Early Childhood Development in Emergencies

Integrated Programme Guide

unite for children

unicef

ACKNOWLEDGEMENTS

This guide is based on the draft paper 'Integrated Quality Framework for Early Childhood Development in Emergencies' produced by Vidur Choprah. Technical inputs and revisions were provided by Dr. Cassie Landers. The guide was further reviewed and revised by Nurper Ulkuer, Pia Britto, Vijaya Singh, Aster Haregot, Eva Lotta-Schiermeyer and Arnaud Conchon. Thanks to all UNICEF Regional Offices and HQ Programme Sections for their input and feedback, to Anna Zonderman for editorial assistance and Kerstin Vogdes Diehn for the design and layout.

TABLE OF CONTENTS

INTRODUCTION 2

SECTION I – ECD: BASIC CONCEPTS AND PROGRAMME PRINCIPLES 3

ECD Programme Principles 6

SECTION II – SECTOR ENTRY POINTS FOR QUALITY ECD PROGRAMMES 8

Suggested ECD Interventions During Emergency Phases 10

Preparedness 10

Response 12

Early Recovery 13

Monitoring and Evaluating ECD in Emergencies 14

ECD Inter-Agency Task Force 15

SECTION III – INTEGRATING ECD WITHIN SECTORS 16

ECD through Health Interventions in Emergencies 17

Integration of Nutrition Programmes and ECD in Emergencies 20

ECD through Education Programmes in Emergencies 25

ECD through Water, Sanitation and Hygiene (WASH) in Emergencies 28

Integration of Child Protection Interventions with ECD in Emergencies 30

Integration of HIV and AIDS with ECD in Emergencies 33

SUMMARY 36

ANNEX I – Sample Indicators for ECD in Emergencies 38

ANNEX II – Early Childhood Needs Assessment: Suggested Guidelines 42

ANNEX III – ECD Task Force: Suggested Terms of Reference 43

ANNEX IV – Suggested Code of Conduct: Early Childhood Care Facilitators 44

INTRODUCTION

OVERVIEW

Emergency settings pose a multitude of risks to young children and their families, and can have adverse effects on young children's development. Worldwide, over 1 billion children live in areas affected by conflict and high levels of violence,[1] with an additional 175 million children likely to be affected by climate-related disasters each year.[2]

Despite an increasing recognition of the importance of early childhood development (ECD) in recent years, a critical gap in humanitarian responses has been observed with regard to mitigating the negative consequences of emergency settings on young children's overall development. In 2011, an average of 13 per cent of refugees, asylum seekers and internally displaced persons were children under the age of 5.[3] Children in such fragile and conflict-affected settings are twice as likely to die before they reach their fifth birthday.[4] With this in mind, it is critical that children's rights to life, survival and development—including, specifically, the rights to health, nutrition, education, rest, leisure and engagement in play (as enshrined in the United Nations Convention on the Rights of the Child)—are continuously protected, promoted and upheld.

RATIONALE

One of the most sensitive phases in human development occurs from the prenatal period through age 8 years. This time is characterized by rapid brain development and the acquisition of foundational skills and competencies. The architecture of the developing brain forms progressively, such that the quality of early experiences establishes either a sturdy or a fragile foundation for the brain's further development.[5] Research shows that investing in early childhood interventions accrues long-term economic and social returns to society.[6]

In both regular and emergency settings, quality early childhood foundations can help ensure a smooth transition to primary school, a better chance of completing basic education, and a route out of poverty and disadvantage.[7] Through positive influences on learning achievement, skills acquisition, and health outcomes, ECD interventions provide a pathway to the eradication of extreme poverty—a primary goal of the Millenium Development Goals. It is also widely acknowledged that investing in early childhood interventions is more effective and less costly than investing in remedial interventions at later points in time.[8]

ECD interventions are cross-sectoral in nature, and their effective implementation relies on their integration into programmes across multiple sectors, including health, nutrition, education and child protection. An integrated approach to programming such as this, relies on effective

1 UNICEF. (2012). Early childhood development kit: A treasure box of activities. Available on the UNICEF intranet (password required): http://intranet.unicef.org/emops/emopssite.nsf/root/Page0704.

2 UNICEF. (2010). *UNICEF humanitarian action: Partnering for children in emergencies.* New York, NY: UNICEF.

3 UNHCR. (2011). *Global trends 2011: A year of crisis.* New York, NY: UNICEF.

4 World Bank. (2011). *World Development Report 2011.* Washington, DC: World Bank.

5 National Scientific Council on the Developing Child. (2007). *The science of early childhood development: Closing the gap between what we know and what we do.* Boston, MA: NSCDC.

6 Heckman, J. J. (2006). Skill formation and the economics of investing in disadvantaged children. *Science*, 312, 1900–1902.

7 UNESCO. (2007). *Education for all – Strong foundations: Early childhood care and education.* Paris, France: UNESCO.

8 Heckman, J. J. (2006). Skill formation and the economics of investing in disadvantaged children. *Science*, 312, 1900–1902; National Scientific Council on the Developing Child. (2007). *The science of early childhood development: Closing the gap between what we know and what we do.* Boston, MA: NSCDC.

coordination between ECD and other sectors. In emergency contexts, it is particularly challenging to ensure the needs of the youngest children are met in a holistic manner. A well-coordinated integrated programming approach relies on buy-in from senior management, a dedicated human resource capacity for ECD, and advocatcy for the prioritization of a holistic approach to addressing young children's needs across sectoral emergency responses. This programme guide provides an overview of entry points for ECD programming in emergencies.

OBJECTIVES

Emergencies are situations that threaten the lives and wellbeing of a large portion of a population, and that require extraordinary action to ensure care, protection and survival, as every basic living standard, condition and context is disrupted.[9] A situation is referred to as an emergency when the national authority of the state calls for external assistance in dealing with the situation and officially declares it as an emergency. This programme guide follows the time frame adopted in UNICEF's Core Commitments for Children in Humanitarian Action, 2010.

The goal of the integrated programme guide for ECD in emergencies is to guide the humanitarian community in designing a response that takes into account the needs of young children. The objectives of the guide are:

- To **provide** guidelines for supporting and enabling young children's development in all phases of emergencies;
- To **advocate** for prioritizing ECD on the humanitarian preparedness, response and early recovery agenda and for ensuring that all of its components are adequately addressed;
- To **facilitate** the integration of ECD into individual sectoral responses and the coordination of a comprehensive response among the health; nutrition; water, sanitation and hygiene (WASH); education; child protection; HIV and AIDS; and social policy sectors, when providing quality ECD services.

This programme guide can be used in times of emergency preparedness, response, and early recovery, and for building resilience. It is designed for use by UNICEF Programme Officers as well as for representatives from other UN agencies, NGOs and government divisions responsible for designing, implementing, monitoring and evaluating ECD interventions.

ECD in emergencies requires an integrated response and a set of interventions that holistically address the needs of children from birth through the first 8 years of life. The guide is organized in three parts:

Section I – Definitions, Concepts and Guiding Principles. This section reviews basic definitions and concepts in ECD and provides a set of guiding principles that underlie all suggested ECD interventions.

Section II – Sector Entry for Quality ECD Programmes in Emergencies. This section defines the goal of an integrated response and provides an overview of how integration of ECD into sector responses can be facilitated during emergency preparedness, response and early recovery.

Section III – Sector-Specific Interventions. This section outlines interventions for health, nutrition, education, WASH, child protection, HIV and AIDS, and social policy that are specific to the ECD sector. It includes expected results and suggested indicators, and highlights key actions.

Other companion documents providing guidance and standards for ECD and emergency programmes are available to be used in combination with this guide. These documents include: WHO-UNICEF Care for Child Development Package;[10] ECD in Emergencies Training Package;[11] Facts for Life (Child Development Section), 4th version, 2010; INEE Minimum Standards for Education: Preparedness, Response, Recovery; INEE Guidance Notes on Teaching and Learning; and SPHERE Standards.

9 UNICEF. (2010). *Core commitments for children in humanitarian action.* New York, NY: UNICEF.

10 Care for Child Development Package is a training/resource pack for caregivers to improve the care of young children. It links ECD with health and nutrition interventions; available on the UNICEF intranet (password required): http://intranet. unicef.org/PD/ECD.nsf/Site%20Pages/Page002.

11 ECD in Emergencies Training Package consists of three guides to accompany the ECD in Emergencies Kit (coordinator's guide, facilitator's guide, activity guide); available on the UNICEF intranet (password required): https://intranet.unicef.org/ PD/ECD.nsf/Site%20Pages/Page0107.

SECTION I

© UNICEF/LAOA2008-5026/HOLMES

ECD: BASIC CONCEPTS AND PROGRAMME PRINCIPLES

BASIC CONCEPTS

Early childhood development (ECD). ECD has been defined as "a comprehensive approach to policies and programs for children and their parents, caregivers and communities from the prenatal period through children's entry into school. Its purpose is to uphold children's rights to develop their full cognitive, emotional, social and physical potential" [12].

In UNICEF's global vision for ECD, all children should be physically healthy, mentally alert, and ready for school.[13] To realize this vision, the commitment and participation of a range of stakeholders—from the national to the local community level, and across government and civil society—are critical.

All children. This vision adopts a rights-based approach such that no child is discriminated against due to age, gender, socio-economic status, religion, race, ethnicity, HIV and AIDS status, or disability. The universality of the UN Convention on the Rights of the Child obliges actors to be equitable in their approach, and focuses on reaching all children, especially marginalized and vulnerable children whose needs often go unaddressed.

Physically healthy. A child's physical health involves physical growth, fitness, motor development and physiology, as well as being well-nourished and free from disease. The Alma Ata (1978) definition of health further includes the components of "complete physical, mental and social wellbeing and not merely the absence of disease or infirmity."[14]

Mentally alert. A child's mental alertness includes cognitive, language and perceptual development. It is defined in terms of children's ability to understand relationships among objects, events, and people, and to develop problem solving, logic, and reasoning skills. The cognitive process includes skills needed for discovering, interpreting, sorting, classifying and remembering information.

Emotionally secure. A child's emotions and feelings develop in response to interactions with people and things in their environment. Emotional development includes a process of self-appraisal (pride and guilt), belief in one's self, ability to express one's self appropriately, attitudes and feelings, and sensitivity to others.

Socially competent. A child's social competence stems from the ability to develop trust, bonding and attachment, and to develop and sustain social relationships with adults and peers. This includes pro-social skills (e.g., friendly, cooperative, helpful behaviours, etc.), and self-control or regulatory skills (e.g., anger management, negotiation, problem-solving skills, etc.).[15] Caregivers and parents are the young child's first, and most important, teachers. Their relationship with the child—with regard to both quality of care provided and time spent engaging with the child—play a critical role in the development of social competence.

12 UNICEF (2001): The State of the World's Children: 2011. UNICEF, New York.

13 Adapted from: (1) Britto, P. R., & Kagan, S. L. (2003). Developing standards for young children's development. Istanbul, Turkey: UNICEF; and (2) Landers, C. (2002). Milestones in early childhood development. New York, NY: UNICEF.

14 International Conference on Primary Health Care. (1978). *Declaration of Alma-Ata.* Alma-Ata, USSR.

15 Semrud-Clikeman, M. (2007). Social competence in children. New York, NY: Springer Science + Business Media.

are incorporated within interventions undertaken by all sectors, thereby moving toward fulfilment of the right of all children to develop to their full potential.

Participation. *Community participation*: Experience in the field has shown that, in the long term, ECD interventions are most effective when they empower communities to make decisions that have an impact on their young children. The involvement of communities in planning, decision-making, implementing, monitoring and evaluating ECD interventions in emergencies is vital to ensuring the sustainability of the intervention. Community mobilization is critical, especially in emergency situations where ECD programmes bring communities together and serve as an important entry point for providing integrated services. *Child participation*: Young children are active agents in their own development and shape their environment through their participation in it. When families and communities recognize children's views, their positive sense of self is reinforced.

Establishing routines. During an emergency, stable, predictable, and structured routines are critical. Routines help children to know what to expect on a daily basis. Routines should include play activities, which help children make sense of and cope with uncertainty, as well as rest and time with primary caregivers and extended family.

Equity and care for the most vulnerable. Children with disabilities, developmental delays, or HIV and AIDS; children in dire poverty or institutional care; and internally displaced children, are most vulnerable in emergencies. The rights and needs of the most vulnerable children should be addressed by providing them with stable, loving care, and access to quality social services. This can compensate for inequalities and can contribute to a more equitable start in life.

Inclusion. The principle of inclusion means ensuring that all young children with disabilities and developmental delays receive quality nurturing care and access to all basic social services, and are provided with a supportive and enabling environment in which to reach their full potential.

