



Early childhood care and development in emergencies

A programme guide



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Foreword from Tjipke Bergsma, Deputy CEO



Every year, disasters put millions of children at risk worldwide. Natural catastrophes, industrial emergencies, epidemics, famines, conflict – whatever the disaster, young children are left extremely vulnerable.

As you know, disasters and emergencies are an increasing part of our work. In 2012, we responded to 36 disasters in all four regions, investing 60 million euros.

We're also investing heavily in Early Childhood Care and Development (ECCD) – almost 80 percent of our country offices undertake ECCD programmes.

What we want to ensure now is that these vital activities continue in emergency situations. We're determined to make ECCD in emergencies more widespread, more consistent, and more effective.

Why is this so important? Plan passionately believes that a child begins learning right from birth. A child's first eight years are a unique 'window of opportunity' as the brain makes connections for future intellectual and psychological well-being.

Disaster situations can cause immediate and lasting damage to a child's development. In a disaster, all children experience stress. Some experience such severe stress that their growth and brain development are irreversibly impaired.

For the child, this can mean low attainment at school, and poor long-term health. For the country, this can mean a diminished skills base and poorer economic prospects.

ECCD in emergencies builds up children's resilience and provides a context for development to continue as normally as possible. It helps children realise their rights to survival, growth, development and protection.

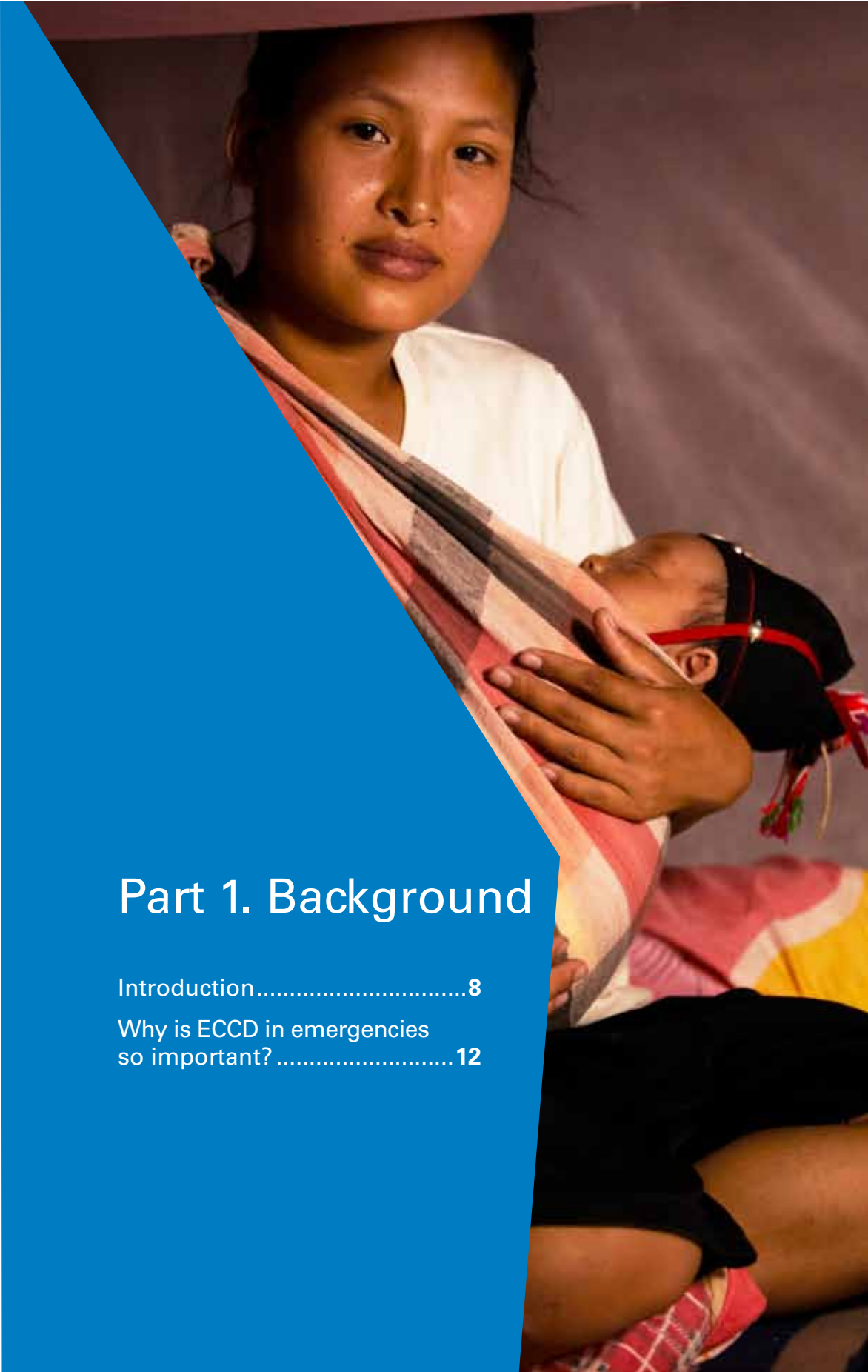
There are wider gains too. Plan believes that effective ECCD, especially in emergencies, is critical to achieving the Millennium Development Goals and the Education for All Goals.

Here we've compiled our best practice for ECCD in emergencies for every aspect of the disaster risk management cycle, from preparedness, response to recovery.

Including input from Plan colleagues, daycare workers and parents, the guide shows how every phase can incorporate gender equality, disaster risk reduction and inclusion of the most vulnerable.

With ECCD in emergencies, we're not just saving children's lives in disasters – we're saving their futures.

A handwritten signature in black ink, appearing to read 'Tjipke Bergsma', written over a horizontal line.



Part 1. Background

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1. Introduction

Every year, emergencies put millions of children at risk worldwide. Whether due to natural hazards, technological disasters, health emergencies, conflicts, or a combination, emergencies affect young children's security, health, emotional and psychosocial development. This impact is not only short term – it can affect their long term development right through childhood and well into adulthood, affecting their well-being and that of their families and wider communities.

What is early childhood care and development (ECCD) in emergencies?

Early childhood care and development (ECCD) in emergencies provides immediate, life-saving, multi-sectoral support for children from conception to 8 years. It ensures children receive the basics: nutritious food, health care, shelter, and psychosocial support in a safe and nurturing environment. It also protects children's normal development and helps them reach their potential through continued early stimulation and learning. ECCD in emergencies can last from three months to more than 1 year. It is based on a child development framework that aims to address children's multiple needs. As well as supporting young children, ECCD in emergencies also strengthens children's protective environment so services extend to pregnant women, lactating mothers, parents and other caregivers.¹

Using ECCD in emergencies

When ECCD is used within emergency programming, it needs to take into account the conditions of the setting. The timing and types of interventions may be more flexible, based on what is possible and the level of security. ECCD in emergencies can happen in a range of locations: child friendly spaces, designated ECCD centres, a temporary learning space, a therapeutic feeding centre, a health post or a shelter.

Purpose of the guide

There are many excellent ECCD projects around the world.

But not all emergency programmes incorporate ECCD provision, and where it exists, quality can be patchy.

The overall aim of this guide is to promote consistent, high quality ECCD in emergencies programming.

The programme guide sets out to promote a clearer understanding of:

- What is ECCD in emergencies?
- Why is it an essential component of humanitarian response?
- How to design high quality ECCD in emergency programmes?

Target audience of the guide

The primary audience for this guide are those from education, child protection, health, nutrition and WASH sectors who are responsible for the design and implementation of programmes. This includes staff of International and national NGOs and UN agencies.

Secondary audiences of this guide are governments and donor agencies.

This guide will provide the “what” to do for ECCD in emergencies.

Complementing this guide is a toolkit (<http://plan-international.org/about-plan/resources/publications/emergencies>), which provides sample documents, and manuals on “how” to do various activities presented in this guide.

How it was developed

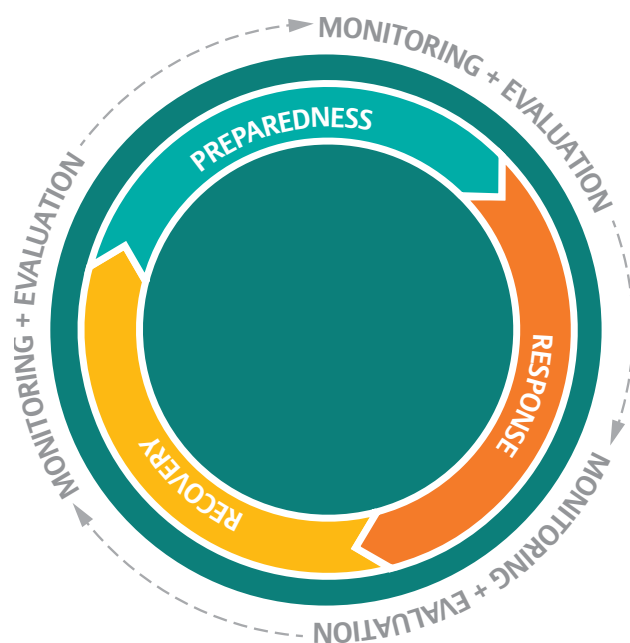
This guide draws on Plan’s broad experience in supporting ECCD in emergencies around the world. It incorporates the accepted global principles of ECCD in development and humanitarian assistance. It also complements Plan’s ECCD in Emergencies position paper and Plan’s *“Investing in the Youngest: Early Childhood Care and Development in Emergencies”* advocacy report.



Terminology

In this guide, the terms ‘emergency’ and ‘disaster’ are used interchangeably.

DIAGRAM: PHASES OF EMERGENCIES PROGRAMMING



What it includes

This guide is divided into three parts.

Part 1: Background explains what we mean by ECCD, why it is such a crucial ingredient in emergencies programming, and key considerations to prevent exclusion or discrimination among certain groups.

Part 2: Taking action provides practical guidance about how to prepare for, implement and monitor ECCD interventions in emergencies. In this Part, you will find specific sections that include interventions for each phase of emergencies programming, presented by sector and by children's age groups (0–3, 3–6 and 6–8 years). The sections include: preparedness (before the emergency), response and recovery. While we present three phases of emergencies, it is important to note that depending on the situation, these phases can occur simultaneously and overlap.

A last section describes monitoring and evaluation of ECCD in emergencies.

The information in Part 2 is summed up in the diagram above.

Part 3: Resources includes the references, a glossary, and index.

How to use it

Once you have read through Part 1 of the guide, you are likely to refer most often to Part 2 for day-to-day practical guidance. The guidance takes the form of recommended approaches rather than a set of rules or standards, and is designed to help you quickly find guidance on a given topic.

As you use the guide, you will need to use your common sense and adapt the recommendations to the specific context. For example, conflicts present very different challenges to those of natural disasters, and any intervention has to be adapted to the locality and local ways of working. Similarly, slow-onset emergencies allow time for to prepare and coordinate a response, while sudden-onset emergencies require instant action. It is also important to take into account cultural specificities when determining the type of activities and the methods of implementing them, including the socio-cultural and political context.

If in doubt, your priority should always be what is in the best interests of the child determined by the cultural context. This best interest should be based on the local culture, but also on good programming principles and practice.

Your choice and sequence of actions depend on a number of factors, including:

- how severely the children and their caregivers have been affected
- your organisation's knowledge of, presence in and experience with the affected areas before the disaster
- what resources are available.

It may not be possible to implement all ECCD activities immediately during the response phase. However, on-the-ground collaboration among the sectors, and between your organisation and government authorities and community-based organisations, will greatly influence the success of any interventions.

2. Why is ECCD important in emergencies?



Emergencies have a major impact on children – both in the short term and on their long-term development. Early childhood care and development (ECCD) can help by meeting specific developmental needs to boost children’s resilience and help them return to normal life. This section explains the importance of ECCD, sets out the core principles that should underpin its provision, and highlights key factors that commonly act as a barrier to children’s inclusion.

The critical window of opportunity to lay a strong foundation for cognitive, physical and other development occurs from conception through a child’s eight year of life. Yet more than 200 million children under-five in developing countries, at any given time, are not reaching their potential due to poverty, malnutrition, poor health and lack of early years support.² Emergencies make this situation worse. Each year, emergencies – whether caused by natural hazards, technological disasters, health emergencies, conflicts, or a combination of these – put millions of children at risk worldwide and threaten the rapid development that should occur from conception to 8 years.

How disasters affect young children

When disasters strike, children can be separated from their family, lose their support structures, suffer abuse and neglect. Further, children may not get basic services such as sufficient nutrition, health and learning opportunities. For example, children in conflict-affected poor countries are twice as likely to die before their fifth birthday as children in other poor countries.³ The people (parents and caregivers) who create children’s protective environment may not be able to care for their children the same way as before.

Without sufficient nutrition in the first 1,000 days after conception and early learning, children’s brain development and physical growth could be stunted.⁴

They would have greater risk of severe stress and a weak immune system, increasing possibilities of death from preventable illnesses and long-term psychological difficulties. A brain with fewer connections could affect children’s abilities to succeed in school and life. Developmental damage that can occur without support during emergencies may never be fully reversed.⁵

Without good nutrition in the first 1,000 days after conception, children’s development & growth can be restricted

The extent to which a child is vulnerable depends on the level of socio-emotional, physical and cognitive development and the vulnerability of their families and caregivers. Infants and toddlers aged 0–3 are particularly susceptible to harm because of the inherent lack of skills to help themselves and their total dependence on adults. Children still in the womb need their mother’s health, nutritional status and habits to be good so they can develop and be born healthy.

Because parents and caregivers are likely to be stressed in emergencies, they are less able to provide young children with positive and emotionally nurturing environments. For this reason, young children in emergencies are prone to ‘toxic stress’ – a condition caused by extreme, prolonged adversity in the absence of a supportive network of adults, or by being in contact with deeply stressed or incapacitated caregivers. Young children who experience toxic stress have a greater likelihood of starting school late, developing aggressive behaviour and having lower achievement in school and at work, in addition to poor physical and mental health.⁶

How ECCD can help

Integrated support for ECCD in emergencies brings many benefits and enhances children’s resilience.

There is strong evidence that in normal settings, early childhood care and development (ECCD) services can bring high economic returns.⁷ In an emergency, ECCD support is essential for children to adapt to a new environment and regain their emotional balance and confidence. In other words, ECCD in emergencies helps build children’s resilience. ECCD can help maintain the economic benefits described above and protect the gains achieved through any ECCD programmes that were in place before the emergency.

In addition to the many benefits to the health, education, protection and overall development of young children, ECCD programmes in non-emergency times help children to develop survival skills and strengthen their adaptive capacity. A young child’s capacity grows with age and developmental maturity, and is also influenced by their family connections, quality of care, availability of food, shelter, security, learning opportunities and positive interpersonal relationships with caregivers and other children.

But ensuring high quality early childhood care and development in emergencies is not simply a desirable undertaking. ECCD in emergencies

helps young children to realise their rights to survival, growth, development, participation and protection.

- Supporting pregnant women and lactating mothers is key to the birth of health babies and survival in the first year of life.

A young child's capacity to survive & adapt is influenced by their family connections & quality of care

ECCD at the different stages of development

Early childhood covers three main age periods, each with its own characteristics and requirements: 0–3 (including the period of conception to birth), 3–6 and 6–8 years. All children up to 8 years need multi-sectoral support for their growth and development, but each age period demands a different emphasis of action. Services for children conception to birth should focus on health and nutrition of the mother.

The table [overleaf] summarises the characteristics of each age period and highlights some implications for ECCD in emergencies programming. The table highlights changes in behaviour that can arise from a disaster and that are not typical behaviour in that child otherwise. Children's emotional responses to very stressful events may be expressed at different times and rates. For example, some children may not show signs of distress until they return to their homes, schools and neighbourhoods. Others may be distraught immediately after the event but are able to work through their feelings and cope in their new setting.

Age	Key development characteristics	Possible behaviour changes during emergencies	Actions for emergency programming
0–3 years	<p>Babies and very young children experience exponential brain development. They are highly sensitive to conditions in the environment.</p> <p>At this age, children are highly dependent on parents and other caregivers for healthcare, nutrition, social and emotional nurturing, cognitive stimulation and language development.</p>	<p>Crying</p> <p>Anxious clinging to caregivers</p> <p>Increased temper tantrum</p> <p>Changes in eating and sleeping patterns</p> <p>Separation fears</p> <p>Startling easily</p>	<ul style="list-style-type: none"> ☑ The emphasis must be on ensuring adequate growth, early stimulation and mother–child bonding, through health and nutrition support and regular interaction with mothers and other caregivers. ☑ Encourage mothers and other caregivers to use all opportunities to bond with the child: at feeding and washing times, while queuing for relief, in the child-safe space, while attending informal parenting sessions, and during other community-based activities. ☑ Support caregivers and families to ensure that children receive adequate care, protection and nurturing, keeping in mind possible changes in the child's feeding and sleeping patterns. ☑ Make sure caregivers understand the causal links between disaster and changes in children's behaviour, and support them to reduce children's stress and help them cope better. ☑ Combine positive traditional childcare with evidence-based approaches to help children recover quickly. ☑ Provide opportunities for children to play, including the use of locally made toys.

