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BACKGROUND

- 2015 earthquake decimated Nepal’s infrastructure
- Disasters are traumatic events than can have long-lasting behavioral, learning, physical, and mental health impacts
- Negative effects can be buffeted by increasing children’s resilience and psychosocial supports
- Addressing adverse events requires supports across eco-developmental levels
- Very limited quantitative research on effects of ECD programs in humanitarian and emergency settings
INTERVENTIONS

1. **Younger group**: Health Mother Group and home visits
   - Delivered primarily through Female Community Health Volunteers (FHCVs)
   - Built around SC’s Building Brains program and aligned with the Nurturing Care Framework
INTERVENTIONS

2. **Preschool group:** ECD Center and facilitators
   - Delivered at ECD centers through trainings of facilitators
   - Built around SC’s Early Literacy and Math (ELM) and Healing through the Arts (HEART) programs
STUDY DESIGN

- Quasi-experimental impact evaluations with non-random assignment
- Intervention Village Development Committee (VDCs) matched with similar comparison VDCs
- Cluster-random sampling of wards
- Younger and Preschool samples selected within wards children followed longitudinally
- Measures:
  - CREDI (Younger group)
  - IDELA (Preschool group)
  - Home environment survey
RESULTS: YOUNGER GROUP

Estimates of program impact (Cohen’s d) on CREDI Overall and domain scores

- Overall
- Motor
- Cognitive
- Language
- Social-Emotional
RESULTS: PRESCHOOL GROUP

Covariate-adjusted Total IDELA Scores by intervention group

Effect size estimate (Cohen's d) of intervention on IDELA domains

Motor  Emergent Literacy  Emergent Numeracy  Social-Emotional  IDELA Total

-0.200  0.000  0.200  0.400  0.600  0.800  1.000  1.200

Motor  Emergent Literacy  Emergent Numeracy  Social-Emotional  IDELA Total

-0.200  0.000  0.200  0.400  0.600  0.800  1.000  1.200

Baseline  Endline

Comparison  Intervention
DISCUSSION & LIMITATIONS

- Difficult to integrate best practices of early stimulation with caregivers in post-emergency settings facing severe material deficiencies
- Service-delivery agents and settings matter in fidelity of implementation
- Research design, attrition, and measures limit strength of conclusions
CONCLUSIONS

- SC center-based programs work, even in post-disaster settings.
- Emergency settings demand special attention to assumptions in theory of change to ensure delivery agents have capacity and bandwidth and require more research.
- Quantitative research in emergency contexts comes with unique challenges, but is possible and can yield unique insights.
ACKNOWLEDGEMENTS

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- Co-authors Valeria Kunz, Sara Dang, Matrika Sharma, and Sagar Gyawali
THANK YOU!

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Mitigating the Impact of Toxic Stress: Building Resilience, Promoting Positive Discipline, and Transforming Male Caregiver Practice in El Salvador

Fabiola A. Lara, Senior Specialist, ECCD
Overview

- Context

- Project details “Mitigating the Impact of Violence on Young Children in El Salvador”

- Key learnings and reflections

- Next steps
El Salvador

- Extremely violent context – one of the highest rates of homicide rates among children and adolescents in the world\(^1\)

- Low access to quality education – 4 in every 100 children ages 0-3 have access to early stimulation services, only 53% access to preprimary even though compulsory

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\(^1\) UNODC 2019
Context

• Violence is largely driven by gangs and other criminal armed groups – to gain territorial control\(^2\)

• Men are recognized as the main perpetrators of violence – both community- and home-based violence\(^3\)

• Children, families, and communities face additional forms of adversity

\(^2\) Human Rights Watch 2019
\(^3\) Menjivar 2014
About the Project

• Children ages 1-6 attending preschool or one of two community-based interventions and their families; male caregivers component

• Development of a Toxic Stress Mitigation Model specific to adverse contexts

• Integrated into existing ECCD programming in two departments (states)—with the exception of one new department
Key Learnings and Reflections
Based on feedback from communities and our experience

