EARLY CHILDHOOD DEVELOPMENT IN EMERGENCIES MANUAL

Acknowledgements

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ECD IN EMERGENCIES

Acronyms

ART – Anti-Retroviral Therapy
CBCCC – Community-based Child Care Center
CASP – Common Approach to Sponsorship-funded Programming CCD - Care for Child Development
CES – caregiver education sessions
CFS – Child Friendly Spaces
CGECCD – Consultative Group on Early Childhood Care and Development
CP – Child Protection
CPC – Community Protection Committees
CPWG – Child Protection Working Group
EBF – Exclusive Breast Feeding
ECD – Early Childhood Development
ECCD – Early Childhood Care and Development
ECDiE – Early Childhood Development in Emergencies
EIE – Education in Emergencies
EP – Essential Programming
ERT – Emergency Response Team
ESMT - Emergency Senior Management Team
FTR – Family Tracing and Reunification
IASC - Inter-Agency Standing Committee
IM – Information Manager
INEEMS - Inter-Agency Network for Education in Emergencies Minimum Standards
IR – immediate results
IYCF-E – Infant and Young Child Feeding in Emergencies
KI – Key Stakeholder Interviews
LWiE – Learning and Wellbeing in Emergencies
MCH – Maternal Child Health
MEAL - Monitoring and Evaluation for Learning and Accountability
MHPSS – Mental Health and Psycho-Social Support
MPC - Mobile Protection Committees
NFI - Non-Food Items
OTP – Outpatient Therapeutic Program
PES – Parent Education Sessions
PMTCT – Prevention of Mother-to-Child Transmission
QLE – Quality Learning Environment
SCUS – Save the Children US
SDR - Secondary Data Review
SFP – Supplementary Feeding Program
SHN – School Health and Nutrition
SC – Save the Children
TL – Team Leader
TLS – Temporary Learning Space
TOT – Training of Trainers
WASH – Water Sanitation and Hygiene

ECD IN EMERGENCIES

List of Contents

ECD IN EMERGENCIES

ECD IN EMERGENCIES

ECD IN EMERGENCIES

BACKGROUND

Why an ECDiE manual?

Save the Children (SC) upholds the right of young children to *survive* and *thrive* in emergencies through playing and learning. Early Childhood Development in Emergencies (ECDiE) can be implemented in a number of ways to address the holistic needs of young children. This manual provides guidance for practitioners to deliver effective and high-quality ECDiE activities that impact children's wellbeing.

The four core components of an ECDiE response:

1. **supports early learning and stimulating environments**
2. **strengthens positive child-caregiver interaction**
3. **strengthens protective environments**
4. **promotes holistic child wellbeing**:

The manual will indicate how to assess need, design, and implement ECD interventions, supporting each of the four components, in an emergency response.

Who is the manual for?

The ECDiE Manual is written to support field staff responding to the emergency, including: program managers, program officers and other program staff involved in designing and implementing the emergency response; and those who plan to set up programming in the future.

What does the manual cover?

The ECDiE Manual is designed to support emergency response teams plan and implement programs for young children in an emergency. The manual includes a brief introduction on Early Childhood Development (ECD) and ECDiE and is divided into two main sections.

Introduction - The first five pages cover basic information on ECD and ECDiE.

Section I – Explains the four core components of an ECDiE response, including clear guidance on what to consider when designing ECDiE programming and how to best support early learning. This section is designed to establish a common understanding of ECDiE programming at SC.

Section II – Incorporates the core components of ECDiE to the program design cycle, focusing on the assessment, program design and implementation.

Why four components of ECDiE?

The four components are built upon Save the Children US's (SCUS) Essential Program (EP) Framework (4 building blocks), Consultative Group on ECCD's (CGECCD), 4 Cornerstones and Inter-Agency Network for Education in Emergencies Minimum Standards (INEEMS).

The four components have potential for overlap. They are not exclusive. Many ECDiE activities involve more than one component. It is important to note that the four components are of equal

After the Nepal earthquake in April 2015, Save the Children set up ECD centers for children. Photo Credit: Save the Children.

ECD IN EMERGENCIES

After the Nepal earthquake in April 2015, Save the Children set up ECD centers for children. Photo Credit: Save the Children.

importance as they all aim to support the holistic wellbeing of young children. Each emergency response is different and the context will determine which component(s) will be prioritized.

This manual provides the core components of ECDiE and includes concrete strategies to consider when setting-up an effective ECDiE response. Each emergency response is unique and it is impossible to include all the scenarios and opportunities to support young children. Using the manual as a framework, the response team can incorporate their own skill-set and knowledge of the local situation to contextualize the ECDiE response, with creativity and flexibility.

The Four Core Components of ECDiE

1. **ECDiE supports early learning and stimulating environments**: Children learn through play during which time they are provided opportunities to explore, experiment, problem-solve and be creative. Play is key for children to gain a love of learning.
2. **ECDiE strengthens positive child-caregiver interaction**: Children learn through healthy and positive adult-child relationships. When caregivers and children talk and play together, children are motivated to learn. It is key to involve caregivers in their children's learning and transition to school.
3. **ECDiE strengthens protective environments**: Children learn through social interactions with adults and other children. It is key to engage the entire family and community in lifelong learning.
4. **ECDiE promotes holistic child wellbeing**: Children learn best when their physical needs are met and they feel safe and secure. ECDiE incorporates a holistic perspective on children's wellbeing including mental, physical, social and emotional needs. It examines how access to Education, Child Protection (CP), Health, Nutrition and/or Water, Sanitation and Hygiene (WASH) services impact and support the wellbeing of young children. It is key to design community-based responses.

How to use the Manual

- For SC staff who require basic information on ECDiE, pages 1-5 of the manual provide an overview.
- For emergency responders with little experience working with young children, ECD or ECDiE, review Section I which includes the four core components of ECDiE; what to consider in the implementation of ECDiE and offers specific steps and strategies to employ.
- For emergency responders in the acute phase of an emergency, the second section provides information on how to design an effective ECDiE program.