Age	Key development characteristics	Possible behaviour changes during emergencies	Actions for emergency programming
3–6 years	<p>Children's dexterity and self-help skills improve. They become relatively more independent and more aware of themselves as individuals.</p> <p>Children – especially the most vulnerable – benefit from all opportunities to learn. Children at this age have a high level of interest in new things combined with a low attention span. They learn at their own pace and greatly benefit from being read to.</p> <p>Care and nurturing from caregivers and interactions with other children help them to recover from shocks, regain self-confidence and enjoy taking part.</p> <p>Their survival and growth continue to depend on proper healthcare and nutrition.</p>	<p>Regression in speech development or speech difficulties</p> <p>Increased fear of the environment and of people outside their immediate families</p> <p>Fear of going to sleep</p> <p>Bed wetting</p> <p>Fear of being inside a house or outside</p> <p>Increased fear of animals, monsters or the dark</p> <p>Frequent nightmares</p> <p>Tantrums</p> <p>Withdrawal from others</p> <p>Getting bored quickly</p> <p>Becoming overly absorbed in activities</p>	<ul style="list-style-type: none"> ☑ Conduct a range of activities that are spaced out according to children's interest level. ☑ Ensure a balance between free play and structured learning through play, and between individual and group activities, to maintain children's interest and attention. Remember that after a disaster, children may have a shorter attention span. ☑ Support children to develop their fine and gross motor skills. ☑ Encourage children to socialise with each other and interact with adult caregivers in a secure environment. Avoid coercing them into doing activities if they don't want to. ☑ Encourage play and use a wide range of activities and familiar toys, local folklore, rhymes, songs and dances to help children learn and overcome emotional problems. ☑ Introduce early literacy and numeracy concepts through play, based on children's capacities and development levels. ☑ Combine indoor and outdoor activities to facilitate children's learning, taking into account their emotional state. ☑ Enhance 'school readiness' for children aged 5 or 6 years through a combination of structured learning, group activities and individual discovery. This can take place in non-permanent structures or temporary learning spaces. ☑ Help primary schools and teachers to prepare for young children through capacity building and sensitisation about children's post-disaster behaviour change. ☑ Continue to provide support in health, nutrition; water, sanitation and hygiene (WASH) and protection – especially with a view to preventing risk of future disasters.

Age	Key development characteristics	Possible behaviour changes during emergencies	Actions for emergency programming
6–8 years	<p>Children at this age come to master more complex levels of thinking, feeling and interacting with people and objects in the environment. They are more aware of themselves and their capacities and can learn new skills quickly</p> <p>This is the period of their transition to primary school and the world at large</p> <p>Poor health or nutrition can hamper their learning</p>	<p>Regression in normal development</p> <p>Hyperactivity or decreased activity</p> <p>Inability to concentrate</p> <p>Increased concern for safety of loved ones</p> <p>Not interested or participating in play</p> <p>Not showing emotion</p> <p>Unexplained aches and pains or stomach upsets</p> <p>Withdrawal from others</p> <p>Challenging behaviour such as disobedience, aggression or fighting</p> <p>Constant desire to talk about a sad event</p> <p>Daydreaming</p> <p>Easily distracted</p> <p>Distusting adults' ability to protect them</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Conduct structured learning activities, including in temporary learning spaces and non-permanent buildings <input checked="" type="checkbox"/> Enable primary teachers and other service providers to ensure children's smooth transition from preschool and other early childhood programmes to primary school, including support for home-based learning for displaced children <input checked="" type="checkbox"/> Sensitise parents to children's post-disaster behaviour and encourage parents to help their children to overcome fears, regain their confidence and focus on learning and socialising <input checked="" type="checkbox"/> Provide children with opportunities for effective learning in primary schools and at home (text books and other learning materials, participation in extra-curricular activities and other incentives) <input checked="" type="checkbox"/> Tackle issues related to health and nutrition deficiency, working in conjunction with initiatives in health and nutrition sectors

As the tables on the previous pages show, children aged 0–8 years have a range of very different needs. So, to be effective, ECCD interventions in emergencies should be tailored to each child’s physical, socio-emotional and cognitive stage and their level of maturity and development.



Implementing ECCD in an emergency: further reading

General information:

Inter-Agency Network for Education in Emergencies (2010). *Minimum standards for education: Preparedness, response, recovery*. New York, UNICEF.

Information on WASH, shelter, health, nutrition and psychosocial support:

Sphere Project (2011). *Sphere handbook (chapter on infant and young child feeding)*. Rugby, Practical Action Publishing. Available online at www.spherehandbook.org

UNICEF/World Health Organization. *Integrating early childhood development (ECD) activities into nutrition programmes in emergencies. Why, what and how*. Geneva, WHO.

World Health Organization/War Trauma Foundation/World Vision (2011). *Psychosocial first aid: Guide for field workers*. Geneva, WHO.

Who is involved in providing ECCD?

In emergencies, young children may be supported by different kinds of caregiver. These may be mobilised for varying periods to help ECCD specialists run activities. The table below lists some examples of the types of caregivers often involved in supporting children at various ages.

TABLE: CAREGIVERS INVOLVED IN PROVIDING ECCD

Age group	Caregivers	
	in the home setting	In an ECCD centre or child-friendly space
0–3 years	Parents Grandparents Legal guardians Older siblings Extended family members Network of community members and cluster of families	ECCD specialists Health workers Social workers Community volunteers Child-friendly space facilitators
3–6 years	Parents Grandparents Legal guardians Older siblings Extended family members Networks of young people in the community (peer support)	Social workers Preschool or kindergarten teachers Para-professionals Psychosocial support providers Parents – sometimes mobilised to facilitate activities in the centres or child-friendly spaces Community volunteers
6–8 years	Parents Grandparents Legal guardians Older siblings Extended family members Network of young people in the community (peer support)	Preschool or primary school teachers Para-professionals Adolescents Parents – sometimes mobilised to facilitate activities in the centres or child-friendly spaces Community volunteers

Core principles underlying ECCD programming in emergencies

This section sets out the key principles that lay the foundation for all programming for young children in emergencies in the following key areas:

- rights of the child
- humanitarian principles
- gender equality
- integrated cross-sectoral support
- disaster risk reduction
- building on local capacity
- the four cornerstones of early childhood care and development.

The rights of the child

All children have the right to survival, development, participation and protection from violence as articulated in the UN Convention on the Rights of the Child. In particular, General Comment 7 on Implementing Child's Rights in Early Childhood has stated that young children's rights are often overlooked – especially in emergency settings. 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. It acknowledges that activities in family and home settings are the foundation for children's progression from early childhood to primary education.

Humanitarian principles

The core humanitarian principles⁹ include:

- **Humanity** upholding the principle that all children shall be treated humanely in all circumstances, by saving lives and alleviating suffering, while ensuring respect for the individual
- **Impartiality** ensuring that assistance is delivered to all affected children based only on their needs and rights, equally and without any form of discrimination
- **Neutrality** a commitment not to take sides in hostilities and to refrain from engaging in controversies of a political, racial, religious or ideological nature.

Implementing these principles means ensuring that every effort is made to deliver humanitarian assistance to all children, without overlooking

the most marginalised and vulnerable. In all cases, the response to an emergency must safeguard children's rights, and should not contribute to the politicisation of internal conflicts.

Gender equality

In many societies, girls are discriminated against from early childhood. When a girl is from a minority ethnic group, or has a disability, this compounds the level of discrimination. Gender inequality is exacerbated further, leading to increased exclusion and putting children at greater risk. In emergencies, ensuring gender equality in ECCD means making sure that every child has access to integrated support.

ECCD programmes can provide opportunities for girls to access ECCD and education activities when they could not because of female caregivers. To bring about the intended results, the programmes have to be well designed, based on needs assessments, and include specific strategies to address gender barriers to children's survival and development.

In emergencies, the principle of gender equality can be addressed through systematic efforts to expand women's role in providing childcare outside the traditional home setting – especially in areas where this practice has not traditionally been encouraged. It is important to complemented these efforts with interventions to sensitize men and women about the redistribution of roles and responsibilities between husband and wife.

Any measures need to address the factors underlying existing inequality. It is important to make sure they do not inadvertently overburden women or cause harm by contributing the tensions that can aggravate discrimination within communities.

Integrated cross-sectoral support

Because young children's needs are multi-faceted, an ECCD programme in emergencies must provide multi-sectoral support that enables young children to survive, grow and develop. Single-sector interventions cannot bring about such a result.

The physical, cognitive, social and emotional aspects of children's development are interdependent. In non-emergency times, these needs are met in the form of integrated support from a number of related sectors – namely: health, nutrition, education, water and sanitation, and protection. In emergencies, the breakdown of existing ECCD services and increased pressure on adults for relief work means that young children are

often neglected. In areas where there were no ECCD services before the emergency, the situation is even worse.

But if young children receive holistic support that encompasses all dimensions of their development, they can strengthen their resilience. Integrated cross-sectoral support for young children brings about whole-child development. However, this calls for an effective coordination across the sectors. During an emergency, this can present both a challenge and an opportunity.

Disaster risk reduction

A disaster can undo the progress made through many years of development efforts, and emergencies divert resources away from the development and maintenance of equitable, high quality ECCD services. So, disaster risks need to be managed effectively as an integral part of both disaster management and long-term development. This entails two key activities:

- understanding and identifying the risk factors for children and communities that can increase their vulnerability
- taking action to address these factors.⁹

For examples of disaster risk reduction activities, see Part 2. See also the Plan publication *Child-centred disaster risk reduction*.¹¹

Disaster risk reduction (DRR) for young children encompasses processes and activities aimed at mitigating damage and reducing risk of future disasters. It is achieved through a range of activities in formal and non-formal settings, both for caregivers and for young children. It is also addressed through ensuring the structural and non-structural safety of ECCD centres, preschools, primary schools and health centres.

DRR interventions help early childhood programmes to achieve their objectives of promoting children's rights to survival, growth, development, participation and protection from violence. They add value

A disaster can undo the progress made by development efforts.

to ECCD work by helping to protect investment in it. When ECCD and DRR interventions are dovetailed before, during and after emergencies, there are many cumulative benefits, which help achieve the goals of whole-child development, as well as building the resilience of communities and nations.¹²

Building on local capacity

The primary resources that should be mobilised for ECCD are mothers, fathers, grandparents, older siblings, members of the extended family, and the community as a whole. Their inherent concern, ingenuity and

When ECCD and disaster risk reduction interventions are dovetailed, there are many cumulative benefits.

sense of community service make them the most valuable resources in an emergency. They can provide the most effective emotional support and protection for children during a crisis.

At the same time, their capacities need

to be strengthened so that they can provide the appropriate care for young children. Experience shows that through capacity building and continued coaching, they can effectively manage child-friendly spaces, run activities and provide invaluable extra pairs of hands in running ECCD programmes.

Building on local capacities and mobilising participation of communities is consistent with Plan's child-centred community development approach.

In emergencies, the primary aim is to rapidly restore children's care. ECCD services need to be built on existing community support mechanisms, including formal and non-formal schools, health centres and other social services. Some of these may have collapsed as a result of the disaster, but others may still be available. Similarly, the various materials needed for children's stimulation, play and learning should be mobilised from local resources as far as possible.

Early childhood interventions in emergencies include support for family- and community-based activities. Anchoring ECCD in the community serves to strengthen local ties, reducing divisions and sources of tension, as well as starting to address the feelings of loss caused by the crisis.

The four cornerstones of early childhood care and development

The Consultative Group on Early Childhood Care and Development – a network of organisations working to support early childhood care and development – has developed four cornerstones across the developmental spectrum to ensure children’s strong foundation for the future (see the box on page 26). While this needs to be adapted for an acute emergency situation, these four cornerstones form the basis for ECCD in emergencies programming.

For an overview of the stages of child development and how they relate to emergency situations and appropriate responses, see page 16.

It is important to bear in mind each of the core principles listed here throughout the process of developing and running an ECCD programme.

TABLE: THE FOUR CORNERSTONES OF EARLY CHILDHOOD CARE AND DEVELOPMENT

1 Start at the beginning

- Integrate, coordinate and improve services that are responsive to the needs and desires of – and are accessible to – all young children and their families.
- Promote more positive caregiver–child interaction, stimulating environments, good health and nutrition, and better childcare.
- Provide universal access to family support programmes that address holistic child development, paying special attention to the most vulnerable young children and their families.

2 Provide new opportunities for discovery and learning

- Ensure access to at least two years of quality early childhood services in a range of informal, non-formal, or formal settings, both community and home based.
- Focus on the development of children’s sense of self, their interactions with peers and adults, their confidence as learners, their language competence, and their critical thinking and problem-solving skills.
- Provide information and support to parents and caregivers, including fathers, through wide-ranging family support activities.
- Prioritise the most vulnerable and disadvantaged children.

3 Make schools ready for children

- Ensure a welcoming, appreciative and inclusive school environment that facilitates the transition from the family or preschool environment, and where every child feels safe and secure.
- For lower primary grades, train and appoint capable teachers who understand the development needs and learning styles of young children.
- In the early years of primary school, ensure smaller class sizes and a manageable teacher–child ratio.

4 Address the development of policies on early childhood

- Develop, implement and evaluate policies and action plans in the context of a national vision and strategies for young children, expanded investment in their development, and strong inter-sectoral coordination.
- Guarantee adequate resources by ensuring that early childhood is integral to national development policies and macroeconomic planning and budgeting.
- Address early childhood across sectors, in all national and sub-national policies and plans.
- Invest now in early childhood policies and programmes that will bring immediate and long-term returns to individuals, families, communities, and nations.

Adapted from The Consultative Group on Early Childhood Care and Development.
Available at: www.ecdgroup.com/4_Cornerstones.asp

Common barriers to inclusion

Young children are especially vulnerable, as they depend on others for their protection and wellbeing. For many children, this vulnerability is compounded by further factors that put them at risk of discrimination. Examples include being a girl, being from a particular ethnic or religious group, living on the streets, disability, being orphaned, living with HIV or being associated with conflict. This section looks closely at the particular risks and needs of three vulnerable groups:

- children with disabilities
- children affected by gender-based discrimination
- children affected by armed conflict.

Many children who face discrimination are 'invisible' within communities. Children with disabilities are sometimes kept at home because families are ashamed or are unsure how to integrate them into the community, or to protect them from discrimination. Girls may be kept at home to carry out domestic duties. Some of these children may not be registered, and so many miss out on services they are entitled to. In some cases, caregivers or facilitators may need to carry out outreach work and encourage them to come to the child-friendly centres or ECCD centres.

Disability

In an emergency, children with disabilities are at higher risk than their peers of physical injury, abuse, health problems, and malnutrition. They are more likely to be abandoned by or separated from their families or those responsible for their care, may be overlooked in the registration or disaster preparedness process, and often miss out on emergency assistance.

Some ECCD activities can help the risk and effect of a disability. For example, support to maternal health services in pregnancy and delivery helps minimise the risk of complications in childbirth. Parenting programmes improve knowledge and skills on feeding practices, nutrition, ensure vaccinations and early stimulation for child development, all of which reduce the risk of future disability. They enable families and carers to support children with disabilities to play and learn at home. ECCD centres that are physically accessible and welcoming to children with disabilities provide them with invaluable developmental and psychosocial support.

ECCD programmes in emergencies must make sure that children with disabilities have equal access to their services. Whenever an ECCD activity

is designed or implemented, it is important to ask ‘Is this accessible to young children with disabilities?’, taking the full range of needs into consideration. If the answer is ‘No’, what other elements can be added, and how can an alternative be found so that those with disabilities are not excluded?

SUPPORTING CHILDREN WITH DISABILITIES

Preparedness

- Collect basic information about young children with disabilities in disaster-prone areas.
- Raise awareness about disability in parenting sessions and the community preparedness process and provide guidance on preparedness actions for children with disabilities in the community/ family preparedness plans.
- Work with health clinics and disability service providers to identify early those children with disabilities, and provide timely assistance to them.
- Encourage networking among parents and families of children with disabilities – for experience, information sharing, mutual support, and organising play and positive interactions for children.

Response

- Include disability questions in rapid and comprehensive assessments.
- Include children with disabilities in ECCD activities in safe spaces, temporary learning centres and community playgroups.
- Provide assistance to enable families and carers to support children’s learning at home.
- Include disability issues in the orientation for preschool teachers, caregivers and volunteers.
- Recruit extra volunteers and caregivers in places where there are many children with disabilities. Mobilise these children’s parents to conduct activities in child-friendly spaces (CFSs) and ECCD centres.
- Encourage joint activities where all children participate, including those with and without disabilities, and use these occasions to raise awareness.

Recovery

- Work with disabled people’s organisations, where they exist, as well as parent groups and community activists, to advocate for disability to be included in government ECCD policies.¹³
- Facilitate the participation of children with disabilities and their families in activities – for example, in training and awareness raising, needs assessments, programme planning, implementation and evaluation. You can do this by partnering with disabled people’s organisations and building their capacity.

Gender

In non-emergency settings, sexual violence, early marriage, pregnancy, household work and traditional gender roles raise formidable barriers to girls' access to learning and development opportunities. In emergencies, those factors are often exacerbated. Family roles may shift, with girls required to take on more household responsibilities, become the main caregivers for younger siblings or participate in income-generation activities outside the home. The situation is compounded for girls living in communities where gender inequality is entrenched, where they may experience discrimination from their early years. If these girls also come from socially excluded groups or minority groups, or have a disability, the situation is complicated further.

To redress the gender imbalance that is common in emergency settings, ECCD programmes must proactively facilitate young girls' access to health, nutrition, education and protection. This means they should be informed by sex-disaggregated data and the resulting needs assessments (see p 46). Providing ECCD services to preschool-age children may have secondary benefits, by releasing older sisters from childcare obligations so that they can attend school themselves. Involving adolescent girls and boys in running young children's activities can help both the older and younger children to recover from the shock of the crisis and regain self-confidence, as long as this does not interfere with their own school schedule.

Where boys lag behind girls, action for gender equality means focusing on enabling boys to access ECCD programmes, to ensure that the necessary support is available for all children.

