Investing in the youngest:

Early childhood care and development in emergencies

Plan

Acknowledgements

Who this report is for

The aim of this report is to increase the understanding of early childhood care and development (ECCD) in emergencies and the benefits of this type of programming for children, their communities and society. Specifically, the report makes the case for greater investment of resources and multi-sectoral support in humanitarian work that supports young children from conception to 8 years.

Key audiences for this report include groups that provide funding, implement programmes and influence policies and laws in the humanitarian sphere. These groups include donor agencies, the United Nations, International Non-Governmental Organisations (INGOs) and government ministries. This report is also relevant for groups from various sectors, given the multi-sectoral nature of ECCD in emergencies.

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Front cover photo: Philippines, girl taking part in a psychosocial session

Foreword

by Nigel Chapman, Chief Executive Officer, Plan International

Young children are vulnerable to multiple risks in emergencies – and many will suffer the consequences for the rest of their lives. At Plan, we're working on concrete strategies to safeguard children's futures from the impacts of humanitarian crises.

It is estimated that at any given time, more than 200 million children under the age of five in developing countries are not reaching their potential due to poverty, malnutrition, poor health and lack of early years support.[1] Emergencies make these conditions worse.

When disasters strike, children can be separated from their family, lose their support structures, and suffer abuse and neglect. They may not get sufficient nutrition, health and learning opportunities.

Early childhood care and development (ECCD) in emergencies builds children's resilience against risks, present and future. It focuses on the immediate and unique needs of children in humanitarian crises, while ensuring development and learning continue as normally as possible.

Why is this so important? The critical window of opportunity to secure optimal cognitive, physical and other development occurs from a child's conception through to the eighth year of life. Early learning, which Plan believes begins at birth, and good nutrition are key to building the foundation of this development.

Without sufficient nutrition in the first 1,000 days after conception and without early learning, a child's brain development and physical growth could be stunted.[2] The child then faces a greater risk of severe stress and a weak immune system. This increases the chance of death from preventable illnesses and long-term psychological difficulties as well as impaired abilities to succeed in school and later life. Developmental damage that can occur without support during emergencies may never be fully reversed.[3]

As studies cited in this report show, when it comes to investing in children, it costs less to get things right from the start than to remedy the consequences of inaction later.[4] If we, as a global community, want to reach the Millennium Development Goals and Education for All Goals, now is the time to give more serious attention to the early development needs of children in humanitarian crises.

That is what Plan is doing. We're making our ECCD in emergencies approach more effective, more consistent and more widespread.

But we can't do it alone. Currently there is no focal point for an ECCD response in emergencies, no global framework, and not enough specialists. We're calling for more financial and human resource investment in ECCD in emergencies; global standards to mark it out as a distinct immediate intervention; and research to build a strong evidence base about its cost-effectiveness and impact.

We can't stop disasters from happening, but with ECCD in emergencies, we can stop them from wrecking children's futures.

Nigel Chapman

Introduction

The first eight years of a child's life are the most critical in terms of cognitive, physical, social and emotional development. These years constitute a unique window of opportunity to positively influence the development that shapes a child's life trajectory. Key brain connections are made during this time, which provide the foundations for each child's future learning, well-being and prosperity.[5]

Research has shown that under-nutrition, stressful conditions and poor stimulation during these years can affect brain structure and function, with lasting cognitive and emotional effects.[6] The first 1,000 days from conception to 2 years are fundamental to a child's development. Without proper nutrition and early stimulation during this time, a child's brain development and physical growth may be stunted and never reversed. Impacts of this may be felt throughout schooling and adult life.[7]

In developing countries, more than 200 million children under the age of 5 years do not reach their developmental potential due to malnutrition, poor health, poverty and the lack of early stimulation and learning.[8]

Emergencies[9] make such difficult conditions worse still for children. When disasters strike, normal support structures are broken or weakened. Children become more vulnerable. They risk separation from their families, psychological distress, abuse and neglect. They may lose the security of daily routines. They may lack basic nutrition, immunisations, learning opportunities and other support essential for their normal development.

Between 2002 and 2006, 1.5 billion children in 42 countries were affected by crises.[10] They may have survived the immediate dangers, but without interventions specifically aimed at their developmental needs, many may suffer the adverse effects for the rest of their lives.

This report explains how – when disasters strike – Plan is working to save not just children's lives, but their futures too. The next section outlines the different impacts that disasters and emergencies can have on young children. It also shows how Plan's Early Childhood Care and Development (ECCD) in emergencies programming is already helping to limit those impacts.

No single organisation can meet these needs alone. Under-investment, a lack of global standards, and a poor research base are all blocking progress.

That is why Plan is calling for concerted action from donors, governments and the wider humanitarian community to increase investment in funds, resources and research. In investment terms, early childhood is the most effective and cost-efficient time to ensure that all children reach their full potential.[11]

As James Heckman, the 2000 Nobel Prize Winner for Economics has said:

"On a purely economic basis, it makes a lot of sense to invest in the young ... Early learning begets later learning and early success breeds later success ... It is a rare public policy initiative that promotes fairness and social justice and at the same time promotes productivity in the economy and in society at large. Investing in disadvantaged young children is such a policy."[12]

The final section of this report outlines the specific actions that Plan believes different stakeholders should take to make ECCD in emergencies more effective, more consistent and more widespread.

Child friendly spaces and ECCD in emergencies

A child friendly space (CFS) is a physical location where children can quickly participate in activities that help them recover normality during a humanitarian situation. Through play and recreational activities, a child friendly space supports children as they begin to re-connect with their peers and strengthen their social support network. It generally provides early stimulation, non-formal education, psychosocial support, child protection, health and nutrition. A child friendly space serves children from 0 to 18 years and sometimes up to 24 years old.

A child friendly space may be classed as an ECCD in emergencies intervention when the focus is on children aged 0 to 8 years old; when activities are implemented through a child development lens; and when education and training are provided for facilitators/caregivers, parents and pregnant women. Strong coordination among various sectors is needed to ensure that the child friendly space can meet all a child's needs.

Source: Adapted from the Inter-agency Guidelines for Child Friendly Spaces and Global Consultative Group on ECCD

What is ECCD in emergencies?

Early Childhood Care and Development (ECCD) in emergencies programming provides immediate, life-saving, multi-sectoral support for young children from conception to 8 years. It ensures that children receive the basics in times of upheaval: nutritious food, health care, shelter, and psychosocial support in a safe and nurturing environment.

But it goes further. ECCD in emergencies provides continued early stimulation and learning to help ensure children's normal development and future potential can still be reached. ECCD in emergencies can last from three months to more than a year. It is a multi-sectoral intervention based on a child development framework that aims to address children's multiple needs and to strengthen their protective environment. This includes those immediately concerned – parents, caregivers, pregnant women – but also wider contexts such as government policies and societal attitudes.

ECCD in emergencies activities can be implemented in temporary classrooms, child friendly spaces, community buildings, under a tree, in therapeutic feeding centres, at a health post, while a mother is waiting in line for food distribution or in a child's home or shelter – in fact in any safe space where services are provided. These activities can be implemented by various sectors and government departments. During the initial stages of a disaster, it may not be practical to implement an ECCD in emergencies programme through one sector alone. Instead, various sectors can implement different aspects of what is a comprehensive approach for young children in emergencies.

ECCD in emergencies programming shares the same general principles, definition and programming approach as ECCD in development. But where the latter is longer term, more systematic and places a greater focus on institutionalisation, ECCD in emergencies programming focuses on the immediate and unique needs of children in disaster situations. Its objectives include saving lives, creating an environment where children can feel a sense of normality, where they can begin to reduce their levels of distress, and where they can continue normal development and learning.

The UN Convention on the Rights of the Child: ensuring the rights of children are protected during emergencies

Underpinning the ECCD in emergencies work is the UN Convention on the Rights of the Child (UN CRC). This key legal framework has articles that are pertinent to young children in emergency situations, for instance:

Article 6*: children have the right to live and develop healthily.
Article 7: all children have the right to be legally registered and have a nationality.
Article 19: children have the right to be protected against all forms of violence.
Article 24: children have the right to good health care, food and water.
Article 28: all children have the right to primary education.