ECDiE relies on, and is a result of, a multi-sectoral and ecological approach

Positive Child-Caregiver Interactions

Protective Environment

Early Learning and Stimulating Environment

Holistic Child Wellbeing

ECDiE
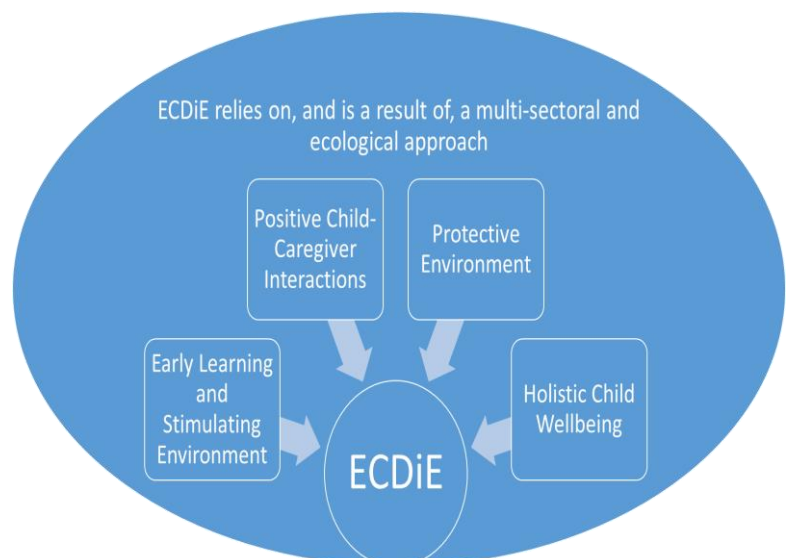
ECD IN EMERGENCIES

A teacher stands in front of a group of students in Zimbabwe. The structure was made with a simple tarp and provided space for an ECD center following flooding. Photo Credit: Save the Children.

A note to consider

If starting with Section II, ideally the emergency responders have some familiarity working with young children and know the basic components of child development. However, the reality on the ground may not be ideal and responders may not possess this prior knowledge. If this is the case and there are no field staff to provide technical support, teams are encouraged to check-in with the Education in Emergencies (EiE) Technical Advisor (TA) backstop (in a Category 1 or 2 emergency) and request a brief overview of the basics of child development and working with young children. The TA backstop can walk the team through Section I highlighting key concepts. Furthermore, the TA will identify this as a needed skillset in-country which will be flagged to the EiE TA Backstop or SC ECDiE focal point.

ECD IN EMERGENCIES

INTRODUCTION

What is Early Childhood (EC)?

Early childhood includes the first years of a young child's life – from prenatal to eight years of age[2].   It is a critical period of development when children learn through interaction, stimulation and play. Often, early childhood is segmented into developmental groups: prenatal (pregnancy to birth), infancy (0-12 months), toddler (12-36 months), preschool (3-5 years) and early primary (6-8 years). In some countries, primary education starts at 5 years old whereas it may not begin until 7-8 years in other countries. To account for varying contexts, early childhood programming should link and ensure a proper transition to primary school. Early childhood is defined as the period between prenatal up until the age of 8 for two key reasons: 1) children under eight learn best when they have objects they can manipulate and when they can experiment and learn through trial and error. Around the age of nine children begin to view the world differently and begin to manipulate ideas, learning concepts at the cognitive level, and become less dependent on objects. 2) The early primary years (ages 6-8) are included because of the importance of the transition from home or from a preschool program into the primary school.

> **Care** in ECD emphasizes the care that the child requires in order to thrive and grow.
>
> **Development** in ECD is the process of change whereby the child gradually masters more and more complex levels of moving, thinking, feeling; and interacting with people and the environment. A healthy, supportive and stimulating environment makes the learning process more effective.
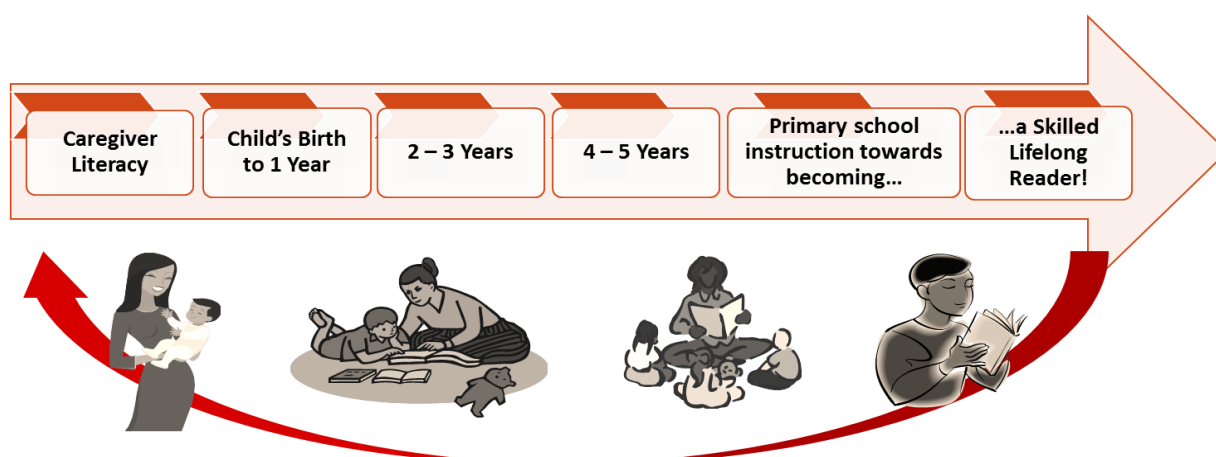
What is ECD?

ECD[3] addresses the range of support and services needed for a young child and his/her caregivers (including pregnant women) to ensure the young child thrives and develops in life.