Programmes need to make efforts to engage female facilitators from the affected communities to run ECCD activities. To avoid family conflicts, this should be accompanied by sensitisation work to ensure that the men support their wives' work outside the home. Female community facilitators also require orientation and support to help them work effectively with young children. Childcare facilities for female staff need to be available in all learning centres.

Factors linked to armed conflict

In conflict situations, children are subject to serious risks. Separated children may be abducted or recruited into the armed forces in a number of roles, such as soldiers, porters, cooks, messengers and sex slaves. Displaced, migrant and refugee children – especially girls – may be forced into sex for money, food, or protection. Loss of family livelihoods and the disruption of

supportive family, social networks and institutions make children particularly vulnerable to HIV infection, increasing their risk of abandonment or stigma.

In these situations, the key focus is either to enable the family to reunite or to put in place care as quickly as possible. Ideally, the solution should draw on any available community networks or associations for supporting these children, to minimise the risk of their 'disappearance'. Meanwhile, providing them with timely assistance and basic life skills will enable them to better fend for themselves.

SUPPORTING CHILDREN AFFECTED BY ARMED CONFLICT

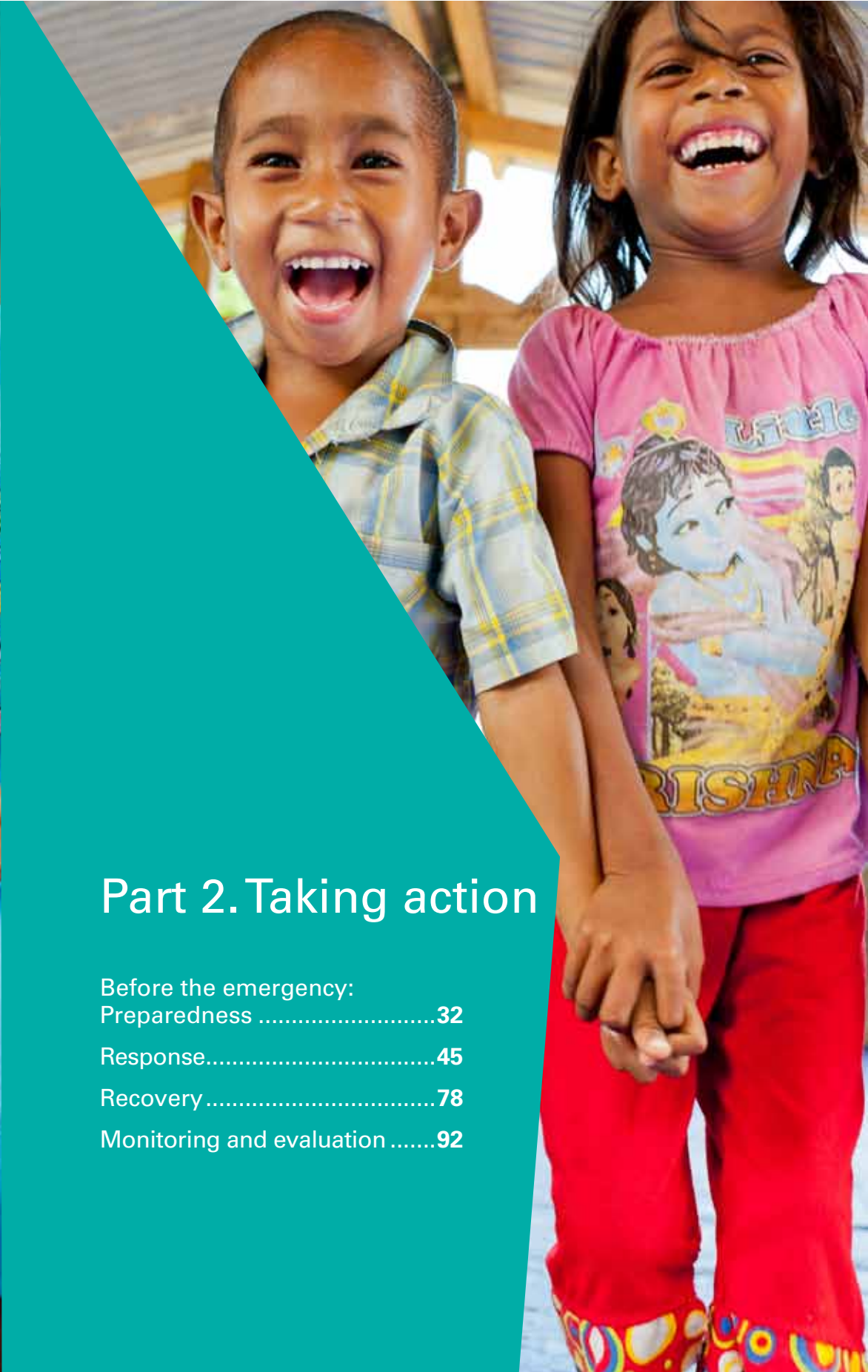
- Ensure the data collection during preparedness and response includes these vulnerable children.
- Facilitate family tracing and reunification, making use of existing community-based information mechanisms, or referring to agencies with expertise and capacity.
- Encourage as much extended family care as possible for separated children or orphans, through provision of day care facilities for children, or material support (loans, for example) to families.
- Provide life skills to displaced and refugee children, including awareness of landmines and other protection issues.
- Conduct activities to support children's emotional and developmental needs.
- Make non-violent conflict resolution a key theme for group and individual activities.

The experience of institutional care is most psychologically damaging for children under five or six years of age.¹⁴



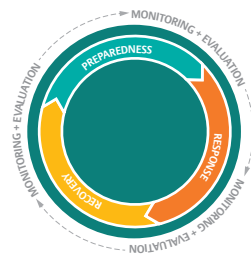
Summary

- Every year, emergencies put millions of children at risk, affecting their health, security development and emotional wellbeing.
- Early childhood care and development (ECCD) in emergencies can help children build their resilience.
- ECCD in emergencies programmes should be tailored to each child's needs, depending on their physical, socio-emotional, cognitive skills and their stage of development and maturity.
- Any ECCD programmes must be founded on these key core principles: rights of the child, humanitarian principles, gender equality, integrated, cross-sectoral support, disaster risk reduction, a commitment to building on local capacity, and the four cornerstones of early childhood care and development.
- ECCD programmes must be developed and run in a way that overcomes barriers to inclusion and is tailored to proactively reach out to excluded children and address their needs.



Part 2. Taking action

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3. Before the emergency: Preparedness



Preparedness involves developing knowledge and capacity to anticipate, respond to and recover from emergencies more effectively. Preparedness actions for early child care and development (ECCD) is important because it helps mitigate the effects of an emergency on young children and caregivers and wider communities, and reduces the resources needed for relief after the event. This section explains the key ECCD actions for the preparedness phase. These key actions include ECCD situation assessments, developing disaster preparedness plans, human resource preparation and capacity development, stock piling materials, disaster risk reduction actions, advocacy and coordination.

Preparedness is crucial for an effective emergency response. When it comes to early child care and development (ECCD), preparedness needs to involve everyone, including young children themselves, caregivers, communities, government institutions at different levels and humanitarian agencies. This section sets out the key actions that need to be taken in the pre-emergency phase or, for communities that are highly disaster prone and have been affected continuously by disasters, the 'in-between emergencies' phase.

As well as taking place well before the response, preparedness also needs to be embedded in the activities during the response and recovery phases.

Key challenges and considerations

Preparedness activities raise a number of challenges and considerations for different groups. This section looks at these factors in terms of supporting key groups:

- young children and caregivers
- communities
- humanitarian agencies such as Plan
- agencies working with civil society and community-based organisations
- government institutions.

Young children and caregivers

Actions for preparedness help to minimise physical damage and emotional distress, and enable caregivers and young children to cope with disaster shocks better. Young children can learn basic safety measures quickly, although caregivers may not always realise this. However, you need to adapt the messages about preparedness, and the methods of conveying them, according to the age and maturity of the children.



Where there are no ECCD centres, messages and guidance on disaster preparedness can be conveyed through home-based ECCD and home visits of health specialists or social workers.

In most disaster-prone areas, health centres, ECCD centres, preschools and primary schools are not resistant to local hazards, even if areas are known to be prone to cyclones, floods or earthquakes, for example. Because insufficient resources are allocated to retrofitting those structures before an emergency, it is difficult to ensure the safety of children's and caregivers. This simple factor may reduce the overall impact of other disaster reduction measures, such as learning about safety measures or conducting safety drills.

A further challenge is that where children learn about disaster preparedness in ECCD centres, this is not always reinforced at home. Parents may not realise the importance of their role in embedding this knowledge, or they themselves may have insufficient understanding about preparedness and mitigation, unless they have been sensitised and capacitated.

When a family has a family disaster preparedness plan in place, the parents and other family members are able to take the necessary measures to care for their young children before, during and after an emergency.

In the Philippines, some community disaster preparedness plans have provided individual preparedness plans for families. In those cases, these plans will have to be revised if young children's needs are not yet addressed.

High quality ECCD services enable young children and caregivers to be better prepared for disasters. But this means it is important to support ECCD programmes before a disaster takes place.

Communities

When a community is well prepared for disasters, young children have a better chance of being cared for and given the necessary support during a disaster. However, community leaders and members are not always aware of the importance of ensuring that actions for community disaster preparedness incorporate the needs of young children and their caregivers.

A crucial element is the need for detailed information about what risks the community faces. A range of different risks can threaten the security and life of a community, yet community risk analyses of risks are seldom conducted. This makes it difficult to put in place preparedness measures. A risk analysis should form part of every community's disaster preparedness planning, and should include risks facing young children, pregnant mothers and caregivers.

Having assessed the risks, each community needs a disaster preparedness plan. For the plan to be useful, a mix of community groups should participate in its development, including caregivers, preschool teachers and healthcare workers. If an existing plan does not incorporate young children's requirements, it should to be reviewed to incorporate these elements.



If a family preparedness plan has been put in place through a community disaster risk reduction scheme, make sure it is revised to include the needs of their young children, as appropriate.

Another useful tool is an analysis of the community support network. In an emergency, informal community-based support networks play a crucial role in helping disaster-affected people. An analysis will help identify what factors are available that can be used support mechanisms, and how these mechanisms can be strengthened.



Some resources and capacities are often overlooked, even though they could help communities cope with disasters. They include informal networks of young people or clusters of families. Action for preparedness needs to mobilise these resources and enhance community capacity.

Humanitarian agencies

Experience in several Plan countries has shown that when there is insufficient preparation and planning before an emergency, responses are more difficult to organise, both in relation to programmatic orientation and operational mechanisms.

In normal times, high quality ECCD programmes contribute to better preparedness of young children – not least, by serving as a ‘launching pad’ of actions tailored to the emergency setting. So, good preparedness for emergencies includes advocating for ECCD provision in normal times – whether centre based, family based, community-based or following other informal models, such as the supervised neighbourhood playgroups in the Philippines.

Another aspect of preparedness involves putting in place communication channels and coordinating with relevant government institutions, other

i For more information about clusters, see the Inter-Agency Standing Committee’s *Guidance Note on Using the Cluster Approach to Strengthen Humanitarian Response*.¹⁵

aid agencies and partner community-based organisations (CBOs) prior to emergencies. In some Plan countries, food provision has been seen as challenging because of potential hygiene risks associated with food preparation, even though it is the most often requested by affected families. It can be helpful to hold discussions and coordination with the IASC

Nutrition Cluster and organisations such as World Food Programme and UNICEF before emergencies.

Finally, staff need to be prepared for the task ahead. If some are not aware of the agency’s emergency procedures, then part of the organisational preparedness will involve putting these knowledge and skills in place, making sure that ECCD is considered a key part of that process. **By making sure that staff are physically and psychosocially prepared, and that security arrangements are in place, you will directly influence the successful outcomes of the organisation’s emergency response.**

i For Plan’s operational procedures for emergencies, see the Disaster Preparedness Process (DPP) and Plan’s Disaster Response Manual.¹⁶

Community-based organisations (CBOs)

There are a great number of CBOs, often working across several communities. They may not be well known to donors and humanitarian organisations, but in an emergency they can provide valuable assistance. So, an essential part of preparedness is to map these organisations' expertise in ECCD and emergency response. This mapping exercise will serve as a basis for capacity building and mobilising their expertise during the response phase.

One challenge is that many of the CBOs that carry out relief work lack experience in disaster response. Try to develop the capacity of any CBOs with experience in ECCD as a development intervention, so they can adapt their provision to the emergency setting. It is also worth investing in any emergency-oriented CBOs to build their capacity in ECCD.



CBOs can help a disaster-affected population more effectively when they themselves are oriented in disaster risk reduction, including risk mapping, vulnerability and capacity analysis, as well as in delivering disaster risk recovery (DRR) activities. So, help build their capacity – not only at the preparedness phase but through the response and recovery phases.

CBOs can also play a useful role in collectively advocating for ECCD in emergencies, and you can help strengthen these skills. Organisations that have experience in ECCD can advocate with related sectoral agencies, such as education, health, protection and water, sanitation and hygiene (WASH). However informal or small they are, CBOs can play an extremely important role in provision of ECCD in emergencies. For this reason, it is worth helping people to form new groups, and to strengthen the capacity of existing ones.

Government

One of the key challenges in the pre-emergency phase is to motivate all stakeholders to take action to enhance emergency preparedness. The value of disaster risk reduction is not always fully appreciated, as it is more intangible than disaster response. Competing priorities often take precedence and often, the necessary measures are not put in place until an emergency has struck.

A key activity is to conduct capacity assessments for every locality, in order to map the state of prepared-for emergency. This indicates the level of risks of a particular locality and the assistance needed for risk reduction measures. However, putting this in place remains a challenge. The pre-emergency phase also presents opportunities for setting up or expanding ECCD services in the disaster-prone areas by building children's and caregivers' capacity to withstand, cope with and recover from disaster.

Governments may need to provide resources – for example, for stockpiling and strengthening the physical structure of preschools, health centres and primary schools to render them hazard resistant. These resources can be substantial and must be integrated into governments' budget mechanisms. At the same time, it is important to mobilise contributions from civil society and the private sector.

In contrast, some preparedness actions do not demand significant financial resources, but instead need strong commitment. For example, developing an emergency preparedness plan is a critical step towards preparedness. This requires consultation with partners and their commitment, rather than financial resources. Further work involves revitalising communication channels across different sectors, between national and sub-national authorities and communities, and between government and aid agencies. This is essential for coordinating an effective ECCD response, and ideally government agencies should take the lead in this process.

Finally, the pre-emergency phase offers opportunities for putting in place, or updating, early warning mechanisms that can be activated immediately as needed. It is essential that all early warning systems are communicated to people in the community, with clear instructions on how to respond to warning signals.

Where possible, it is important to promote inter-village preparedness mechanisms, so that people from the least-affected villages, or from neighbouring villages, can help those in the worst-affected villages. So, training sessions and preparedness measures for disaster-prone villages should also include ECCD teachers and facilitators of the nearby villages. They can be mobilised to deliver ECCD support in the affected areas during disaster.



The overall objective is to institutionalise disaster preparedness everywhere. However, it is more practical to focus on the disaster-prone areas first and then plan to reach out to other regions gradually. The learning that takes place through this process can be disseminated to other areas through documentation, advocacy and capacity development.

Carrying out an ECCD situation assessment

A situation assessment involves assessing existing ECCD services – or the lack of them – in disaster-prone areas. This provides an overall picture of what is available, what functions well, who is accessing the services and who is not, and what elements of existing services can be made use of when an emergency breaks out.

Secondary pre-emergency data need to be collected at the preparedness phase. In most places, some data about ECCD services and young children aged 0–8 years should be available. The main sources of information are the national and local statistical bureau, the ministries of health, education and social welfare and their local offices (in some countries the ministry of social welfare is responsible for ECCD), and other agencies with oversight responsibilities for ECCD. In some countries, certain data may be featured in the government’s strategic plan or national children’s action plan. Similarly, some of the data is featured in Plan’s Country Strategic Plans.

KEY INDICATORS THAT NEED DATA COLLECTED INCLUDE:

- population of children aged 0–8 years, by age, sex and, if possible, indicating especially vulnerable children such as street children, displaced children, members of minority ethnic or religious groups, those with disabilities and those who are malnourished
- risk map results identifying the highest-risk locations, vulnerable children and protection risks for children
- ECCD services, including health services (for pregnant and lactating mothers, infants and toddlers), preschools, community-based learning centres and different forms of ECCD, including mobile ECCD, home-based ECCD and other informal learning venues
- cultural norms, including childcare practices and gender norms and practices in the community that create barriers for boys and girls in accessing ECCD services
- accessibility to ECCD services, including by most-vulnerable children.
- overall physical condition of health posts, preschools and ECCD centres, including details of water and sanitation facilities
- availability of learning materials in ECCD centres, including furniture, instructional and play materials, supplies and recreation equipment
- existence or lack of contingency plans and basic tools for emergency preparedness, including first aid, vaccines, relief goods, torches, evacuation map and evacuation equipment
- existence or lack of ECCD policies, curriculum and training materials, as well as information, education and communication materials on health, nutrition, early learning, and protection from violence and abuse
- availability and functionality of any referral system for children with special protection needs or children needing specialised mental health services
- existence or lack of functional crisis management, assessment and response teams.



Once the information is gathered, make a concise analysis of the overall situation and identify areas needing preparedness actions to reduce vulnerability. Ideally, update the information periodically.

Implementing preparedness measures: key actions

The situation assessment (see page 38) provides a background for planning and implementing preparedness measures. This section sets out some recommended actions in the following areas:

- preparedness planning
- human resource preparation and capacity development
- stock piling materials
- disaster risk reduction
- advocacy
- coordination.

