



TECHNICAL NOTE

Early Childhood Development and Child Protection in Emergencies

WHO IS THIS NOTE FOR?

Child protection staff in UNICEF and partners.

WHAT IS THE PURPOSE OF THIS NOTE?

To support child protection in emergencies personnel to programme appropriately for 0 to 8-year-old children. This technical note extends the basic content included in UNICEF's *Early Childhood Development in Emergencies: Integrated Programme Guide* [↗](#) to help UNICEF staff and partners implement quality programmes in emergency settings.

INTRODUCTION

The period of early childhood (children under 8) is the most critical time for brain development and establishing foundations for life. In emergencies, children are at greater risk of abuse, neglect, violence and exploitation. They are also at greater risk of toxic stress, due to separation from parents and caregivers and grave violations such as sexual exploitation, killing and maiming, attacks on schools and hospitals, child labour and others. Toxic stress is the prolonged activation of a person's stress response system which without nurturing relationships with parents or caregivers can negatively affect a child's development. Research indicates that a significant increase in toxic stress, **even when temporary**, negatively influences children's brain development, physical growth, learning and well-being.¹ However, children are **resilient** and science tells us that a child's experience can shift the scale from negative outcomes to more positive ones.² ECD in emergencies programmes can support children's resilience through multisectoral interventions that facilitate the presence of a stable, responsive and nurturing caregiver, access to early learning and stimulation through play, availability of nutritious food, and immunisations and health care.

The more positive inputs children receive, especially in emergencies, the higher the likelihood that they will follow a positive development trajectory. Child protection actors have a key role to play in this.

HOW CHILD PROTECTION PRACTITIONERS PROGRAMME ECD SENSITIVE ACTIVITIES

Child protection (CP) practitioners target children 0-8 years, pregnant women and parents and caregivers.

The **PREPAREDNESS KEY ACTIVITIES (p.3)** should be done as part of preparedness. If these are not completed prior to an emergency starting, they can also be done during an emergency.

The **RESPONSE KEY ACTIVITIES (p.4)** should be started during the onset of an acute emergency. These activities normally continue during the recovery phase. They can also continue in chronic crisis situations.

PREPAREDNESS KEY ACTIVITIES

- Mapping of key community structures/services** (i.e. community play groups, formal and informal spaces for 0 to 8- year-old children, community structures/ services for psychosocial support). This can be done at a state, provincial or level appropriate in a country. It can use existing government data, or develop a matrix/ information that governments and key child protection stakeholders can use.
- Establish a referral system and establish partnerships** to help children receive psychosocial, nutrition, health and other necessary support.
- Establish a coordination system.** If a coordination mechanism does not exist, it can be formed with the ministry of children, social services or equivalent. This is important to ensure services are provided consistently and equally, gaps are identified and there is no overlap of services.
- Work with ECD or education actors to adapt and prepare developmentally appropriate play materials.** These resources can be used in child friendly spaces or where CP staff engage with children, including households. This can be based on the UNICEF ECD kit, adapted to the cultural context.
- Work with ECD, health or education actors to adapt and prepare monitoring tools (i.e. programmatic, child and parent level).** CP staff should make sure key CP issues are included.
- Work with ECD, health or education actors to adapt a parenting manual that is culturally relevant.** CP staff can add value with sessions on child protection, abuse, exploitation, positive discipline, deinstitutionalisation, birth registration, etc.
- Stockpile or make arrangements with local vendors for the rapid availability of temporary safe structures and materials** (i.e. tents, UNICEF ECD kits, local toys, infant kits, kits for pregnant women). CP staff can order these or have their ECD,

education or health/nutrition colleagues lead on this. CP staff should support in the distribution when needed.

- Support relevant government ministries to include ECD in child protection policies.** Work with government counterparts to integrate commitments and services (including a budget and a focal point) within the government department that will focus on children 0-8 years, pregnant mothers and parents/caregivers.
- Establish a plan for staffing ECD services in emergencies:** focus on the high-risk areas in the country and the specific needs of young children and available resources (i.e. ECD staffing roster).
- Conduct training for CP staff on how they can support young children through CP interventions.** This training could be basic training on neurodevelopment, parenting skills*, communication with young children, socio-emotional stimulation, psychosocial support.