What is early childhood development in emergencies (ECDiE)?

Globally, ECDiE is recognized as providing critical life-saving and life-sustaining multi-sectoral support for children [4] in emergencies. The first 2000 days (approximately first 5 years) are vital for young children's cognitive development, language,

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[2] It is important to note though that in some countries primary education starts at 5 years old and this is when ECD interventions may stop. However, in other countries primary education may not begin until 7 or 8 years old. This is why the age range goes up to 8 years. Further, a comprehensive ECD program should also link to primary school and ensure a proper transition of children to primary school, which would involve children over the age of 5-6.
[3] Sometimes also referred to as Early Childhood Care and Development (ECCD). When it is referred to as Early Childhood Education (ECE), the focus is on the education piece only. The acronym ECD will be used throughout this manual as a standard and more commonly used term.
[4] ECD refers to the processes through which young children, aged 0-8 years, develop their optimal physical health, mental alertness, emotional confidence, social competence, and readiness to learn (INEE, 2010).

ECD IN EMERGENCIES

literacy and numeracy growth – and children in emergencies face specific needs. Emergency situations can disrupt a child's life for many years, possibly interfering for the duration of a child's formative years. ECDiE is extremely important and offers tools to remedy and offset the disruption of an emergency context.

ECDiE upholds children's right to survival, growth and development to their full cognitive, physical, social and emotional potential. ECDiE safeguards continued early stimulation[5] and learning in emergencies. ECDiE builds upon any pre-existing activities or interventions for young children. ECDiE is designed to strengthen young children's protective environments – both inside and outside the home - focusing on the role of parents, caregivers and communities to care for young children.

A caregiver practices essential skills following the Pakistan Flood Crisis. Photo Credit: Save the Children.

How is ECD different in emergencies?

Emergencies pose additional challenges and risks for young children. An emergency can leave children vulnerable for a variety of reasons. When young children are exposed to stress, extensively or repeatedly, it increases the likelihood that they may experience cognitive, behavioral and/or emotional difficulties.

Children may experience:

- Separation from family members and broken social support networks,
- Abuse, exploitation, violence, neglect and/or injury,
- Food or healthcare shortages,
- Psychosocial distress,
- Lack of attention to their developmental needs due to caregivers seeking food and/or shelter,
- Caregivers and parents may themselves be stressed and may not be able to care for their children in the same way
  Figure 2 (next page) – Specific Roles of Government and Community

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[5] Early childhood stimulation defined *is the interaction between young children and their caregivers, providing children with the opportunity to learn about their environment from the earliest age. In practice, stimulation is about parents and other caregivers being responsive to the emotional and physical needs of their children from birth onward, playing and talking with them (even before children can respond verbally), and exposing them to words, numbers, and simple concepts while engaging in daily routines* (World Bank, 2009). http://toolkit.ineesite.org/resources/ineecms/uploads/1437/World_Bank_2009_Child_&_youth_development_notes.pdf

ECD IN EMERGENCIES

Figure 1: Ecological Theory of Development
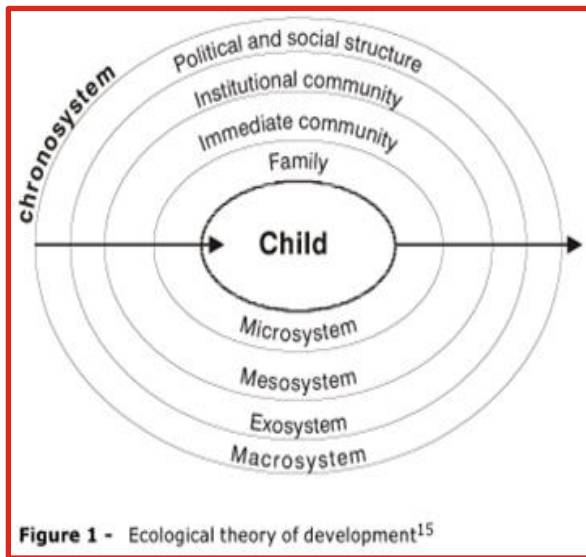
Figure 2: Specific Roles of the Government and Community across the ages and stages of ECD

Figure 1 - Ecological theory of development[15]
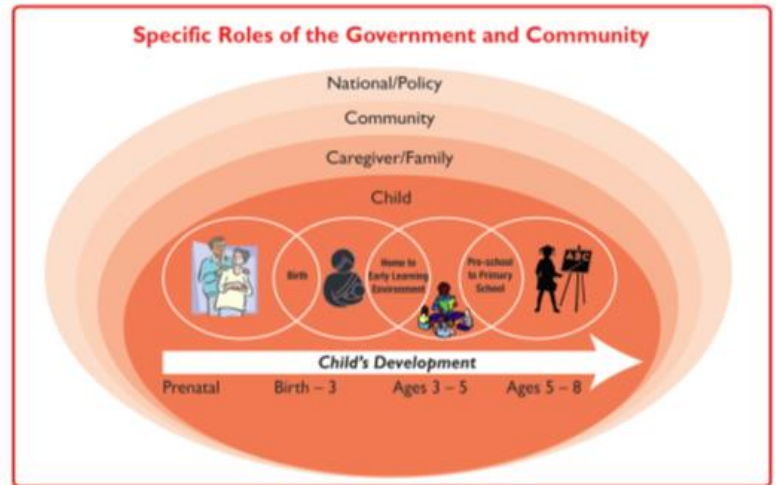
Who is included in an ECDiE responses?