*This is an abridged version of the articles. Please see Annex 1 for full text.

UN CRC General Comment 7 and early childhood services

General Comment 7 elaborates on the legally binding articles in the UNCRC and emphasises that early childhood is a critical period for the realisation of the rights mentioned in the UN CRC articles. In particular, General Comment 7 clarifies that every child's right to education begins at birth. It is closely tied to the right to development. General Comment 7 supports a vision for comprehensive community services through early and middle childhood, both for children and parents as their key educators and caregivers. Further, General Comment 7 acknowledges that activities in family and home settings are the foundation for children's progression from early childhood to primary education. Clause 36 in particular mentions the additional support young children need during disaster situations.

UN Convention on the Rights of the Child, General Comment 7 (2005): Implementing child rights in early childhood. Available from: www2.ohchr.org/english/bodies/crc/docs/AdvanceVersions/GeneralComment7Rev1.pdf

Haiti, children in a preschool classroom in a camp

Disasters: limiting their impact through ECCD in emergencies

Good quality ECCD in emergencies programmes don't just save children's lives, they save children's futures.

The impacts of disasters on young children can be huge. They are at a greater risk of malnutrition, disease, injury, abuse, exploitation, separation, psychological distress and death as the environments that normally protect them become weakened or collapse.

As a result, children may not receive the essential nutrition, early stimulation and learning opportunities that ensure healthy brain development and a strong foundation for their future learning and life.

Plan's experience of providing support to the very youngest children in humanitarian situations has shown that there are eight key ECCD in emergencies interventions which will create positive benefits for these children. Plan sees these eight interventions as vital building blocks within an ECCD in emergencies programme.

The eight key interventions are:

1. strengthening children's protective environment through parents and other caregivers	**2.** increasing children's nutrition and health status	**3.** preparing children to enter and succeed in school	**4.** decreasing stress and improving psychosocial wellbeing
5. increasing opportunities for birth registration in emergencies	**6.** changing attitudes about girls	**7.** increasing government commitment for ECCD in emergencies	**8.** reducing vulnerability to future disasters

Often these interventions will be split among several sectors within an emergency response, for example, between the health/nutrition, education and child protection sectors. Where this happens, Plan's experience has shown that it is crucial to coordinate between the sectors right from the start of the response.
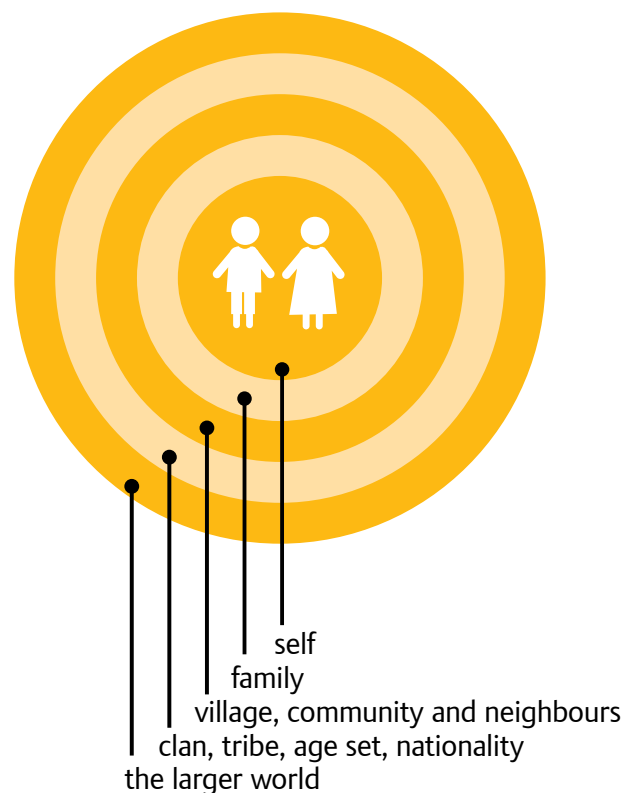
Philippines, mother and child in the wake of Typhoon Bopha

1. Strengthening children's protective environment through parents and other caregivers

Disasters pose great risks for all sections of a society. Children from conception to 8 years are especially vulnerable. They depend on their parents, extended family and other adults to ensure that they survive and thrive. Emergencies can weaken or destroy this protective environment (Diagram 1: the social ecology of the child). Therefore, support to parents, and especially lactating mothers and pregnant women, is essential to children's healthy development. Research has shown that a child's relationship and attachment with his/her parents/caregivers have the most influence on positive child development.[13]

Parents, including lactating mothers and pregnant women, and other caregivers are the first layer of protection for children. They are their first and constant teachers and can establish a strong foundation for their lives. Parents and other caregivers can ensure children are physically safe and can optimally develop their brains and bodies in emergencies through proper nutrition, immunisations and early stimulation and learning. Once parents and caregivers understand how children's capabilities evolve, what services are available during humanitarian crises and how they can support them, starting from conception, children then have the best chances of survival and success in life.

self
family
village, community and neighbours
clan, tribe, age set, nationality
the larger world

Diagram 1.1 Social Ecology of the Child

Plan's good practice: shoring up the protective environment through parenting and caregiver support

Plan believes that ECCD in emergencies needs to include education sessions for parents, including lactating mothers and pregnant women, and other caregivers.

Plan has found that when parents – as well as lactating mothers, pregnant women, and other caregivers – participate in parenting classes, they often report an increase in their knowledge about child development, early stimulation and learning. They also report a strengthening of their social support networks (through peer groups). This in turn helps them better support their children.

In Tamil Nadhu, India, Plan worked with communities devastated by the 2004 Asia Tsunami. We provided prenatal and postnatal care for more than 550 pregnant women, including education and awareness about the importance of breastfeeding and preventable diseases.

In 2010, Plan Liberia started work with refugees from the civil unrest in Cote d'Ivoire. With the Liberian government's education and health departments, we developed parenting sessions for mothers and pregnant and lactating women on child development, early stimulation and learning, as well as breastfeeding, pre- and post-natal care and nutrition. Mothers now feel confident about accessing community services such as immunisations, regular health check-ups and micronutrients for their children.

During the ongoing food crisis in the Sahel region of Africa, Plan has supported the formation of mothers' groups in Niger. These groups use 'model mothers' who lead the sessions and use active teaching methodologies such as demonstrations to share key health and nutrition information.

Through these interventions, Plan has built up a body of experience that can be learned from and applied more widely. We found, for instance, that it was worth running sessions in short bursts in spaces where parents were already visiting. Getting fathers involved also proved beneficial.

Case Study: Bangladesh, Participation of Parents in Child Friendly Spaces

During the 2011 floods in Bangladesh, Plan immediately set up child friendly spaces for children of various ages, including the under-8s. Getting parents involved in the spaces enabled them to strengthen their bonds with their children, promoting a sense of safety, security and trust. ECCD in emergencies activities also helped parents, in particular mothers, to reduce their own stress and re-establish their lives by giving them time to organise food, water and shelter with the knowledge that their children were in a safe and nurturing environment.

Training session topics included psychosocial well-being, environmental protection, and waste management. The sessions also provided knowledge that enabled families to mitigate further hazards, since the community is near creeks that flood regularly.

The knowledge and skills parents learned through training sessions gave them more tools to support their own children's psychosocial recovery at home. Providing safe play activities for children gave parents the time and space to rebuild their homes and livelihoods.