Some of these activities may be led by government agencies, with the organisation (such as Plan) providing financial or technical assistance. Others may be led or conducted by the organisation itself, working in close consultation and cooperation with government partners, the communities and other aid agencies. Some may be funded wholly or partly by one agency, in which case you may need to persuade other agencies to focus on the other measures.

Preparedness planning

- Develop disaster preparedness plans at organisation, community, ECCD centre and family level. These plans map out concrete actions and those responsible for implementing them, taking into account the vulnerabilities, comparative strengths and advantages of different stakeholders, and clarifying the links between them.
- Include ECCD preparedness in disaster preparedness planning and in the community's overall preparedness planning process.
- In cases where a hazard or conflict is imminent, make a contingency plan with actions relevant to that particular hazard. Assess which groups are most at risk of being left out of ECCD services in an emergency. Within those groups, ask yourself: to what degree do girls have weaker claims than boys? **A disaster preparedness plan highlights the vulnerability and capacity of an organisation, area or a unit. It spells out what needs to be done, by whom, when and how in the event of a disaster. A contingency plan contains similar items, but refers to a specific hazard that is looming. Usually this should be done by sector, in collaboration with other agencies.**
- Conduct a vulnerability analysis, establish a list of the most disaster-prone areas and prioritise preparedness and mitigation measures in those

areas. **Plan Pakistan's experience of conducting vulnerability mapping before the flood of 2010 showed that the vulnerability mapping had considerably facilitated the preparedness process, and helped to rapidly mobilise funds for flood relief.**

- Provide guidance on developing a disaster preparedness plan to ECCD centres, preschools and community groups. Make sure these plans are linked to the community's overall disaster preparedness plan.
- Support local health centres, preschools and community learning centres to conduct DRR activities, such as safety assessments of preschools or health posts and risk mapping. Remedy any problems that they highlight and run safety and evacuation drills.
- Where there are no training materials for ECCD in emergencies (for example, materials for parenting sessions or caregiver training), develop simple training materials. Where possible, adapt materials developed elsewhere to the local context. For example, UNICEF has the Care for Child Development parenting education session package that could be adapted to a particular context.

Preparing human resources and developing capacity

- Develop a roster that includes international ECCD specialists, national ECCD specialists, preschool teachers and caregivers at the national and sub-national levels who can provide support during an emergency, and train them up.
- Identify and train potential local partners who can implement ECCD in emergency programmes.
- Support capacity development for ECCD in emergencies (including aspects related to psychosocial support and DRR) for relevant staff of ministries of education, health and social welfare at national and sub-national levels, alongside local partners (ie. CBOs) and non-governmental organisations (NGOs), preschool teachers, healthcare and community social workers.
- Help ensure that DRR is integrated in the curriculum and activities of existing ECCD centres, preschools, health centres and parenting programmes. Guide caregivers in the conduct of age-appropriate DRR activities – for example, learning songs that include the names of children and their parents and village, basic survival and safety techniques, and measures for accident and injury prevention.
- Identify and disseminate positive childcare customs that can be used to enhance the acceptance and effectiveness of ECCD programmes in emergencies. Similarly, detect and discourage negative childcare practices

through capacity building, explanation and guidance to caregivers, and through community-wide campaign events to popularise good childcare practices.

Stockpiling materials


- Establish a profile of suppliers for items needed for young children in emergencies, and identify potential suppliers.
- Stockpile essential medicines, first aid kits, ECCD kits that include play and education materials (adapting them to the local context) and materials that can be used for child-friendly spaces (CFSs) and other locations. Make necessary standby arrangements with local suppliers for their provision in emergencies.

Disaster risk reduction actions

- Retrofit ECCD centres, health centres, preschools and primary schools to make them disaster resistant, with the cooperation and contribution of the local government and the communities. This may require some resources from government and donors, as well as community contributions in kind.
- Rearrange furniture and books inside the centre to prevent objects from falling and causing harm.
- Identify safe places in the communities for possible relocation of ECCD centres, health posts, preschools, and primary schools if necessary.
- Support national and local government authorities to develop and comply with disaster-resistant standards for preschools, ECCD centres and health centres.

Advocacy

- Advocate for ECCD in emergencies to be incorporated into the emergency plans, development plans of the related sectors (health, education, water and sanitation and protection) at national, regional and local levels.
- Lobby for a government budget allocation for young children in emergencies' activities

 For more information, see the Inter-Agency Network for Education in Emergencies (INEE) Safer School Construction Initiative at www.ineesite.org

- In countries where there are no ECCD policies, advocate for the development and adoption of policy frameworks that prioritise ECCD as a core intervention in emergency settings.
- Sensitise and coordinate with education, health, nutrition, protection, WASH, shelter and food security clusters or coordination bodies to advocate for a coherent emergency response programme for young children.
- Promote joint data collection or data sharing on young children and pregnant and lactating mothers, with other aid agencies and concerned government institutions. As far as possible, mainstream data collection into government data-collection systems.
- Advocate for the development, enhancement and standardisation of a monitoring plan, with indicators for ECCD programmes in emergencies, that can be used during the response and recovery phases.
- Promote the role of fathers in childcare as they sometimes are the family's decision makers, can help the mother and give her a break and can be strong positive role models, especially for boys. In some areas, women need their husbands' permission to bring their children to health centres for immunisation, treatment of an illness or a health check-up.

Coordination

- Where the cluster system exists, make sure the various clusters incorporate the needs of young children in all their relevant plans for disaster response (including advocacy). Make sure the aid agencies' response is well coordinated so that all children in affected areas receive assistance. Prepare a 'Who's doing What, Where?' plan for high-risk areas and develop a contingency plan.
- Where clusters do not exist, work with existing national and local coordination mechanisms and collaborate with humanitarian organisations to ensure a coordinated response in emergencies.



Summary

- Preparedness plays an essential role in emergencies work but work is needed to advocate for investment in this stage of work.
- ECCD preparedness is vital as it can reduce the impact on young children, caregivers and the wider community.
- It is important to carry out a detailed situation assessment, to gain an accurate picture of the potential problems and what resources are available to address them.
- Community-based organisations can play a key role in developing preparedness and advocating for ECCD.
- Key actions include developing disaster preparedness plans, stockpiling materials and developing the capacity of local people.



4. Response



The response stage is the period during or immediately following the emergency. In an emergency, the situation is typically chaotic. Everything seems to need attention at once. Many children, pregnant women and lactating mothers face urgent practical challenges – for example, if they have been separated from their families or lack access to healthcare or nutrition. Many more will require psychosocial support to overcome severe distress. Early childhood care and development (ECCD) in emergencies plays a vital role in meeting these needs. This section explains the importance of a rapid needs assessment and the importance of communication and coordination. It then sets out key ECCD activities by age group and sector. If there has been good preparedness (see Section 3), the mounting of the ECCD in emergency interventions will be easier.

The importance of play for young children 0-8 years during an emergency response is essential and should be the vehicle through which all ECCD in emergencies activities are implemented. That means that all activities (including life-saving health and hygiene messages) can be made into, for example, games, songs and stories for children so they are fun, easy to understand and keeps children's attention. It promotes resilience by enabling children to take an active part in their own recovery. Further, age-appropriate play activities that gather information from children, such as asking them to draw where they live or tell a story about their life, have helped facilitate family reunification. After the 2004 tsunami and 2006 earthquake in Yogyakarta, Plan Indonesia found that drawing provided children with better


Play for young children 0 to 8 years during an emergency response is essential for promoting resilience

opportunities to express their feelings and imagination than colouring picture books. It also prepares children socially, emotionally, intellectually and developmentally for later education. (For examples of age-specific activities that can be conducted in child friendly spaces, ECCD centres or primary schools.


Key challenges and considerations

The response phase starts from the onset of an emergency and can last 3 months to over a year, depending on the scale of the emergency. A key challenge is to ensure cross-sectoral support for early childhood care and development (ECCD) in emergencies. It is recognised that ECCD is a cross-cutting field, but actually implementing cross-sectoral activities for ECCD in emergencies remains challenging, and the complexity of the task should not be underestimated. Sector-focused activities may occupy all the attention of the specialists in each sector and less time for collaborating with other sectors. Yet effective cross-sectoral collaboration and coordination is a critical aspect of providing integrated support to young children, their mothers and pregnant women to avoid duplication of effort and ineffective use of scarce resources.

However, cross-sectoral collaboration and coordination is possible when there is joined planning implementation and monitoring of activities. You can overcome obstacles by encouraging each sector to keep asking itself: 'Have we sufficiently involved colleagues in other sectors so that the programme brings the optimal results?'

 For examples of how to bring about cross-sectoral cooperation for young children in emergencies, see Coordination on page 51.

Another challenge is that of acquiring accurate age-disaggregated data for children under eight years of age, and especially for those under three. This disaggregation is important for establishing benchmarks and the scope of services that should be provided to younger children and their primary caregivers. Similarly, it may be difficult to obtain data about the most vulnerable children, including girls, children from minority ethnic groups, children with disabilities, children who are living on the streets, those affected by HIV/AIDS or conflict, and those living in inaccessible areas.

 Every effort must be made to collect data that is disaggregated by children's sex and ability, in order to assess their needs and make sure these are reflected in the response programme.

Inaccessibility to affected areas due to damage to roads, infrastructure and communication services, as well as to low security, are non-negligible challenges. In many cases, these are the key obstacles to rapid delivery of relief, or to reaching out to those who need assistance most. The solutions to these important issues lie outside the scope of this guide, but those who support ECCD in emergencies should, at the very least, lobby the relevant agencies and institutions to ensure that assistance to young children are delivered one way or another.

Monitoring is an area often neglected in emergency programmes, and can present a daunting challenge. Implementing an emergency programme itself is highly demanding, but it is essential that due attention is also be paid to monitoring the programme. Without appropriate monitoring, it may not be possible to ascertain whether a programme is delivering the intended support to the affected population, even if considerable resources have been deployed. A monitoring plan with indicators must be designed and carried out as an integral component of the response. For more details about monitoring and evaluation, see Section 6.

Successful ECCD programmes in emergencies are those that are sustainable even after the cameras have gone. As key aspect of success is to maximise local resources and participation. Use culturally relevant and child development-appropriate practices as far as possible. Encourage people to use existing training materials and learning resources, adapting them to ensure that they are culturally and contextually suitable and cost effective. Also, encourage local production of toys and other learning materials from local materials. In Plan Philippines, while making toys from local materials, mothers have exchanged their concerns and shared experience. As well as the practical benefit of the toys, they feel the process has helped reduce their stress and provided them with useful psychosocial support.

In the planning and implementation phases, use and strengthen existing community mechanisms for childcare and support. Children's activities should involve not only mothers but also fathers, extended family members and the wider community. Lessons learned from Plan's experience of ECCD in emergencies show the importance of involving community leaders and members in the conduct of the emergency response from the very beginning and throughout the three phases (described in Part 2 of this guide).

Where your organisation does not have sufficient expertise or capacity in providing certain assistance – for example, perhaps in providing support to separated children or those already placed in orphanages – collaborate with or refer to specialised agencies.

We now look at key activities in developing a coordinated and integrated ECCD response in an emergency. First, we look at activities relating to young children of all ages. We then go on to look at activities by specific age group.

Developing an ECCD response

Three interventions that need to be part of all ECCD in emergencies programmes include:

- rapid needs assessment
- communications and advocacy
- coordination.

Rapid needs assessment

Any coordinated and integrated ECCD response in an emergency must be informed by a needs assessment based on sex- and age-disaggregated data of young children (divided into age brackets or 0–2, 3–5 and 6–8 years) and data concerning pregnant and lactating women. Several types of needs assessment have been used in emergencies:

- **The initial multi-sectoral assessment** takes place in the first 72 hours of a sudden onset emergency. It provides only a limited picture of the overall loss of life, the damage to preschools, health centres and the number of children affected. This assessment may not be possible in inaccessible areas. It is important that there are a few key questions relating to young children in emergencies.
- **The rapid assessment** takes place in the first two-to-four weeks. It provides a snapshot of needs and is meant to be a first step in the lengthier process of gathering evidence and managing information about an emergency. It also flags information gaps and emerging issues for consideration in a comprehensive assessment.¹⁸ If a specific assessment for ECCD is not possible, ensure key questions for ECCD are integrated into other sector assessments including Education, Child Protection, Health, Nutrition and WASH. This assessment will form the basis of initial ECCD in emergencies programme design.
- **The comprehensive assessment** takes place in the first two months of the emergency and provide more in-depth information about the needs

and serve as a baseline for monitoring and evaluation.¹⁹ It will also help modify the initial programme design. At this stage, even if a separate assessment is not available, it is recommended to develop a new one or adapt an existing one so more detailed information on ECCD can be collected.



All assessments should be done in collaboration with the Inter-Agency Standing Committee (IASC) clusters or other relevant coordination mechanisms. Organisations should not do assessments alone as this can bring about assessment fatigue in affected communities. Where possible and appropriate, involve community members and children in gathering this data.

In areas where IASC clusters are not available, the rapid needs assessment will be carried out in collaboration with government, local partners and other aid agencies. Then, data from the rapid assessment is compared with the pre-emergency data and analysed to establish an overall picture of the extent of damage. This forms the basis for programme design.

It is also important to assess the capacities of local government, health centres, preschools and community learning centres to respond to the immediate and short-term needs of children. In fact, their roles and capacities should remain central throughout all three phases. Wherever possible, support them to continue running existing ECCD activities and methods, as long as these respond to the needs of children and mothers in the emergency situation. In areas where your organisation does not have sufficient expertise or capacity – for instance, in providing care to separated children or arranging family reunification – refer to or collaborate with specialised agencies.



For details about methods for conducting a rapid needs assessment, see page 48.

Communications and advocacy

Effective communication during the emergency response is essential for many purposes, including to transmit life-saving messages, for effective coordination, for efficient implementation and monitoring of programmes, and for fundraising and advocacy among others. Keep in mind that government agencies are responsible for communicating information about the situation in the affected areas. But whenever possible, offer assistance and provide additional data and perspectives.

Within your organisation, make sure your country situation reports include issues related to ECCD. Communicate regularly, and share internal reports on the situation and emerging issues, gathered by the agency on the ground, with government authorities and Inter-Agency Standing Committee (IASC) clusters. At the same time, ensure that appropriate messages are given during contact with affected local populations, to avoid inaccurate expectations about the scope and type of assistance that may be provided. Make sure each country office has an agreed communication mechanism in emergencies internally and externally – with communities, implementing partners, governments, authorities and other humanitarian agencies.

Effective communication is a prerequisite for advocacy for ECCD. In many emergencies, some humanitarian organisations still consider the wellbeing and development of young children to be the responsibility of families, so they do not factor ECCD into emergency relief. But where ECCD interventions have taken place, they have demonstrated their value in safeguarding children's rights and building community resilience.

Advocacy needs to focus on ensuring a better understanding among humanitarian actors, donors, government agencies, local communities and parents of ECCD in the emergency context. This will enable all stakeholders to prioritise ECCD as a core intervention and make it integral to all humanitarian emergency responses. Advocacy should convey the message that ECCD offers the most convenient conduit for multi-sectoral cooperation in delivering assistance that reaches out not only to children, but also to families and communities.

The experience in many emergencies also points to the need for advocacy with clusters and governments to avoid using ECCD centres or primary schools as evacuation centres. When these structures are taken away from children, they are deprived of possibilities to learn, play, be safe, and return to normal life after disaster.

Coordination

During an emergency, coordination is needed at different levels:

- across sectors and among different parts of your organisation, to ensure timely delivery of integrated support to meet young children's multi-faceted needs
- with other relief agencies, to make sure assistance reaches all young children and pregnant and lactating mothers and there is no duplication
- between your organisation and national ministries responsible for education, health, protection, water, sanitation
- between your organisation and its implementing partners (ie. community based organisations or local NGOs) and communities.

Given the urgency and massive workload during emergencies, responsibility for coordination has to be shared sensibly so that the organisation can be effective, both in delivering assistance to children and in coordinating action with different partners. Discuss emerging problems with various sectors, including education, health, water sanitation, protection (including child protection) and nutrition.

Where clusters are activated, make sure their disaster response plans address the needs of young children. When it is not possible to attend all cluster meetings, ensure regular communication and short updates through emails, to ensure that both Plan and its partners are well informed, and to ensure better-coordinated actions by respective organisations.

The challenge of ensuring coordinated action and synergy across sectors can be daunting. Consider establishing a group of focal people from various agencies to develop coordinated ECCD strategies, capacity building and other activities. This will help prevent duplication of effort and ensure that integrated support reaches out to all children affected by the emergency. Each sector must make sure any sector-specific activities are properly planned and implemented, seeking coordination with other sectors for joint planning, implementation and monitoring.

Integrated support for children does not mean the education sector has to conduct health interventions or vice versa. Sectoral specialists still lead their sector-specific activities, but work in collaboration with other sectoral specialists in activities that bring benefits in multiple sectors. An activity in one sector may provide scope for other sectors to input their support and convey their messages, and the cumulative benefit of such

activity transcends a single sector. For example, a child-friendly space can be used as the locus for a number of cross-sectoral initiatives, including immunisation and other health initiatives, feeding, early learning and stimulation, play, mother support centres, psychosocial support, and water and sanitation interventions.

When staff across sectors coordinate and collaborate well, the multi-sectoral interventions enable children to survive, grow, develop and be protected, despite the disaster. Integrated efforts can, and should, be made in almost all actions for ECCD in emergencies, even though in practical terms one sector will take the lead for a specific activity. The following table gives some examples of how different actors can work together in bringing integrated support for young children.