Figure 2 (above) shows how children develop in a social ecology or system. Children are supported by layers of social protection – starting with their family to their immediate community to their institutional community (e.g. early learning centers, schools, etc.) and finally to their political and social structures (e.g. any existing national policy). These layers of protection are critical for young children's development and during emergencies they can be weakened or broken down. Children may no longer be with caregivers/parents due to separation, injury or death. Furthermore, caregivers/parents may be so severely stressed or dealing with depression, and may not be able to provide sufficient care and attention. This stress or detachment affects the youngest children - especially infants. An affectionate primary adult caregiver is essential so that infants can form secure attachments. Infants need an adult attachment to develop emotional wellbeing and confidence. Emotionally secure infants then grow to take risks physically to start grabbing, crawling, walking and to explore through play.

ECDiE supports the strength of social protection for children – focusing first on the family and community. This is often why ECDiE responses include caregiver/parenting activities including caregiver education or caregiver-child playgroups. It is essential for caregivers and their young children to have time to relax together, play and have fun.

Why ECDiE? Children in emergencies face specific needs:

- Caregivers may be exhausted, depressed, isolated, emotionally distracted and less able to provide effective, consistent, routine quality care and support to their young children.
- Caregivers may face extra burdens trying to meet family needs in a challenging environment where basic services are strained and resources few.
- Families may be displaced and/or separated, either as small groups or individuals.
- Separation may severely impact the ability of a caregiver to provide consistent care if they are taking on new responsibilities while struggling with the emotional loss of a loved one.
- Separation may impact children's sense of safety, their ability to trust that family will return, and their external relationships.
- Opportunities to play and explore may be extremely limited or non-existent.
- Exposure to crisis and displacement may increase potential health and nutrition concerns.
- Exposure to and participation in ECD programs prior to the emergency may be more limited in new, unknown or disrupted environments.

ECD IN EMERGENCIES

ECDiE – working through a multi-sectoral approach

The objective of an ECDiE response is to meet the holistic needs of young children. ECDiE responses aim to establish integrated, holistic, community-based services with integrated activities across sectors.

When designing your ECDiE it is important to consider what is available, appropriate and feasible – and that It may not be possible to incorporate all sectors immediately or at all. Each context is unique and it can be challenging to design as ECDiE resides across all sectors. One key message of the manual is to remain nimble - to think creatively and to design adaptive, responsive and flexible ECDiE responses appropriate for your context. Using cross-sector coordination to create spaces that can be used by the various sectors to keep children safe and happy, with access to education.

ECDiE is prioritized by communities

Communities in crisis often request support for their young children. Reports from field staff consistently share the concern of distraught or overwhelmed mothers in providing for and caring for their youngest children.

Save the Children's Desired Impact with ECDiE

SC strives to reach the most deprived and marginalized children around the world and to ensure that all children survive, learn and are protected[6], with a focus on supporting children affected by emergencies. SC emergency responses aim to provide access to safe and quality early childhood care and education opportunities, with the objective of improving child development outcomes through play and learning. In some contexts, where ECD programming exists, this means adapting existing programs to address new or changing needs of children, often including a greater focus on wellbeing and protection. This is an attempt to minimize disruption to children's development and wellbeing. In other contexts, where there is no ECD programming, we have an opportunity to introduce substantial programs that support key developmental milestones. Early interventions for young children are essential in times of crisis when their needs are greater and support systems are often weakened. ECDiE programs offer the chance to provide stable and protective services to children during both protracted crises/displacement as well as crises with quicker recovery.

Early childhood is an important time in a person's growth, and is known as the "window of opportunity." Children are developing mentally, physically, socially and emotionally; and their brains are making connections that will provide a foundation for future learning and wellbeing.

In order for young children's brains to develop, they need good nutrition and good health so they remain healthy and strong. Brains need both food and stimulation to create the connections (neuro pathways) to grow. Brain stimulation simply means that young children need interactions and experiences in the world – with people and things.

Rohingya refugees in Bangladesh received home visits from Save the Children staff to learn about how to incorporate learning opportunities for toddlers. Photo Credit: Save the Children.

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[6] Save the Children International's 2030 Ambition includes three global breakthroughs: survive, learn and be protected. No child dies from preventable causes before their fifth birthday. All children learn from a quality basic education. Violence against children is no longer tolerated. To ensure that all children survive, learn and are protected, we must focus on those who are too often excluded due to poverty, geography, gender, ethnicity or disability. https://www.savethechildren.net/sites/default/files/Global%20Strategy%20-%20Ambition%20for%20Children%202030.pdf

ECD IN EMERGENCIES

During these important early years, young children are considered a vulnerable group as they are dependent on caregivers to meet their needs. In emergencies, children may face increased vulnerabilities from the loss of primary caregivers, the break-up of their families, breakdown of their communities and traditional support structures. A child's caregiver(s) may be experiencing extreme stress. Existing early childhood programming may be disrupted. ECDiE responses need to consider how best to protect and care for young children and their caregivers coping in emergencies.

What does ECDiE mean for learning?

ECDiE reduces barriers to development and learning. In emergencies, it is critical for young children to access protective and creative spaces – at home and within the community – to engage in early stimulation and play, particularly to

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How ECCD helped one girl learn to speak: A Case Study from Malawi

Brenda attends Maera Community Based Childcare Centre (CBCC) like many other children under 5 in her village. She is a healthy, normal child who is full of vibrancy and potential – the only difference between her and most children is that she now wears a hearing aid.

Team members from Save the Children were conducting a situation analysis in her village and met Brenda. At the time, Brenda was unable to hear or speak. It was evident that she was in need. Due to issues within the family, Brenda's mom had less time to care for her and they were living in harsh conditions. Brenda's basic child-care needs were neglected and as a result, experienced complications from minor health conditions that escalated and impacted her development. Brenda did not start to walk until age 3.

The CBCC is part of Save the Children's ECCD initiatives in Malawi. Through her participation in the program, Brenda is learning to communicate and thrive, including accessing specialized hearing treatments. After a year of assessments and treatment, Brenda was fitted for a hearing aid on 30 January 2015. Her exposure to play with other children has helped connect her to other children in her community.