Building on the young child's resilience. Young children have natural coping mechanisms that help them deal with situations and hardships. To build on the young child's resilience, social support systems; secure, stable and nurturing care; and opportunities to play and explore, must be provided for all young children. These are critical for protecting young children from toxic stress,[17] which can adversely affect the development of brain architecture during early childhood.

© UNICEF/NYHQ2012-0178/ASSELIN

Peace building. ECD interventions should leverage the critical window of opportunity available in the early years to promote nonviolent and peaceful behaviours. Attempts to minimize, and even prevent, violent and discriminatory feelings need to begin early in life, when behaviours and attitudes can be shaped and when the ability for affiliative bonding with others can be strengthened.

Although emergencies have debilitating effects, they also provide opportunities for the development of ECD programmes. Efforts to integrate ECD during the re-establishment and/or reform of previous systems must be considered at the beginning of the planning process to ensure that the youngest children are not forgotten.

17 "Toxic stress" response refers to the prolonged activation of the stress response system, which disrupts the development of the brain architecture. This can occur when a young child experiences strong, frequent, and/or prolonged adversity without adult support. Drawn from: National Scientific Council on the Developing Child. (2010). *Persistent fear and anxiety can affect young children's learning and development: Working paper no. 9.* Boston, MA: NSCDC.

SECTION II

© UNICEF/NYHQ2010-1750/MARINOVI

SECTOR ENTRY POINTS FOR QUALITY ECD PROGRAMMES

Disasters and conflicts can leave young children with a sense of helplessness and hopelessness, and can impair their ability to understand the world around them. Young children's ability to adapt and cope plays an important role in ensuring that their development continues unhindered. Coping strategies and the degree of resilience vary across children and are influenced by a combination of dimensions, including attachment with caregivers, opportunities for positive care interactions, and quality of the overall environment.

No single sector can effectively respond to the comprehensive needs of young children. Each sector offers specific entry points. As seen in Figure 1, ECD programming integrates essential early childhood interventions into the health, nutrition, WASH, education, child protection and HIV and AIDS sectors.

Figure 1. Early Child Development: Programme Linkages

EARLY CHILDHOOD DEVELOPMENT PROGRAMMES

- Health
- Nutrition
- WASH
- HIV and AIDS
- Education
- Protection

The design, development and integration of ECD efforts into these main sectors provide an opportunity to work collaboratively to achieve optimal child developmental outcomes. ECD interventions can improve the effectiveness of the main sectors' programmes, and vice versa. The following examples illustrate the synergy between ECD and some of the sectors listed in Figure 1.

- Programmes that increase children's exposure to safe, stable and nurturing relationships and environments are likely to reduce the incidence of disease later in life.[18]
- Research has established that including positive care interactions and early stimulation during breastfeeding results in better nutritional outcomes for infants and reduced depression in mothers.[19]
- Early childhood programmes support WASH efforts by encouraging families to adopt healthy sanitation and hygiene behaviours.
- Programmes that support early learning, social participation and emotional confidence in young children ensure that children start school on time and that they are ready to learn.[20]
- ECD programmes strengthen positive parenting, prevent violence and neglect, and identify children and families in need of protective response interventions.
- Child-friendly spaces, coordinated by the child protection sector, encourage positive discipline and provide safe and nurturing community environments, which , in turn, support optimal child development.

18 Shonkoff, J. P., Boyce, T., & McEwen, B. S. (2009). Neuroscience, molecular biology, and the childhood roots of health disparities: Building a new framework for health promotion and disease prevention. *Journal of American Medical Association*, 301(21), 2252–2259.

19 Jones, L. (2008). W*hy combine infant stimulation with nutrition programmes?* Session presented at annual meeting of the Consultative Group for Early Childhood Care and Development. Budapest, Hungary.

20 UNESCO. (2007). *Education for all – Strong foundations: Early childhood care and education.* Paris, France: UNESCO.

Table 1. Examples of Suggested Entry Points for ECD Interventions

Type of Intervention	Education Entry Points	Health, HIV and AIDS & Nutrition Entry Points	Child Protection Entry Points
Interventions in Specific Physical Spaces	▪ Community-based care centres ▪ Preschools/lower primary schools/non-formal early-learning spaces ▪ Crèches ▪ Community spaces (e.g., religious spaces)	▪ Baby clinics and medical facilities ▪ Baby tents for feeding ▪ Community health centres ▪ Crèches ▪ Therapeutic feeding centres	▪ Child friendly spaces (CFS) ▪ Interventions in institutions ▪ Interventions in childcare centres
Interventions through Specific Actors and Sector Service Providers	▪ Parents/caregivers ▪ Caregivers in childcare centres ▪ Teachers, preschool administrators	▪ Community health workers ▪ Birth attendants and trained medical professionals ▪ Parents/caregivers ▪ Nutrition counsellors	▪ Social workers ▪ Child protection specialists ▪ Parents/caregivers ▪ Community-based protection groups and mechanisms

Mainstreaming cross-cutting interventions, such as ECD-in-emergency-and-conflict programming, requires strong coordination and collaboration across sectors, which brings with it a series of programme managerial challenges. Currently, one of the main challenges is that very few Country Offices have full-time dedicated personnel for ECD. Given this limitation, the developmental needs of young children have to be addressed through the response programmes of other sectors, since it is particularly important to support these needs in such crisis contexts.

ECD focal points[21] may also face challenges where their main-sector colleagues are overburdened and unwilling to take on additional responsibilities and include ECD components in their programme interventions. Therefore, acknowledgement by senior management that integrated ECD programming is crucial, as it ensures from the outset that time and resources are dedicated to holistic planning for young children's needs in emergencies. It is recommended to have dedicated ECD capacity on the ground to advocate for, plan, implement, coordinate and monitor the ECD components of integrated programming during emergency preparedness, response and recovery.

21 'Focal point' is a term used internally in UNICEF for a staff member in charge of a particular area of work; e.g., ECD focal points are often Education Officers who are given the responsibility to lead the area of ECD.

The practical examples, evidence, resources and guidance on entry points for ECD featured in this programme guide provide a solid foundation for advocacy with decision makers and practitioners across sectors.

SUGGESTED ECD INTERVENTIONS DURING EMERGENCY PHASES

ECD interventions should be designed and implemented according to the stage of the emergency. For example, programmes focusing on training caregivers may not be feasible during the acute response phase and might be more appropriate as part of an early recovery/resilience approach to building sustainable family and community capacities to care for children. In determining effective strategies, it is important to consider the overall environmental stability and level of safety for affected populations when accessing services. The following sections suggest possible strategies to consider during each phase of an emergency—preparedness, response and early recovery.

Preparedness

Situation analysis. It is important at the outset to identify areas prone to disaster and conflict. Previous reports and occurrences of natural disasters and armed conflict can be useful in identifying high-risk areas. Political risk mapping, vulnerability and conflict analysis, geograph-

ic information systems, and similar tools can, to some degree, yield information regarding predicted disasters and conflicts.

Relevant information pertaining to the needs of young children should be compiled. At minimum, basic baseline information that allows practitioners to map the existing situation through an ECD lens is required (In Annex I, sector-specific indicators are suggested for each area in this programme guide).

This information can be compiled through secondary sources, such as national statistics and inter-agency reports, but the most recent data should be used for creating baseline information. A thoughtful analysis of this information can be used to create an ECD situational analysis that identifies the strengths and gaps within ECD initiatives in disaster- and conflict-prone areas.

Conflict and disaster risk assessment and reduction. Although the term "disaster" has traditionally referred to natural and environmental hazards, current definitions encompass armed conflict. A disaster is defined as a serious disruption to the functioning of a community or a society, involving widespread loss of and/or impact on humans, materials, economies or environments that exceed the ability of the affected community or society to cope using its own resources.

Risk assessments consider potential hazards, exposures, vulnerabilities, and capacities of systems and communities, and analyse potential disaster losses in terms of lives, health status, livelihoods, assets, and services—which can occur to a particular community or society over a specified future time period. In particular, conflict and disaster risk reduction refers to the concept and practice of reducing conflict and disaster risks through systematic efforts to analyse and manage the causal factors.[22] Elements of an ECD-specific conflict and disaster risk reduction plan could include:

- Clear ECD strategies in both urban and rural areas during an emergency;
- Defining roles, responsibilities and accountabilities of national, sub-national and local/community-based authorities toward safeguarding young children's development in emergencies;
- Advocating to include ECD interventions in national-, sub-national- and community-level responses during emergencies; and
- Allocating specific funds and resources for young children in the emergency response.

INTEGRATING ECD INTO STANDARD PREPAREDNESS AND RISK REDUCTION ACTIVITIES:

1. Include the comprehensive needs of young children in national policies and planning for *emergency risk management* across all sectors
2. Collect ECD-specific information during *risk assessments* and consider it in *early warning systems*
3. Include *risk management* in ECD activities
4. Reduce *underlying risk factors* through vulnerability reduction for young children
5. Integrate ECD into *preparing for emergencies* across sectors
6. Integrate ECD into *response mechanisms* with regard to sectors, coordination mechanisms and information management.

ECD in preparedness systems. Communities and organizations threatened by potential hazards need timely and meaningful information that allows them to prepare for actions that can reduce harm or loss. National, sub-national and community preparedness systems should consider the comprehensive needs of young children during emergencies, and should include the capacities needed to generate and disseminate the required information. Suggested activities to include ECD in preparedness systems include:

- Compiling a roster of ECD experts with emergency experience who are available for surge deployment in the event of an emergency; Ensuring that ECD becomes a component of existing emergency preparedness trainings, drills and simulations (e.g., conducting first-aid workshops for parents, caregivers, preschool teachers and community volunteers at community-based childcare centres) by providing information on how to effectively respond to young children's needs before, during and after an emergency.[23]
- Prepositioning ECD play and recreation material (e.g., UNICEF ECD kits) in communities, baby clinics,

22 UNISDR terminology. Available at: http://www.unisdr.org/eng/library/lib-terminology-eng%20home.htm.

23 The Early Childhood Development in Emergencies Working Group of the Consultative Group on Early Childhood Care and Development can be contacted at lzimanyi@ryerson.ca (email).

NOTEWORTHY PRACTICE OF ECD IN EMERGENCIES: VILLAGE CAPACITY ASSESSMENT IN THE PHILIPPINES

The Philippine government, with support from Plan and UNICEF, developed the capacity assessment tool '*Early Childhood Care and Development (ECCD) in Disasters*' to determine the capacity of villages in the Philippines to provide ECCD programmes and services before, during and after disasters and/or armed conflict. A team from De La Salle University designed the assessment tool, which was then validated by the Philippines National ECCD Technical Committee.

The assessment has been pretested in rural, urban, and conflict-affected communities and is ready for use by community-based groups supporting local ECCD programmes. It provides a baseline from which the ECCD Council can develop a strategy to strengthen emergency preparedness. The instrument is intended to be self-administered and to facilitate discussions between and among stakeholders and service providers in three sectors of ECCD: health and nutrition, education, and social services.

nutrition centres, and child-friendly spaces (when prepositioning material is not possible, local procurement arrangements should be made);

- Identifying community-based ECD settings, including safe spaces and shelters that could be used as ECD centres during emergencies; and
- Including ECD components in emergency preparedness training for sector personnel (nutrition, WASH, health, education, child protection, HIV and AIDS), to ultimately integrate ECD into the sectors' service delivery platforms.

Response

Rapid assessments and needs assessments. In the immediate response phase of an emergency, essential information regarding ECD should be captured in multi-sector rapid assessments or through in-depth sector-specific needs assessments. These are two of the most critical entry points for ECD programming in crisis and emergency contexts. ECD interventions in emergencies should be informed by situation analyses that provide data on young children's needs, using a holistic approach and drawing on information from multiple sectors. When possible, ECD specialists or focal points should be consulted to ensure that pertinent ECD information is included in the assessments. As ECD is a cross-cutting area, however, field practitioners rely on cooperation with main sectors and cluster partners (education, protection, nutrition and health clusters) to obtain relevant data on the situation and needs of young children in the affected area. Strong advocacy and coordination are required to ensure that situation analyses include key data for a holistic ECD response.

Contextualising the assessment. Information obtained from the assessment should be analysed to ensure the most complete understanding of ECD in the disaster- or conflict-affected community. Community members as well as others who understand the local context and culture should be involved in this process. This will provide an understanding of local capacities and strengths. The contextual analysis could consider, for example:

- Further age disaggregation (e.g., 0 through 2 years, 3 through 5 years, and 6 through 8 years);
- Prevalence of traditional birth attendants and local healers;
- Barriers (demand-side and supply-side) to ECD services;

- Local customs, childcare practices and caregiver support systems; and
- Availability of other community-based early-learning activities.