> "The CFS also enabled us to do other work, such as rebuilding our homes and ensuring we had food. We could do this knowing that our children were safe at the CFS."
> **Barguna district focus group discussion with fathers, 2011, Bangladesh**

Bangladesh, mother support group

Niger, child recovering from malnutrition

2. Increasing children's nutrition and health status

Malnutrition and preventable diseases are major threats to young children's lives in disaster situations. The mortality rate for children below five years is considerably higher than for other age groups.[14] Nutritionists agree that under-nutrition during the first 1,000 days of a child's life from conception can cause irreversible damage to brain development. Malnourished children, when compared to well-nourished ones, are more likely to start school late and have lower academic outcomes.[15]

Numerous studies have shown the negative impacts of child and maternal under-nutrition on adult health, cognitive development and school achievement. When under-nutrition has been prevalent in a large percentage of a country's population, it has resulted in reduced economic productivity.[16]

The University of Sussex found that even temporary malnutrition and lack of health services during drought and conflict in Zimbabwe, resulted in lower height, weight and fewer years of schooling. The researchers estimated a loss of lifetime earnings of around 14 percent.[17] The University of Oxford's Young Lives Survey found a strong association between stunted height during the first two years of life and cognitive achievement four years later.[18]

Further, several studies, including Play Therapy Africa's research of the 2008 food crisis in Ethiopia, shows children's weight and survival rates can increase more when nutrition and health services are provided alongside early stimulation.[19] (see definition on p.12)

Breast-feeding offers ideal nutrition for infants, but many myths surround women's capacity to nurse in emergencies. These include notions that mothers under stress or suffering from malnutrition cannot produce milk for their babies, or that women who stop breastfeeding cannot start again.[20] So, rather than trying to breastfeed, parents look to infant milk formula for their babies. In emergencies, when water could be contaminated, this could cause disease.

> The growth velocity is massive in those first 1000 days... that means that all these systems are being laid down. Think of it as concrete that's drying out. If [the concrete] is mangled or misshaped, it's locked in, irreversible. It's a burden that's carried through their lives and throughout their children's lives.
> **Dr Lawrence Haddad, Institute of Development Studies UK, from a speech at Plan's Global Leadership Conference 2012.**

Plan's good practice: embedding children's development through nutrition, health and awareness

Plan's approach includes providing immunisations, micronutrients and vitamin-enriched foods, information and education on breastfeeding, good hygiene and preventable diseases, and prenatal care for pregnant women.

This package of support is offered in any safe space, including ECCD centres, child friendly spaces, community health posts, mobile health clinics or therapeutic feeding centres. **Increasing the knowledge of parents, including lactating mothers and pregnant women, is an area where the health/nutrition, education and child protection sectors often work together.**

Plan believes that nutritional support of a child begins *in utero* so our ECCD in emergencies programming includes a focus on pregnant and lactating women. Breast milk is widely recognised to protect babies from malnutrition, infection and illness, so Plan also promotes breastfeeding in emergencies.

New mothers who understand the importance of breast milk and early stimulation, especially during disasters, can help protect their child from certain diseases and help increase their cognitive ability and educational success. A meta-analysis of numerous studies and an 18-year longitudinal study found that children who were breastfed had a detectable increase in cognitive ability and educational achievement compared to non-breastfed babies.[21]

Pregnant women's approach to their own health – and the involvement of fathers – have great effects on children. A study in Nepal showed that pregnant women who participated in education classes with their husbands had better approaches to health and therefore increased the likelihood of safer birth and healthier babies. The positive results were higher than when pregnant women attended classes on their own and even higher than when pregnant women did not participate in antenatal classes.[22]

During the 2012 Sahel food crisis, Plan started supporting young children aged 0 to 8 years as part of their existing community-based health and nutrition work in Niger and Burkina Faso. Plan provided additional support to strengthen the capacity of health systems and community members, particularly mothers, to better protect and support the development and wellbeing of their children.

Nutrition and health interventions literally save lives and help prevent irreversible damage to children's cognitive development. Nutritional support coupled with early stimulation enables children to recover faster from malnutrition, and to achieve their development potential as well as any child who has not experienced acute under-nourishment.

Plan's experience shows that integrating parenting education and early stimulation for children into existing health and nutrition programmes in emergencies can be inexpensive and cost-effective.

Case study: Indonesia, ECCD in emergencies through village health posts

Before the 2004 Asia tsunami, the Indonesian government's education and health/nutrition departments, who share responsibility for ECCD, were not working together. In Banda Aceh, Plan supported the revitalisation and improvement of government village health posts and birth delivery centres. Previously, these two types of centres did not include child development or specific services for children under 5 years. Plan brought together the relevant government departments in Banda Aceh to ensure increased awareness of child development among staff in the centres, and started age-appropriate stimulation and early learning activities. The village health posts also began providing basic health and hygiene education and services as well as nutrition (including supplementary micronutrients) for young children and pregnant and lactating mothers.

Through advocacy that began immediately after the tsunami, Plan worked closely with the health ministry to draw up standards and guidelines for the health posts, which now include a more multi-sectoral approach. Through Plan's advocacy, the District Health office agreed to increase its share of the budget to continue the birth centres so children, mothers and pregnant women could continue to have high quality services.

Indonesia, community volunteer and baby at a health post centre

3. Preparing children to enter and succeed in school through early stimulation and learning

The first eight years of a child's life are when the most rapid cognitive, physical, social and emotional development takes place, compared to the rest of their life. How a child develops during this time will contribute to his or her future success in school.

Early childhood – and particularly up to the age of five – is considered to be a critical window of opportunity when most brain development occurs.[23]

A disaster can prevent this vital development from occurring as it should. Emergency situations decrease the likelihood of children receiving early stimulation and pre-school education simply because parents and caregivers may need to search for food and shelter.

The World Health Organization describes early stimulation as "…the extent that the environment provides physical stimulation through sensory input (e.g., visual, auditory, tactile), as well as emotional stimulation provided through an affectionate caregiver-child bond."[24]

The image **3.1** illustrates the effect on brain growth and development when there is neglect or deprivation of early stimulation and education. Disaster situations can mirror this type of neglect and deprivation. In these circumstances, parents may not understand the importance of talking to their children, hugging, playing, looking and smiling at them – or they may simply be unable to do this.[25] Emergencies also increase the likelihood of abuse and neglect. Experiencing prolonged stress and adversity, without early stimulation and

Niger, Malian refugee children in a temporary learning space

education, leads to fewer connections being formed in the brain. This could result in impaired capabilities.[26]

The left brain in image **3.1** is of a healthy three-year-old child who received food and early stimulation while the one on the right shows the brain of a three-year-old child who received food regularly, but little to no stimulation. Not only is the brain on the left larger in size, there are also fewer black spaces, indicating greater brain density.[27]

This observation is echoed in Play Therapy Africa's study on children's survival rate during Ethiopia's 2008 food crisis. It found that when children had nutrition *with* early stimulation, they recovered faster from malnutrition, and suffered less overall cognitive and developmental damage than children who received nutrition alone.[28]

The problem is not confined to the immediate aftermath of a disaster. **Some emergencies can last a year or more – which is potentially a loss of precious developmental time for a child.** Even in one year, young children make huge gains in development and school readiness. But if this is held back by lack of stimulation and learning, they can have delays that hinder their preparation to enter school or to progress once there.

Children who are ready to enter school have been shown to be less likely to drop out or repeat a year.[29] Evidence from numerous long-term studies indicate that children who complete primary and secondary school are less likely to be involved in crime, drugs or other destructive behaviour and more likely to succeed in finding work.[30] Even one extra year of pre-school can increase a person's future productivity by 10 to 30 percent, depending on the country and context.[31]

Studies conducted in normal circumstances from developed and developing countries found returns in savings and benefits of up to $13 for every $1 invested, with the greatest returns among the most disadvantaged children. The Nobel prize-winning economist James Heckman discovered the greatest returns on investment were found with pre-school programmes over primary and secondary school and remedial programmes for older children.[32] By extension, there are likely to be even higher returns on investment in high-quality interventions in emergencies, since the children targeted are likely to be more disadvantaged and vulnerable.

Plan believes that early stimulation and learning support for the youngest children is crucial in the period after an emergency has occurred, so that their development is not irrevocably damaged.

Japan, baby playing with Plan staff running CFS in evacuation centre

3.1. – Source: U.S. Department of Health and Human Services, *Understanding the Effects of Maltreatment on Brain Development*, November 2009
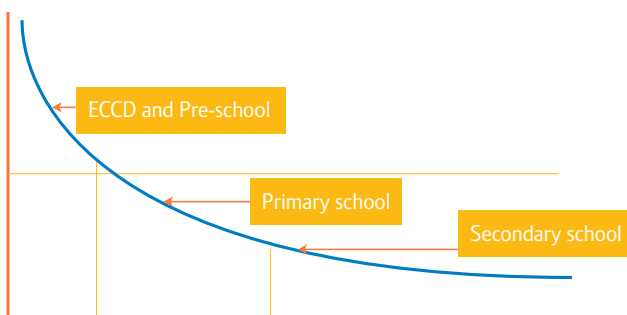
3.2 – Source: Carneiro, P. and Heckman, J. (2003), *Human Capital Policy*, NBER Working Paper 9495, National Bureau of Economic Research, Cambridge, MA.