Voices from school administrators, teachers, volunteers and community leaders, and parents and other caregivers:

• Children are less timid – more actively participate and more comfortable when sharing or expressing emotions and feelings; they know how to reach out to someone if they are in trouble

• Some parents struggling to understand new ways of parenting (positively) while others are more patient and respond to child’s needs

• Male caregivers (fathers, grandfathers, and uncles) happy to have a space to share feelings about their children – looking for ways to support their well-being, learning and development

• Teachers as secondary caregivers also need Resilience Building Kit sessions too – not just primary caregivers
Key Learnings and Reflections
Based on feedback from communities and our experience

- High staff turnover and movement of families (to other communities or toward the United States) due to violence led to delays – need for alternative option to continue support.

- Targeting men in regular sessions not enough – need to reach them separately and in an environment where they can find support and share openly.
Next Steps

Things to consider for future efforts and programming:

• Not enough focus on other adults (outside of kin) that care for young children in same adverse environments (teachers, community health workers, etc.) – links with other sectors i.e. CP, MHPSS, etc.

• Limitations were present throughout but caregivers express need to understand their children and how to best support them in this challenging context
Next Steps

• Need to examine the transformational change of male caregivers and how this affects their family environment and structure – clear that male caregivers can play a critical role in shaping family harmony and wellbeing, both of which depend on how men support their children and partner or co-parent.

• Though the Model and its approaches were implemented here in a violent- and conflict-affected context, can be adapted for emergency/humanitarian contexts.
NOTE

When finished with the presentation, to reduce the file size to facilitate emailing, click on any image in the presentation, go to Format > Compress Pictures > unclick both options in Compression options (see example below) > select Screen 150 ppi.
REACH UP AND LEARN
IN JORDAN, LEBANON & SYRIA

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Reach Up and Learn in Jordan

**LEBANON: Education**
- Peri-urban areas
- Year program launched: 2018
- Number of home visitors: 16
- Population reached: 596 households
- Visit frequency: Biweekly

**SYRIA: Child Protection**
- Northeast region: peri-urban and IDP camps
- Year program launched: 2018
- Number of home visitors: 27
- Population reached: 1,530 households
- Visit frequency: Weekly

**JORDAN: Health**
- Peri-urban areas, informal tented settlements
- Year program launched: 2018
- Number of home visitors: 40
- Population reached: 1,669 households
- Visit frequency: Biweekly

**JORDAN: Child Protection**
- Year program launched: 2016
- Number of home visitors: 20
- Population reached: 672 households
- Visit frequency: Weekly

Reach Up and Learn in Jordan

From Harm to Home | Rescue.org
Home Visiting in Jordan

Two programs
1. An integrated model with child protection
2. An integrated model with community health
Adaptation

- Community consultation and piloting in Azraq Camp
- Collecting local songs
- Designer from Azraq Camp
- Training home visitors on PSS
  - Basic psycho-education
  - Simple breathing exercise
  - Resource mapping to promote increased social support
- Translation-review-translation-review-translation-review
- Increasing content on child protection, identifying abuse + referrals, and positive discipline
- Adding training on disability inclusion and booklets about adapting activities to common disabilities
- Creating take-home materials
- Dubbed training videos from Jamaica, Bangladesh and Peru into Arabic → then created 5 training videos in Arabic
Adapting Print Materials
COVID-19 Response

Phone call support

- Developed scripts for phone calls on Reach Up activities
- Delivered online training for frontline workers
Remote Capacity Building

- Online training for frontline workers
- Online Learning Circles
  - Tele-communications skills
  - Listening skills
  - Language activities
  - Tips for before/during/after calls
  - Wellbeing for CHVs themselves
Structure of a Call

- Greeting and Introduction
- Wellbeing Check In
- Community Health Message
- Reach Up Toy Activity
- Song
- Closing Recap
Remote Supervision Plan

- A Supervision Checklist was adapted for supervisors listening to the phone-based intervention
- Sections include:
  - Preparedness for the call
  - Following the steps of the call
  - Emotional climate
  - Responsiveness
Supervision Checklist Data Trends