Brenda is a remarkable girl who was finally able to hear. Her story is remarkable also for how it opened the door to provide support for other children with special needs in her community.

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ensure that brain development is not interrupted during this pivotal time. ECDiE activities that provide children opportunities to play and interact with their families, caregivers and friends can make a huge difference in their development and learning.

> ## "Play is the work of the child."
>
> Maria Montessori

Early exposure to stimulating activities and materials improves learning. In emergencies, early stimulation includes support to caregivers and parents to respond to the emotional and physical needs of young children. Support is given to caregivers to provide daily learning opportunities while engaging in daily activities. Early learning can be incorporated into daily tasks or household chores when caregivers talk and sing and expose children to simple words, numbers and concepts. Early exposure to all 4 *ECDiE core components* is critical so that the child is getting stimulation and opportunities to grow.

Play improves learning. Play is how children learn in early childhood. Young children everywhere - at every age and stage - need opportunities

Key brain facts:

- In the first years of life the brain grows at a pace of 700 new neural connections per second, a pace which is never achieved again.
- By 3 years of age, a child's brain is twice as active as an adult brain.
- It is early life experiences that determine the capacity of the brain.

INEE ECD Module - http://toolkit.ineesite.org/resources/ineecms/uploads/1129/ECDiE_Powerpoint_and_Talking_Points.zip

ECD IN EMERGENCIES

ECDiE can play a critical role in caring for young children. Early childhood support aims to prevent and mitigate lasting harm to a child's mental, physical, social and emotional development. When children are given appropriate care and support, it boosts young children's wellbeing and natural resilience. When caregivers are provided with care and support, young children benefit from positive care interactions, a sense of security and a return to daily routines.

Resilience as defined by INEE, is the ability of individuals, communities, and states and their institutions to absorb and recover from shocks, whilst positively adapting and transforming their structures and means for living in the face of long-term changes and uncertainty. http://toolkit.ineesite.org/term-bank/en/terms/resilience; http://toolkit.ineesite.org/resources/ineecms/uploads/1356/OECD_2013_OECD_Factsheet-_What_does_resilience_mean.pdf

to play.[7] In emergencies, play is the central educational strategy that promotes the psychosocial, emotional and physical wellbeing of young learners. Through play children develop social skills and social attachments. Children need the space to be creative and learn through structured and unstructured play on their own, with their peers, older children, siblings, and/or with caregivers.

After Typhoon Haiyan, Save the Children supported parents with space to focus on their children in the midst of damaged and destroyed homes. Photo Credit: Save the Children.

Early stimulation and play improve school readiness. Early stimulation and play are the building blocks for early learning. Early learning helps prepare children to transition into formal schooling. When and where appropriate, it is valuable to consider the link between ECDiE activities and EiE's primary education. Even in emergencies, early learning opportunities may lead to greater school readiness and shape children's lifelong love of learning.

Early childhood is a *window of opportunity*:

- Young children experience the most rapid period of growth and change.
- Early Childhood is a crucial time for brain development - critical neural connections are being made in the brain at this phase.
- Experience is critical as these years lay the foundation for a child's future.

Center on the Developing Child, Harvard University- http://developingchild.harvard.edu/wp-content/uploads/2015/03/InBrief-The-Science-of-Early-Childhood-Development.pdf

[7] Children have the right to play, (Article 31 of the UN CRC) http://www.unicef.org/crc/files/Rights_overview.pdf

ECD IN EMERGENCIES

Optimal ECDiE includes:

Children learn through play → ECDiE focuses on supporting early learning and stimulating environments.

Children learn through a healthy and positive adult-child relationships → ECDiE focuses on strengthening positive child-caregiver interaction.

Children learn through social interactions with other adults and children → ECDiE focuses on strengthening protective environments.

Children learn best when their physical and emotional needs are met, and they feel safe and secure → ECDiE focuses on promoting holistic child wellbeing (physical, intellectual, social and emotional, language and communication).

To best support young children's learning, an integrated and multi-sectoral approach for ECDiE is key. The next section will explore the core components of ECDiE to consider when designing responses that improve holistic child development outcomes and learning.

ECD IN EMERGENCIES

SECTION I - OPTIMAL ECDIE: A FOCUS ON HOLISTIC CHILD DEVELOPMENT

Component 1 - How to support early learning and stimulating environments

Key Considerations

There are two key considerations for teams to address when supporting early stimulation and learning. The first is to consider <u>how</u> children develop – the role of child development when designing play activities. The second is to consider <u>where</u> to provide support for children – the role of the physical space when designing responses to support early stimulation and early learning.

Consider how children develop

For young children to grow and develop, they need activities allowing them to move, to have items to touch and explore, and time to <u>play</u> with others. Through play activities, young children receive early stimulation and learn. When deciding what play activities to include in ECDiE responses, it helps first to understand that young children learn and make gains in their development through globally recognized areas of child development. Below is a chart of more specific ages and materials to consider.