✓ Plan's good practice: getting children ready for school even in emergencies

Parents and caregivers may not always appreciate or fully understand the immediate and longer-term benefits of this stimulation and learning for young children, even in normal times. Immediate benefits include increasing survival rates among the malnourished, and increasing knowledge of life-saving messages about hygiene and preventable diseases. Longer-term benefits include helping the brain to make stronger connections that help a child achieve his or her potential at school and beyond. Plan believes that investment in such activities will reap dividends, both for the communities affected and the country at large.

Plan has first-hand experience of preparing children for school through our ECCD in emergencies programming.

During the 2009 Padang earthquake in Indonesia, we set up ECCD services in schools and child friendly spaces, with a primary objective of increasing children's readiness to enter school. Since attending the centres, parents reported that their

children were more independent, had achieved basic literacy and numeracy awareness, and appreciated different ways of learning.

Plan's ECCD in emergencies programmes differentiate between children under 3 years, who need early stimulation through play, and the over-3s who would be developmentally ready for more complex activities present in pre-school education (still conducted mostly through play). We have found that children's normal development can be nurtured in an emergency by teaching parents and caregivers easy ways to include early stimulation and learning in their daily routines. Even in short-term emergencies of three to six months, we have found these activities are beneficial.

ECCD in emergencies programming can also then form the basis for longer-term services and can support the transition to formal learning, especially for the over-3s.
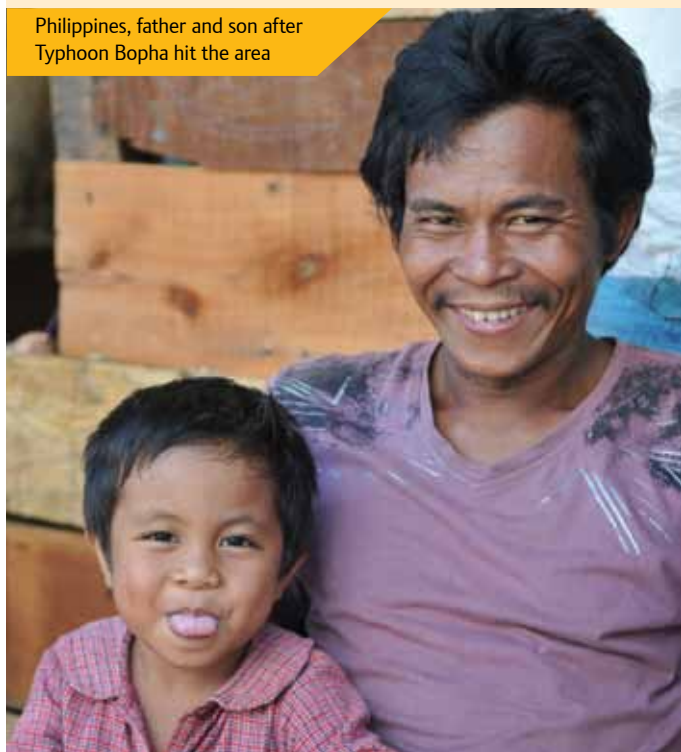
Haiti, children in a ECCD centre set in a camp

Case Study: Philippines, Typhoon Ondoy ECCD in emergencies

During 2009 Typhoon Ondoy, Plan Philippines initiated an ECCD in emergencies programme in existing ECCD centres, in child friendly spaces set up in tents and in safe outside locations. As Plan had been working with the government on ECCD services prior to the typhoon, the relationships with the government and communities were in place to get activities up and running quickly.

ECCD workers interviewed said that primary school teachers in the same neighbourhood could tell which children had been to the centre since they had a basic understanding of counting, colours and shapes that are generally taught in primary school, which other children did not have. Children's social and problem solving skills were also more developed compared to children who did not go to the centres.

Providing ECCD-related activities as part of a humanitarian response boosted existing skills and knowledge of the community. ECCD caregivers' approach to supporting children changed after numerous training sessions, becoming more dynamic and child-centred. More children began attending the centres as parents perceived the teaching methods to be of a higher standard than existing government-run centres. In turn, this offered an opportunity to improve the skills of caregivers in government-run centres. Plan worked with the Department of Education to provide teacher training to increase knowledge and skills in psychosocial wellbeing, climate change adaptation, and child-centred teaching methods.

Plan's ECCD in emergencies programmes are linked to its Education in emergencies (EiE) programmes so during a long term crisis, such as the one in Darfur, Sudan, children can easily transition to primary school. Plan is currently working in three internally displaced persons (IDP) camps where the conflict has been continuing for close to a decade. Because ECCD in emergencies and EiE work is being implemented together in the IDP camps, many children who started in child friendly spaces, where ECCD in emergencies services are being provided, have seamlessly transitioned to primary education provided in the camps.

Philippines, father and son after Typhoon Bopha hit the area

Bolivia, mother and daughter participating to an ECCD project

4. Decreasing stress and improving psychosocial wellbeing

Emergency situations produce increased stress levels. Research has shown that elevated stress levels in young children have significant negative impacts on their brain development, learning and overall wellbeing.[33] These impacts can cause lasting and potentially irreversible damage to a child's cognitive development, contributing to poorer achievement later in school and increased vulnerability to psychiatric disorders. Extreme distress, for example arising from the loss of a parent, has been linked to future psychiatric disorders such as depression.[34]

The impact of stress caused during a disaster can also be felt on a child's 'psychosocial' wellbeing. According to the Inter-Agency Standing Committee's *Guidelines on Mental Health and Psychosocial Support in Emergencies*, 'psychosocial' denotes the inter-relation between psychological and social processes and the continual interaction and influence between the two.[35] The psychological aspect concerns thoughts, emotions, feelings and behaviour patterns. The social aspect includes the environment, culture, traditions, spirituality, and interpersonal relationships within and between family, community and friends.[36] The upheaval of a disaster can throw all these elements into disarray.

There are a range of normal reactions a child might have when caught up in an emergency. Many of these reactions can disappear within months depending on the type of crisis and a child's own resilience. This can be done through developmentally appropriate activities to promote psychosocial wellbeing.

Extreme stress among adults, and particularly parents, pregnant women and other caregivers can directly impact on children's own psychosocial wellbeing.[38]

Plan believes that while supporting children with psychosocial services, there should also be opportunities for the adults in their lives to improve their own psychosocial wellbeing.

Examples of children's reactions to disasters

- Sadness, depression
- Difficulty concentrating
- Aggression
- Lack of interest in activities
- Showing few emotions
- Re-enacting experience through play or drawings
- Quiet or socially withdrawn
- Mistrust and suspicion
- Fear that there will be another disaster
- Physical ailments/complaints
- Clinging to parents – feeling unsafe/unsecure
- Nightmares/sleep disturbances
- Regression to developmentally younger forms of behaviour (ie bedwetting)
- Restlessness, disobedience, defiance

Adapted from: Duncan, J. and Arntson, L. (2004), *Children in Crisis: Good Practices in Evaluating Psychosocial Programming*, London: Save the Children.

Resilience of a person
The ability of a person to bounce back and cope relatively well in situations of adversity. This ability is influenced by many social, psychological and biological factors.