CHVs excel at:
- Responsiveness to caregivers
- Expressing empathy
- Describing the benefits of the activities
- Strong introduction

Three main areas for coaching:
- CHVs miss checking with the caregivers about how to integrate the RUL activities into their daily routine
- Using the unlabeled praise more than labeled one
- Time management
Impact Evaluation Design
Ahlan Simsim research in partnership with New York University and Sesame Workshop

Control group
50% of CHVs randomly assigned to this group to deliver community health messages
Challenges Before COVID-19

Home visitor turnover → maintaining a roster of trained HVS who can begin when another leaves the program

Sourcing toy making supplies → office recycling and partnering with supermarket owners

Toy making is time consuming → monthly toy making day
Challenges During COVID-19

Home visitor turnover → maintaining a roster of trained HVS who can begin when another leaves the program

Caregivers want videos to help them learn how to make toys → Developing videos to demonstrate

Questions are asked by caregivers → FAQ booklet developing in process
Thank You!

Find out more in Field Note in JEIE

and our report:

NO LIMIT GENERATION

A 501 (c)(3) Organization
Our belief:

With the right support, every child can rise and thrive into their full potential

We can help them achieve this!
Rohingya Child Drawing
After 7 months at the Safe Haven

Madam Prime Minister
LIFELONG IMPACT OF ENDURING STRESS

**Impact as Child**
- Chronic illnesses
- Brain dev. challenges
- ADHD/ADD
- Panic and Fear
- Aggressive behaviors
- Lowered social skills
- Poor decision making

**Impact as Teen**
- Chronic illnesses
- Mental health issues
- Dropout or expulsion
- Social challenges
- Delinquent behavior
- Victimization
- Teen pregnancy
- Substance abuse

**Impact as Adult**
- Chronic health issues
- Mental health issues
- Unemployment
- Prison pipeline
- Substance abuse
- Victimization
- Early Death

LIFELONG IMPACT OF ENDURING STRESS
“The impact of conflict on people’s mental health is higher than previous estimates suggest.”

-World Health Organization-
Observation 1:

Insufficient local capacity to meet growing need for ECD

- Shortage of qualified professionals on the front lines of the global crisis
- Most local caregivers are non-specialists with little to no prior experience in childhood trauma, well-being, protection, or health
- High field-staff turnover leads to knowledge drain and costly retraining
Observation 2:
Existing ECD trainings are difficult to access

- Existing trainings can be far or few in between and cost of travel can be high (time and money)
- Cultural and language barriers contribute to lack of comprehension
- Lack of follow-on trainings or capacity building measures
- Complex administrative barriers prevent access to support
Observation 3:

**Time and Financial Pressures**

- Parents and caregivers often prioritize essential wage earning opportunity or attending to errands to support their families’ immediate needs.
- Parents of vulnerable children often cannot afford specialized care services.
From Harm to Home | Rescue.org

Reach Up and Learn in Jordan

SOLUTION
Introducing: NoLimitGen.org

- Leading child well-being professionals
- Accessible Online + Offline
- Trauma informed + evidence-based
- Translated + dubbed into local languages
- Particularly relevant at this time
Human-Centered Communications:

*Emotionally connective + practical, direct guidance*

~Not training videos, training experiences~

1. Clear, actionable, engaging
2. Easy to access online + offline
3. Useful for all educational levels
4. Evidence-based, culturally-informed, relevant
5. Connective on cognitive + emotional level

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**Humanitarian Orgs & Aid-Workers**

**Schools & Teachers**

**Parents & Guardians**

**Social Workers**
Children **HEAL** when we:

- Create safe, structured, healing environments
- Support them as caring, trustworthy & engaged adults
- Believe in their capacity to heal and live a quality life
- Practice self-care **before** child-care
Responding to Humanitarian Crisis
Critical physical & emotional well-being guidance to protect, support, and heal displaced and conflict-impacted children.

- Emotional Wellbeing and Healing Practices for Children
  In this series, we break down...