> **Building Blocks of Child Development**
>
> **Child development** is the process for how children grow and learn. As children grow, they are able to handle more complex levels of moving, thinking, feeling and interacting with people and objects. Child development includes the domains/areas in which children grow: physical, intellectual (cognitive), social and emotional, language and communication skills.
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>
> Development in early childhood is a multi-dimensional process. Delays in one area of development can impact in other areas.
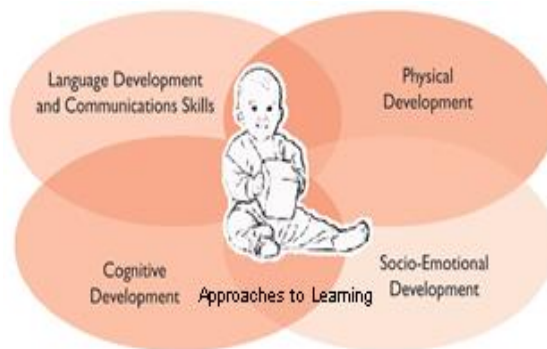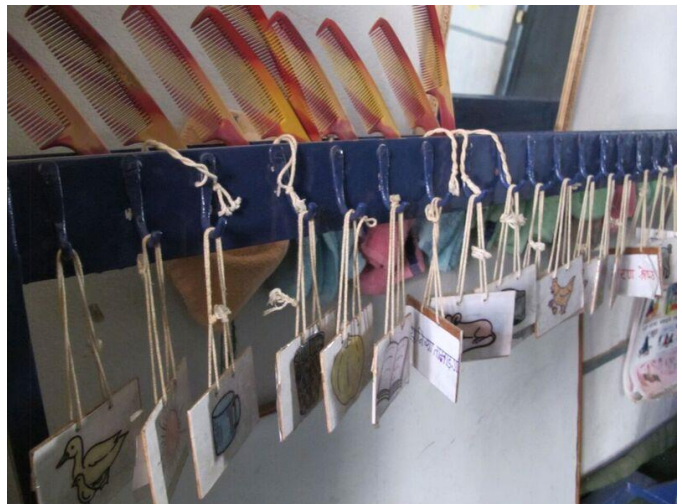
A regular schedule and attendance chart invites the child to the class and welcomes children to a predictable, safe place when the world outside is in chaos. The use of simple name tags which have the child's name on one side and an identifiable symbol that "stands" for that child, offers a welcoming space and promotes literacy as it helps the child begin to recognize their name. Photo Credit: Save the Children.

ECD IN EMERGENCIES

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Tips for play activities that promote holistic child development

- **Physical development** refers to the growth of the child's body.
- *In emergencies*:
  - Include play that uses a child's small muscles (grasping, stacking, drawing) and large muscles (sitting, walking, running)
  - Include sensory play (see, hear, smell, touch, taste)
  - Physical development example: A soft ball can be used in a variety of activities with children of different ages (rolling ball to babies to grab or throw; bouncing and kicking balls with toddlers and young children)
- **Emotional development** refers to a child's feelings and emotions.
- *In emergencies:*
  - Include play that offers children opportunities for expression of emotions
  - Include play that fosters a positive self-concept
  - Include play to practice positive people skills such as being patient or being a good friend
  - Emotional development example: Make hand puppets and put on a puppet show (e.g. can talk through and model some positive people skills).
- **Social development** refers to the interaction with people inside and outside the immediate family or primary caregiver.
- *In emergencies*:
  - Include play to help children feel part of a community
  - Social development example: Make music together as a group (e.g. clapping, snapping, knocking, singing, etc.).
- **Intellectual (cognitive) development** refers to the functions of the brain.
- *In emergencies:*
  - Include play to support learning relevant knowledge and skills
  - Include play to help children understand relationships between objects, events and people
  - Include play to practice comparison and recognition skills (e.g. sizes and shapes)
  - Intellectual development example: Collect and sort different shaped objects (recycled or found) with young children, focusing on shapes and colors.
- **Language development** refers to how young children communicate.
- *In emergencies:*
  - Include play, song, dance and stories for children to use body movements, sounds, words and speech to share thoughts, feelings and experiences
  - Language development example: Tell children an oral story (can use the opportunity to present a problem to solve through practicing positive people skills, eg. patience or being a good friend).

  - ❖ **Note:** For additional play activities and inspiration, refer to UNICEF's *Early Child Development Kit: A Treasure Box of Activities*. http://www.unicef.org/videoaudio/PDFs/Activity_Guide_EnglishFINAL.pdf

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Singing a song supports all areas of child development:

- **Physical:** A song may use hand and body motions that exercise big and small muscles
- **Intellectual:** A song encourages listening and imitating sounds and words.
- **Social and emotional:** A song fosters the child's self-confidence in the discovery that the child can sing with and like others.
- **Language:** A song teaches new words.

Consider where to support early learning and stimulating environments

It is important to remember that ECDiE play activities can happen anywhere – indoors, outdoors, in a structured space or in a temporary space – it simply depends upon the contextual needs and availability. The key in an emergency is identifying the most appropriate and effective space to support young children's learning. (See Annex 4 to conduct a rapid needs assessment.)

ECD IN EMERGENCIES

The table below offers a list of potential *spaces* that can be set-up to provide early stimulation and learning for young children by age group and developmental stage. (See Annex 2 for a complete glossary on ECDiE activities.)

Age group	Consider play activities by age and developmental stage[8]	Consider potential learning spaces
0-6 months	**Play:** provide ways for the baby to see, hear, move arms and legs freely and touch. Gently soothe, stroke and hold the baby. Skin to skin contact is good. Slowly move colorful things for the child to see and reach for. **Sample toys:** shaker rattle, big ring on a string **Communicate:** smile and laugh with the child. Talk to the child. Start a conversation by copying the child's sounds or movements.	Home Home visit by community worker Baby tent Breastfeeding Group Infant and Young Child Feeding in Emergencies (IYCF-E) tent Play corner in health center
6-9 months	**Play:** give the child clean, safe household things to handle, bang and drop. **Sample toys:** containers with lids, metal pot and spoon. **Communicate:** respond to the child's sounds and interests. Call the child's name, and see the child respond.	
9-12 months	**Play:** hide a child's favorite toy under a cloth or box. See if the child can find it. Play peek-a-boo. **Sample toys:** dolls **Communicate:** Tell the child the names of things and people. Show the child how to say things with hands, like waving goodbye.	
1-2 years	**Play:** give a child things to stack up, and to put into containers and take out. Repeat a new game or skill over and over again until children master it. **Sample toys:** nesting and stacking objects, container and clothes pins. Give children simple things from the household, from nature and/or homemade toys. **Communicate:** ask the child simple questions. Respond to the child's attempts to talk. Ask children simple questions. Show and talk about nature, pictures and things. Have conversations with children while feeding, bathing or working near the child.	Home Mother-Toddlers Group Neighborhood playgroup Early learning space/center Mobile ECD space Daycare space/center *Note: Ideally, use as much space as possible as children are mobile, and they need space to develop their physical domain (e.g. large tents/spaces, safe outdoor space, etc.)
2-3 years	**Play:** help the child count, name and compare things. Play games that have children sort and match colors, shapes and sizes. Games can be played with simple recycled objects such as bottle caps. **Sample toys:** objects of different colors and shapes to sort, books with pictures, simple picture puzzles. Puzzles can be made by cutting magazine pictures or simple drawings cut into large pieces.	Home Mother-Toddlers Group Neighborhood playgroup Early learning space/center Mobile ECD space Daycare space/center Community space/center Child Friendly Space (CFS) Preschool