Adapted from: Inter-Agency Standing Committee (IASC) (2007), *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, Geneva: IASC

Haiti, Clown Without Borders in a camp. © Natasha Fillion

Plan's good practice: reducing stress levels through ECCD in emergencies

Plan's experience has shown that ECCD in emergencies programmes can decrease stress and improve children's psychosocial wellbeing. This can ensure that children do not continue to suffer from severe stress that may affect their physical growth, normal brain development, overall health, and their ability to concentrate and succeed in school. Research after the Asian tsunami showed that with support for young children, approximately 85 percent of them recovered without long term psychological effects.[39] This intervention can also result in savings for families and society since it costs less in the long term to care for a healthier child without psychological problems.[40]

After landslides affected mountainous communities outside the Bolivian capital La Paz in 2011, Plan immediately set up child friendly spaces for children of various ages, including some specifically for those aged 0 to 5 years. One aspect of the intervention was greater emphasis on psychosocial support and wellbeing. Plan kept detailed records of the children's behaviour from the start to the end of the programme, which lasted one year, in order to document change. During this time, Plan saw a reduction in almost all of the normal symptoms of psychosocial distress in most of the children.

In different parts of the world where Plan has set up child friendly spaces as part of an ECCD in emergencies intervention, parents and day care workers report improved wellbeing among the children present.

Plan has also collaborated with other organisations and NGOs where appropriate to make an intervention as specific as possible to the disaster and circumstances encountered.

> "After attending the CFS, the children began to show signs that their trauma from the typhoon was reducing. It was obvious to us workers, that by playing with other children, they began to focus on the toys and games that were provided in the CFS, which made them happier and calmer."
>
> **CFS worker in Focus Group Discussion: 2011 Indonesia**

> "Our children were very scared after the cyclone but after the children attended the child friendly space, the children became less frightened and are happier. They now have less nightmares and do not need to be by their mothers' sides all the time."
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> **Barguna district focus group discussion with fathers: 2011, Bangladesh**

Case Study: Haiti, Clowns without Borders

Plan Haiti teamed up with Clowns without Borders to support its post-earthquake psychosocial work for children of all ages, including those between 0 and 8 years. Clowns without Borders is an NGO dedicated to alleviating suffering in conflict and disaster zones. It is made up mainly of volunteers, performing and hosting workshops for children and adults who have experienced extreme stress.

Plan Haiti established 37 ECCD centres in camps and communities affected by the 2010 earthquake. More than 4,000 children attended these sites, where they received psychosocial support from trained caregivers. Clowns without Borders visited Plan's ECCD centres to perform skits for young children with messages about overcoming fears, going to school, and promoting good hygiene. The clowns brought lightness and positivity, and showed a creative and joyful way to help young children overcome the stress they were experiencing.

> "I have headaches. The house where we lived in Port-au-Prince collapsed as my father died inside. And so did a pregnant woman and my younger brother. . . A cousin of mine was also inside the house. I never heard from her again."
>
> **Eight-year-old girl, Cap Haitien, Haiti. 2010 Haiti earthquake[37]**

5. Increasing opportunities for birth registration in emergencies

Birth registration is an important aspect of young children's protection in emergencies, as outlined in Articles 7 and 8 of the United Nations Convention on the Rights of the Child (UN CRC).[41] Yet UNICEF estimates that each year 51 million children under 5 – more than a third of the world's under-5 population – are not registered at birth.[42] With no proof of identity, a child is invisible to authorities, likely to miss out on key services and at risk of abuse.

During the 2010 floods in Pakistan, mothers and their children without identity cards or birth certificates could not register at certain camps and were therefore unable to receive aid.[43]

Registering a child is the first legal acknowledgement of his or her existence. It entitles children to their rights and helps build a protective environment against abuse, exploitation and violence.

This is especially so during and after times of crises when state, community and social structures are weakened or break down. During armed conflicts and disasters, children of all ages could become separated from their families or caregivers, trafficked or recruited into armed forces and groups. Such children are particularly vulnerable to abuse and exploitation.[44]

The conflict that occurred during Timor-Leste's struggle for independence from Indonesia in the late 1990s and early 2000s, resulted in displacement and many children becoming separated from their families. Because of the lack of records of their birth or citizenship, repatriating and reuniting these children with families was very difficult.[45]

After the 2004 Asia Tsunami and the 2005 earthquake in Pakistan, many children became orphaned or separated from their families and were at greater risk of exploitation and trafficking. In both disasters, there were numerous cases where adults claimed the same child, stating that they were the family members.[46]

After the 2005 earthquake, Pakistani children, especially girls, were not able to inherit what was rightfully theirs because they lacked birth certificates and so had no legal proof of their entitlements.[47]

Many children abducted and used as child soldiers by the Lord's Resistance Army in Uganda had no identity papers, which made it difficult to reunite them with their families. The Optional Protocol to the Convention on the Rights of the Child states that children, under the age of 18 years, cannot be recruited into armed forces or groups. However, without proof of their age, the protocol could not be enforced nor can abductors be prosecuted.[48]

A prosecutor in the Philippines noted that half of cases of child sexual abuse, child labour and prostitution did not succeed due to a lack of birth certificates presented during the investigations.[49]

Aceh, girl with registration papers. © Plan / Benno Neeleman

Plan's good practice: protecting children in emergencies through registration

Plan believes that birth registration is an important aspect of young children's protection in emergencies and should be integrated into ECCD in emergencies programming.[50]

Plan has been campaigning for the right of children to be registered at birth since 2005. In the immediate aftermath of an emergency, Plan has found that birth registration benefits young children in a number of ways, including being reunited with their families more quickly and gaining access to essential services. The two examples below illustrate how birth registration can be carried out in emergency situations.

After the Asia tsunami in 2004, Plan Indonesia organised and funded birth registration for 6,000 affected individuals. Plan paid for families to register the birth of their children in Banda Aceh. Plan then continued advocacy with the district government to ensure continued and expanded scope for birth registration. This has resulted in new government regulations guaranteeing free birth registration for children 0 to 6 years.

"Without documents we have no value, we cannot exercise our rights."

Child in Nicaragua

"Who am I? Where did I come from? What's my nationality? All I know is that my name is Murni, but I don't have proof for that."

Child in Indonesia

Case Study: Birth registration during the Haiti earthquake response

Plan already had a birth registration campaign in north-eastern Haiti, implemented in partnership with a Haitian organisation called the Sisters Bayle. This included awareness-raising in the community and in *Centre Timoun Byenvenis* ECCD centres on the importance of birth registration and how to get birth certificates. After the 2010 earthquake, many people lost their birth certificates and others did not know where to register newborn babies. Plan and its local partner continued work that they had started before the emergency in locations where many displaced parents and children were coming together, including child friendly spaces and various *Centres Timoun Byenvenis* that were still usable after the earthquake. This campaign evolved into more robust birth registration services in north-eastern Haiti, with Plan training government officers on birth registration and supporting registration centres to continue to register people.

6. Changing attitudes about girls

Like other emergency programming, ECCD in emergencies can provide an initial opportunity to access services for groups who are not regularly able to do so, such as girls. When girls do not access humanitarian services, they are at a greater risk of all the things that affect boys, such as separation, malnutrition, disease, psychosocial distress, injury and death. In addition, while both girls and boys are at risk of sexual abuse in disaster situations, experience has shown that girls are particularly vulnerable to this. They could be coerced into sex in exchange for food and other basic needs.[51]

But due to deep-rooted cultural and religious beliefs, many girls do not have the same opportunities as boys. Parents may create additional barriers for girls. Their financial situation, for example, may prompt them to send their children out to work rather than into school.

During the 1991 cyclone near Bangladesh's coastal areas, a father who was unable to stop both his son and daughter from being swept away by a tidal surge, let go of his daughter and held onto his son as he believed his son would carry on the family line.[52]

Simply implementing programmes such as ECCD in emergencies without specifically considering the inclusion of girls is not enough.

Humanitarian agencies often do not sufficiently address girls' needs and therefore specific support to them is missing from project planning.[53] The London School of Economics analysed emergencies in 141 countries and found that boys received preferential treatment over girls in rescue efforts and less access to basic services.[54]

Cumulative disparities, that can start prenatally and in the first years of life, result in lifetime consequences.[55]

Plan believes that analysis of girls' particular needs, programming tailored to them and working on changing attitudes, is essential from the early years.

"Disasters do not cause discrimination: they exacerbate it – and discrimination in an emergency setting can be life-threatening. The most marginalized and vulnerable risk not surviving the crisis or, if they do, they are then overlooked in plans to recover and regain their livelihoods."