Stakeholder analysis. Different service providers (from health, education, nutrition, etc.) who can provide for the needs of young children should be identified in the disaster- or conflict-affected area. Criteria to select quality partners from the various sectors should be defined in advance. Different actors will have different response capacities based on existing strengths, access to resources, and programmatic focus in non-emergency situations. This analysis will help to select partners who can respond swiftly and effectively to young children's needs in an emergency context. Additional activities include establishing the roles and activities of an ECD task force and the development of guidelines for monitoring programme implementation.

Early Recovery

Early recovery strategies begin immediately after the disaster occurs and should include self-sustaining, nationally owned, and resilient processes for post-crisis recovery. This helps to stabilize human security and address underlying risks that contributed to the crisis. Suggested ECD activities during this phase are listed below.

- Ensure that ECD is reflected and prioritized in the post-disaster needs assessment;
- Ensure that each technical ministry has a faction that addresses ECD;
- Set standards for services (e.g., food, health, protection, education, and HIV and AIDS) provided by different stakeholders for young children and pregnant and lactating mothers;
- Distribute recreational material in health, nutrition and day care centres and preschools;
- Ensure that ECD activities are included in sector budgets, and/or establish funding mechanisms for sustaining ECD activities across sectors;
- Identify an appropriate ministry or interagency ECD task force to ensure the coordination, management, monitoring of an equitable, efficient delivery of early childhood services; and
- Evaluate programme effectiveness and document lessons learned.

RAPID ECD SITUATION ANALYSIS AND NEEDS ASSESSMENT IN CENTRAL AFRICAN REPUBLIC (CAR) IN 2014

During the humanitarian crisis in CAR, key information was collected through coordination with cluster partners to inform the ECD emergency response. Challenges included security and long-term system disruption: at the time of the ECD situation analysis, the MoE was not functioning, and, for security reasons, it was not possible to organize multisectoral assessment missions. UNICEF had to rely on a limited number of partners with access to the affected areas for data collection. Through education cluster meetings, data collection was coordinated among partners to obtain information on:

- The number of preschool aged children (3-to-6 years), including the number of children with disabilities
- The number of preschool teachers available in the affected areas

These data allowed the ECD focal point to estimate the number of Temporary Learning Spaces that would need to be equipped with ECD activities and other materials from UNICEF's ECD kit.

Data collection also included:

- Number of pregnant women
- Number of infants (0-to-3 years)

This information was crucial when advocating for integration of infant and young child stimulation in health and nutrition responses, and to organize psychosocial support for pregnant women. Even with the limited information available, critical interventions can be planned to address the needs for young children in a holistic manner.

Monitoring and Evaluating ECD in Emergencies

In humanitarian situations, UNICEF monitors a set of standardized humanitarian performance management (HPM) indicators, in order to strengthen the humanitarian response through delivering higher-frequency (i.e., monthly or quarterly) monitoring and reporting of UNICEF programme results and key processes. The following standard HPM indicators are relevant for ECD in emergencies:

- Estimated number/per cent of targeted school-age children, including adolescents, accessing formal and non-formal basic education (including temporary learning spaces and play or early-learning for young children);
- Estimated number/per cent of children with safe access to community spaces for socializing, play, learning, etc.;
- Estimated number/per cent of targeted children with access to safe water, sanitation and hygiene facilities in their learning environment; and
- Estimated number of separated children reunified.

Measuring the integration of ECD and main-sector programmes. In addition to standardized HPM indicators, this programme guide proposes sample indicators to specifically measure the degree to which ECD is linked to or integrated in each main sector's humanitarian programming (see the suggested indicators in each section). Indicators may need to be adjusted and tailored to the specific country's context to ensure the highest degree of relevance while remaining measurable. Measuring the integration of ECD in main sectors should further be considered as part the UNICEF's overall approach of systematic results monitoring, which is described in the following section.

Monitoring Results for Equity System (MoRES).[24] MoRES is UNICEF's new approach to more effective planning, strategic programming, implementation, monitoring and managing results for the most disadvantaged children. The innovative elements of MoRES, the "determinant framework" and accompanying determinant analysis, were introduced to more systematically understand, identify, monitor, and address critical bottlenecks and barriers to achieving positive and lasting outcomes for children, which may exist at multiple levels.

UNICEF has identified ten determinants as critical to achieving results for children across all programme sectors. These determinants are grouped into four domains: (1) enabling environment, (2) supply, (3) demand, and (4) quality.

Enabling Environment refers to the social, political, budgetary, normative and institutional determinants necessary to achieve results. The determinants, which should be monitored in order to assess the conditions that create an enabling environment, are a) social norms, b) legislation and policy, c) budget and expenditure, and d) management, coordination, and information.

Supply refers to the operational capacity of the relevant actors and systems accountable for the provision of services, promotion of practices and behaviours, and/or protection of children. These determinants include a) availability of essential materials and inputs, and b) access to adequately staffed services, facilities and information.

Demand reflects the geographic, financial, social and cultural factors that facilitate (or hinder) the target population benefiting from the services, facilities, systems, and desired practices. Determinants include a) financial access, b) socio-cultural practices and beliefs, and c) continuity of use.

Quality refers to compliance with services, information or practices, with minimum standards that are nationally or internationally defined.

See Annex I for a list of suggested sample indicators to measure the progress in the integration of ECD into main sector emergency programmes. The Annex I also provides ECD-specific sample indicators that can be used for a determinant framework analysis.

ECD Inter-Agency Task Force

Although a holistic and integrated approach to the multiple needs of the young child may seem daunting, convergence of sectors and clusters during an emergency or conflict situation is critical. Instead of disseminating materials to individual human and financial resources across sectors, a package of interventions, as part of one overall response, is far more effective. Although the amount of attention paid to ECD programmes differs according to sector priorities, an inter-sector, interagency ECD task force should be established to coordinate interventions implemented by the various sectors. The task force can be led by the education or nutrition clusters and include representatives from the sectors indicated in Figure 1 (page 9). Additional task force members should include sector experts; representatives from government ministries, international and local NGOs, and UN agencies, as well as community leaders.

The roles and responsibilities of the interagency ECD task force are: to ensure that ECD is included in rapid assessments and post-disaster needs assessments; to include ECD activities in the Flash Appeal and Consolidated Appeals Process; to collaborate and integrate ECD activities in main sectors, and monitor to ensure that agreed-upon interventions are implemented; to coordinate the ECD response and identify gaps and opportunities; and to provide guidance and resources needed to support ECD capacity development. A suggested ToR is included in Annex II.

24 Further information on MoRES is provided on the UNICEF intranet: https://intranet.unicef.org/dpp/MoRE.nsf

SECTION III

© UNICEF/NYH2014-0393/LEMOYNE

INTEGRATING ECD WITHIN SECTORS

This section outlines suggested ECD-specific interventions for the health, nutrition, education, WASH, child protection, and HIV and AIDS sectors. Each subsection includes information on rationale for sector investment, expected results and suggested key actions.

Different emergency contexts call for different types of ECD programme integration. The type of disaster and the resulting needs of children, inform which sectors most critically need to integrate ECD into their response programmes. For example, during prolongued droughts and related food shortage and nutrition crises, such as the Sahel crisis in 2011-2012, the ECD and Nutrition sector interventions were merged to efficiently maximize child wellbeing and development. The 'Care for Child Development' training package was rolled out in the Sahel countries to combine young child feeding with young child stimulation activities. Nutrition workers were used as a common entry point to promote children's physical and emotional wellbeing.

In civil conflicts and wars, on the other hand, young children's greatest needs tend to be safety and psychosocial support, to overcome the traumas of witnessing atrocities and losing family members and caregivers. These needs can be most effectively addressed by combining ECD and Child Protection responses, such as through Child Friendly Spaces (also called 'safe spaces'). In the Syrian crisis, combined early childhood stimulation and psychosocial support activities were provided to traumatized young children through Child Friendly Spaces.

In natural disasters, such as floods or the typhoon in the Philippines in 2013, children of all ages need to recover from shock and regain a sense of normalcy. This can be effectively achieved by integration the ECD and Education sector emergency responses, providing children with early learning opportunities (e.g., in combined temporary ECD and education spaces).

In each emergency, a thorough situation analysis should be used to identify the most pressing needs of young children and inform decisions about which sectors' responses provide the most effective avenue by which ECD programming components can be mainstreamed. Mainstreaming ECD interventions enhances the quality of sectoral responses and vice-versa.

ECD THROUGH HEALTH INTERVENTIONS IN EMERGENCIES

How does the health sector contribute to ECD?

The early years are marked by the most rapid development of the central nervous system. About 80 per cent of brain growth occurs before the age of 3. Disease, malnutrition and lack of stimulation can cause developmental delays. Healthy development—physical, social, emotional, and cognitive—strongly influences physical and mental health, nutrition, and economic participation throughout the life course. Health interventions for infants, young children and expecting mothers that contribute to healthy early childhood development include: full immunization coverage, prevention and treatment of main causes of childhood illness and mortality, and maternal and newborn care. Further, ECD experts have long argued that linking child development components to the health services can have a positive impact on child survival rates.

Emergencies put additional strain on health systems and communities. Young children in emergencies are often most at risk of developmental delays as a result of malnutrition, disease, stress, and lack of stimulation. Crisis and conflict situations lead to decreased health status among young children due to disrupted or destroyed health services with debilitating consequences, particularly during their first three years of life—the most important years for development. Crisis-affected populations often see the highest child mortality rates for children under 5 years.[25] Morbidity and mortality rates for children under 5 in emergencies can be increased twenty-fold over standard levels, with additional risks of increased disabilities. The most common causes of morbidity and mortality include acute respiratory infections, diarrhoeal disease, malaria (where it is endemic), measles (where immunization coverage is low), newborn causes of death, and severe malnutrition. Even five years after a conflict has ended, the under-5 mortality rate averages 11 per cent higher than pre-crisis rates.[26]

Newborns are particularly vulnerable in unstable emergency contexts. Risks include complications from preterm birth, asphyxia and/or low birth weight due to maternal anaemia or poor nutrition, lack of adequate hygiene of the umbilical cord, hypothermia due to lack of shelter or blankets, and maternal stress caused by the disruption of social safety nets. Neonatal deaths account for 38 per cent of all child deaths in the developing world and contribute significantly to overall child mortality in crisis and conflict-affected settings.[27] Health interventions for young children should be prioritised at all levels to ensure child survival and healthy development in emergency contexts.

When can health specialists promote ECD?

- While providing antenatal care to pregnant mothers and after delivery of the child;
- When children visit health facilities for check-ups and immunizations;
- When health workers conduct community and/or family visits; and
- During health campaigns in communities (using behavioural change communication).

25 Moss, W. J., Ramakrishana, M., Storms, D., Siegle, A. H., Weiss, W. M., Lejnev, I., & Muhe, L. (2006). Child health in complex emergencies. *Bulletin of the World Health Organization*, 84(1), 58–64.

26 UNICEF. (2005). *The state of the world's children 2005: Childhood under threat.* New York, NY: UNICEF.

27 Lawn, J. E., Cousens, S., & Zupan, J. (2005). 4 million neonatal deaths: When? Where? Why? *Lancet*, 365, 891–900.

Expected results

- All pregnant women are supported by their families so they can achieve a healthy, full-term pregnancy and create a safe, secure environment for the newborn;
- All newborn children realize their right to life and are raised by confident, supportive caregivers in a nurturing environment; and
- All young children through 8 years of age are raised in emotionally nurturing, responsive and caring environments that support their optimal growth and development.

What can be done: key actions to integrate ECD into health services and systems.

Healthcare professionals and paraprofessionals can serve as a platform for integrating early stimulating, child development, and parenting information into existing prenatal, early health and nutrition programmes. Successful examples of this approach are reflected in such initiatives as Integrated Management of Childhood Illness, Integrated Community Case Management, services for essential newborn care, Baby-Friendly Hospitals, and nutrition and growth monitoring and promotion services. Prenatal and other reproductive health programmes can be expanded to include information on the development and care of newborns and infants.[28]

The positive care interactions presented in Table 2 can be promoted through health service delivery mechanisms at different levels: through primary healthcare services, community health workers and health extension workers, and midwives and prenatal care personnel. To achieve this, early childhood care and stimulation activities should be integrated into health risk and needs assessments, into guidance and tools, into capacity building and training programmes for health personnel; into ToR for health actors; and into indicators and monitoring systems.

Promote safe motherhood. Help promote safe motherhood practices and ensure that pregnant women and their families are aware of where and how to access skilled and hygienic healthcare.[29] The first few minutes after delivery are crucial for the newborn. Mothers should understand

28 Irwin, L. G., Siddigi, A., & Hertzman, C. (2007). *ECCD: A powerful equalizer (final report).* Geneva, Switzerland: WHO.

29 WHO, UNFPA, UNICEF, World Bank. (2006). *Pregnancy, childbirth, postpartum, and newborn care: A guide for essential practice.* Geneva: Switzerland: WHO.