- Self Care Before Child Care
  Effective care for children...

- Make a Life Changing Difference in a Child’s Life
  If we want to see optimism,...

- Prevent and Respond to Sexual Abuse
  How can caregivers help...

- Effective Child Protection Strategies
  Career Child Protection and...

- Ensure a Child’s Nutritional Needs
  Food insecurity is a common...

- Prevent Disease Spread
  In the wake of global pandemic...

- Child Well-being Exercise Videos

150 Training videos to access: NoLimitGen.org
IMPLEMENTATION & IMPACT
PILOT PROGRAM
APRIL 13 - MAY 13 2019

LOCATION
Rohingya Camps
Cox Bazar, Bangladesh

STUDY DIRECTOR
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PROGRAM PARTNER
AMURT and SKUS

SPONSORING PARTNER:
Kindernothilfe

1. Was the training relevant and effective?

1. How would caregivers respond to this new platform training approach?

1. Did we impact behavior change in caregivers?

1. Would the children notice changes in their caregivers?
METHODOLOGY:

I. BASELINE
- Focus Group Discussions
- Child and Youth Resilience Measurement-R
- Pediatric Symptom Checklist-17-Y
- Pre-Post Knowledge Quiz

II. TRAINING OF CAREGIVERS
- NLG Content via thumb drives + projectors (no internet)

III. ENDLINE
- Focus Group Discussions
- Child and Youth Resilience Measurement-R
- Pediatric Symptom Checklist-17-Y
- Pre-Post Knowledge Quiz
CAREGIVERS (TEACHERS) POST TRAINING FOCUS GROUP

I. Caregivers admitted their previous harsh treatment of children; adopted more informed and supportive interaction styles -- for instance:
   ○ Used motivational or positive words to calm children
   ○ Learned about the importance of proper sleep and nutrition
   ○ Learned how to be more observant to children’s emotional needs
   ○ Learned to take [children’s] opinion making decisions about children’s activities.”

II. Training caused them to rethink how they work with children

III. Requested an increase to training duration

IV. Rethink their own mental health
“I know these videos are made for us to better understand how to support children, but it’s helping me as well.

I have been wanting to kill myself lately because I didn’t know what was happening inside of me . . .

Now, I have the words to understand why I feel this way, and that it is normal because of what I have been through.

I feel better knowing there are actions I can take to get better.”

-Rohingya aid worker, genocide survivor
CHILDREN POST TRAINING FOCUS GROUP

I. Children noticed behavior changes in their caregivers and their interaction with them. In the words of the children:

- Teachers/Facilitators were friendlier with them
- Teachers/Facilitators were more participatory in activities with them
- Teachers/Facilitators expressed greater care
- Teachers/Facilitators took their choices into consideration before making decisions about activities
- Teachers/Facilitators didn’t get as “panicked” or get upset with them

II. Program impacted caregiver interactions with parents.

- Organized home-visits and awareness session with parents
Moving forward

A framework for effective impact?


- **Covid-19 rapid response** training series (2020)

- **Displaced children of California’s wildfires** in partnership with the American Red Cross and NVCF (2020-2021)

- **Uganda orphan and vulnerable youth** in partnership with Child-I Foundation across 5 districts in Uganda (2021); Partnership with Makerere University + major global funder (announcement soon)

- **Sexual Abuse Prevention and Response** national roll out with a leading organization in the space (2021) - (announcement soon)
NO LIMIT GENERATION

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Challenges Observed:

1. Need for culturally scalable resilience measures
2. Long, complex approval and funding cycles stifle innovation (legacy bias/barriers)
3. Technology limitations (radio vs internet)
4. Need for additional testing
How NLG Solves the market inefficiency

Benefit from partnership with NLG:
1. Enhance mission effectiveness
2. Increase mission outreach and exposure
3. Increased financial opportunities (training, consulting, consultations)

Benefit from partnership with NLG:
1. Practical, effective best practices to support children
2. Connect to world’s leading experts (eliminates search and guessing online)