IFRC, *World Disasters Report 2007: Focus on Discrimination*

Pakistan, girls back at school after the area was affected by three floods. © Plan / Luca Tommasini

✔ Plan's good practice: designing ECCD in emergencies programmes with girls in mind

ECCD in emergencies programmes can raise awareness among parents, community and religious leaders, and the government, about the importance of educating girls. This often results in providing the first opportunities for girls to access these services.

In **Darfur, Sudan,** where a long-lasting conflict has caused a great deal of displacement, Plan has set up child friendly spaces for small children and primary schools in three internally displaced person camps. It has provided the opportunity for girls to access educational services for the first time. This is also true on the other side of the border where Darfurians are refugees in Chad. These spaces often have more girls than boys.

But it should not be assumed that the existence of ECCD in emergencies programming means girls in a community will automatically be scooped up by it. The programme needs to include a specific outreach and advocacy strategy in its design, which will target girls.

An outreach strategy should analyse the barriers to girls' inclusion and identify those actors who present them. This could be parents, religious leaders, government bodies or other groups.

Through its **_Because I am a Girl_** campaign, Plan International's outreach and advocacy often works from national to local levels. For example, while providing opportunities to learn through play for girls and boys, Plan continued working with the Darfur Ministry of Education about the importance of girls' education. Through continued advocacy, the Darfur Ministry of Education now has a female focal point leading its work on helping girls access educational services**.**

Case Study: Pakistan, changing perceptions on educating girls

Plan's response to the 2011 floods in Pakistan was in an area where there are cultural and religious barriers to girls' participation in early childhood and education. Through the ECCD in emergencies programme implemented, more girls visited the child friendly spaces than boys. The programme gave girls who had not previously accessed educational services the chance to learn. The spaces also had more female caregivers than usual.

In Pakistan, involving parents in information sessions and ECCD activities increased parents' interest in their children's education, development and well-being, as well as teaching them about their children's protection and development needs during a disaster. As a result, parents acquired the habit of asking about their child's progress, which was not common prior to the disasters. Mothers, in particular, saw child friendly spaces as a chance for girls to receive an education. Plan Pakistan's partner organisation in emergency responses, Mountain Institute for Educational Development (MIED), also saw a positive change in the attitude of parents towards their children's education and in particular towards girls' education.

The child friendly spaces were established near mosques in order to win support from mullahs and imams. Some were hired as caregivers along with women from the community. As mullahs and imams have a lot of influence in certain villages, their involvement drew greater attention to the importance of ECCD and how it can help both boys _and girls_ prepare for and succeed in school.

Case Study: El Salvador, confronting gender stereotypes

In El Salvador, a country that has experienced many years of conflict and natural disasters, Plan supports early childhood nurseries. Although it is difficult in El Salvador to find books, films and toys that are gender neutral, the nurseries have committed to promoting play-based learning and materials that do not reinforce gender stereotypes. While working with children, the approach extends to parents as well. They are invited to participate in family workshops where they discuss what gender equality in the home looks like and how to promote it with their children.

7. Increasing government commitment for ECCD in emergencies

In most countries less than 1 percent of the total education budget is allocated to ECCD programmes. In many African countries, allocation for ECCD in Ministry of Education budgets is less than 0.01 percent.[56] Expenditure in education for young children is low, but is slightly higher in the health sector. Unfortunately, even this spending in most countries is not enough to meet the needs of the youngest children.[57]

In emergency situations the amount of funding allocated for ECCD is not clear as the multi-sectoral nature of this work makes it difficult to separate humanitarian funding allocations by age (conception to 8 years) and by sector

(education, child protection, health, nutrition). However, education and child protection, two sectors that often address young children's multi-sectoral needs are the most under-funded in humanitarian response.[58]

A humanitarian context does not usually provide sufficient time to see changes in government commitment. But it does offer a chance to raise awareness in government about the plight of the youngest children in emergencies and to advocate for change in government policy. Advocacy started during an emergency response can prompt dialogue with government that can eventually lead to increased commitment once the emergency is over.

Liberia, teacher and children in an ECCD classroom

✔ Plan's good practice: using ECCD in emergencies to bring long-term policy change

Increased government commitment for ECCD in emergencies can be shown through changes in existing national policies and laws and the development of new ones. It can also be reflected in changes to make ECCD in emergencies part of ministerial annual sector planning and budgeting. Advocacy and working with government counterparts to influence policy is a key aspect of Plan's work in this area.

In Liberia, Plan is using ECCD in emergencies experience with refugees from Cote d'Ivoire to support the Ministry of Education's work on a national ECCD policy and curriculum. Plan invited a member of the Liberian Ministry of Education to be part of the team. This representative worked closely with Plan in designing the ECCD in emergencies interventions for the refugees and provided the initial technical support to get the project started. Plan had been advocating for a national policy on ECCD since the start of a Memorandum of Understanding (MOU) with the Liberian government. While the MOU started prior to the Ivorian refugee crisis in 2012, Plan was able to use that existing relationship to advocate for pushing the national ECCD policy forward and for including a consideration of emergencies.

Six months after the 2010 earthquake hit Haiti, Plan was nominated by the Education Cluster to lead a thematic working group on ECCD. The decision to establish this working group stemmed from the recognition that there were specific issues not being addressed regarding Haiti's population of children under 6 years. The working group brought together representatives from the Haitian Ministry of Education's pre-school unit, UNICEF, INGOs and community-based organisations. One outcome of the group was greater commitment from the Haitian government for ECCD in emergencies services including establishing child friendly spaces, ECCD centres, training ECCD teachers and agreeing to pay pre-school teachers' salaries for at least 1 year after INGOs transitioned out their support. Further, the establishment of this group reinvigorated dialogue on finalising a government ECCD policy. This policy was written before the earthquake, but remained in draft form. The earthquake and the establishment of this group provided the impetus to refocus on integrating an emergency perspective and finalising it.

Case Study: Philippines: Advocating for ECCD in emergencies

ECCD is already embedded in the Philippines, unlike most countries. There is a governmental body called the ECCD Council and there are laws that emphasise the importance of ECCD and DRR: the ECCD Act and the Disaster Risk Reduction and Management Act. However, there is no formal policy covering ECCD in emergencies.

Plan Philippines is one of the few INGOs/NGOs to be a member of the ECCD Council. Plan is using their place on the council to advocate for ECCD in emergencies, particularly for greater preparedness. Plan is working with the council on a capacity assessment tool to collect baseline data on existing structures and capacities at village level for ECCD. The Philippines government and Plan have piloted this tool and it is currently being implemented throughout the country. The next step will be for Plan, the government and its partners to work together to strengthen the capacity of areas identified as requiring assistance.

Plan is also supporting the government in improving training of ECCD teachers. The Philippines government's national ECCD policy focuses more on pre-school education than on children from birth to 8 years old. Plan has been working closely with the Ministry of Education and the Ministry of Social Welfare to strengthen support in emergency and non-emergency contexts for children from birth to 3 years old. This includes making ECCD multi-sectoral and advocating for the inclusion of ECCD in emergencies into the National Disaster Management policy and law.

Myanmar, children take part in DRR training at preschool

8. Reducing vulnerability to future disasters

Over the last 12 years, disasters have resulted in $1.3 trillion in damage, 2.7 billion people affected and 1.1 million people killed, setting back development and increasing people's likelihood of staying in or falling into poverty.[59] Children make up a large percentage of the people affected. Between 2002 and 2006 alone, 1.5 billion children were affected by crises in 42 countries.[60] Yet little is currently being done to reduce their risks.

Disaster risk reduction (DRR) is the concept and practice of reducing risks and vulnerabilities associated with disasters through systematic attempts to analyse and reduce causal factors.[61] DRR programmes aim to reduce people's exposure to hazards, lessen vulnerability of people and risks to property, improve management of land and the environment, and improve people's preparedness for adverse events. DRR can be a part of every phase of an emergency – from immediate response to recovery and preparedness for potential future risks – and should therefore be integrated in all programmes.

Crisis-sensitive planning can save lives and strengthen school and community resilience to disasters. Inclusion of information and activities on various types of hazards and risks can increase children's, families' and communities' knowledge and understanding of potential disasters in their communities.