Table 2. Positive Care Interactions

CHILDREN FROM BIRTH TO 3 YEARS	CHILDREN FROM 3 TO 6 YEARS	CHILDREN FROM 6 TO 8 YEARS
▪ Support the baby's head when holding the baby upright ▪ Support the child physically when the child starts turning on his/her side and makes attempts to crawl ▪ Look into the young child's eyes while talking, breast-feeding, and playing with the child ▪ Maintain skin contact with the child (e.g., massage the baby, gently move his/her arms and legs to aid dexterity, cuddle with the child, kangaroo care, etc.) ▪ Communicate lovingly with the child (e.g., cooing to the child, singing, calling out the child's name, copying the child's gestures, smiling, etc.) ▪ Provide ways for the child to see, hear, feel and reach out for toys (e.g., dangling objects, play with rattles). ▪ Provide children with safe objects to hold and explore as a way of supporting motor skill development (e.g., stacking objects, etc.) ▪ Be aware of warning signs to watch for as the child develops (e.g., crying for long periods without a reason, stiffness of the limbs, unresponsive to sounds, lights, objects, etc.)	▪ Praise the child and support him/her by holding his/her hand as he/she learns to walk ▪ Maintain eye contact with the child while talking to and feeding the child ▪ Communicate with the child (e.g., talk/sing regularly to the child, talk about pictures, read books, answer questions, praise the child, etc.) ▪ Cuddle with the child, hug and kiss the child, hold the child's hands as a means of expressing affection, etc. ▪ Play with the child in ways that allow for his/her physical development (e.g., organizing activities where the child has to walk, run, etc.) ▪ Expose the young child to new sights, smells, and sounds	▪ Involve the child in activities that give him/her responsibility and independence ▪ Spend time with the child and talk and listen to him/her, encourage the child to discuss his/her feelings and beliefs ▪ Reassure the child regarding the emergency and express your love and affection ▪ Support the child's playtime with friends in the community ▪ Provide the child with information about accessing help and first aid in the event of a health emergency ▪ Identify symptoms of basic childhood illnesses and physical and mental disabilities (e.g., expressing helplessness at undertaking tasks, trouble communicating thoughts, etc.) ▪ Encourage the child to try new and safe physical activities that support his/her physical development (e.g., stretching, skipping, etc.)

how to take care of the umbilical cord and should be aware of signs of infection, asphyxia or hypothermia, particularly in emergency contexts where skilled health workers cannot regularly monitor vulnerable babies. Once standardized operating clinical procedures have been followed, it is essential that mothers and newborns have an opportunity to bond with each other. Mothers should be encouraged to hold their child in their arms, maintain eye contact, and provide the child with colostrum. This is the beginning of the attachment process. Mothers' first breast milk also provides the child with antibodies and essential nutrients.

Identify signs of maternal depression and provide referrals. Advocate for health worker outreach to families of newborns by increasing resources and transport facilities, including mobile clinics.

Postpartum maternal depression constrains a mother's ability to care for her child. Postpartum depression is particularly common in cases where the child has been born as a result of sexual violence. Mood instability; lack of interest in the baby, child or family; and feelings of inadequacy or guilt in caring for the child are all symptoms of postpartum depression. Encourage families to be supportive of the mother and refer her to clinical services for

treatment. Health workers should encourage mothers to engage with and observe their children. It is established that positive care interactions and stimulation between the caregiver and the child can play an important role in alleviating apprehensions around caregiving.[30]

Promote parent/caregiver education. Counsel mothers and fathers of newborn children in the following areas immediately after the birth of the child:

The importance of exclusive breastfeeding in the first hour of birth and through the first six months; breastfeeding should continue for the first two years and should be combined with infant stimulation;

- Signs of danger that require immediate attention if seen in the newborn (e.g., difficulty breathing, crying for long periods without evident reason, etc.);
- Understanding the child's sleep patterns to provide him/her with adequate rest; and
- The importance of birth registration.

Educate caregivers on basic health and supportive child development practices and establish a healthy environment for infants and young children by ensuring that adequate health services (e.g., ambulatories, mobile clinics) and safe access to a referral system are available to young children. Deliver joint packages for children including immunisations, early stimulation and nutrition activities. Ensure that young children's developmental progress is monitored and that all health workers are trained in ECD practices (see Table 2) detection of delays and referrals for treatment.

Guarantee referrals to other services. Ensure health services are available in community-based care centres, crèches, preschools and other informal spaces where young children gather to learn and play. For health promotion, nutritional surveillance and prevention of infections, community health workers should regularly visit community-based care centres, crèches, preschools and other areas where children gather to learn and play. Monitor children's physical and nutritional status periodically during visits by health workers. Inform staff in early-care and early-learning centres of where and how to access referral services for young children with special health and nutrition needs.

30 Jones, L. (2008). *Why combine infant stimulation with nutrition programmes?* Session presented at annual meeting of the Consultative Group for Early Childhood Care and Development. Budapest, Hungary.

Provide ECD learning materials. Provide stimulation and play materials for young children in health clinics and facilities. ECD Kits[31] (see Box 1) or locally procured toys and other materials should be pre-positioned in advance to ensure their availability in baby clinics and health centres, which are frequently visited by young children. Also, communities can be involved in the preparation of such material using locally available resources. Train staff in these facilities to use the materials appropriately in ways that are responsive to the child's age and developmental needs.

INTEGRATION OF NUTRITION PROGRAMMES AND ECD IN EMERGENCIES

How does the nutrition sector contribute to ECD?

Nutrition and ECD are closely linked, especially in emergency and conflict contexts, where children are more likely to be deprived of adequate nutrition. The 2007 Lancet Child Development Series recognized that tackling stunting, iron deficiency, iodine deficiency and low birth weight are among the top most effective early childhood development interventions, along with addressing inadequate stimulation.

Undernutrition in infants and young children typically develops during the first 1,000 days, from the start of a woman's pregnancy until her child's second birthday, and is often associated with sub-optimal breastfeeding practices (e.g., non-exclusive breastfeeding in the first six months or stopping breastfeeding too early), as well as with intake of low nutrient and energy density diets, consisting predominantly of starch-rich staples, during the complementary feeding period. Linear growth and brain development are especially rapid during the first two years of life, and young children are particularly susceptible to growth failure, developmental delays and learning deficits during this period if they are not adequately nourished (e.g., if they are not breastfed optimally, and/or are fed complementary foods with low nutrient and energy density and poor bioavailability of vitamins and minerals).

Adequate nutrition is vital for building a healthy immune system and for ensuring optimal motor, social, emotional and cognitive development. There is an urgent need to accelerate efforts throughout the world to reduce un-

31 UNICEF. (2012). Early childhood development kit: A treasure box of activities. Available on the UNICEF intranet (password required): http://intranet.unicef.org/emops/emopssite.nsf/root/Page0704.

der nutrition, which contributes to approximately 45 per cent of all deaths in children under age 5.[32] Stunting, or low height for age, is caused by long-term insufficient nutrient intake and frequent infections, both common in regions often affected by conflict and disaster. Stunting occurs before the child reaches age 2, and the effects—delayed motor development, impaired cognitive function and poor school performance—have an impact on overall national GDP. Wasting, or low weight for height, is a strong predictor of mortality among children under age 5, usually resulting from inadequate quantity and quality of the diet coupled with frequent infections, as a result of food insecurity, poor feeding and care practices, poor hygiene and sanitation, and low access to health services.[33]

Malnourished children require increased intake of energy and essential nutrients, over and above those required by non-malnourished children and, when necessary, treatment for any associated medical conditions. In emergencies, young children may experience extreme shortages of essential nutrients and overall calories. Parents and caregivers are likely to be deprived of food themselves and distressed, and thus less able to provide young children with positive and emotionally nurturing environments in which to grow and develop. Undernutrition and micronutrient deficiencies contribute substantially to child mortality and morbidity in crisis-affected settings.

During food and nutrition crises, providing specialized complementary foods alone is not enough. Child growth and brain development depend on good nutrition,and emotional responsiveness from caregivers. The brain is most sensitive in the first three years of life. Combined ECD and nutrition interventions have been shown to equip mothers, particularly depressed mothers, with greater levels of confidence and esteem to continue nursing and feeding children in sensitive and responsive ways.[34] Regular mother-baby and child group activities build resilience and foster a network of social support.

© UNICEF/NYHQ2012-0271/ASSELIN

They provide a non-stigmatizing way to support vulnerable women and children exposed to violence. Psychosocial support for mothers and caregivers of young children is also very important to combine with ECD and nutrition-counselling interventions.

When can nutrition specialists promote ECD?

- When counselling caregivers of children under 2 regarding infant and young child feeding (nutrition specialists should promote combined infant feeding and stimulation);
- While checking nutritional status of pregnant and lactating mothers;
- During prevention and treatment of acute malnutrition activities (i.e., food distribution, ready to use therapeutic food administration, etc.);
- During growth monitoring activities;
- When health and nutrition workers conduct community and family visits; and
- During health and nutrition campaigns in communities (using behavioural change communication).

Expected results

- All pregnant and lactating women and caregiv-

32 Lancet 2013. Nutrition Series, Paper 1.

33 UNICEF, & WHO. (2012). *Integrating early childhood development activities into nutrition programmes in emergencies: Why, what and how?* Joint statement. New York, NY: UNICEF.

34 Jones, L. (2008, October). *Why combine infant stimulation with nutrition programmes?* Session presented at annual meeting of The Consultative Group for Early Childhood Care and Development, Budapest, Hungary.

Box 1: UNICEF's ECD Kit

The ECD Kit was created to strengthen the response for young children, from birth to age 6, who are caught in conflict or emergencies. The specific objectives are:

- To establish positive and supportive adult-child interactions;
- To create a safe and secure play and learning environment; and
- To develop early-learning skills, curiosity, creativity, and self-expression.

The ECD Kit contains materials to create a safe learning environment for up to 50 young children, including puzzles, counting games, beads to string, boxes to stack and sort, and puppets for telling and listening to stories. The Caregiver's Activity Guide includes suggestions about how to use each item based on children's age and interest. The ECD Kit also contains teaching materials, soap and a collapsible water container. An online Caregiver Training Guide provides training on implementation, monitoring and evaluation.

The ECD Kit can be used in all phases of an emergency and in a wide range of settings. Ideally, its use should coordinated by the ECD Coordinator. In selecting an implementation site, ensuring that the environment is safe and secure for young children is critical. Suggested sites include: (1) child-friendly spaces; (2) tents or rubb halls; (3) health and/or feeding centres; (4) community centres and/or shelters, and (5) preschools.

ers of infants and young children are physically healthy and are confident in their abilities to best care for and meet the nutritional needs of the very young child; and

- All young children develop in nurturing and responsive environments that support their holistic development, including their nutritional needs.

What can be done: key actions to integrate ECD into nutrition programmes

Emergency nutrition programmes have a number of elements. These include the protection, promotion and support of optimal breastfeeding and complementary feeding, support for lactating mothers, programmes to prevent and treat moderate and severe acute malnutrition, and feeding programmes in preschools and primary schools. Dietary counselling programmes can take a variety of forms. For example, Burkina Faso's UNICEF education section leads an activity where *cantinieres* (canteen staff) are trained to convey nutrition-related messages to families with young children.

It is important that young children are not separated from their caregivers or from siblings, who might be admitted in the same facility. Such facilities should be equipped with recreational material (e.g., ECD kits and locally procured material) to keep young children busy and engaged. Ensure that young children admitted at in-patient treatment centres for severe acute malnutrition and medical complications are provided with a supportive and nurturing environment appropriate for their developmental needs.

Breastfeeding and positive interaction. Evidence underscores the importance of breastfeeding in emergency settings. Compared with those who are exclusively breastfed, infants who are not breastfed have an increased rate of mortality due to diarrhoeal disease and acute respiratory infections. Efforts should promote early initiation of breastfeeding, exclusive breastfeeding for children less than 6 months of age, and continued breastfeeding up to at least 2 years of age, through individual support and community dialogues, including counselling for new mothers and supplemental feeding for pregnant and lactating mothers.

Complementary feeding. After 6 months of age, infants should start eating semisolid and solid food as breastfeeding continues. Feeding of infants ages 6 to 23 months should meet the guiding principles of good complementary feeding, including the nutrient adequacy of the diet, the feeding frequency and responsive feeding practices. Mothers need support on selecting appropriate locally available foods and on how to practice responsive feeding. In emergencies this age group is particularly vulnerable to undernutrition and appropriate products for complementary feeding should be included in distributions if necessary.

Household registration. Households with children under age 2 years should be registered and linked to food security programmes to ensure access to adequate food. Encourage parents to register their newborns to ensure timely access to both additional household ration entitlement for the lactating mother and extra breastfeeding support.