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[8] See recommendations for Care for Child Development (CCD). (WHO & UNICEF) http://www.unicef.org/earlychildhood/index_68195.html

	Communicate: encourage the child to talk and answer the child's questions. Teach the child stories, songs and games. Talk about pictures or books. Names things and ask "how many"? Give children opportunities to practice drawing, even as simple as with a stick in the sand.	
3-5 years	**Play:** provide time for structured and unstructured play. Provide time for movement activities. 3-5 year olds are full of energy and need opportunities to play group games, run, jump, twirl, etc. **Sample toys:** books, blocks, games, puzzles, instruments, art materials, balls. **Communicate:** use traditional stories, songs, games and art. Use puppet shows, theater, role-play, art and drawing.	Home Neighborhood playgroup Early learning space/center Mobile ECD space Daycare space/center Community space/center CFS Preschool Kindergarten *Note: When possible, provide a space where the furniture can be moved to allow children to jump, twirl, dance, etc.
6-8 years	**Play:** include play in formal and informal learning spaces. **Sample toys:** books, games, puzzles, instruments, art materials, sports equipment. **Communicate:** use Literacy Boost in Emergencies activities,[9] formal and informal learning curricula, puppet shows, theater, role-play, art and drawing.	CFS Kindergarten Formal primary school Informal learning space Temporary learning space

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[9] Opportunities to link to "Learning and Wellbeing in Emergencies" Resource Kit, especially the Community Action component including the set-up and use of Book Banks, Reading Buddies, Reading Camps, Read-a-thons, etc.

ECD IN EMERGENCIES

Simple and effective materials to use include:

ECDiE activities need few, or no, materials. You can use items found in your environment (tin cans, string, stones, sand, bottle caps, etc.) or make (draw pictures for stories, shakers, etc.).

- **Natural Materials:** pine cones, sea shells, stones, leaves, seed pods, moss.
- **Water and Sand:** hoses, spray bottles, paint brushes, cars, trucks, buckets, cups, bowls, shovels, sifters, funnels, sponges, boats, scoops, squeeze bottles, medicine droppers, soup ladle, strainer, containers of various sizes, buckets to hold materials
- **Art/Painting:** big pieces of paper, foam brushes, rollers, sponges, easel, paint brushes, paint, markers, chalk, home-made paint from leaves, flour and water.
- **Sculpting:** clay, playdough, wet sand or mud, corn starch, accessories like straws, pipe cleaners, feathers, etc.
- **Dramatic Play:** boxes, small tent or blankets, play house, toy kitchen set, tool set, dress up clothes, dishes.
- **Gross Motor:** balls of different sizes and materials, bean bags, hula hoops, small basketball net, bowling set, riding toys, skipping ropes, bubble wands, bubble solution, rope for jumping or walking along.

Consider supporting young children learning at home

Support to the youngest children can take place in the home. In emergencies, refugees or Internally Displaced Person (IDP) may live in temporary homes consisting of a tarp and local materials, a tent or a prefab. At home, children can continue to learn through simple activities like playing with cups and spoons, stones and sticks or bottle caps. Children can play with household, recycled or found items. Children can learn by manipulating the items - banging, dropping, stacking and putting things in and out. It is helpful for parents to know that this kind of play is vital and keeps learning going or begins in despite the transition of home. Mother's Groups offer additional opportunities to educate the parents about ways to engage their child.

If contextually appropriate, home visits can be organized through trained staff (education community mobilizers, community health workers, hygiene promoters, etc.) to offer tips or instruction to caregivers on providing a stimulating home environment. If time and staff are limited, consider engaging with caregivers and children through existing services such as health clinics.

Consider supporting young children learning with unstructured play

Aside from receiving Non-Food Items (NFI), SC staff can include a short message to parents about activities and games that encourage cognitive development in crisis such as the Ebola outbreak in Liberia. Photo Credit: Save the Children.

Unstructured play – When play is unstructured or undirected it allows children to learn how to work in groups, to share, to negotiate and to resolve conflicts. Such play encourages creativity and imagination.

Structured play – When play is directed by adults or supervised in a setting that allows adults and children to interact through playfulness associated with a learning experience. Structured play promotes learning, but is not necessarily within a structured learning setting.

ECD IN EMERGENCIES

Children 2 years and older require opportunities for unstructured play – known as free or child-directed play – and is important to consider when planning Temporary Learning Spaces (TLS). Unstructured play allows for young children to experiment, problem solve and socialize. Free play fosters their creativity and imagination.

Consider supporting young children learning in structured play

Children also respond well to opportunities for structured play or adult-directed activities.[10] Structured learning spaces offer a sense of security with set daily routines which children respond well to; structured play may give children the sense of stability that they lack in the midst of an emergency. Depending on what is available, structured play may incorporate puppet shows, indigenous art and drawing, traditional music and dance, games and role-play.

In general, the type of learning space lend themselves to certain types of play. For example, a CFS may have both unstructured and structured play. A TLS may have play as a recreational activity during or after the school day, and may also integrate play into classroom activities. Each space will differ according to the context.