Further, DRR can generate high economic returns. According to the United Nations Office for Disaster Risk Reduction (UNISDR), a benefit-cost ratio of $4 saved, in supporting people and their communities recover from disasters, for every $1 invested in DRR has been widely documented in literature.[62]

The integration of DRR into ECCD in emergencies programming is not widely believed to be possible because it is thought that children so young cannot understand key concepts of DRR and do not have the capacity to support risk reduction efforts. Plan's experience has shown that this is not the case.

Plan believes that including disaster risk reduction activities in ECCD in emergencies programmes can bring a reduction of vulnerability to future disasters and increase resilience.

"Building a culture of prevention is not easy. While the costs of prevention have to be paid in the present, its benefits lie in a distant future. Moreover, the benefits are not tangible; they are the disasters that did NOT happen."
Kofi Annan, 1999

✔ Plan's good practice: including disaster risk reduction in ECCD in emergencies

DRR can increase knowledge and awareness among children about the types of disasters that could occur in their community, on both a practical and general level.

Through play-based activities, children can learn about risks in a community, different types of disasters and what to do if a disaster strikes (i.e. safety drills, moving to higher ground). In flood-prone areas for instance, DRR and ECCD in emergencies could involve teaching children how to swim. All this can help reduce their vulnerabilities and build their resilience.

On a broader level, DRR activities can also inform about other topics in science and social sciences. So if the risks are about landslides, for instance, activities could teach children about how cutting down too many trees could affect the soil and increase the likelihood of landslides. If the risk is conflict, children would learn about tolerance, sharing, understanding and accepting differences among people.

From 3 years old, children can understand and learn about risks in their environment. It is essential they do this through 'play' as much as possible, using puppet shows, art and drawing, music and dancing, games and role-play.

Children up to 2 years old may grasp certain disaster concepts and so the emphasis of programming should be on their parents and caregivers, for example, developing a family disaster preparedness plan.

Because much of ECCD in emergencies programming involves parents, integrating DRR into ECCD in emergencies will increase parents' and communities' knowledge and understanding of disasters, risks and action.

In Indonesia, Plan and its partners developed a set of DRR modules for children including five key risks in the country – typhoons, tsunamis, earthquakes, floods and landslides. While this was developed for school-age children, Plan used it for younger children through developmentally appropriate methods. Plan also developed a training package for parents on child development and basic first aid.

Disaster risk reduction
Disaster risk reduction (DRR) is a systematic approach to identifying, assessing and reducing the risks of disaster. DRR reduces vulnerabilities to disaster, as well as dealing with the environmental and other hazards that trigger them.

Source: UNISDR

Resilience of a system
Resilience is the ability of a system and its component parts to anticipate, absorb, accommodate, or recover from the effects of a shock or stress in a timely and efficient manner.

Source: Inter-governmental Panel on Climate Change

Case Study: Philippines, Tales of Disaster

Plan Philippines, in collaboration with the Department of Education, developed a learning resource called "Tales of Disaster", a series of films that use puppetry to introduce community-centred DRR concepts to children of all ages. The short films look at the various risks in the Philippines, including typhoons, landslides, earthquakes, floods, tsunamis and conflict. Many of the key issues in the resource address disaster preparation and safety needs, as well as helping children to understand why natural disasters occur and the potential impacts they might have on communities.

The DVD was translated into different dialects to ensure local understanding of the hazards associated with disasters and climate change. The DVD has been used for centre-based and community-based ECCD in emergencies interventions. As many places in the Philippines do not have electricity or DVD players, the "Tales of Disaster" skits can be conducted with real puppets. The resource pack includes a teachers' facilitators guide and training on how to make puppets and talk to children of various ages about the content of the short films. While "Tales of Disaster" was not specifically developed for the youngest children, it has been very easy to use with this age group.

Case Study: Bangladesh, Children leading change

During Plan's flood response in Bangladesh in 2012, pre-school children aged 3 to 5 years began learning about hazards and risks in their community and how to deal with them. Based on the experience of integrating DRR into ECCD in emergencies programmes and lessons learned from the 2007 Cyclone Sidr response, DRR is now integrated into longer-term ECCD programmes involving all relevant stakeholders, such as community-based child organisations, community members, and local government officials. Once children involved in the DRR activities have learnt about cyclones and disasters, they then educate their families about preparedness activities by using comic books, magazines and household discussions. When individual and household change has taken place, children lead the DRR transformation process with their neighbours, which includes identifying the risks associated with a disaster. Based on this work, community-based organisations with children of mixed ages are formed which work together to develop community DRR and contingency plans. There are 100 children's organisations contributing to DRR development programmes in the Barguna district of Bangladesh.

Summary

Good quality ECCD in emergencies programmes don't just save children's lives, they save children's futures.

Plan's experience of providing support to the very youngest children in humanitarian situations has shown that the eight key components of ECCD in emergencies are crucial to protecting children from the physical, psychological, cognitive and socio-emotional harm.

1. Strengthening children's protective environment through parents and other caregivers

- The provision of parenting support helps to reinforce the bonds between parent and child, increasing their mental, emotional and physical wellbeing.
- Parenting sessions and child friendly spaces provide opportunities for other services and interventions to be provided.

2. Increasing children's nutrition and health status

- Health and nutrition services provide support for children from conception, and are inclusive of pregnant and lactating women.
- Breastfeeding provides important protection for children from malnutrition and disease after a disaster.
- Nutrition combined with early stimulation gives children the best start in life.

3. Preparing children to enter and succeed in school

- The provision of early stimulation and learning activities for the youngest children soon after a disaster limits the negative effects on their development and increases their survival rates.
- Access to early stimulation and learning prepares children to enter and succeed at school, providing a positive return on investment in these services.

4. Decreasing stress and improving psychosocial wellbeing

- ECCD in emergencies programmes boost physical, emotional and mental wellbeing, both in the immediate aftermath of a disaster and long term.
- Programmes can be tailored to specific situations and includes collaboration with partners and the community

5. Increasing opportunities for birth registration in emergencies

- Birth registration is a child's official proof of existence and helps to protect children in disasters, for example by speeding up reunions with family members for separated children.
- Birth registration allows children to access vital aid services in disasters.

6. Changing attitudes about girls

- ECCD in emergencies programmes provide an opportunity to raise a community's awareness of the importance of educating girls.
- Many young girls may access learning activities for the first time through these programmes.
- ECCD in emergencies programmes need specific outreach strategies to encourage the inclusion of girls.

7. Increasing government commitment for ECCD in emergencies

- ECCD in emergencies offers a chance to change government policy and commitment.
- Advocacy is important in order to strengthen ECCD in emergencies services for the very youngest children.

8. Reducing vulnerability to future disasters

- ECCD in emergencies programmes include the youngest children in disaster risk reduction activities.
- Parental involvement helps build a community's knowledge base on disasters.
- Disaster risk reduction explores wider environmental issues behind disasters.

A call to action: overcoming the obstacles

Whenever Plan responds to a disaster, we are building on our expertise in implementing ECCD in emergencies. Where this is happening, we are seeing positive results. But these efforts need wider international support, global standards and a stronger evidence base.

As things stand, there are three main inter-related obstacles to implementing high-quality ECCD in emergencies more widely.

Obstacle 1: Donors, governments and the humanitarian community are failing to prioritise ECCD in emergencies

Humanitarian funding mechanisms currently disburse little money for ECCD in emergencies.[63]

Education and child protection, two sectors that often implement multi-sectoral programming for young children integrating health and nutrition aspects, are the most under-funded sectors in humanitarian response.[64] More humanitarian funds for young children come through the health and nutrition sectors, but these programmes frequently do not consider the multi-sectoral needs of children.