Training and counselling materials. Integrate simple messages with key facts about the impact of ECD activities into all nutritional materials. Key messages should be added in all reports and training materials on nutrition. National and international infant and young child feeding guidelines should always contain a section on child development. All nutrition and associated staff can be trained to provide simple ECD messages to the mother while discussing other topics. Messages on the importance of breastfeeding should include information on how breastfeeding provides the opportunity to show warmth, love and communication through singing, touch and facial expressions.

Mother/caregiver-baby groups at Outreach Therapeutic Programmes (OTP) and Supplementary Feeding Programmes sites (SFP). Deliver simple messages on infant stimulation and ECD while mothers and/or caregivers are waiting at OTP or SFP sites. Information can be delivered using large pictorial cards and interactive methods. Caregivers and babies can be invited to attend mother/caregiver-baby groups when they collect nutritional supplements. Safe, clean, baby-friendly spaces can be created by designating space in existing child-friendly spaces or establishing separate baby tents. Facilitators can be trained to deliver simple, age-appropriate messages as outlined in the UNICEF Care for Development package (see Table 2). Spaces can be equipped with the UNICEF ECD Kits (see Box 1) and toys made by parents. Safe breastfeeding areas also provide a safe space for

babies to interact with their caregivers, for caregivers to learn from each other, and for babies to interact with one another. Mother/caregiver-baby groups also can be run at hospital sites and/or within stabilization centres.

Nutrition and early-learning programmes. Young children attending formal and informal day care and early-learning programmes should be provided with a nutritious mid-day meal to supplement their nutrient needs and to diversify their diets. In preschools and child-friendly spaces, snacks may also be provided during the morning. It is important to collaborate with the WASH and education sectors to design the delivery of the intervention. For WASH, it is important to ensure that food hygiene is maintained, particularly where food is being prepared with water. The food should contribute to overall healthy nutrition, be easy to chew and digest, appeal to young children, and be safely prepared. In addition, community caregivers and teachers should be provided information about the early detection of visible signs of malnutrition and diarrhoea in young children, and the availability of nutrition programmes and support.

Table 3 Responsive Feeding Practices for Young Children (UNICEF/WHO Care for Child Development)

CHILDREN FROM BIRTH TO 2 YEARS	CHILDREN FROM 2 TO 6 YEARS	CHILDREN FROM 6 TO 8 YEARS
▪ Hold the baby immediately after birth and allow the baby to stay in skin-to-skin contact to facilitate attachment and positioning for the first breast milk ▪ Breastfeed exclusively with good attachment and positioning ▪ Take in nutritious food items to meet the young child's nutrient requirements ▪ Provide ways for the baby to see, hear, feel and move (through play items such as rattles, objects to stack, etc.) ▪ Communicate with the child while feeding (e.g., skin and eye contact, cooing, being responsive to the child's attempts to communicate) ▪ Breastfeed as often as the child wants and be responsive to feeding cues of the child (e.g., child reaching out for the breasts, pointing towards food, crying.) ▪ Introduce nutrient-dense semi-solid and solid food (e.g., porridge, mashed food, small chewable items) after 6 months of age, while breastfeeding continues ▪ Diversify the food provided to the child; If a new food is refused, offer "tastes" of it several times and show that you like the food ▪ Feed patiently and do not force-feed the child; talk face-to-face with the child while feeding	▪ Ensure all children under 5 have received complete doses of micro-nutrients ▪ Communicate with the child and encourage the child to talk. ▪ Encourage meal time conversations where the family interacts and engages with the child ▪ Practice responsive feeding for children with disabilities, including those with developmental delays, physical injuries and psychological distress ▪ Create a defined routine for meal times and be physically present when the child eats ▪ Encourage the child to feed him-/herself but offer help when needed ▪ Interact positively with the child during meal time (e.g., caress the child lovingly, praise the child, talk or sing to the child, etc.)	▪ Use meal times as a time for the family to bond and attach; express love and affection for the child ▪ Be patient with the child—don't create a fuss if the child refuses to eat, is messy while eating, eats very slowly, plays while eating ▪ Involve the child in identifying food that s/he likes ▪ Give the child an adequate serving in a separate plate or bowl ▪ Create a defined routine for meal times and be physically present when the child eats ▪ Encourage the child to maintain hygiene by not eating food from the floor

ECD THROUGH EDUCATION PROGRAMMES IN EMERGENCIES

How does the education sector contribute to ECD?

Children who experience extreme and adverse stress in their early years are at greater risk for developing cognitive, behavioural and emotional difficulties.[35] Such children are more likely to drop out of school, start school late, experience academic failure and develop socially aggressive behaviours.

Early education and school-readiness activities help prepare children to enter school on time and succeed. UNICEF's school-readiness framework includes three dimensions: children's readiness for school; schools' readiness for children; and families' and communities' readiness for school.[36] Parent education programmes that help parents to create stimulating early-learning environments at home are an important component of this guide. Even with the challenges posed by emergencies, education interventions in emergencies should include ECD activities to ensure that children's basic rights to survival, protection, care, education, development and participation are met from birth through primary school. The integrated approach to child development is crucial for young children to be protected and start school on time with the skills they need to learn.

© UNICEF/ROSA2012-00041/MADHOK

ECD learning activities and programmes provide children affected by crisis with a much-needed sense of routine and participation through normalising activities. Instruction methods should be free from harsh discipline and focus on learning basic pre-math and early-literacy skills through art, music, and dance. When possible, programmes should be taught in the mother tongue in an effort to support and develop the child's language and pre-literacy skills. Child-driven free play can be a powerful tool for enabling children to regain a sense of normalcy, order and hope in the midst of crisis. This approach promotes resilience and allows children to take part in their own recovery.

When can education specialists promote ECD?

- While training caregivers and educating parents through parenting programmes;
- When building public awareness through "back-/go-to-school" and other such informational campaigns;
- When planning the development of spaces for school-age children, by including spaces for activities for young children (e.g., early-learning centres); and
- When developing education campaigns for mothers/caregivers and children attending health or feeding centres.

Expected results

- Young children's learning and developmental outcomes are given attention and remain a focus in the design of early-learning programmes;
- Families create quality learning environments at home and are actively involved in their young child's learning and development; and
- Camps with early-learning services and materials that meet young children's developmental needs are prioritized.

35 National Scientific Council on the Developing Child. (2007). T*he science of early childhood development: Closing the gap between what we know and what we do.* Boston, MA: NSCDC.

36 Britto, P. R. (2012). School readiness: A conceptual framework. New York, NY: UNICEF Education Section. Available at: http://www.unicef.org/education/files/Chil2Child_ConceptualFramework_FINAL.pdf

What can be done: key actions to integrate ECD into education programmes

Community and family early childhood learning spaces. Ensure that young children have access to early-learning spaces where their developmental needs are met.[37] Although disasters and conflict can leave education systems crippled, it is important that family- and community-based learning opportunities are created to ensure that young children's right to develop is not compromised. Learning spaces can be informal or formal, and can be established in many locations such as preschools, community-based care centres, places of worship, under trees, or in homes opened to provide services to small groups of children. Child-friendly spaces organized by the child protection sector can also include an area for infants and young children to play.

All spaces should be equipped with safe and developmentally appropriate recreational and learning materials tailored to the local culture. ECD Kits (see Box 1) can be provided if and when needed. Programmes should make parents feel welcome and encourage their participation, providing information about how to support their children's health, nutrition and development. Community members, including minority and vulnerable groups, should be involved in the design, implementation and monitoring of an environment conducive to young children's needs.

Teacher training and support. Teachers and volunteers serve as supporters and facilitators of children's development. In a situation of war or disaster, teachers and volunteers may play an even more critical role, responding to their students' emotional needs as they face the uncertainties of crisis. In turn, ECD programmes should provide teachers and caregivers with access to basic social services and should address their psychosocial and emotional needs. In emergencies, classes are often grouped together, including children of different ages and grades (multi-grade classes). Teachers and volunteers in community-based early-learning spaces should be provided with trainings on how to effectively conduct learning activities in such settings, and should receive training on how to refer children to other services if needed (e.g., health or nutrition centres).

Staff screening and selection. Caregivers, teachers and volunteers should be screened, recruited and trained as defined by the codes of conduct. In many disasters and conflicts, availability of trained staff is limited. In response, volunteers from the community may be recruited and trained to work with young children and families. It is important to take gender into account when selecting and training community volunteers.[38]

Curriculum and teaching methods. Learning should be child friendly and participatory, and should include activities for cognitive, language, and social-emotional development. Child-friendly programmes should: be free from harsh disciplining measures; focus on learning through play and recreation; encourage learning through art, music, dance; include group-based activities; provide early literacy and numeracy activities; and use the mother tongue of the young child (when possible) or bilingual programmes to build young children's language development abilities.[39]

Coordination and programme linkages. Early-learning programmes provide an ideal opportunity for linkages with other services to ensure children's overall health and development. Efforts should be made to ensure that early-learning sites provide a comprehensive range of services, including health and nutrition support, access to clean water, protection from harm and violence, and birth registration and identification.

Parent participation, support and education. Primary caregivers' involvement in formal or informal spaces established for young children is important. Parents and other caregivers need support and opportunities to talk, or just to watch their children and interact with other caregivers in the programme. It is essential that they are welcomed and encouraged to participate in all activities. Parent education should be linked to Communication for Development efforts and include media networks (e.g., radio) and other mediums (e.g., posters, pamphlets, counselling cards in community spaces, etc.) to address the knowledge, attitudes and practices[40] of caregivers, families and communities towards young children. As part of the early recovery and resilience approach, parenting programmes

37 UNICEF. (2010). *Facts for life: Child development and early learning.* New York, NY: UNICEF.

38 Available at: http://toolkit.ineesite.org/toolkit/Toolkit.php?PostID=1047

39 Available at: http://www.unicef.org/cfs/

40 UNICEF. (2006). *Behaviour change communication in emergencies: A toolkit.* New York, NY: UNICEF.

Table 4 Examples of Children's Behaviour in Response to Stress

CHILDREN FROM BIRTH TO 3 YEARS	CHILDREN FROM 3 TO 6 YEARS	CHILDREN FROM 6 TO 8 YEARS
▪ Child becomes irritable and restless ▪ Child becomes unresponsive or withdraws from external stimuli ▪ Child clings excessively to the caregiver	▪ Child becomes aggressive and fearful ▪ Child regresses to past behaviours (e.g., bed wetting) ▪ Child plays out events of violence	▪ Child experiences self-guilt ▪ Child plays out distressing events ▪ Child socially withdraws

may be organized to further instil efficacy among caregivers in their contributions to supporting young children's overall development. Messages can focus on helping parents recognize and appropriately respond to children whose behaviour signals psychosocial stress and anxiety. Some such behaviors are identified in Table 4.

Conflict and Disaster Risk Reduction (C/DRR). C/DRR messages should be integrated into preparedness, emergency, and early recovery and resilience activities. Parents and children should understand how to stay safe, access first aid, and identify and contact support services.

Early childhood education and peace building. In order to most effectively influence and encourage communities to foster and maintain peace, education must begin in early childhood, when brain architecture is developing most rapidly. It is a critical time of life when habits are formed, differences are recognized, and emotional ties are built through social relationships and day-to-day interactions in homes and neighbourhoods. Young children who grow up in unstable environments—exposed to abuse, neglect, and other stress—are less likely to build trusting relationships, which can often lead to low self-esteem and long-term psychosocial and behavioural problems. A key lesson from peace building and conflict management, particularly at the community level, is that emotions and emotional intelligence play a critical role in violence and conflict. ECD programmes can contribute, in the long term, to peaceful societal interactions by teaching young children critical emotional skills that will have an impact on their future behaviour and foster more peaceful communities.

Box 2: Early Child Development and Peace Building[41]

ECD in peace education programmes can be implemented at the family, community, and societal levels.

Parenting programmes can include social-emotional skills such as cooperation, empathy and the capacity to see other perspectives, and the ability to relate to others in a peaceful manner.

Community-based programmes have significant potential to promote peace and strengthen intra- and inter-community relations. ECD programmes can reach across communal divides and encourage communities in conflict to develop alternative visions for the future based on the needs of children. Early childhood curricula can emphasise social-emotional learning, as well as conflict resolution and citizenship skills. ECD programmes where parents actively participate in the management of ECD centres—and are, therefore, involved in daily activities—can have a particularly powerful impact by bringing together parents in a way that builds trust across divided groups. By reaching the most disadvantaged and marginalized groups, they can also help reduce actual and perceived inequities and potential sources of conflict.

At the ***societal level,*** ECD in social policies works to reduce inequities. Inequity violates children's rights and becomes a serious barrier to peace. Support for children and their families during the early childhood years is imperative for peace building. ECD programmes reduce economic inequalities by promoting holistic development for all children, especially those from disadvantaged backgrounds.