HOW KEY ACTORS CAN COLLABORATE TO PROVIDE INTEGRATED SUPPORT

Activity or objective	Key relevant actors	How they can work together
Ensure growth or health monitoring of children 0–3 years	<p>Provincial, district and local government health or nutrition authorities</p> <p>Provincial, district and local education authorities</p> <p>District and village health posts in affected areas (where these are still functional) and in neighbouring areas</p> <p>Caregivers (including parents and other family members, staff working in CFSs or ECCD centres) and primary school teachers</p> <p>Plan, UNICEF, WHO, other humanitarian agencies and community-based organisations (CBOs)</p>	<p>Health staff establish and post the schedules for children's growth or health monitoring</p> <p>Health specialists take the lead in conducting growth monitoring.</p> <p>Caregivers in ECCD centres make sure children's health cards are kept safely, take notes and inform health staff of any signs of children with potential health problems</p> <p>When growth monitoring takes place in CFSs or ECCD centres, caregivers and preschool teachers run activities for other children during the process, with games conveying messages about health</p> <p>Health specialists or ECCD caregivers inform children's parents or guardians about growth monitoring results and encourage them to follow up on health advice</p> <p>Staff in health and education use growth monitoring sessions as opportunities to reinforce messages about health, nutrition, early stimulation and learning to children, their caregivers and lactating women.</p> <p>Make sure all children receive growth monitoring</p> <p>Local health and education authorities provide support as needed – for example, through community-wide sensitisation</p> <p>Aid agencies coordinate and harmonise their plans for capacity building, technical or financial assistance to avoid duplication</p>

HOW KEY ACTORS CAN COLLABORATE TO PROVIDE INTEGRATED SUPPORT (CONTINUED)

Activity or objective	Key relevant actors	How they can work together
Support the learning and education of children 3–6 years old	<p>Education authorities at national, provincial and local levels</p> <p>Kindergarten or preschool teachers, primary grade teachers, ECCD centre staff</p> <p>Health, nutrition, protection, and water, sanitation and hygiene (WASH) staff in local government institutions and in community</p> <p>Parents, grandparents, guardians, older siblings, extended family members and leaders of community groups</p> <p>Plan, UNICEF, WHO, other international non-governmental organisations (INGOs) and implementing partners</p>	<p>Preschool teachers take the lead in planning and conducting children's early learning activities</p> <p>Other relevant actors take part in joint planning for activities that serve children's learning of literacy and life skills, including disaster risk reduction (DRR), good hygiene and sanitation habits, self-protection from health risks, accidents and abuse</p> <p>Similar joint planning for organising parenting sessions. These can be run in conjunction with other community-based relief activities</p> <p>Health, nutrition, WASH or protection specialists facilitate sessions to disseminate information for the benefit of children and their caregivers</p> <p>Education authorities provide support for capacity building for teachers and provide incentives</p> <p>Aid agencies coordinate their plans for capacity building, technical and/or financial assistance to avoid duplication</p>

HOW KEY ACTORS CAN COLLABORATE TO PROVIDE INTEGRATED SUPPORT (CONTINUED)

Activity or objective	Key relevant actors	How they can work together
<p>Provide age-appropriate, child-accessible latrine water and sanitation</p> <p>Provide for CFSS, ECCD centres and preschools</p>	<p>Government agencies at different levels responsible for water and sanitation</p> <p>Local social services responsible for water and sanitation matters</p> <p>Plan, UNICEF, other INGOs and local NGOs</p> <p>Implementing partners</p> <p>Caregivers (in family and ECCD centres)</p>	<p>Water and sanitation specialists discuss with ECCD centre staff the specific needs of young children in order to install appropriate sanitation facilities</p> <p>Water and sanitation specialists work together with ECCD centre staff to ensure the maintenance and functioning of water and sanitation facilities</p> <p>ECCD centre staff teach children and remind parents about good hygiene practices. Where needed, water and sanitation specialists can provide input too</p> <p>Government institutions make sure that child-appropriate water and sanitation facilities meet required standards for ECCD centres</p> <p>Aid agencies coordinate their plans for capacity building and financial assistance, to avoid duplication</p>

Key ECCD activities, by age group

Young children discover the world and learn through play and exploration. ECCD programmes in emergencies must ensure that young children have safe places to do this. Given the cross-sectoral nature of ECCD, many activities that support young children can take place in a wide range of places, including at home with the family, in community groups where caregivers facilitate children's activities, or at a therapeutic, feeding or food distribution centre to promote mother–child interaction or in a health centre, child-friendly space or ECCD centre.

Certain interventions will benefit children of all ages, for example:

- setting up child-friendly spaces
- printing and distributing posters with child protection and health, nutrition and hygiene promotion messages across the community
- promoting birth registration
- producing toys and play items from locally available materials
- providing family hygiene kits
- providing ECCD materials, such as facilitators' packs, children's packs, books and learning materials
- psychosocial support
- teaching children measures to reduce and mitigate disaster risks
- building the capacity of various types of caregivers – especially parents.

Other activities are tailored to the needs of particular age groups. For example, health and nutrition monitoring is critical for children aged 0–3 years, while children aged 3–8 years require interventions that prepare them for primary schools, and that make sure primary schools are ready for them.

Capacity building of caregivers is recommended for all age groups, but the topics and contents of the training will depend on the age of the children. In many countries, where materials for parenting sessions or caregiver training already exist, these can be used and adapted appropriately to the emergency situation during the preparedness phase. One such example of parenting sessions is UNICEF's Care for Child Development sessions. Try to avoid importing or producing new training materials, as it takes time, and if the materials are not relevant to the local context, it may waste valuable resources. Where these materials do need to be developed, this should be done at the preparedness phase.

The activities recommended in this guide draw on the experiences of Plan and other organisations and the insights of experts working in early childhood development and emergencies. The choice of specific interventions and their sequence will depend on the results of the needs assessment, the organisation's prior knowledge of the area and funding possibilities.

Some activities need to be implemented immediately, while others may take place later. Prioritise those that can be immediately organised and that enable other activities to be implemented. For example, setting up a child-friendly space or mobilising trained caregivers or preschool teachers will enable other activities to be quickly resumed. ECCD in emergencies should reach out to all young children aged up to 8 years, lactating mothers and pregnant women.

By and large, the work to set up these activities in emergencies is guided by the same principles as for ECCD in normal times, with some adaptations to fit the circumstances. For example:

- the activity venue may not be a permanent structure
- the majority of caregivers may be para-professionals (who do not have certification, but have received training and have some experience) or people coming in from neighbouring villages
- parenting sessions may need to be organised more informally or in conjunction with other relief activities, and for shorter time periods depending on what is possible.

Whatever form the activities take, their plans must take safety conditions into account. Even when children of all ages can gather and participate in ECCD activities in a CFS, separate areas or corners need to be allocated to lactating mothers and infants, and to toddlers with soft toys. Using child-friendly instructional methods, and activities such as playing, singing, dancing, drawing and discussing will have a direct positive effect not only on the children's preparation for primary school and overall development, but also on their psychosocial wellbeing – an important aspect in the disaster context.

There are some key differences between a CFS and an ECCD centre. Although both provide support for young children in emergencies, they are different by nature, as shown in the table below.

COMPARISON OF CHILD-FRIENDLY SPACES AND ECCD CENTRES

	Child-friendly space	ECCD centre
What is it?	<p>Generally accommodates children aged 0–18 years, providing non-formal education and psychosocial support through play and recreation activities</p> <p>In Plan, CFSs are established by the child protection sector in collaboration with the education, health, nutrition and WASH sectors</p> <p>May run ECCD activities under the guidance of caregivers, who may be specialists or trained para-professionals</p> <p>May have a separate corner for infants, toddlers and breastfeeding, or may have separate centres for young children or run activities for young children at certain times, depending on the context and available resources</p>	<p>A structure providing activities for children aged 0–8 years, or until they start school aged 5 or 6 years. Some cater only to children aged 3–6 years. Efforts should be made to ensure that all children aged 0–8 years can receive services</p> <p>May run in an existing community ECCD centre, if not destroyed by disaster, to continue providing early stimulation and learning to children during and after the emergency</p> <p>Can provide support in health, nutrition, WASH and protection during the response phase</p> <p>Offers structured and non-structured activities</p>
Where can it be built?	<p>Set up in a safe place within the affected community after the disaster.</p> <p>Should be easily accessible to pregnant, lactating mothers and young children</p>	<p>Usually housed in a permanent or semi-permanent structure – sometimes within a primary school building</p> <p>ECCD centres often exist within a community before a disaster, but are often destroyed. If reconstructed during the recovery phase, establish a temporary CFS so that children’s services can begin immediately</p>
How long can it operate?	<p>Not a permanent arrangement</p> <p>Meant mainly for providing immediate support to children, their mothers and pregnant women during the response phase</p> <p>May phase out after six months</p>	<p>If an ECCD centre does not exist in the community affected by disaster, try to set one up during the response or recovery phase.</p> <p>The ECCD centre continues to function as the mainstay of ECCD services after the disaster</p>

COMPARISON OF CHILD-FRIENDLY SPACES AND ECCD CENTRES

	Child-friendly space	ECCD centre
How can it be used?	<p>Provides a safe venue with assistance to children and pregnant and lactating mothers, enabling children to reconnect with other children and supportive adults</p> <p>Should not in itself be seen as 'ECCD services' in an emergency. However, it may be one element of ECCD in an emergency, in support for children, mothers and pregnant women in the first few months when regular ECCD services are being re-established</p> <p>Activities include playing, singing, dancing, theatre, art, drawing, individual and group activities, tailored to the age and development of the children</p>	<p>Functions before, during and after an emergency (where it exists)</p> <p>Activities include playing, singing, dancing, theatre, arts, individual and group activities as well as early learning</p>

Pregnant and lactating mothers and children aged 0–3 years

During pregnancy and the early phases of life, good healthcare, balanced nutrition, nurturing parenting, early stimulation and a clean environment play a critical role in a child's survival and growth and facilitate their brain's development. The absence of these factors, from pregnancy onwards, may cause irreversible delays in the child's development.

In emergencies, the highest mortality rates occur in newborns and infants – particularly in the acute phase of an emergency. Careful attention to pregnant mothers, infants and toddlers, and support for good practice to care and protect them, saves lives and has a lifelong impact on child's health and development. Elements such as nutrition, health and early stimulation need to form a major part of interventions for very young children. Studies have shown that nutrition and health interventions without early stimulation are not as effective as when they are conducted together.²⁰

Similarly, support for pregnant and lactating mothers is critical. A combination of different approaches may be used to help them care for themselves and their infants. This includes providing possibilities for mothers to leave their young children in a safe place while they go to the distribution centre to receive food assistance, which helps protect children from possible violent physical contact in a crowded area. When this is not possible, promote mother–child stimulation in all possible venues, whether in a child-friendly space, during training sessions on health and nutrition issues, or in a queue waiting for food distribution. Sensitise fathers and promote their role in childcare, as well as mobilising their support for their wives and children to receive external professional support as needed.

The wellbeing of children under three years of age depends heavily on caregivers. Prolonged separation from primary caregivers and a lack of nurturing support from other caregivers can have devastating consequences for an infant's growth and development. To provide effective assistance to children, caregivers themselves need help through capacity building, practical advice and access to schemes for sharing childcare. Mothers' support groups have also proved helpful, and should be encouraged.

Sector	Pregnant and lactating mothers	Children aged 0–3 years	Caregivers
Education	<p>Provide information about child development and good childcare practices during home visits or parenting sessions. This can be organised in conjunction with other activities for infants and toddlers</p>	<p>Set up a child-friendly space where mothers can nurse and massage their newborns (if culturally appropriate) and children can play and interact with parents and other caregivers</p> <p>Engage trusted older women and youth as CFS volunteers</p> <p>Provide gender-neutral play materials appropriate for children aged 0–3 years</p> <p>Organise early stimulation and play activities for children that involve parents and carers. If possible, organise activity groups according to children's age or phase of development: roughly 0–12 or 18 months (pre-verbal, not ambulatory) and 12 or 18 months to 3 years</p>	<p>Conduct orientation training of volunteers (including adults and adolescents) and para-professionals on ECCD issues such as child health, infant feeding and stimulation, hygiene and sanitation, making toys from local materials, and managing the child-friendly space</p> <p>Provide facilitator kits (See Annex 5 for an example.)</p> <p>Sensitise mothers, grandparents, fathers and older siblings on good childcare practices</p> <p>Monitor caregivers' performance and provide regular coaching as needed</p> <p>Use art, theatre and drama to convey hygiene messages</p> <p>Ensure a reasonable ration of caregivers to children. It is ideal to have a 1:4 or 1:5 caregiver to child ratio for children 0-2 years and 1:6 to 1:8 ratio for children 3 years old. However, in emergencies, this may not be practical. At a minimum, there should be 2 caregivers for every 25-30 children.</p>

Sector	Pregnant and lactating mothers	Children aged 0–3 years	Caregivers
Health	<p>Provide contact information of the municipal midwives, skilled birth attendants and community health volunteers to facilitate antenatal and postnatal check-ups</p> <p>Provide antenatal support, including advice, nutritious food, check-ups, oral health, safe delivery kits, tetanus vaccination, iron and folic acid supplements. Where folic acid is not available, promote eating of foods rich in folic acid such as beans, lentils, leafy green vegetables, seeds, nuts, carrots.</p> <p>Organise parenting sessions to sensitise parents on antenatal and postnatal care, family planning, newborn care, child health, nutrition, child dental care, exclusive breastfeeding and complementary feeding, immunisation, prevention and treatment of diarrhoeal and respiratory diseases and good childcare practices</p> <p>Promote breastfeeding of infants and safe motherhood practice</p> <p>Support home-visiting programmes with a focus on maternal health, the needs of the unborn child and key child development principles</p>	<p>Support children's immunisation, deworming and where possible dental care</p> <p>Conduct daily medical visit to evacuation camps</p> <p>Set up growth monitoring facilities in clinics, including in the CFS, conduct periodic growth monitoring and provide health monitoring cards</p> <p>Supply basic medicines, oral rehydration salts and first aid to CFSs and ECCD centres</p> <p>Organise health check-up (weekly for first two months, then fortnightly)</p> <p>Provide safekeeping for health cards and birth certificates</p> <p>Establish basic health services such as ambulatories and mobile clinics, and ensure safe access to a referral system for young children</p> <p>Provide a health record card for each child</p> <p>Facilitate referrals to professional services when necessary</p>	<p>Train community volunteers on mother and child healthcare, immunisation, prevention, early detection, control and management of childhood illnesses and ECCD practices</p> <p>Facilitate health worker outreach to families of newborns by supporting transport facilities or mobile clinics</p> <p>Set up a two-way referral system between family and health facilities</p> <p>Facilitate training and accreditation of skilled birth attendants</p> <p>Provide teaching and information materials on mother and child health</p>

CRITICAL RESPONSE FOR CHILDREN AGED 0–3 YEARS, PREGNANT AND LACTATING MOTHERS AND CAREGIVERS (CONTINUED)

Sector	Pregnant and lactating mothers	Children aged 0–3 years	Caregivers
Nutrition	<p>Provide space for new mothers to breastfeed, such as a CFS</p> <p>Provide pregnant mothers with iron and folic acid supplements, and de-worming drugs, according to standard protocols.</p> <p>Where folic acid is not available, promote eating foods rich in folic acid</p> <p>Encourage exclusive breastfeeding for the first six months</p> <p>Provide nutritious food to pregnant and lactating women, accompanied by information about nutritious food that is locally available</p> <p>Deploy a lactation counsellor to support mothers and promote re-lactation for women who have ceased to breastfeed their babies</p>	<p>Conduct nutrition screening and monitoring (monthly for underweight infants or every three months for infants with normal nutritional status)</p> <p>Provide micronutrient supplements (vitamin A, iron and iodine)</p> <p>Find wet nurses for infants or young children separated from their parents or relatives</p> <p>Complement feeding programmes with play activities that promote socio-emotional support and cognitive stimulation</p> <p>Provide therapeutic feeding for children with severe malnutrition</p>	<p>Train caregivers on feeding infants and young children, and on management of acute malnutrition and food supplementation</p> <p>Deploy professional and volunteer infant and young child feeding counsellors to share information on nutrition issues and breastfeeding, appropriate complementary feeding, and integrating early stimulation with breastfeeding</p> <p>Conduct regular weighing and baby check-ups in affected communities</p> <p>Provide teaching and information materials on nutrition</p> <p>Orient caregivers on relevant policies and protocols on nutrition in emergency</p> <p>Support the formation of mothers' support groups</p>

CRITICAL RESPONSE FOR CHILDREN AGED 0–3 YEARS, PREGNANT AND LACTATING MOTHERS AND CAREGIVERS (CONTINUED)

Sector	Pregnant and lactating mothers	Children aged 0–3 years	Caregivers
WASH	<p>Incorporate hygiene issues in parenting sessions</p> <p>Provide family hygiene kits. These usually contain soap, towels, toothpaste, toothbrushes (including small ones for children), jerry cans, water disinfectant and combs, with some country variation</p> <p>For examples of hygiene kits provided by Plan Pakistan and Plan Philippines, see the toolkit.</p> <p>Provide safe and sufficient water and culturally appropriate sanitation facilities</p>	<p>Provide water and sanitation and hand-washing facilities for CFSs, temporary ECCD centres and preschools</p> <p>Supply hygiene kits suitable for infants and toddlers</p> <p>Support toilet training and hand washing</p> <p>Provide a potty or bucket latrine</p> <p>Set up baby-bathing stations</p> <p>Arrange for safe disposal of faeces and solid waste</p> <p>For information related to water and sanitation issues, refer to the SPHERE Handbook²¹</p>	<p>Sensitise caregivers to the importance of hygiene and sanitation</p> <p>Involve caregivers in monitoring and maintaining water supplies and latrines in CFSs and ECCD centres</p> <p>Teach parents about proper handling of food and water</p> <p>Coordinate with the camp management on where to locate the CFS to avoid potential sources of smoke from kitchen or unpleasant smells from toilets or refuse</p> <p>Use non-toxic play and learning materials</p>

CRITICAL RESPONSE FOR CHILDREN AGED 0–3 YEARS, PREGNANT AND LACTATING MOTHERS AND CAREGIVERS (CONTINUED)

Sector	Pregnant and lactating mothers	Children aged 0–3 years	Caregivers
Protection	<p>Provide group psychosocial support, including by enlisting the psychosocial support mobile team trained before the emergency</p> <p>For more information on individual psychosocial support, see <i>Psychological First Aid: Guide for Field Workers</i>.²²</p> <p>Organise mothers' support groups</p> <p>Keep breastfeeding mothers and their children together</p> <p>Facilitate bonding between mothers and children</p> <p>Mobilise the mobile teams of psychosocial support staff trained during the preparedness phase to support mothers and caregivers</p>	<p>Encourage older children to play with and care for the younger ones, where this does not interfere with school attendance</p> <p>Promote and facilitate birth registration</p> <p>Register children to minimise separation during times of population movement, and provide ID bracelets. If a child is found, photograph the child in the clothes in which they are found</p> <p>If separation has occurred, refer to agencies offering family tracing and reunification</p> <p>Implement preventive measures to combat child abuse and trafficking</p> <p>Where newborns are separated from their caregivers, make sure their basic needs for food, warmth and care are met. Depending on context, find a wet nurse so the child can continue breastfeeding</p>	<p>Support caregivers to create a protective environment within CFSs, ECCD centres or camps and in the community</p> <p>Organise meetings at which caregivers can discuss the past, present, and future, problem solve, and support one another to care effectively for their children</p> <p>Orient caregivers on how to identify problems and to support children's psychosocial health, and how identify harmful responses to child's stress</p> <p>Where caregivers have considerable difficulties caring for their children because of mental health issues, refer them to health services</p> <p>Train caregivers on child protection and positive discipline</p> <p>Provide information and support for caregivers on protection issues for children and relevant services</p>

Children aged 3–6 years

During an emergency, age-appropriate activities and learning environments – both formal and informal – should be available to young children as soon as possible. They give children a sense of safety, structure and predictability. From the age of three, children become increasingly independent and self-aware. Their relationship with caregivers also evolves. Although they are no longer exclusively dependent on caregivers, positive interaction with, and support from, caregivers continue to play a significant role in their development. Where a child has lost a primary caregiver, the presence of another caring adult can help them develop resilience to overcome stress.