Most developing country governments do not have policies for ECCD either in emergencies or in normal circumstances. In the few countries where there is a policy specifically for ECCD, this does not extend to disaster situations.[65] Virtually no government allocates funding annually for ECCD in emergencies. There are many countries with government policies for education and health, some of which include ECCD, but these are few. Even where policies and budgets for education exist, these usually account for less than 1 percent of the total government budget.[66]

Within the humanitarian community there is no coordinated ECCD response in emergencies. There is no focal point to coordinate the various sectors for young children in emergencies. ECCD is sometimes addressed through the Inter-Agency Standing Committee's Education or Child Protection clusters or coordinating bodies, but is not often included in other sectors. There are insufficient ECCD specialists so ECCD in emergencies is often implemented by education staff that may not have backgrounds in child development, specifically the under-5s. While sectoral assessments in education, child protection and health contain a few questions about children up to 8 years old, these assessments do not always include enough relevant questions. When sectoral assessments do fully investigate the situation of the youngest children, there is little coordination among the sectors to identify gaps and develop comprehensive strategies.

Obstacle 2: A lack of global standards or framework for ECCD in emergencies

The Sphere handbook[67] and the INEE Minimum Standards[68] for education professionalised the health, nutrition, shelter, water/sanitation and education sectors, bringing them to the forefront of acute emergency response. This acknowledgement of humanitarian situations as a specialised field requiring specific support has led to increased funding.

ECCD in emergencies does not yet have its own identity in the humanitarian context in the same way as other sectors. It has no global standards like Sphere or the INEE Minimum Standards and there is no global framework.

Global standards would ensure that ECCD in emergencies is seen as an immediate multi-sectoral support that starts from conception through to a child's eighth year – rather than as an education, child protection, health or nutrition intervention that can be implemented during the recovery phase. Such standards would establish that interventions involving young children should be based on their developmental stage. They would also stipulate that activities include education and awareness for parents, and pregnant and lactating women, as well as support in establishing or strengthening government policies.

The Four Cornerstones Framework for ECCD in development was generated through an inter-agency process led by the Global Consultative Group on ECCD.[69] While this provides a ready-to-use framework for development contexts, it needs to be adapted to humanitarian contexts and objectives.

Obstacle 3: A weak evidence base for ECCD in emergencies

The evidence base showing the importance of ECCD in general is getting stronger, but little data exists specifically for ECCD in humanitarian situations. For example, there have been no longitudinal studies or cost-benefit/cost-effectiveness analyses for ECCD in emergencies, as there have been for ECCD in development.

The most famous longitudinal study that looked at cost-benefit of a preschool intervention is the Perry High Scope programme in the US state of Michigan in 1962. It was developed to study the effects of preschool programme participation on children's subsequent school success. The study found a $13 benefit and savings on every $1 invested in pre-school programmes.[70]

Cost benefit analysis is a tool for economic evaluation of policies or programmes. This type of information would quantitatively illustrate returns on investment. Unfortunately, this type of research has yet to be done for ECCD in emergencies.

Conclusions

These are major obstacles to implementing ECCD in emergencies more widely and more effectively. But they are not insurmountable.

Keeping children alive and safe after disasters is absolutely a priority, but as soon as circumstances permit, we need to go further – to protect their development through specific ECCD in emergencies programming. It is not enough to wait until the recovery stage. Once a child's window of opportunity is closed, it is gone forever.

Investing in ECCD in emergencies has myriad benefits. Investment in young children's development and wellbeing reduces the negative effects that disasters create for them. It reduces the barriers (i.e. to learning, good health, economic security) that these children will otherwise face in the future and it increases their ability to make the most of their potential.

Investing in children's futures now also makes aid more cost-effective for donors, because children will grow up with capabilities that make programming more effective. That increases social capital for the governments of developing countries.

But in order to provide the support that young children need during an emergency, a number of key stakeholders need to contribute. Each of these groups has a unique opportunity to create positive impacts for young children in emergencies.

Burkina Faso, girl in a refugee camp. © Plan / Alf Berg

Recommendations

Plan urges donor agencies, governments and the humanitarian community to take the following actions.

1. Increase financial and human resource investment in ECCD in emergencies

Donor agencies
- Earmark specific funds to the Central Emergency Response Fund (CERF), Flash Appeal, the Consolidated Appeals Process (CAP), the Common Humanitarian Fund (CHF) and other pooled humanitarian funding mechanisms for ECCD in emergencies projects.
- Fund multi-sectoral projects rather than projects that do not consider children's multi-sectoral needs.

Governments
- Appoint a focal point either in an existing ministry or establish a new task force responsible for ensuring ECCD is included in all emergency responses. This person or group should work across government ministries to ensure the needs of young children are covered.
- Establish national-level policies for ECCD in emergencies.
- Establish a disaster response budget that includes ECCD in emergencies.

The humanitarian community
- Appoint a focal person within the Humanitarian/Resident Coordinator's office who can ensure that emergency responses in all sectors consider the needs of the youngest children in emergencies and coordinate their responses.
- Invest in increasing specialist staff that focus on ECCD in emergencies.
- Develop a sectoral assessment for ECCD in emergencies.

2. Establish global minimum standards and frameworks for ECCD in emergencies

- Establish global minimum standards for ECCD in emergencies like the Sphere and INEE Minimum Standards.
- Increase awareness of key stakeholders that ECCD in emergencies is multi-sectoral and requires the involvement of all sectors. Programmes should be designed considering child development and disaster risk reduction.
- Lead or participate in a process to adapt the Four Cornerstones Framework for ECCD in development to fit the humanitarian context.

3. Build a stronger evidence base for ECCD in emergencies

- Support and/or lead research on ECCD in emergencies. By investing in research, we will be able to share learning across the sectors and increase the effectiveness of ECCD in emergencies.
- Plan has found that the areas that need further investigation include an analysis of ECCD in emergencies funding and longitudinal studies focused on cost-benefit and cost-effectiveness of ECCD in emergencies.

ANNEX 1: UN Convention on the Rights of the Child

The UN Convention on the Rights of the Child (CRC) is the key legal framework that underpins early childhood care and education (ECCD) in emergences programming. While all of the articles are pertinent to the youngest children, below are the key articles of the CRC that are most pertinent to ECCD in emergencies. For the full text of the CRC, please go to **http://www2.ohchr.org/english/law/crc.htm**.

Article 6 (Survival and development): "Children have the right to live. Governments should ensure that children survive and develop healthily."

Article 7 (Registration, name, nationality, care): "All children have the right to a legally registered name, officially recognised by the government. Children have the right to a nationality (to belong to a country). Children also have the right to know and, as far as possible, to be cared for by their parents."

Article 8 (Identity, Nationality): " States Parties undertake to respect the right of the child to preserve his or her identity, including nationality, name and family relations as recognized by law without unlawful interference."

Article 12 (Participation): "States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child."

Article 19: Protection from all forms of Violence

Article 24 (Health and health services): "Children have the right to good quality health care…to safe drinking water, nutritious food, a clean and safe environment, and information to help them stay healthy…"

Article 28: (Right to education): "All children have the right to a primary education, which should be free…"

General Comment 7: General Comment 7 elaborates on the legally binding articles in the UNCRC and emphasises that early childhood is a critical period for the realisation of the rights mentioned in the UNCRC articles. In particular, General Comment 7 clarifies that every child's right to education begins at birth. It is closely tied to the right to development. General Comment 7 supports a vision for comprehensive community services through early and middle childhood, both for children and parents as their key educators and caregivers. Further, General Comment 7 acknowledges that activities in family and home settings are the foundation for children's progression from early childhood to primary education. Clause 36 in particular mentions the additional support young children need during disaster situations.

UN Convention on the Rights of the Child, General Comment 7 (2005): *Implementing child rights in early childhood*. Available from: www2.ohchr.org/english/bodies/crc/docs/AdvanceVersions/ GeneralComment7Rev1.pdf

Endnotes

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About Plan

Plan works for and with 84 million* children in 50 low and middle income countries across Africa, Asia and the Americas. We focus on inclusion, education and protection of the most marginalised children, working in partnership with communities, local and national government and civil society. We are independent, with no religious, political or governmental affiliations. In 2012, we responded to 36 disasters and emergencies in all three continents, and worked with communities in 32 countries to implement disaster risk reduction plans.

*from Plan's Worldwide Annual Review and Combined Financial Accounts 2012

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Shah, S. (2013). *Investing in the youngest: Early childhood care and development in emergencies*. Woking: Plan.