41 Please refer to: Yale University and AÇEV Partnership. (2012). *Ecology of Peace: Formative Childhoods and Peace Building – A Conceptual Framework.* New Haven, CT and Istanbul, Turkey: Yale-AÇEV Partnership.

NOTEWORTHY PRACTICE OF ECD IN EMERGENCIES: ADAPTATION OF THE ECD KIT IN THE PHILIPPINES

Since 2007, the government of the Philippines has taken a great step forward for young children in emergencies by including ECD Kits in their standard distribution of materials for humanitarian responses. Although this is a significant act to improve the daily experiences of young children in disasters, the initial plan was not well executed. Upon talking with those living and working in the disaster-affected areas, it was noted that the materials distributed were heavy and, therefore, difficult for community facilitators to use—especially in remote rural areas where children's day care centres had been completely destroyed. Plan Philippines developed a lightweight, waterproof, mobile and culturally appropriate "Big Blue Bag." Each and every item included in the bag has been carefully selected, not only for its educational value for young children, but for its weight. Now, early childhood educators (in most cases women) can easily carry the bag from one camp site to another as they work with children displaced by natural disasters. Prior to its distribution, day care workers attended a one-day orientation on the proper use of the Big Blue Bag.

Opportunities for play and social interaction for young children. The rights to rest, leisure and play as enshrined in Article 31 of the UN Convention on the Rights of Child (CRC) are key to enabling every young child to develop personality, talents, and mental and physical abilities to their fullest potential. The right to play is one of the most underestimated rights but holds great potential. Through structured and unstructured play with peers, children can creatively explore, learn the "rules of the game," develop ways to negotiate differences collectively, exercise control, and inhibit violent behaviour. Play with caregivers provides opportunities for caregivers and young children to develop attachment, which improves the wellbeing of both parties. In this regard, children's social play serves as a "practice ground" for the development of different cognitive, social and emotional skills that are critical to peace building.

Preschool and child centre reconstruction. Ensure that preschools, community centres, learning spaces and schools are rebuilt safely as part of early recovery approaches. The design should consider issues related to ventilation, light and play. The structure should be resistant to cyclones, storms and seismic activity, with a fence, located in a safe area, and easy access ways for children and parents with disabilities. Communities should be involved in the design and construction processes to facilitate community ownership, maintenance and protection of such facilities.

Back-to-preschool and go-to-preschool campaigns. Organize interactive back-/go-to-preschool campaigns to further encourage early learning in the disaster- or conflict-affected community. A back-/go-to-preschool campaign can be organized to encourage parents and caregivers to send their children to early-learning facilities. Public broadcast messages can be created and transmitted through print and electronic media. The campaign should be integrated within UNICEF's existing Back-/Go-To-School campaign.

INTEGRATION OF WATER, SANITATION AND HYGIENE (WASH) PROGRAMMES AND ECD IN EMERGENCIES

How does the WASH sector contribute to ECD?

In times of crisis, existing infrastructures often collapse and living conditions deteriorate. The main goal of WASH programmes is to reduce transmission of faecal-oral diseases and exposure to water-borne diseases through the promotion of good hygiene, the provision of safe drinking water, and the reduction of environmental risks. Young

children are most vulnerable to the effects of disease that result from unsafe and insufficient water, and poor sanitation and hygiene. Children under 5 years old account for about 80 per cent of cases of sanitation-related illnesses and diarrhoeal disease, primarily because of their less-developed immune systems and their play activities, which put them into frequent contact with pathogens.[42] Emergencies often affect water supplies and sanitation systems; limit people's capacity to practice appropriate hygiene; and force people to live in more crowded, unsanitary environments that promote disease and environmental risk. ECD initiatives present a unique opportunity for the WASH sector to reach parents and caregivers who directly shape young children's habits. Simultaneously, the sector can also reach young children and, thus, advocate for positive sanitation and hygiene habits to minimize risk of disease.

When can WASH specialists promote ECD?

- While conducting hygiene campaigns in the community through behavioural change communication;
- While distributing hygiene articles;
- When promoting hygiene in communities and families through visits;
- By providing WASH services to early-learning centres, child-friendly spaces and schools; and
- By supporting the inclusion of hygiene-related activities in ECD programmes.

Expected results

- All young children access a sufficient quantity of clean water to support the attainment of the highest possible standard of living.
- All young children's faeces are properly disposed of by caregivers, using adequate and appropriate, child-friendly sanitation facilities close to their dwellings.
- All young children and their parents/caregivers wash their hands with soap at critical times, conducive to supporting the young child's healthy development.

What can be done: key actions to integrate ECD into WASH initiatives

Water, sanitation and hygiene facilities. Ensure that water, sanitation and hygiene facilities are available at ECD centres, child-friendly spaces, preschools, and schools.[43] Water must meet basic quality criteria in such facilities, since young children are especially susceptible to water-borne diseases. All water for ECD centres and preschools should be treated with chlorine or a residual disinfectant. A minimum quantity of safe drinking water must be ensured at all times. Safe drinking water should be treated with chlorine or another method with residual effect. Water for other purposes (such as hand washing with soap, and sanitation) must also be available. In situations where water is likely to be rationed by an interruption of supply, sufficient water storage should be available at the centre to ensure an uninterrupted supply. Availability of a minimal safe water supply through provision of technical and material support should be guaranteed.

© UNICEF/UGDA2013003-5/KASAMANI

Access to water and latrines. Water sources should be at a child's level along with separate latrines that are safe for young children. Provide for quick improvement of baby- and child-friendly waste and sanitary conditions in ECD centres, preschool setting, and schools.

42 *Early Childhood Development in Emergencies: Rights from the Start.* The Consultative Group on Early Childhood Care and Development (still unpublished; forthcoming).

43 The Sphere Project. (2013). The sphere handbook: Minimum standards in water supply, sanitation, and hygiene promotion. Geneva, Switzerland: The Sphere Project. Available at: www.spherehandbook.org.

Hygiene kits. Ensure availability of hygiene kits, baby kits and water kits in ECD centres, preschool settings and schools. Although agencies might already be involved in distributing hygiene kits, it is important that items are suitable to the needs of young children. Suggested items for such kits should be defined at the local level. Items may include nappies/diapers, baby soap, baby bathing tubs, basins for washing the young child's clothes, potties for very young children, baby clothes and other locally appropriate material used for maintaining young children's hygiene. Where nappies/diapers are distributed, appropriate disposal systems need to be provided. For example, during the Haiti earthquake emergency response, the toilets/latrines in the camps were filled with nappies due to a lack of alternative means of disposal.

Priority access for pregnant women and caregivers with infants. Pregnant mothers and caregivers with young children should be given priority access to water facilities to reduce children's exposure to over-crowded areas and other threats to their overall wellbeing. Caregivers should be counselled not to leave their young children unsupervised when waiting at water collection sites. Water collection time should be as minimal as possible (no more than half an hour queuing time) to ensure that young children are not separated from caregivers. Water collection sites are also a good opportunity to communicate key messages on child stimulation and care, and to set up child recreational activities.

Keep child spaces clean and safe. Outdoor and indoor areas for young children must be clean. Surfaces such as floors and walls should be cleaned with a mop, water and detergent as appropriate (or at least swept regularly), and garbage, litter or dirt should be removed. This is important in the creation of a safe environment that does not adversely affect young children's physical health.

Water conservation and contamination education. Parents and caregivers should be provided with information and skills for treating and storing drinking water at the household level. They should have access to the required products and materials as needed.

Sanitation and hygiene educations. Behaviours such as hand washing with soap after using the toilet and avoiding open defecation are positive practices that can be imparted to young children right from the start. This information can be shared with young children through developmentally appropriate, child-friendly methodologies, including interactive methods, theatre and games. Parents and caregivers should also be informed about the safe disposal of faeces.

Availability of hand washing points and soap (or alternative material). A reliable water point, with soap or a suitable alternative, should be available at all critical points within ECD centres, preschools and child-friendly spaces, particularly toilets and kitchens (if they exist on the premises).

INTEGRATION OF CHILD PROTECTION INTERVENTIONS WITH ECD IN EMERGENCIES

How does the child protection sector contribute to ECD?

In emergency and humanitarian contexts, young children's access to social services that are supportive of their survival and development is restricted. In addition, parents and caregivers are likely to be distressed and thus less able to provide children with nurturing care. Threats of violence, abuse, injury and other forms of harm towards both children as well as their caregivers are widespread in disaster- and conflict-affected communities. Globally, child abuse and homicide rates for 0-to-4-year-old children are more than double those for children ages 5 to 14.[44] Thus, young children are one of the most vulnerable groups in emergencies. ECD initiatives present a unique opportunity for the child protection sector to reach parents and caregivers who directly influence young children's protective environment. Simultaneously, they provide an opportunity to collaborate with other sectors to ensure that young children and caregivers have access to quality basic social services.

When can child protection specialists promote ECD?

- When establishing child-friendly spaces or other centre-based psychosocial activities;
- When sensitizing communities to young children's rights and the punitive actions associated with violating these rights;
- When providing psychosocial support to young children, teachers, parents and caregivers; and
- When engaging with community-based child protection mechanisms.

44 Glaser, D. (2000), Child Abuse and Neglect and the Brain—A Review, *Journal of Child Psychology and Psychiatry*, Volume 41, Issue 1, pages 97–116.

Expected results

- All young children and their families have equal access to child protection services including birth registration and tracking, child-friendly spaces, and psychosocial support services;
- Parents, caregivers and teachers are confident and equipped to create a protective and safe environment for young children's development; and
- A protective and safe environment is created within the community to enable young children's overall development.

What can be done: key actions to integrate ECD into child protection programmes

Birth registration. Establish mechanisms for birth registration to ensure that all newborns and previously unregistered young children are registered. This is the first step in ensuring that young children are recognized as people before the law and, thus, as rights holders. This is particularly important in conflict and emergency situations, where there is an increased risk of family separation, loss of family members and caregivers, and child trafficking. All young children should be registered at birth without any form of discrimination and the registration system should be free of charge and accessible to all. Provision for late registration of birth should be available such that all young children who were not registered at birth can access necessary services. In humanitarian contexts, where formal systems are often disrupted, birth registration services can be provided in a different form (e.g., through mobile services) and through cooperation with other sectors or service providers (e.g., through safe baby tents, at parenting counseling sessions and health centers, or linked to food distribution sites).[45]

Missing documentation. Ensure that caregivers and young children are provided with information on where and how to access missing documentation in order to gain access to services that support young children's developmental needs. In a language and manner they understand, caregivers must be provided with necessary information regarding where and how to access:

- Valid legal documentation needed to assert their rights (and those of their children) and to seek justice and punitive action when needed; and

- Other forms of identification (ration cards, vouchers, etc.) issued by humanitarian agencies to access humanitarian aid and services.

Psychosocial support and early learning through child-friendly spaces. Child-friendly spaces provide young children with a protective environment that promotes their physical and emotional wellbeing, and provides them with equal access to services. They can also provide psychosocial support services to caregivers and provide a space where caregivers and their young children can interact; this is particularly crucial in emergency contexts. Psychosocial stimulation of infants and young children is critical for addressing ECD in crises. The Inter-Agency Guidelines on Mental Health and Psychosocial Support in emergency settings provide detailed information on suggested action to provide psychosocial support in emergencies, including to young children.[46]

45 See Plan International. (forthcoming, 2014). *Guidance for universal birth registration in emergencies.*

46 http://www.who.int/hac/network/interagency/news/mental_health_guidelines/en/

Box 3: Creating Safe, Secure, and Visible Spaces for Young Children[47]

Safe: A space is considered safe for young children when the children are protected from any form of harm. All materials must be easy to use for all children, without sharp edges or other features that safety.

Secure: A space is considered secure when it is protected from all threats external to the space itself. The space should be resistant to natural and environmental hazards and should be protected from threats of armed conflict, abduction, landmines and unexploded ordnance, and political insecurity. Community members can be involved in patrolling and watching over spaces where young children congregate in the community, including securing the way to and from the safe space for both children and parents.

Visible: The space itself should be visible and have a defined boundary to it. Families and community members, including the most vulnerable and marginalized, should be aware of the space and the services offered there.

Service access. Provide technical guidance to other sectors to ensure that young children are free from inhibitive barriers that restrict their access to basic social services and humanitarian assistance. Create special queues or specific distribution times for young children and women with young children. Ensure that humanitarian workers and community volunteers understand, sign and obey a code of conduct that guides their actions with young children. An example of a code of conduct is included in Annex IV. A code of conduct helps protect young children from discrimination, sexual exploitation and abuse. Response services should be in place and accessible for children subjected to violence and abuse.