RESPONSE KEY ACTIVITIES

- Conduct a rapid assessment** in collaboration with sector leads during the initial stages of an emergency to identify the impact on young children, their parents and existing ECD related services in relation to child protection (see sample questions provided on page 8).
- Support young children with family tracing and reunification and appropriate alternative care.**
- Establish child friendly spaces (CFS)** or similar community-based psychosocial support programmes for children including time allocated exclusively for children 0-8 years, their primary caregivers, and pregnant women. There should ideally be separate spaces or time slots for 0-2 year olds, 3-5 year olds, 6-8 year olds. For children 0-2 years, primary caregivers should accompany their children. Parenting activities can happen while their children play in the CFS or similar. The establishment and running of play activities for children in the CFS should be done in collaboration with ECD specialists and/or other sector staff with knowledge on how to work with small children.
- Mobilise and recruit child protection staff.** There may need to be a concerted effort to hire staff that have experience working with children 0-8 years. An ECD specialist can help recruit CP staff and be part of the CP team. Where it is not possible to recruit CP staff with a strong understanding of child development, they should be trained. Idle adolescents/youth could be recruited to support activities for young children.

- Train CP staff.** Areas could include WHO/UNICEF Care for Child Development (CCD), UNICEF ECD kit manual, neurodevelopment and learning, psychosocial support, parenting skills, communication with young children, socio-emotional stimulation, nutrition and health care for young children.
- Establish different types of mentoring groups.** CP staff, parents, caregivers and other services providers working with young children can work to improve their practice on how to support the child protection and development needs of children 0-8 years, their parents and pregnant women. Set up monthly or bi-weekly mentoring meetings/discussions.
- Start or support birth registration in emergencies.**
- Provide developmentally appropriate play materials to promote children's development and psychosocial well-being** (i.e. adapted UNICEF ECD kit or similar).
- Support parenting groups with key child protection information and psychosocial support.** This activity is conducted in collaboration with ECD, education, health and other sectors.
- Run parenting groups** in collaboration with ECD, education, child protection and other sectors. CP staff can make sure key child protection information and positive parenting techniques* are a part of the parenting sessions.
- Support young children in other places where child protection services are provided** (i.e. in the community through mobile-based approaches).

CASE STUDY – ECD AND CHILD PROTECTION IN EMERGENCIES: EXAMPLE FROM UGANDA

Plan International implemented a low-cost, community-based ECD model called the Community-Led Action for Children (CLAC). CLAC, underpinned by the Ecological Systems theory, includes strengthening a child’s protective environment (parents, community, government policy) and direct support for children. The model draws on community expertise about child care and development and aims to empower communities and help them strengthen their capabilities so they can help their children reach their developmental potential. While the programme is open to all children, the most vulnerable families are targeted (including those who have children with disabilities). The parenting sessions, which are core to the programme, are co-led by community facilitators and Plan International. Eventually community members take over running the groups. Each group meets as often as they want (once a week in acute emergencies or once a month in longer term chronic crises). Initially, a 12-session parenting manual was used which includes key health, nutrition and protection information for parents, but also activities focused on mothers’ psychosocial well-being, and strengthening relationships in the family (between the mother and father etc). The sessions also look at positive parenting techniques.

Mixed methods evaluation showed positive outcomes in children’s cognitive and receptive language development, as measured with the Bayley Scales of Infant Development. Additionally, there was an improvement in mothers’ psychosocial well-being, improved relationships between mothers and fathers, and greater father support to the care and development of their children.³



CASE STUDY – ECD AND CHILD PROTECTION IN EMERGENCIES: EXAMPLE FROM THE SYRIA CONFLICT

During the International Rescue Committee (IRC)'s initial rapid assessment of protection needs in Iraq, Jordan, Lebanon and Northern Syria in 2013, parents and caregivers reported high levels of stress, which they felt led them to lose patience with their children, resulting in a higher frequency of parents practising abusive and neglectful behaviors toward their children. In response, the IRC began implementing the Families Make the Difference parenting programme in Iraq, Jordan, Lebanon and Syria in 2014. The programme includes 10 culturally adapted sessions based on cognitive, developmental and behavioural theory that aim to strengthen caregivers' resilience and psychosocial well-being, and to encourage positive caregiving practices. Additional sessions were developed to respond to caregivers' stress and to strengthen children's resilience in the midst of conflict and displacement.

Assessments conducted before and after participation in the Families Make the Difference programme found that the majority of parents showed an improvement in caregiving practices. Caregivers reported significant increases in the use of positive coping strategies (an average increase of 55% in Lebanon and of 72% in Syria). Using the child discipline module of UNICEF's Multiple Indicator Cluster Survey (MICS), significant decreases were also detected in the self-reported use of violent discipline, which is a subscale that includes psychological punishment, physical punishment and severe physical punishment (a 37% decrease in Lebanon and a 72% decrease in Syria). The programme also found significant decreases in the prevalence of negative feelings and increases in caregiver resilience.