Children’s learning should be maximised through developing creative educational spaces for movement and play – either in a CFS, kindergarten or preschool, or at the child’s home. Structured activities will help the children regain a sense of normality. Community-based, non-formal child development centres can provide preschool learning through play and group activities. These can be integrated with healthcare, supplementary feeding, clean water, latrines, and child safety initiatives. Games, stories from local culture, folklore and toys should be used as much as possible.

For children aged four to six years, ECCD programmes can incorporate pre-literacy and pre-numeracy activities that prepare them for primary school as well as reinforcing their gross and fine motor skills.

ECCD facilitators and pre-school teachers will need orientation on how to conduct ECCD activities in emergencies. If ECCD curriculum and training materials are available in the country, try to adapt and make use of them rather than replacing them with imported materials. Training sessions for caregivers and parents can address a range of relevant topics. They include:

- promoting health and hygiene
- children’s nutrition needs and monitoring
- child development principles
- conducting activities in a CFS or an ECCD centre
- making games and toys from local materials
- identifying problems in a child’s physical, mental and emotional wellbeing
- supporting mothers and fathers to care for their young children, protect them from abuse and violence
- supporting parents to prepare their children for primary school.

Involve specialists from health, protection or WASH sectors as key facilitators as appropriate – even if the activities are organised by education or ECCD specialists. This also means that several training-related activities in the matrix below can be combined during implementation, facilitating cross-sectoral integration.

Sector	Caregivers	Children aged 3–6 years
<p>Education</p>	<p>Deploy emergency ECCD specialists to affected areas to train staff and provide on-the-spot coaching to care providers and preschool teachers</p> <p>In collaboration with the local education, health and social welfare authorities and the local community, recruit staff for CFSs and ECCD centres. These could be qualified ECCD professionals, preschool teachers or volunteers. (Make use of the pre-emergency list of potential recruits on p. 19.) Mobilise as many females and caregivers from the affected areas as possible</p> <p>Provide training to volunteers, facilitators and preschool teachers on elements such as the code of conduct, principles of ECCD in emergencies, planning activities and making toys from local materials</p> <p>Consider paying a stipend to caregivers working in CFSs and emergency ECCD centres in line with Plan's position on teachers in emergencies. For caregivers, the 'work for cash' approach may also be an option</p> <p>Help set up a parents' group as a focal point for conducting parenting education, sharing experience and mutual support in times of crisis</p> <p>Build capacities of caregivers (such as mothers, fathers, siblings, grandparents or other family members) through support and training on ECCD</p> <p>Involve these family members in running activities in CFSs, camps, temporary ECCD centres</p>	<p>Depending on the context, start ECCD in emergencies activities in all of some of these: child friendly spaces, ECCD centres, community-based learning centres, or in homes.</p> <p>Provide locally adapted ECCD kits</p> <p>Facilitate learning and psychosocial wellbeing through locally appropriate games, songs, dance, theatre, puppets, drawing, story telling and sports etc, ensuring that activities are appropriate for the children's age, gender and culture</p> <p>Run activities that build children's life skills and resilience, such as survival skills and injury and accident prevention. Promote community cohesion and non-violence, involving children themselves in the conduct of activities</p> <p>Encourage siblings to play with young children as much as possible</p> <p>Support local government to rehabilitate and rebuild ECCD centres and preschools</p> <p>Provide services adapted to children with special needs, making use of family-based and community-based supportive mechanisms</p> <p>Support mobile libraries where possible</p> <p>Integrate DRR activities (such as risk mapping, environmental protection, accident and injury prevention, preparedness measures and awareness of landmines and cluster bombs)</p> <p>Conduct periodic monitoring to ensure that support reaches all affected children</p>

CRITICAL RESPONSE FOR CHILDREN AGED 3–6 YEARS (CONTINUED)

Sector	Caregivers	Children aged 3–6 years
Health	<p>Organise orientation for parents, caregivers and teachers on healthcare and preventing and identifying common early childhood diseases</p> <p>Guide parents in preparing oral rehydration salts</p>	<p>Arrange immunisation, de-worming, health check-ups (weekly for the first two months, then fortnightly) and screening for symptoms of illness. Refer severe cases to mobile clinics or hospitals</p> <p>Supply oral rehydration salts, first aid and basic medicines to CFSs, ECCD centres and preschools</p> <p>Organise health and hygiene promotion activities for children, parents and caregivers</p> <p>Provide safekeeping for health cards and birth certificates</p> <p>Work with local authorities to rehabilitate community health posts and reactivate healthcare services for young children</p> <p>Provide health record cards</p> <p>Display and distribute posters conveying health-related messages</p>
Nutrition	<p>Provide caregiver orientation on children's nutrition needs and nutrition monitoring</p> <p>Provide information about nutritious food that can be found locally</p>	<p>Supply adequate micronutrient supplements (including vitamin A, iron and iodine) for young children</p> <p>Conduct growth and nutrition monitoring, refer severe malnutrition cases</p> <p>Support supplementary feeding in CFSs and ECCD centres in critical situations, ensuring there is no gender-based discrimination in distribution of nutrition</p> <p>Provide therapeutic feeding to children who need it</p>

CRITICAL RESPONSE FOR CHILDREN AGED 3–6 YEARS (CONTINUED)

Sector	Caregivers	Children aged 3–6 years
WASH	<p>Sensitise caregivers on supporting children to develop and maintain good hygiene. This is especially crucial in crowded camp conditions</p> <p>Provide family hygiene kits where appropriate, making sure that safety instructions are written in the local language</p> <p>Disseminate information on safe disposal of solid waste and excreta, and provide appropriate facilities</p> <p>Educate families – especially caregivers – on the importance of safe water, proper sanitation and hygiene practices, such as washing hands after using the toilet and before eating or preparing food</p>	<p>Coordinate with relevant agencies to ensure sufficient water supply, including through providing technical and material support to implementing partners</p> <p>Provide child-accessible latrine facilities to CFSs, ECCD centres and preschools (for example, with two toilets per CFS)</p> <p>Provide hygiene kits to CFSs and ECCD centres and promote hand washing through music, theatre, drawing</p> <p>Disseminate information on safe solid waste and excreta disposal and provide appropriate facilities</p> <p>Coordinate with the camp management on where the CFS is located, to avoid potential sources of smoke from kitchens or unpleasant smells from toilets or refuse</p>

CRITICAL RESPONSE FOR CHILDREN AGED 3–6 YEARS (CONTINUED)

Sector	Caregivers	Children aged 3–6 years
Protection	<p>Verify the background of volunteer caregivers to make sure they are suitable for working with young children</p> <p>Facilitate nurturing care and support through caregiver education, home visits and shared childcare, and by forming communal playgroups and informal parents' gatherings in safe spaces</p> <p>Show caregivers how to identify problems and support their children's psychosocial health, to identify harmful responses to child's stress and to recognise whether a child needs more specialised support</p> <p>Organise workshops where caregivers can support one another, discuss the past, present, future, share problem solving, identify protection issues and discuss actions to improve the protective environment</p> <p>If a caregiver has difficulties caring for their children because of mental health issues, refer them to specialised health services</p> <p>Provide orientation to caregivers on child protection, positive discipline, identifying vulnerable children, and referring them to appropriate services</p>	<p>Put safety measures in place in CFSs, ECCD centres and preschools. Ensure staff are aware of, and comply with, SayYes! to Keeping Children Safe, Plan's child protection guidelines.</p> <p>Prevent children from becoming separated from their families by providing information to parents and children about the risks. Use songs and games to teach children basic information such as the name of their village</p> <p>Register children and provide them with ID bracelets where it is necessary and safe to do so</p> <p>Take actions to reduce children's risk of being recruited into armed groups, trafficked or forced into harmful child labour.</p> <p>Provide information for children on self-protection, and on how to report any protection issues to a trusted adult</p>

Children aged 6–8 years

ECCD services are essential for successful child development. However, early gains are vastly reduced if children are unable to enrol in primary school, enter school late, are placed in very large classes, receive low-quality schooling, repeat grades or do not complete primary school. So, an important part of ECCD is to help prepare children for their success in primary school, and to enable parents to provide the necessary support for their children to attend school. At the same time, interventions are needed to make sure primary schools are ready for children who have been affected by disasters and have learned things through ECCD in emergencies interventions such as problem solving, sharing, early writing, reading and math. Sometimes children who have learned things before entering primary school enter classes where others have not learned these things. They can become bored and demotivated at school, which reverses the benefits of their ECCD in emergencies experience. Taken together, these services build children's confidence as they prepare to take their first educational steps outside the home environment.²³

During the response phase, activities for children aged 6–8 years will vary slightly depending on the national and local context. In some countries children start primary school at the age of five or six, while in others they do not start until they are eight. Also, children's level of school preparedness will vary, so the teaching needs to be tailored accordingly.

In situations of conflict and disaster, teachers play a more critical role than usual in responding to pupils' emotional needs as they face the uncertainties of crisis. Teachers can guide pupils in learning about possible causes of different disasters and their consequences. They can encourage pupils to cope with and recover from loss, grief and stress. They can explain functional and dysfunctional behaviours and teach life skills.

However, in turn, the teachers themselves need support – through training and coaching as well as psychosocial support – so they can assist pupils. Plan's experience²⁴ has found it helpful to include the following topics in teacher training:

- child rights
- child protection and awareness of violence, exploitation, neglect and abuse

- psychosocial support, including developmentally appropriate activities that promote psychosocial wellbeing
- recognising children who show serious or prolonged signs of stress or trauma and referring them to specialised service providers
- life skills
- non-formal education on health and hygiene issues
- child development
- peace education, conflict sensitivity and conflict resolution
- disaster risk reduction using a child-centred approach.

Given the crucial role that teachers play in emergencies, these topics should be mainstreamed into regular pre-service and in-service teacher training programmes.

In conflict situations, there is a need to adapt the education models and teaching methods for children in early grades of primary school. Useful strategies²⁵ include:

- **Open learning or individual learning programmes** that do not require a school structure but can take place anywhere, with the help of part-time teachers. Sets of learning materials can be produced locally, replacing the need for expensive textbooks. Children can enrol any time and study at their own pace
- **Involving the community** in determining the content of curricula, in primary school management and in the defence of school from attacks
- **Using alternative venues for education** such as homes, cellars or gathering places. This can reduce the threat of attacks.

The table overleaf highlights key actions to support children aged 6–8 years and their teachers and caregivers.

Sector	Teachers and caregivers	Children aged 6–8 years
<p>Education</p>	<p>Providing training for preschool and primary school teachers and trainees that emphasises the concepts of child-centred, participatory learning and inclusive instruction</p> <p>Consider paying a stipend to teachers and caregivers in ECCD centres</p> <p>Integrate conflict resolution and peace building into everyday activities</p> <p>Provide parenting education to caregivers, including mothers, fathers, older siblings, grandparents and other family members</p> <p>Help form parenting groups and a primary school management committee</p>	<p>Set up safe spaces for young children to play and learn in</p> <p>Set up temporary learning spaces for regularly scheduled education activities</p> <p>Support basic literacy and life-skills education in ECCD centres, the early grades of primary schools and at home (through using home-based instructional materials for those children who miss schooling in conflict affected areas)</p> <p>Promote the use of active learning methods and the child-to-child approach</p> <p>Provide school supplies, books and age-appropriate recreation materials</p> <p>Work with local authorities and communities on rapid rehabilitation, reconstruction and reopening primary schools to make them ready for children</p> <p>Support the back-to-school drive by engaging communities</p> <p>Incorporate the teaching of life skills, disaster risk reduction, citizenship and peace education into the curriculum</p> <p>Run awareness-raising sessions and informal activities on DRR (including health risks), tolerance, conflict management and peace education</p> <p>Conduct periodic monitoring with the participation of children and teachers, to make sure support reaches all affected children</p>

CRITICAL RESPONSE FOR CHILDREN AGED 6–8 YEARS (CONTINUED)

Sector	Teachers and caregivers	Children aged 6–8 years
Health	Identify and train health volunteers, parents, caregivers and preschool teachers on first aid, preventing common childhood illnesses and identifying their symptoms	<p>Organise health check-ups and follow-ups (weekly for first two months, then fortnightly). Link up with mobile clinics as needed</p> <p>Conduct immunisation and de-worming for all children in CFSs, ECCD centres and preschools</p> <p>Provide a health record card for each child</p> <p>Provide safekeeping for health cards and birth certificates</p> <p>Distribute and display information, education and communication materials on health issues</p> <p>Supply first aid, oral rehydration salts and basic medicines to CFSs, temporary ECCD centres and preschools</p>
Nutrition	Include nutrition issues in health training sessions	<p>Distribute micronutrients</p> <p>Conduct de-worming</p> <p>Monitor children's growth and nutrition status and refer cases of severe malnutrition</p> <p>Support the school feeding programme</p>

CRITICAL RESPONSE FOR CHILDREN AGED 6–8 YEARS (CONTINUED)

Sector	Teachers and caregivers	Children aged 6–8 years
WASH	<p>Educate families on the importance of safe water, good sanitation and hygiene practices</p> <p>Consider providing hygiene kits to families with young children</p>	<p>Ensure that water and latrines are accessible to children (with two toilets per CFS, separated for boys and girls)</p> <p>Ensure regular maintenance of water points and toilets, involving caregivers and older children</p> <p>Provide hygiene kits</p> <p>Disseminate information on safe solid waste and excreta disposal</p> <p>Promote hand washing before eating and after using the toilet</p> <p>Support quick improvement of child-friendly water and sanitary conditions in preschools and primary schools</p> <p>Coordinate with the camp management on the location of the CFS to avoid potential sources of smoke from kitchens or unpleasant smells from toilets or refuse</p> <p>Use non-toxic play and learning materials</p>
Protection	<p>Show caregivers how to identify children who may need more specialised psychosocial support and refer them to the relevant specialised agency</p> <p>Support caregivers and teachers experiencing stress through workshops where they can reflect on their experiences with the disaster, share problem solving and support one another.</p> <p>Where caregivers and teachers have difficulties caring for their children due to mental health issues, refer them to specialised healthcare</p> <p>Train caregivers on child-positive discipline, protection issues, services available, and how to identify vulnerable children</p>	<p>Register children and provide parents, children and older siblings with information on how to prevent separation during times of population movement</p> <p>Help identify separated and unaccompanied children and refer them to agencies that are skilled in family tracing and reunification</p> <p>Include messages about personal safety in children's learning programme, recognising and reporting signs of abuse and exploitation</p> <p>Promote birth registration</p> <p>Take action to reduce children's risk of being recruited into armed groups, trafficked, or forced into harmful child labour.</p> <p>Make sure staff and community members are aware of, and comply with, Say Yes! To Keeping Children Safe</p>



Summary

- ECCD in emergencies provides critical support for children aged 0–8 and their caregivers, as well as pregnant and lactating women.
- Three interventions needed for all ECCD in emergencies programmes includes: a rapid needs assessment, communications and advocacy, and coordination.
- Effective cross-sectoral collaboration and joint planning are essential for ECCD in emergencies to be provided effectively.
- Accurate age-disaggregated data is needed to establish benchmarks and assess what services are need.
- Successful ECCD programmes in emergencies are those that are sustainable over the long term, maximising local resources and participation and involving community leaders and other agencies.