Safe home environments. Encourage parents to create home environments free from protection risks. When overwhelmed by the events of the disaster or conflict, parents may use more severe forms of punishment. Faced with the loss of livelihoods, they may, as coping mechanisms, revert to abusive or otherwise harmful child-rearing practices, abandon their children, push their children into harsh and adverse work conditions (e.g., trafficking, working in industrial areas and fields with land mines, etc.), or arrange marriages for their young daughters. It is important that parents are counselled on:

- The importance of caring for and not abusing, abandoning or stigmatizing young children;
- Child-friendly discipline measures (e.g., reasoning, avoiding physical punishments, etc.) instead of violent and abusive measures;
- Supervised adult care for young children at all times that is appropriate to the children's needs; and
- A home environment free from debris and sharp objects that can be harmful to children.

Use media and communication channels to inform parents, caregivers, teachers and other community members (including community and religious leaders) about the rights of young children and available punitive action for violations.

Community support and protection mechanisms. Communities play an important role in the protection of young children. Community protection committees can work towards reporting on cases of young child rights violations and the quality of care provided in foster homes and institutions. Mobile protection committees can also be established to register young street children and provide them with necessary documentation to access social services. Community protection committees can support efforts toward ensuring that ECD centres, preschools and other areas where young children congregate are guarded and patrolled. This will help protect young children from being abducted or recruited into armed forces and groups.

Institutional care. Institutional care for orphans and other young children should be avoided and only implemented as a last resort. Such institutions typically cannot provide

47 Global Education Cluster, Global Protection Cluster, INEE, & IASC. (2011). *Guidelines for Child Friendly Spaces in Emergencies.*

an environment that is supportive of young children's overall development. In addition, the presence of such institutions may encourage parents and caregivers to abandon their young children. In cases where young children are already under institutional care, rapid assessments of the institution's quality must be undertaken. To promote ECD in these settings, staff and caregivers should:

- Be trained to understand the developmental needs of the young child;
- Adhere to defined codes of conduct while dealing with young children;
- Be aware of where and how to access social services and available referral mechanisms; and
- Understand how to use play and recreational materials with young children.

INTEGRATION OF HIV AND AIDS WITH ECD IN EMERGENCIES

Children in situations of armed conflict or natural disaster, as well as displaced, migrant and refugee children, are particularly vulnerable to all forms of sexual exploitation. Vulnerability to HIV infection may be increased due to loss of livelihoods and disruption of supportive and protective family and social structures. Women and girls may be forced into transactional sex for money, food or protection.

There are important development synergies between ECD and HIV and AIDS programmes that can promote better long-term health and development outcomes for children.

Families affected by HIV seem to experience additional stress. Emerging evidence suggests that all children born to women living with HIV are sicklier and more likely to die regardless of HIV status than children born to HIV-free mothers. ECD programmes can help identify and support these mothers and their children.

There is an urgent need to include HIV and AIDS programmes into the overall emergency response, as emergencies—particularly when characterized by violence and displacement—can make populations more susceptible to infection and disrupt the availability of services. In combination with an existing prevalence of HIV and AIDS, emergencies aggravate the condition of vulnerable young children, including orphans, HIV-infected and exposed children, and children heading households. Evidence

NOTEWORTHY PRACTICE OF ECD IN EMERGENCIES: PRESCHOOL CHILD SAFETY IN EMERGENCIES IN KYRGYZSTAN:

© UNICEF/NYHQ2011-1597/BELL

Children should be well informed and knowledgeable about disaster risks, and should have the ability to physically demonstrate safe behaviour skills and resilience in disasters. Children must be ready to spring into action and protect themselves in emergencies. Since kindergarten teachers are the key to the project's success, UNICEF Kyrgyzstan began by training preschool teachers for two days on "A Preschool Child's Safety in Emergencies." Their goals were to (1) increase teachers' knowledge of the most typical and dangerous natural disaster and emergency situations in Kyrgyzstan and the rules of safe behaviour for adults and children; (2) share the suggested methodologies and didactic materials that are part of "A Preschool Child's Safety in Emergencies"; and (3) teach and practice skills using the teaching and didactic materials designed to promote safe behaviour in children and adults during emergencies. UNICEF also aimed to make changes to the public's perception so that young children are seen as (1) capable of understanding emergency situations, (2) able to act safely to protect themselves, and (3) able to develop the skills needed to engage in safe behaviour.

NOTEWORTHY PRACTICE OF ECD IN EMERGENCIES: NEIGHBOURHOOD CARE POINTS (NCP) PROVIDING INTEGRATED SERVICES IN SWAZILAND

Protracted drought and the ongoing HIV and AIDS pandemic led to the formation of neighbourhood care points (NCPs) in Swaziland. NCPs are ECD centres established to enable communities to provide care and food to orphans and vulnerable children in their neighbourhood. These centres of care helped ensure that orphans and vulnerable children were not removed from their communities into institutional care, but instead were given access to support and basic services within the neighbourhoods in which they lived. The need for immediate care and support has outpaced the availability of childcare facilities, so communities are asked to rally around and use locally available spaces and materials to implement the NCP programme. NCPs have become critical entry points for difficult-to-reach children. Community Integrated Management of Childhood Illnesses teams work with NCPs in some communities to provide immunizations, micronutrients, growth monitoring, and other preventive healthcare services such as basic check-ups. This transformation includes integrating more formal ECD learning activities into the daily routine at the NCPs, and building permanent structures. This accomplishment is in line with the goal of providing integrated service delivery to orphans and vulnerable children, in part by using the NCPs as a place where service providers can easily access a community's children who are most in need.

reveals that many children exposed to and/or infected with HIV suffer from sustained cognitive deficits,[48] which prevents them from achieving their full potential, developmentally and otherwise.

What can be done: key actions to integrate ECD into HIV and AIDS programmes

There are important development synergies between ECD and HIV and AIDS programmes that can promote better long-term health and development outcomes for children. ECD programmes provide an entry point to integrate and extend a wide variety of interventions to prevent HIV and AIDS, as well as to treat, care for and support children and families affected by HIV and AIDS. In addition, ECD interventions can promote appropriate follow-up and effective prevention of mother-to-child transmission.[49]

When can HIV and AIDS specialists promote ECD?

- When counselling mothers on mother-child transmission during pre- and post-natal visits; and when addressing the psychosocial needs of children and families affected by HIV and AIDS;
- When providing health and nutrition services to mothers and their children affected by HIV and AIDS—specifically, HIV and AIDS specialists can include information on early stimulation and early education; and
- When referring children living with HIV to appropriate care and support services, including parenting, ECD, and social protection programmes.

Ensure coverage of HIV in health-sector initiatives. Collaborate with healthcare providers and ECD specialists to track patients who need access to services for prevention of mother-to-child transmission (PMTCT) and to antiretroviral therapy (ART), and refer them to health facilities, including those for nutrition support and infant feeding and stimulation counselling. Ensure that patients have continued access to PMTCT services and drugs; care and support services, including counselling on infant feeding options; subsequent support for HIV-positive mothers; management of acute malnutrition; and provi-

48 Consultative Group on Early Childhood Care and Development. (2012). The essential package: Holistically addressing the needs of young vulnerable children and their caregivers affected by HIV/AIDS. Toronto, Canada: ECCD Group.

49 Consultative Group on Early Childhood Care and Development, & INEE. (2009). The path of most resilience: ECDD in emergencies: principles and practice. Toronto, Canada: ECCD Group.

sion of antiretroviral prophylaxis and cotrimoxazole.[50] Appropriate optimal infant feeding practices include exclusive breastfeeding for the first six months of life, introduction of appropriate complementary food at 6 months of age, and continued breastfeeding for at least twelve months, for children of HIV-infected mothers, and up to twenty-four months, for children of HIV-negative mothers. Breastfeeding for HIV-infected mothers is safe as long as the mother stays on treatment without interruption.

Provide information on the accessibility of services. Inform children and mothers/caregivers about where to access basic health, paediatric, HIV and AIDS, education and protection services. This could include access to condoms, the treatment of sexually transmitted infections, continuation of PMTCT and ARV services, fulfilment of nutritional needs, and psychosocial support activities for children and caregivers.[51]

Promote linkages between ECD practitioners and existing programmes for orphans and vulnerable children and children affected by AIDS. These are usually led by civil society organizations at the community level and are good entry points to identify young children affected by HIV and AIDS. Identify existing networks and elicit their help to identify, monitor and provide support during an emergency. Train community health workers on how to manage common complications associated with HIV and AIDS in young children. Ensure that care providers have the basic counselling skills needed to discuss HIV and AIDS.

Provide linkages between HIV and AIDS services and community-based ECD centres. ECD centres and child-friendly spaces offer meeting places for support groups for caregivers or children affected by HIV and AIDS; non-formal education; training in parenting skills; and life-skills training for older children. Community-based ECD centres can further serve as entry points to provide information on HIV transmission, prevention, care and support services, and can provide space for infant feeding and nutrition counselling programmes.

It is important to ensure that older children who are caregivers can attend school while the younger children are enrolled in early-learning and community-based childcare activities.

Provide support for families of HIV-positive children. Where possible, respond to the economic needs of the most impoverished HIV and AIDS-affected families through linkages to available social protection initiatives.

Support in-service training for ECD care providers. Ensure that caregivers are responsive to the specific needs of HIV-positive and HIV-exposed, but uninfected, children, particularly regarding psychosocial, nutritional and health needs. ECD care providers can be more supportive when they are educated about HIV and AIDS and the particular needs of HIV and AIDS-affected young children. Training should also include information on nutrition, management of pain, hygiene, and protection needs. Design developmentally appropriate therapeutic activities for young children affected by HIV and AIDS, and train caregivers to implement these activities.

Design effective Communication for Development campaigns. Effective prevention and treatment messages can be communicated through video spots, posters, dramas, and radio messages to foster positive caregiving practices for young children affected by HIV and AIDS. Eliminate discrimination against HIV-positive children through campaigns about the causes and transmission of HIV.

Expected Results

- All mothers living with HIV and AIDS and their young children have access to appropriate treatment, care and support;
- All mothers living with HIV and AIDS have access to information and support on infant feeding, including exclusive breastfeeding;52 and HIV and AIDS-affected infants (including maternal orphans) have access to breast milk substitutes where breastfeeding is not an option; and
- All young children affected by HIV and AIDS participate in ECD programmes that address their comprehensive needs for health, nutrition, education and protection.

50 UNICEF. (2010). *Core commitments for children in humanitarian action.* New York, NY: UNICEF.

51 Ibid.

52 WHO. (2010). Guidelines on HIV and infant feeding: Principles and recommendations for infant feeding in the context of HIV and a summary of evidence. Geneva, Switzerland: WHO.

© UNICEF/BANA2014-00596/MAIWA

SUMMARY

ECD programmes are critical when families, communities, and societies are torn apart by conflict or natural disaster. These initiatives support families and caregivers in taking appropriate actions to care for and nurture their youngest children. Most importantly, ECD programmes give children a sense of comfort and stability despite threats to their physical, social and emotional development.

As the integrated programme guide illustrates, implementing ECD programmes during all phases of an emergency often involves partnering with national institutions and NGOs. Bringing these stakeholders together to facilitate the implementation of shared strategies ensures that the needs of young children will be efficiently integrated into a comprehensive emergency response.

There are several technical and structural challenges in accomplishing these goals. As highlighted in Section III, a fine-tuned coordination system functioning at many levels and across sectors is needed to provide quality services to young children in emergencies. Translation of theory into action must continue to ensure that policies makers, planners and caregivers understand the long-term impact of trauma and stress on a child's brain development. The well-planned emergency response creates an ideal opportunity to enrich and enhance existing health and nutrition programmes by integrating an ECD perspective into all existing interventions. Emergency situations also necessitate linkages between preschool and the primary education systems, and encourage the design of child-friendly and responsive-learning environments. The provision of safe, secure and comprehensive learning spaces is indeed the responsibility of all sectors working in close collaboration toward a common goal.

Most importantly, this programme guide underscores the need to support families in caring for their young children. The key actions identified for each sector stress the critical role of positive child-caregiver interactions and provide support for parents to help them cope with their own reaction to trauma, loss and anxiety. Working through an interagency ECD Task Force, UNICEF must assume a leadership role in mobilising resources, building capacity, networking, and advocating for why, what, how, where and when to integrate ECD into a comprehensive emergency response. These efforts are critical to saving children's lives and safely nurturing their social and emotional development during times of extreme stress and disruption.

ANNEX I – SAMPLE INDICATORS FOR ECD IN EMERGENCIES

This programme guide proposes indicators to specifically measure the degree to which early childhood development is linked to or integrated into each main sector's humanitarian programming. The indicators listed below are suggested sample indicators, which may need to be adjusted and tailored to the specific country's context to ensure the highest degree of relevance while remaining practically measurable.

Please note that the proposed indicators are for emergency and humanitarian contexts; hence all indicators refer to the number or percentage of the *targeted* population in the geographical areas *affected* by the emergency or conflict (as opposed to the overall population in the country).