INDICATORS

INDICATORS TO BE INCLUDED IN OTHER SECTORS' ASSESSMENTS

- # of children 0-8 years separated, unaccompanied and which care situation they are in (disaggregated by sex and age 0-2; 3-5)
- # of children 0-8 years injured (disaggregated by sex and age 0-2; 3-5)
- # of parents injured
- # of pregnant women injured
- # of children 0-8 years sexually abused (disaggregated)
- # of newborn babies in need of birth registration

SAMPLE INDICATORS RELATED TO YOUNG CHILDREN

Outputs

- # of children who participate in play and early stimulation activities in child friendly spaces
- # of parents who access parenting groups
- # of child protection staff trained in child development, positive discipline and how to help children and parents improve their psychosocial well-being

Outcomes

- % of children with improved child development outcomes (based on baseline child development outcomes)
- % of children with improved psychosocial well-being
- % of parents with improved child care practices and improved well-being
- % of pregnant women and parents with increased knowledge about available protection and birth registration services

TOOLS AND RESOURCES

AVAILABLE IMPLEMENTATION TOOLS

- UNICEF ECD kits [↗](#)
- UNICEF/WHO, *Care for Child Development package (CCD)* [↗](#)
- Global Parenting Manuals (Positive parenting components to be finalised by the Mental Health and Psychosocial Support (MHPSS) group soon)
- Health, nutrition and other sectors information about programming with young children

REQUIRED STAFF AND CAPACITY BUILDING OPPORTUNITIES

Staff

- Child protection staff – either existing ones or new ones
- Parenting programme facilitators/officers
- Early stimulation/child development officers
- Monitoring officer
- Logistics officer
- ECD technical advisor

Training and capacity building

- Training on Care for Child Development package (3-5 days)
- Monthly mentorship meetings (for continued support in implementing the Care for Child Development package)
- INEE/UNICEF ECD in emergencies face-to-face training module [↗](#)
- World Bank, ECD online course [↗](#)
- Harvard University Center on the Developing Child [↗](#)

RESOURCES FOR MONITORING

Child assessments

- Save the Children, IDELA (International Development and Early Learning Assessment)
- Bayley Scales for Infant and Toddler Development
- Ages and Stages Questionnaire (ASQ-3)
- Ages and Stages Questionnaire – Social and Emotional Difficulties (ASQ-SE 2)
- Strengths and Difficulties Questionnaire, [↗](#) (focuses on behaviour, psychosocial and social and emotional learning – for 3-16 year olds)

Parent assessments

- The HOME Inventory (The Home Observation for the Measurement of the Environmental Inventory)

LEARN MORE

- UNICEF, *Early Childhood Development in Emergencies Integrated Programme Guide* [↗](#)
- UNICEF, *Early Child Development Kit: A Treasure Box of Activities* [↗](#)
- UNICEF/WHO, *Care for Child Development package* [↗](#)
- Plan International, *Early Childhood Care and Development in Emergencies: A Programme Guide* [↗](#)
- UNICEF/WHO, *Integrating ECD activities into Nutrition Programmes in Emergencies: Why, What and How* [↗](#)
- The Consultative Group on Early Childhood Care and Development/UNICEF, *Noteworthy Practices: Early Childhood Development in Emergencies* [↗](#)
- Plan International, *Investing in the Youngest: Early Childhood Care and Development in Emergencies* [↗](#)
- The IASC Guidelines on Mental Health and Psychosocial Support (MHPSS) [↗](#)
- The IASC Guidelines on MHPSS – Action sheet 5.4 for young children and caregivers [↗](#)
- Guidelines recommending activities for different age groups including 0-3 and 4-7 year olds [↗](#)

ACKNOWLEDGEMENTS

This technical note was written by Sweta Shah and designed by Sandra Dudley and Danny Plunkett at Plan International. Special thanks to the UNICEF ECD team in NY for financing the publication of this note and for technical reviews – Eduardo Garcia Rolland, Mariavittoria Ballotta and Arnaud Conchon. Thanks also to the UNICEF Child Protection team.

CREDITS

Photo credits:

pp.1, 6: Plan International

p.7: IRC

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Notes:

1. National Scientific Council on the Developing Children, 2007
2. Harvard University Center on the Developing Child, 2015
3. Singla, D., Kumbakumba, E. and Aboud, F. (2015), *Effects of a parenting intervention to address maternal psychological wellbeing and child development and growth in rural Uganda: a community-based, cluster-randomised trial*, *Lancet*, 3: 458-469.

* Positive parenting is a component of the package on community-based mental health and psychosocial support (MHPSS) and is currently under development.

July 2016