5 Recovery



During the recovery phase, things may be gradually returning to normal, but young children and their caregivers may still be suffering effects of the emergency for months or years to come, whether physical, economic or psychological. This section describes the work to lay the foundation for restoring normal services, by building on the emergency early childhood care and development (ECCD) provision, focusing on areas such as education, health, nutrition, protection and water, sanitation and hygiene.

In the recovery phase, basic services are restored and programmes are transitioned from providing immediate needs to tackling longer-term issues. This includes reintegrating displaced populations. Life is gradually brought back to normality and measures are undertaken to address underlying risks that could lead to a future crisis. For early childhood care and development (ECCD), this phase lays the foundation for restoring the regular services, as well as sustaining programmes that were initiated during the response. Whatever is done during this phase, it must work to reduce the risks of future disasters.

The timing for this phase is not precise, as it depends on the specific situation. In some sectors, recovery activities can begin before they do in other sectors. This means that there can be overlap between the response and recovery stages. Certain interventions that are linked to regular development can already be conducted during the early recovery phase. Examples might include rehabilitation of damaged preschools or developing capacity of caregivers, parents, preschool and primary school teachers.

Key challenges and considerations

The focus for the recovery phase is to build on the services that were put in place during the response phase in order to continue ECCD activities for the longer term. It also provides a window of opportunity for “Building Back Better” in terms of infrastructure and systems. During this phase, emergency structures put in place during the response, such as child-friendly

spaces (CFSs), will be phased out. The tables in this section list activities for resuming regular ECCD for all children aged 0–8 years. Some activities target at-risk groups – for example, the provision of supplementary feeding for malnourished children and pregnant or lactating women. The cross-sectoral collaboration and inter-agency coordination must continue during the recovery so that young children receive the integrated support they need.

It is especially important that these continue to address the psychosocial impact of the crisis on children and caregivers. It is not unusual for affected children to continue to experience emotional distress long after the crisis. So, continuing to provide psychosocial support to severely affected children and caregivers may be necessary.

The challenges in this phase are, of course, different to those faced at the response phase. The rate of recovery depends greatly on the severity and intensity of the crisis that has occurred, and on other factors – including how well prepared communities were, the pre-existing capacity of people and institutions, and their resilience. In major emergencies, the level of physical damage and disruption to administrative and financial systems is often considerable. It may be beyond the capacity of local communities to deal with this issue on their own, without external assistance.

The gap in financial resources is a challenge in itself. Funding tends to be more readily available for emergency relief than for recovery and reconstruction. Sometimes funding pledges are not met, and resources can be unpredictable, making it problematic to plan activities during the recovery phase. Financial gaps add to the considerable contextual challenge of restoring regular ECCD services and improving their quality. Reliance on local contributions, as well as work to mobilise external support, need to be part of the recovery and reconstruction strategy.

The challenge is also to ensure that the national government and local communities have ownership over the recovery process. This requires work to align and coordinate international agency and non-governmental organisation (NGO) activities with central and local government priorities. Where governments have not had the capacity to coordinate the initial emergency response, it is necessary to build the capacity of central and local government, so that the authorities are in a position to handle future disasters. An important focus during this phase is to sensitise policy makers to the need to sustain the services put in place during the response and the importance of providing ECCD services to all children.

Key ECCD activities, by age group

Many activities during this phase mirror those implemented during the response as there is no clear point when response ends and recovery begins. However, the emphasis here is on extending outreach, enhancing the quality of activities, and restoring and strengthening the capacity of the delivery system. Whenever possible, try to embed disaster risk reduction in all activities, and conduct regular monitoring and evaluation, with a view to learning from the experience and advocacy. (See Section 6: Monitoring and evaluation.)

The tables that follow highlight the key activities that need to be carried out for children at each stage of development: pregnant and lactating mothers and children aged 0–3 years, children aged 3–6 years and those aged 6–8 years.

SUPPORTING PREGNANT AND LACTATING MOTHERS AND CHILDREN AGED 0–3 YEARS

Sector	Pregnant and lactating mothers and other caregivers	Children aged 0–3 years
Education	<p>Continue parenting sessions on child development and childcare</p> <p>Coach caregivers on making toys from local materials</p> <p>Include DRR concepts and practice in all capacity development activities</p>	<p>Reinstate previously damaged ECCD centres through rehabilitation and reconstruction and supplying play materials</p> <p>Support children's early stimulation and play at home and in community-based ECCD centres, using home-made toys as much as possible</p> <p>Involve older children in supporting and stimulating the younger ones</p> <p>In collaboration with local communities and the ministry of education or social welfare, ensure that rehabilitation and reconstruction of community-based ECCD meets hazard-resistant standards</p>
Health	<p>Promote continued support of health workers for pregnant and new mothers</p> <p>Provide training in contingency planning for health workers in maternity units and health centres</p> <p>Continue parenting sessions on child and maternal health</p>	<p>In consultation with, and with the support of, the ministries of health and community, rehabilitate and reconstruct damaged community health centres to meet hazard-resistant standards</p> <p>Support immunisation and de-worming, conduct regular growth monitoring according to the national established norms, and provide micronutrient supplements</p>
Nutrition	<p>Provide information and advice on nutrition for pregnant mothers and young children, through parenting sessions and home visits</p> <p>Provide targeted supplementary food provision for pregnant and lactating mothers at risk of malnutrition</p> <p>Continue to promote breastfeeding</p>	<p>Provide supplementary feeding to children at risk of malnutrition</p> <p>Conduct monitoring nutrition during home visits and at ECCD centres</p> <p>Refer cases of severe malnutrition</p>

SUPPORTING PREGNANT AND LACTATING MOTHERS AND CHILDREN AGED 0–3 YEARS (CONTINUED)

Sector	Pregnant and lactating mothers and other caregivers	Children aged 0–3 years
WASH	<p>Integrate hygiene issues into parenting sessions</p> <p>Distribute messages about sanitation and hygiene to families and community</p>	<p>Support initiatives that promote health and hygiene, both in community ECCD centres and at home</p> <p>Make sure that rebuilt ECCD centres have clean water points and sanitation facilities appropriate for small children</p>
Protection	<p>Provide psychosocial support to mothers and caregivers who need it</p> <p>Incorporate protection issues into discussions with parents during home visits</p> <p>Strengthen community-based protection mechanisms to safeguard young children</p>	<p>Continue to promote breastfeeding as the optimal psychosocial support for infants, through individual support and continued dialogue with mothers</p>

SUPPORTING CHILDREN AGED 3–6 YEARS

Sector	Caregivers	Children aged 3–6 years
Education	<p>Sensitise parents and other caregivers to continue to support their children’s early learning and development</p> <p>Help parents and caregivers to understand the changes they see in their children following a crisis</p> <p>Support training in DRR for parents and teachers.</p> <p>Promote establishment of ECCD management committees with the participation of parents</p> <p>Mobilise community contribution for ECCD activities</p> <p>Promote the integration of any preschool teachers and para-professional caregivers who were recruited and trained during emergency response into the existing system</p> <p>Integrate psychosocial support and related strategies into existing teacher training programmes (both for trainees and those already in service)</p>	<p>In consultation with, and in support of, the ministries of education and social welfare authorities and community, rehabilitate and reconstruct damaged preschools and community learning centres using hazards-resilient standards, so that schools are not vulnerable to future emergencies (Build Back Better)</p> <p>Provide centres with basic evacuation tools such as first-aid kits and megaphones</p> <p>Organise campaigning or sensitisation activities to encourage all children to attend preschool or community-based early learning venues. Continue to encourage play</p> <p>Incorporate DRR, life skills, citizenship and peace education into the curriculum of children’s early learning programmes</p>
Health	<p>Support parenting programmes that provide information on health issues.</p>	<p>Support children’s immunisation and growth monitoring</p> <p>Conduct health promotion sessions in community-based learning centres and preschools</p>
Nutrition	<p>Conduct parenting programmes to address children’s nutrition needs and nutritional monitoring</p>	<p>Promote regular nutrition monitoring</p> <p>Support feeding programmes for preschools in areas where this is critical</p>

SUPPORTING CHILDREN AGED 3–6 YEARS (CONTINUED)

Sector	Pregnant and lactating mothers and other caregivers	Children aged 0–3 years
WASH	<p>Include WASH issues in parenting and preschool teacher training programmes</p>	<p>Promote hand washing in all places, including at home, in ECCD centres and in preschools</p> <p>Make sure that rebuilt ECCD centres and preschools have water points and sanitation facilities</p> <p>Sensitise and mobilise community participation in maintaining water and sanitation points</p>
Protection	<p>Provide orientation to caregivers and teachers on how to support children suffering from continued distress</p> <p>Provide training and information on how to identify and support children with protection issues</p> <p>Share information with parents and caregivers on how to identify problems and support the psychosocial health of their children.</p> <p>Support awareness-raising activities (for example, print and distribute posters with child protection messages within the community, or present drama, skits and songs)</p> <p>Continue working with parents and teachers to strengthen the protective environment for young children, providing support for community initiatives</p>	<p>Involve youth in organising activities for younger children</p> <p>Create physical and artistic opportunities for children to talk about and express painful experiences and feelings, facilitated by people they know and trust</p> <p>Make sure any children who remain separated from their caregivers are in stable alternative care arrangements and that their tracing file is followed up</p>

SUPPORTING CHILDREN AGED 6–8 YEARS

Sector	Caregivers, preschool teachers and primary school teachers	Children aged 6–8 years
Education	<p>Continue to facilitate parenting sessions on supporting children’s education</p> <p>Provide training for preschool teachers, primary school teachers to enable children’s transition from preschools to primary grades</p> <p>Promote establishment of a preschool management committee and mobilise community contribution for ECCD activities</p> <p>Train preschool teachers, caregivers and primary school teachers in disaster preparedness planning</p> <p>Promote the integration of preschool teachers recruited and trained during emergency response in the existing system</p>	<p>In consultation with, and support of, the ministry of education, social welfare authorities and the community, rehabilitate and reconstruct damaged preschools and community learning centres using hazard-resilient standards, so that schools are not vulnerable to future emergencies</p> <p>Provide essential learning and play materials for preschools and community-based learning centres to enable young children to resume their regular schedule of activities (including specific support with maths and reading)</p> <p>Support the ministry of education and local communities to ensure that all young children take part in ECCD activities and get ready for primary school. Where applicable, support the development and provision of home-based learning materials for any children who cannot attend ECCD centres due to conflict</p> <p>Help preschools, community ECCD centres and families to develop or update their disaster preparedness plans</p> <p>Integrate citizenship, conflict resolution and peace education into children’s everyday activities</p> <p>Advocate for a curriculum that is free from political bias and that incorporates life skills, disaster risk reduction, citizenship and peace education</p>

SUPPORTING CHILDREN AGED 6–8 YEARS (CONTINUED)

Sector	Caregivers, preschool teachers and primary school teachers	Children aged 6–8 years
Education (continued)		<p>Facilitate children's reintegration into primary schools through advocating for a standard procedure for all schools, adopting certification options in partnership with affected communities, and rapidly providing documents after a learning programme is completed</p> <p>In some cases children have been refused reintegration to their former schools as they do not have official papers to show that they have attended schools in a new location. [margin – or delete?] For additional information on recognition of learning attainments of displaced and refugee students, see Certification counts.²⁶</p> <p>Encourage alternative teaching and learning methods and flexible models of community-based education to reach out to all children – especially those marginalised and affected by conflict</p>
Health	<p>Make health promotion and first aid training an integral part of parenting and teacher training courses</p> <p>Engage parents' participation in health promotion activities in preschools, community ECCD centres and primary schools</p>	<p>Link up with community or mobile clinics to conduct health check-ups</p> <p>Provide first aid kits for preschools and primary schools</p> <p>Support health promotion campaigns in preschools, ECCD centres and primary schools</p> <p>Advocate for ECCD to be included in the 'Emergencies in the health sector' preparedness plan</p>
Nutrition	<p>Include nutrition-related issues in parenting and teacher training programmes</p>	<p>Conduct nutrition monitoring and follow up on early warning signs of malnutrition</p> <p>Support de-worming</p>

SUPPORTING CHILDREN AGED 6–8 YEARS (CONTINUED)

Sector	Caregivers, preschool teachers and primary school teachers	Children aged 6–8 years
WASH	<p>Incorporate the topics of sanitation, environmental protection and risk reduction in training for caregivers and for preschool and primary school teachers</p>	<p>Make sure that rebuilt preschools, ECCD centres and primary schools have functioning and maintained water and sanitation facilities</p> <p>Continue promoting hand washing and other good hygiene practices</p>
Protection	<p>Provide orientation to teachers and caregivers on how to support children suffering from distress and how to identify and refer children who are in need of additional protection services</p> <p>Conduct parenting education sessions on protection risks, and how to support children's psychosocial wellbeing, working in collaboration with education colleagues. Skills should include how to control, regulate and modify aggressive behaviour in children through consistent positive discipline and limit setting</p> <p>Support awareness-raising activities – for example, print and distribute posters with child protection messages across the community, or present drama, skits or songs</p> <p>Continue working with parents, teachers and other community members to strengthen the protective environment for young children, providing support for community initiatives</p>	<p>Involve youth in organising activities for younger children</p> <p>Foster social connections and interactions for all children, with a view to building peace and minimising conflict</p> <p>Create opportunities for children to talk about and express painful experiences and feelings, facilitated by people who the children know and trust</p> <p>Make sure any children who remain separated from their caregivers are in stable alternative care arrangements and that their tracing files are followed up</p>

Links to long-term development

The actions taken in the recovery phase provide a good precedent for ECCD services post-emergency. When an ECCD programme is of high quality and is implemented effectively during an emergency, it is more likely to continue afterwards. In many cases, local communities have successfully taken over and managed ECCD centres that were created during the response phase. Learning acquisition in maths and reading enables children's successful transition from ECCD to primary school and contributes to their long-term education goal. Equally, successful initiatives in building the capacity of caregivers and teachers will serve the community well in the future.

In areas where ECCD does not exist, or is provided only to a very limited extent, implementing ECCD in emergencies provides a valuable opportunity to introduce ECCD. So, it is vital to aim for high quality programming that adheres to good practice and standards,²⁸ both in the chaos during the response and during the recovery phase. All activities implemented during the response should be evaluated as soon as it is feasible.

The successes and lessons learned from existing ECCD programmes provide evidence that will aid advocacy for regular and systematic ECCD provision – especially in areas prone to disasters. This evidence will be important to influence government to establish or strengthen ECCD policies that support young children before, during and after emergencies. The positive impact of ECCD in emergencies on young children's survival, growth, development and protection, and on the community's increased resilience, present convincing arguments to government and humanitarian actors alike that ECCD must be anchored in all emergency responses and incorporated into governments' national development plans and policies.

During the recovery phase, ECCD programmes that were initiated during the response need to be sustained and reintegrated into the existing social service system. For example, teachers and caregivers who were recruited to run ECCD centres during the emergency should be integrated with the regular ECCD centres and with other forms of community-based ECCD. Parenting education should continue to help parents apply good childcare practices in their homes, support their children's enrolment and attendance in preschools and primary school, and conduct DRR activities. You can ask parents to help you collectively advocate for ECCD service provision.

Other key activities include:

- enabling young children who became displaced during the crisis and attended ECCD activities in a new location to reintegrate into the ECCD establishments in their native community
- regular monitoring of children’s health and nutrition by community health centre staff or community health volunteers
- building permanent preschools, and other ECCD centres in order to ensure the continuation of ECCD. This may require a longer timeframe and also serves long-term development needs.
- Attention must be paid to DRR aspects in all activities. These include:
- making sure the standards for building and environmental of ECCD centres, kindergartens, preschools, primary schools, health centres are part of quality standards for child-centred development
- ensuring that physical structures are built to withstand predominant local hazards
- bolting down furniture and equipment inside the centre and arranging it so that no harm is caused to children when disasters occur
- making arrangements for safekeeping of children’s health cards and other important documents
- regularly conducting evacuation and other safety drills appropriate to the predominant hazards
- ensuring that activities in the centres and at home consistently convey the message about how children can avoid risks and what they should do during an emergency
- putting in place early warning and communication mechanisms and making them operational
- incorporating DRR in the curriculum of kindergartens, preschools and primary schools.
- In conflict-prone areas, it is important to include conflict resolution and peace building in ECCD activities. Mutual understanding and tolerance of differences should be the focus of group activities and play. In this situation, it is important to advocate for ECCD centres as zones of peace.
- To facilitate young children’s transition to primary school, ECCD and education staff need to work closely together in several areas – for example, in:
- providing technical assistance and capacity building for teachers

- putting in place elements that make primary schools welcoming to young children (such as improved school structure and WASH facilities, textbooks, and teaching aids)
- advocating for government institutions to introduce and enforce an ECCD policy both for normal times and emergency settings.

ECCD is not only a key element of emergency response but also an effective channel to advocate for children's rights in emergencies and normal times.

During the recovery phase, the collaboration between government agencies responsible for ECCD, DRR and disaster management needs to be institutionalised, if this was not done during the preparedness phase. Aid agencies and other actors should continue to advocate for ECCD in emergencies, using the insights and results from their interventions during the response phase.

Advocacy can enable ECCD concepts and services to be introduced where they did not exist before. However, support for capacity building and other preparatory work of local and national stakeholders is a critical factor to make this possible, as demonstrated by Plan's work in India and Indonesia.

ECCD is not only a key element of emergency response but also an effective channel to advocate for children's rights in emergencies and normal times.

The concept and practice of Building Back Better should be used for advocacy nationally and locally – both in ECCD in general, and in the emergency setting. The success of this can persuade national governments to commit themselves to meeting recurrent costs for ECCD building maintenance. It will also motivate neighbouring communities to lobby for the same and can show the importance of investing in disaster risk reduction, and help build community resilience.