HEALTH INDICATORS (NUMBER AND PERCENTAGE)

- Countries in humanitarian settings in which 100 per cent of the population in affected areas has access to healthcare facilities stocked with emergency supplies and drugs for the next month (UNICEF Strategic Plan indicator);[53]
- Care for child development counselling messages reach households with pregnant women;[54]
- Births are assisted by a skilled healthcare professional;
- Baby clinics and health facilities are equipped with safe, locally appropriate recreational material responsive to the needs of young children;
- A health worker visits the community-based care centres, crèches and preschools at least once in X weeks during the emergency; and
- Parents receive parenting education by health workers, including activities for early child stimula-

53 Suggested indicator for UNICEF's 2014-2017 Strategic Plan, as per April 2013.

54 See the CCD kit in the UNICEF intranet: http://intranet.unicef.org/PD/ECD.nsf/Site%20Pages/Page002

tion and interaction.

- UNICEF-targeted caregivers of children ages 0 to 23 months in humanitarian situations have access to infant and young child feeding counselling for appropriate feeding and early childhood services (SP indicator);
- Nutrition programmes emphasize appropriate feeding practices and responsive parenting;
- Pregnant, lactating and breastfeeding women receive messages about early stimulation and responsive feeding at nutrition distribution sites;
- Therapeutic feeding programmes, hospitals, and clinics have an area for caregiver-child play and interaction;
- Distribution sites (food and non-food items) have an area for caregiver-child play and interaction;
- National, subnational, or community-based nutrition and feeding trainings include child development messages;
- Staff, mothers, and/or caregivers attend trainings to learn responsive feeding practices;
- Resting points and safe spaces for pregnant and lactating women are available; and
- Community-based childcare centres and preschools have feeding programmes.

EDUCATION INDICATORS (NUMBER AND PERCENTAGE)

- UNICEF-targeted children have access to formal or non-formal basic education (including pre-primary schools/early childhood learning spaces) in affected communities in humanitarian-context countries (SP indicator);
- UNICEF-targeted children have access to humanitarian education programmes that incorporate psychosocial support (SP indicator);
- Parents of young children in emergency-affected areas participate in parent education programmes and activities;
- Preschool children in areas affected by the emergency or conflict have access to early-learning services;
- Trained early-learning facilitators are available in affected areas;
- Basic social support services for staff, teachers and volunteers in community-based care centres, preschools and lower primary schools are available;
- Camps provide early-learning services with developmentally appropriate play and recreation materials; and
- C/DRR, life-skills and peace education messages are integrated into early-learning programmes.

WASH INDICATORS (NUMBER AND PERCENTAGE)

- UNICEF-targeted children have direct support in humanitarian situations and have access to appropriate WASH facilities and hygiene education in schools, temporary learning spaces and other child-friendly spaces (SP indicator);
- Early childhood development centres, preschools and child-friendly spaces are equipped with safe, child-friendly water and sanitation facilities, including separated latrines, hand-washing facilities, and potable water;
- Caregivers of young children and infants have access to means for safe disposal of faeces that are culturally and locally appropriate;
- Hygiene education trainings are implemented for teachers, caregivers and young children;
- Teachers and caregivers integrate hygiene messages in their daily interactions with young children; and
- Young children practice hand washing with soap at key times.

© UNICEF/NYHQ2012-0345/ASSELIN

CHILD PROTECTION INDICATORS (NUMBER AND PERCENTAGE)

- Children have access to child-friendly spaces;
- Child-friendly spaces provide intersectoral services, including play, recreation, education, health and psychosocial support;
- Caregivers and young children have access to community-based psychosocial support services;
- Young street children and children in adolescent-headed households are registered and in possession of additional identification documentation;
- Children are reported if they are victims of abuse, neglect and violence;
- Appropriate response mechanisms for young child victims of abuse, neglect and violence are available;
- A functioning, easily accessible and usable birth registration and missing documentation systems is available after the disaster; and
- Countries have policies and government budget allocations that include a component to support and promote young child development, together with other programmatic components (health, nutrition, child protection with specific measures) to reach the most marginalized young children (SP indicator).

HIV AND AIDS INDICATORS INDICATORS (NUMBER AND PERCENTAGE)

- UNICEF-targeted children living with HIV and on treatment (ages 0 to 18 years; disaggregated by the age groups 0 to 4, 5 to 9, 10 to 14, and 15 to 18 years) continue to be on ART (continue and/or initiate) in humanitarian situations (SP indicator);
- Mothers and young children, particularly in high-prevalence contexts, have access to HIV testing and treatment;
- Mothers, including those who are HIV infected or exposed, have access to information and support regarding optimal infant feeding practices;
- ECD teachers, parents and caregivers in emergency-affected areas have knowledge about (1) the causes of HIV and AIDS, (2) good caregiving practices for young children, and (3) the needs and vulnerabilities of young children affected by HIV and AIDS;
- ECD centres integrate support for families with children affected by HIV and AIDS;
- Protection services are provided to retain children in supportive family environments;
- Children living with and affected by HIV are retained in family- and community-based care; and
- Effective referrals between nutritional surveillance programmes and HIV testing and treatment exist and are utilized.

© UNICEF/NYHQ2013-1219/MAITEM

© UNICEF/NYHQ2012-0579/OSE

SAMPLE INDICATORS FOR A MORES DETERMINANT FRAMEWORK ANALYSIS OF ECD IN EMERGENCIES

The table below provides generic sample indicators for a determinant framework analysis with a focus on integrated ECD services in emergencies. An actual MoRES determinant analysis in a country in an emergency setting would focus in-depth on one particular issue or service, with a thorough analysis of the different barriers or bottlenecks that prevent the desired ECD outcomes. The analysis of the determinants and identification of potential bottlenecks is highly dependent on the local context. The below indicators, which are merely examples of possible indicators, would have to be tailed to the specific local emergency context.

Table 1A. Sample Indicators for a Determinant Framework Analysis for Integrated ECD Services in Emergencies

ENABLING ENVIRONMENT	Social Norms	Percentage of key stakeholders with an understanding of integrated ECD
	Legislation / Policy	Percentage of social sector strategic plans that explicitly include ECD National and sub-national development plans that include integrated ECD Explicit inclusion of integrated ECD in emergency response plans
	Budget / Expenditure	Percentage of sector budgets allocated to ECD-related activities Expenditure of ECD funding at sub-national level in line with policy
	Management / Coordination	Number of national and sub-national level coordination meetings taking place (that specifically cover ECD) Joint annual national action plan produced by key stakeholders, which includes ECD
SUPPLY	Availability of Essential Materials / Inputs	Minimum number of ECD kits (and other essential ECD materials) available in X ECD centres.
	Access to Adequately Staffed Services and Facilities, and Information	Proportion of caregivers certified in provision of ECD services (in targeted locations) Number of facilities (in targeted locations) meeting minimum standards for ECD
DEMAND	Financial Access	Percentage of poorest families with young children in targeted catchment area that have financial constraints regarding use of services
	Cultural Practices and Beliefs	Percentage of parents with an understanding of the importance of ECD services and the role of parents in their children's early development
	Continuity of Use	Proportion of children regularly attending ECD services Proportion of parents who attended at least X sessions on parenting and/or ECD
QUALITY	Quality of Services	Minimum quality standards including minimum package of ECD materials adopted

ANNEX II – EARLY CHILDHOOD NEEDS ASSESSMENT: SUGGESTED GUIDELINES[55]

To establish an accurate account of the scope and severity of the crisis situation and to ensure that all young children are reached, the following guidelines will assist in conducting an analysis of the current impact and needs. An accurate understanding of existing ECD infrastructures and potential partners will serve as possible entry points for a rapid response.

ANALYSIS OF YOUNG CHILDREN AND FAMILIES

What is the number and gender of children between 0 and 2 years, 3 and 5 years, and 6 and 8 years of age?

- What percentage of young children have lost one or both parents?
- What local knowledge exists regarding the care for and development of young children?
- What are customary local care practices for young children?
- What is the prevalence of traditional birth attendants and local healers?
- What support systems exist for caregivers?

ANALYSIS OF EXISTING ECD ACTIVITIES

- Are any ECD activities currently taking place? If so what are they?
- Is the available space sufficient for both indoor and outdoor play?
- What early learning, play, stimulation and other ECD materials are available?
- Are teachers, facilitators and volunteers available? If so, what training have they received?
- Are older children and other caregivers involved in organizing and helping with activities for young children?
- Are children provided adequate nutrition and healthcare? How are services coordinated?
- Is there a system of referral in place for psychologically distressed young children or young children with special protection needs? If yes, how and where to are they referred?
- How are parents and families involved in activities for young children?
- How could ECD activities be integrated into existing ECD programmes and activities?
- What are the barriers to providing and accessing ECD services and activities?

ANALYSIS OF POTENTIAL PARTNERS

- Who are the key ECD players?
- Has an emergency plan for ECD been developed?
- Have local personnel been trained? Are they capable of contributing to the viability of the ECD interventions suggested in the plan?
- Is the proposed plan culturally appropriate and realistic?
- Are international and local personnel in place and able to coordinate the identified ECD activities 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? If so, what are their approaches and what specific activities have been planned?

55 UNICEF. (2012). Early childhood development kit: A treasure box of activities. Available on the UNICEF intranet (password required): http://intranet.unicef.org/emops/emopssite.nsf/root/Page0704.

ANNEX III – ECD TASK FORCE: SUGGESTED TERMS OF REFERENCE

There is a need for a holistic and integrated approach to address the many needs of young children and their families in emergencies. Synergistic and harmonized responses are needed among the various clusters in order to influence the policy environment and create quality family and community support mechanisms.

An ECD Task Force or coordinating body, established during the response phase, can function as a temporary task force or a working group to coordinate interventions and to ensure complementarity. The goal is to create an inter-sector, inter-agency coordinating body that devises a participatory and integrated ECD strategy. The objective is to use disasters as a window of opportunity to ultimately influence the integration of ECD into country policies. The ECD Task Force should be comprised of individuals from each of the relevant sectors. These teams all contribute to the work being undertaken by the relevant sectors and, ultimately, to policy as well.

SUGGESTED ROLES OF THE ECD TASK FORCE ARE:

- Create a participatory framework to ensure that ECD activities are not carried out in parallel but as contributions to a larger, integrated goal;
- Ensure that ECD is included in rapid assessments as well as post-disaster needs assessments;
- Provide a local contextualization of information obtained from assessments;
- Ensure that ECD activities reflect the priorities identified through the Flash Appeal and Consolidated Appeals Process;
- Represent ECD needs and opportunities at all cluster meetings;
- Collaborate with sectors to integrate ECD activities into their sectorial responses;
- Monitor programmes to ensure that agreed upon interventions are implemented and uphold the rights of all young children;
- Facilitate bi-monthly meetings in an effort to coordinate sectoral responses and to identify gaps and opportunities; and
- Provide guidance on resources (human, material, and financial) needed to support ECD capacity within clusters and government ministries.

The ECD Task Force should be chaired by a representative who is selected by the working groups and has expertise in ECD programming in emergency settings. The Task Force can be co-chaired by a ministerial representative to ensure scale-up of good ECD practices. Meetings should be held in government facilities to ensure greater visibility and commitment. Procedures for sharing information should be clearly identified. The Task Force should hold members accountable for their stated deliverables. The strategic function of the Task Force should be transparent and should involve selected government representatives as well as community members and representatives from NGOs. The information sharing function should be open to all interested actors in the field.

ANNEX IV – SUGGESTED CODE OF CONDUCT: EARLY CHILDHOOD CARE FACILITATORS[56]

1. Never ask for or accept personal favours in exchange for services or materials supplied by the project. Favours may include sexual contact, labour or goods.

2. Never ask for or accept personal favours in exchange for allowing someone to participate in programme activities.

3. Never engage in sexual contact with anyone under the age of 18, regardless of who initiates the contact or the physical appearance of the child.

4. Never sexually or physically harass other facilitators.

5. Never make sexual advances toward young participants.

6. Never beat, hit, slap or use any other form of physical punishment against participants.

7. Never verbally or physically harass participants.

8. Never make vulgar or humiliating jokes or comments to participants, community members or other facilitators.

9. Never ask children to perform labour for the personal benefit of the facilitator.

10. Never use programme supplies or materials for personal use outside of regularly planned activities.

11. Never limit a participant's access to programme supplies or activities because of personal feelings or dislikes. Everyone should have access to programme supplies and activities.

12. Never use race, ethnicity, religion or family relations as criteria for inclusion or exclusion in programme activities.

56 Kostelny, K. (2008). Starting up child centred spaces in emergencies: A field manual. Richmond, Virgina: Christian Children's Fund.

Prepared by the ECD Section
UNICEF NYHQ
April 2014