As well as lobbying the authorities for ECCD, it is important to involve and strengthen any community-based and civil society organisations acting as implementing partners, and that can ensure the continuation of the ECCD activities after the emergency.



Summing up

- The focus for the recovery phase is to build on and continue ECCD services put in place during the emergency.
- Activities need to target at-risk groups including girls and pregnant or lactating women.
- Psychosocial support is crucial as many children and caregivers will continue to experience emotional distress long after the crisis.
- Work must be carried out to align this phase of work with central and local government activities, such as the social service system, and to encourage ownership by government and communities, to ensure sustainability.



6. Monitoring and evaluation



Monitoring and evaluation are essential aspects of early childhood care and development (ECCD) programming. Monitoring is an ongoing approach to work that regularly gathers evidence to assess how far the response is achieving its objectives. Evaluation is a more formal process usually carried out at the end of a programme. This section explains the importance of monitoring and evaluation, and provides examples of key indicators that can be used to measure progress.

Monitoring

Monitoring measures both the progress of an intervention and the level of change it has achieved, in an ongoing process that regularly measures progress towards objectives.²⁹ This helps to identify and address any gaps, and to improve the accountability and quality of the interventions.



If any modifications are needed, make sure you introduce them to ongoing ECCD activities as necessary, according to the results of monitoring.

Monitoring indicators

To monitor a programme, you need indicators – measures used to show the change in a situation, or the progress of an activity or project. These should be drawn up when the response programme is designed. There are different types of indicators as follows, each of which are specified in the programme document:

- **Output indicators** show the immediate results of the project activity – for example, the number of ECCD kits distributed. To identify output indicators, look at the specific activities envisaged in the ECCD emergency response and then develop the indicators that will help determine whether the activities are achieved as planned.
- **Outcome indicators** show the immediate changes that come about as a result of the implemented activities – for example, the number of children actually using ECCD kits in the safe space or camp. To identify outcome indicators, you need to look beyond the implementation of an individual

activity and try to visualise how, and to what extent, children and their caregivers are able to benefit from the delivery of that activity.

- **Impact indicators** refer to the longer-term changes as a result of programme activities – for example, better child wellbeing or improved school readiness of young children in disaster-affected areas. Child development standards can be used to develop impact indicators showing how the emergency response has ultimately helped children to reach their development benchmarks. Most countries have child development standards in place, tailored to the specific socio-cultural norms. These can be adapted for emergency settings. Sometimes, the impact of a programme can be realised only after the lifetime of the programme.

Monitoring is usually conducted by trained teams, following a set plan. The types of data collected depend on the design of the monitoring, the frequency of data collection and the resources available for data collection and processing.



Unannounced monitoring visits can improve the validity of monitoring data.³⁰

Much of the information required can be collected from ECCD centres and health centres. For example:

- the number of children (disaggregated by age and sex) attending ECCD centres (output indicator)
- the number of ECCD kits and other play or learning materials distributed to CFSs or ECCD centres (output indicator)
- data on children's growth monitoring (impact indicator)
- the number of parents attending parenting programmes (output indicator)
- the number of adolescents involved in peer support with younger children or recreational activities (output indicator)
- the number of incidents of child abuse or breaches of safety (outcome indicator)
- the number of water and sanitation facilities installed for ECCD centres (output indicator)
- the number of ECCD centres where children use water and sanitation facilities (outcome indicator)
- the number of children with improved nutrition and health status (outcome indicator).

- the percentage of children and parents who have skills in disaster risk reduction (outcome indicator)
- the number of children displaying improved psychosocial wellbeing as evidenced by their interaction and relationships with peers and their adaptation to the new environment (outcome indicator)
- the number of children who have accessed ECCD in emergency programmes and who are doing well at primary school (impact indicator).

Caregivers should be involved in the monitoring process as much as possible. Young children also need to be consulted, in a child-appropriate manner. National and local authorities responsible for ECCD should also be closely engaged and, wherever possible, should be encouraged to lead the monitoring process, with support from aid agencies taking the form of funding and staff participation.

The monitoring plan template below can help guide the planning of periodic monitoring. Collecting this data will facilitate the evaluation of the programme later on.

MONITORING PLAN TEMPLATE

	Activity	Indicator	Person responsible for monitoring	Composition of monitoring team	Logistics	Data-collection tools	Gaps and plans to address them
1							
2							
3							
4							
5							
6							
7							

Adapted from UNICEF (2010)³¹

Key questions to keep in mind in the monitoring process include:

- Are the interventions meeting the needs of children and caregivers?
- How has the situation changed since the activities started?
- Are all children aged 0–8 years in the disaster-affected area benefiting from the interventions?
- Are children displaying gross and fine motor skills and socio-emotional development according to the accepted child development standards?
- Are pregnant and lactating mothers receiving assistance to ensure that their children are healthy?
- What events or information have arisen during project implementation to suggest that certain activities may need to be stopped and/or new activities added?
- Does the orientation and training provide sufficient knowledge and skills to enable ECCD facilitators and caregivers to carry out their work?
- Are the children showing signs of improved psychosocial status?

Evaluation

In an emergency situation, evaluation is a process to determine systematically the value and impact of a response. Unlike monitoring, evaluation is less frequent, and is usually conducted in the middle or at the end of a programme, by external assessors. An evaluation measures outcomes, and evaluates whether expected results have been achieved.

To determine the value or impact of the ECCD response, the evaluation is based on the following widely accepted criteria.

- **Relevance.** What is the value of the intervention in relation to other priority needs, issues and efforts?
- **Effectiveness.** Is the activity achieving satisfactory progress regarding stated objectives?
- **Efficiency.** Does the programme use the least costly resources to achieve its objective in the given context?
- **Impact.** What are the results of the intervention, including the social, economic and environmental effects on individuals, communities and institutions, both in the short and long term?
- **Sustainability.** Is the activity, and its impact, likely to continue when external support phases out, and will it be replicated or adapted?
- In an evaluation of an ECCD in emergency programme, several sources of information should be used:
 - the monitoring reports of the ECCD emergency programme, which provide key background information for analysis
 - the views and feedback of those who have used the services, including children, caregivers and parents
 - the perspectives and observations of those who have participated in delivering the programme, including ECCD facilitators, primary school teachers, social workers, health professionals, development workers from aid agencies, cluster partners, and representatives of authorities responsible for ECCD
 - the perspectives of community members, since many of them will have been involved in conducting ECCD activities, and some ECCD activities are carried out as part of community-wide initiatives to enhance community resilience.

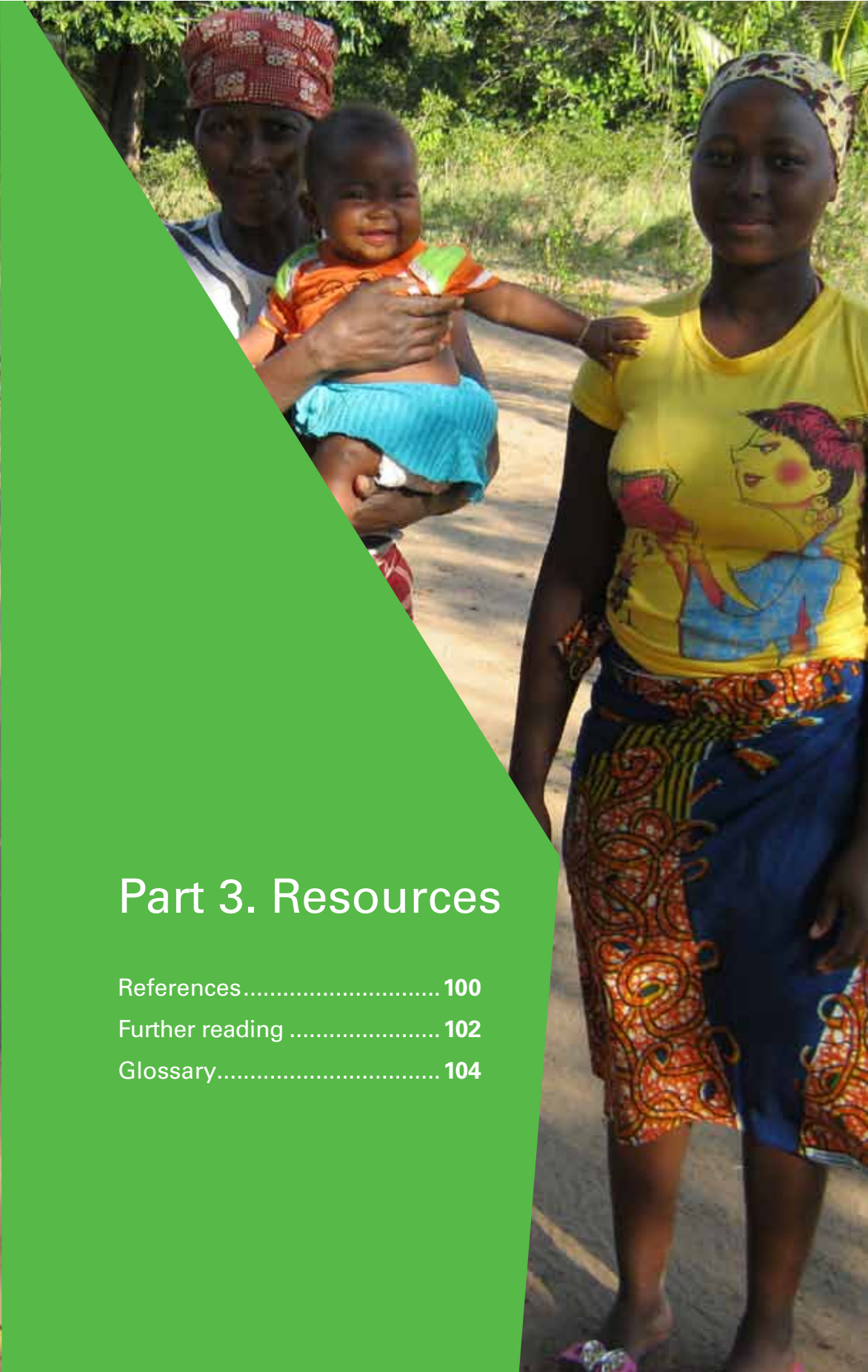
Soliciting multiple perspectives on the same issue also helps to triangulate data. Triangulation is a process of using multiple data collection methodologies to learn about the same question. Triangulation helps to ensure the same results are coming from different data collection sources (ie. parents, children, ECCD caregivers).

The evaluation does not simply assess the programme impact: it also highlights important lessons that will help to enhance subsequent emergency responses. This can be helpful when advocating for setting up and maintaining new ECCD services. It also provides a valuable evidence base for advocacy with relevant government agencies for the integration of ECCD in emergencies in the national education and health sector preparedness plans. Further, evaluations can help highlight an organisation's experience for future projects and can publicise an organisation's work.



Summing up

- Monitoring ECCD programmes helps to identify and address gaps, and to improve quality and accountability.
- Indicators need to be drawn up at the programme design stage, including measures of output, outcome and impact.
- Monitoring should involve caregivers, parents and community members, as well as young children, national and local authorities.
- The evaluation assesses the programme's relevance, effectiveness, efficiency, impact and sustainability. It can highlight good practice and learning points that can be useful for future programmes.



Part 3. Resources

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Useful websites

Clusters and coordination of response (UN OCHA): humanitarianresponse.info

Disaster risk reduction: preventionweb.net

Early childhood care and education: ecdgroup.com and unicef.org

Education in emergencies: www.ineesite.org

Health and nutrition (World Health Organization): who.int/publications

Sphere standards handbook: spherehandbook.org

9. Glossary

Capacity The combination of all the strengths, attributes and resources available within a community, society, organization or individuals. In young children, capacity refers to their knowledge, skills, and social relationships that can be used to reduce vulnerabilities.

Child-friendly space A child friendly space (CFS) is a physical safe space where children can quickly participate in activities that help them on the path to normality during a humanitarian situation. Through play and recreational activities, a CFS supports children as they begin to re-connect with other children and strengthen their social support network. It generally provides early stimulation, non-formal education, psychosocial support, child protection, health and nutrition.

Child protection Freedom from all forms of abuse, exploitation, neglect and violence, including bullying; sexual exploitation; violence from peers, teachers or other educational personnel; natural hazards; arms and ammunition; landmines and unexploded ordnances; armed personnel; crossfire locations; political and military threats; and recruitment into armed forces or armed groups.

Climate change adaptation An adjustment in natural or human systems, in response to actual or expected climatic stimuli or their effects, which moderates harm or exploits beneficial opportunities. Many disaster risk reduction measures can contribute directly to better adaptation.

Clusters An approach to ensuring predictability, coordination and accountability of emergency response in key sectors in areas such as education, health protection and water, sanitation and hygiene (WASH). Led by an agency designated by the Inter Agency Standing Committee, a cluster enables humanitarian agencies to strategise and plan together, avoid duplication of activities, bring assistance to all affected geographical areas, mobilise and maximise use of resources and strengthen support to government and local actors. The Global Education Cluster is co-led by UNICEF and Save the Children. At the country level, in some cases the Education clusters are co-led by ministries of education or other international non-governmental organisations.

Complex emergency An emergency that combines natural disaster and conflict.

Disaster risk The potential of a disaster happening and causing losses in lives, health status, livelihoods, assets and services that could occur to a particular community or a society over some specified future time period. This can be estimated by combining the frequency and severity of a hazard with the vulnerability and capacity of people to meet that hazard. So, risk can be expressed as: $\text{risk} = \text{hazard} \times \text{vulnerability}$. We have no control over hazards, but we can exercise good control over vulnerabilities and capacities.

Disaster risk reduction The concept and practice of reducing disaster risks through systematic efforts to analyse and manage the causal factors of disasters, including through reduced exposure to hazards, lessened vulnerability of people and property, wise management of land and the environment, and improved preparedness for adverse events.

Disaster/Emergency A serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources. A disaster can be a tsunami, earthquake, flood, internal or cross-border conflict, chemical spills etc... Disasters can be both natural and man-made events.

Early childhood care and development The processes through which young children, from conception to 8 years, develop their optimal physical health, mental alertness, emotional confidence, social competence and readiness to learn. These processes are supported by social and financial policies and comprehensive programming that integrate health, nutrition, water, sanitation, hygiene and child protection services. All children and families benefit from high-quality programmes, but disadvantaged groups benefit the most. While supporting young children, service provision should also include pregnant women and lactating mothers.

Early warning system The set of capacities needed to generate and disseminate timely and meaningful warning information to enable individuals, communities and organisations threatened by a hazard to prepare and to act appropriately, and in sufficient time, to reduce the possibility of harm or loss.

Hazards A potentially damaging physical event, phenomenon or human activity that may cause loss of life or injury, property damage, social and economic disruption or environmental degradation. Hazards can have natural or human-made origins or a combination of these. The risk posed by a hazard depends on how likely it is, and where, how often and with what intensity it takes place. For example, a small earthquake in a desert region that occurs in 100 years poses

a very low risk for people. An urban flood that occurs to a height of 3 metres within 48 hours once every 5-10 years has a relatively high probability and requires mitigation measures.

Mitigation The process of the lessening or limiting of the adverse impacts of hazards and related disasters.

Preparedness The knowledge and capacities developed by governments, professional response and recovery organisations, communities and individuals to effectively anticipate, respond to, and recover from, the impacts of likely, imminent or current adverse events or conditions.

Prevention Actions taken to avoid the adverse impacts of hazards and related disasters

Psychosocial support According to the IASC Guidelines on Mental Health and Psychosocial Support in Emergencies, “psychosocial” denotes the inter-connection between psychological and social processes and the fact that each continually interacts with and influences the other.

Resilience The ability of an individual, a system, community, or society exposed to emergencies to resist, absorb, cope with, bounce back and recover from the effects of the emergency.

Recovery The restoration and, where appropriate, improvement of facilities, livelihoods and living conditions of disaster-affected communities, including efforts to reduce risk factors.

Retrofit The reinforcement or upgrading of existing structures to become more resistant and resilient to the damaging effects of hazards.

Slow-onset emergency An emergency brought about by displacement of population due to factors such as drought, famine, war or other factors over an extended period.

Sudden-onset emergency An emergency brought about by a disaster such as earthquake, tsunami, hurricane or cyclone.

Vulnerability The characteristics and circumstances of individuals, communities or systems that make them susceptible to the damaging effects of a hazard. A preschool is said to be vulnerable, or at risk, when it is exposed to known hazards and is likely to be adversely affected by the impact of those hazards if and when they occur.

Youth and adolescents *Youth* are people between 15 to 24 years and *adolescents* are people between the ages of 10 and 19. Together they form the largest category of young people, those aged between 10 to 24 years. The end of adolescence and the beginning of adulthood vary. Within a country or culture, there can be different ages at which an individual is considered to be mature enough to be entrusted by society with certain tasks. In emergency situations, adolescents have needs that are different from those of younger children and adults. Youth refers to a period of progression towards independent responsibility. Definitions vary from one context to another depending on socio-cultural, institutional, economic and political factors.

About Plan International

Plan has been working for and with children for more than 75 years. We currently work in 50 low and middle income countries across Africa, Asia and the Americas to promote child rights and lift millions of children out of poverty. We focus on the inclusion, education and protection of the most marginalised children in partnership with communities, local and national government and civil society.

Plan works with more than 90,000 communities each year, covering a population of 84 million children.

Plan is independent, with no religious, political or governmental affiliations.

Plan
Dukes Court, Block A,
Duke Street,
Woking, Surrey GU21 5BH
United Kingdom
Tel +44 (0) 1483 755155
Fax +44 (0) 1483 756505
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