Typically, ECD spaces or centers are organized with 4 to 5 learning areas that promote unstructured and structured play. In well-resourced settings, learning areas may include distinct areas for art, blocks, literacy/books, dramatic play, sand and water, nature, science, music, movement, math and manipulatives. In emergency contexts, the learning areas tend to be designed around whatever natural or recycled materials are available to promote early literacy and numeracy. Examples: a large tub filled with water and wood to float as boats. A large tub filled with sand or soil with spoons and sticks for digging. [11]

Community-based preschool -A Case Study - Afghanistan

Afghanistan is dealing with chronic insecurity, poverty, and no government ECCD programming outside the three centers in Kabul. The needs are enormous – both supporting the number of IDPs moving within the country and the repatriation of Afghans forced out of neighboring countries. SC is supporting community based preschool classes – the classes are conducted in donated spaces and are facilitated by volunteers from the community who are trained by staff. Community members are provided training, material and coaching in order to monitor the classes. The community ensures that children and the teacher are in a safe place, and are empowered to support education and serve as advocates of ECCD in the community. This model has been successfully implemented across Afghanistan, with no reports of any security problems. The success of the program has created a demand to scale up classes, even beyond what the country team can currently support.

Benefits of UNICEF ECD Kits

Save the Children may receive UNICEF ECD Kits (especially in Category 3 emergencies). The kits contain materials, toys and manipulatives to support a variety of ECDiE programming.

The kits are ready to be deployed in an emergency and where possible are updated to reflect the cultural context. The kit is comprised of materials to help caregivers create a safe learning environment for up to 50 young children ages 0-8. The items help develop skills for thinking, speaking, feeling and interacting with others. Contents include: puzzles and games, counting circle and boxes to stack and sort, books and puppets for storytelling, art supplies, soaps and water containers for promoting hygiene. The kit also includes an easy-to-use Activity Guide filled with suggestions on how to use each item based on children's age and interest.

The kit's materials can be used to facilitate both unstructured and structured play and learning in various physical safe spaces.

Consider supporting learning in preschool

Ideally, ECDiE programs offer learning activities for children 3-5 years old (In some contexts this is considered preschool). For preschool-aged children, preparation for schooling takes on greater importance.

Even during emergencies, informal[12] or community-based preschool can provide the optimal support children need to confidently prepare them for school. It can foster the motivation and interest in (formal) learning. ECDiE seeks to enrich and build continuity into children's learning experiences.

When possible, EDCiE programs need to consider the transition to formal school for young children.

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[10] Child-centered teaching methods.
[11] Link to inclusive education (IE).
[12] Note: Within EiE, informal learning can be informal activities either within a home setting or within a community setting whereas non-formal learning is organized learning in a non-formal setting.

ECD IN EMERGENCIES

In protracted emergencies, it is possible to plan for transition support to formal school, by focusing on training elementary teachers, support accelerated or remedial measures, support language in the home and bridging children to the language of instruction.

Note: When considering activities to support pre-schoolers, reference The Preschool Toolkit (SCUS).

Steps to take to support early learning and stimulating environments

In emergencies, young children need access to protective and creative physical spaces to engage in play and learning.

Note: When considering if and which physical space is appropriate for the response, reference the program design decision flowchart (see Section II, page 48).

Set-up a physical learning space

All early learning spaces must be safe and protective for children, adhere to WASH standards and be a stimulating learning environment. Each SC Team will identify how to best set up their learning space and will determine whether to use an existing space or set-up of a new space (temporary, semi-permanent or permanent). Whether the learning space is in an existing structure or newly set-up, the space must adhere to the following minimum standards[13]:

- The space must be safe and secure. If it is outside, it also must be located in a visible area with a visible boundary around the space.
- The space must be close to children's homes and safe to access.
- The space must be in a neutral area.[14] This is important in contexts where a geographical area could be perceived as favoring one group of people over another and foster tension and discord.

Case Study – Temporary Learning Space – Syria Response

The host community rented this semi-finished house to SC to establish a learning-space. The house was refurbished with simple renovations – the concrete walls were covered, simple rugs, toys and foam mats made it a safe place for children. The table serves as a place for younger children to gather and host a "tea party", there are kitchen sets and floor puzzles for children wanting to work with their friends to complete it and the simple layout provides space for children of all ages to interact together.
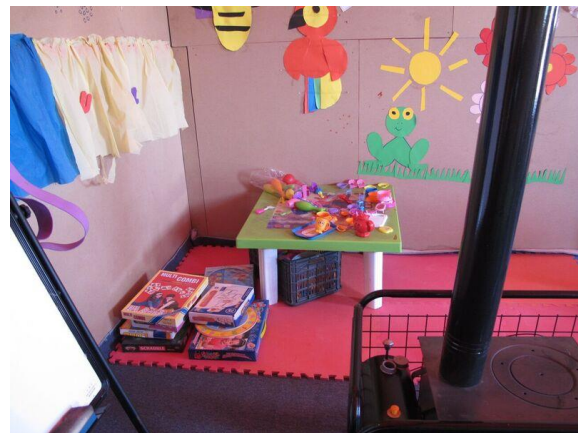
Consider this Scenario

Would you send your child to a school that had no clean water for drinking and washing hands? Many parents in war-torn Gaza face this dilemma every day. More than a year after conflict ended in Gaza, more than 50% of all families do not have daily access to clean water. With municipal water systems already in disrepair before the conflict, children remain especially vulnerable to waterborne diseases including diarrhoea - the number-one killer of children in the world.

SC in Gaza has made clean water a priority throughout the crisis and its aftermath. Water treatment systems have been installed at 36 preschools and more than 6,500 young children have access to clean drinking water. Over 1,000 homes received new water tanks and pumps to replace those damaged in the conflict. The WASH sector also repaired water and sewer line in communities and is teaching families about the risks that dirty water poses to children.

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[13] SPHERE, INEE MS, MS for Child Protection in Humanitarian Action.
[14] Reference guidelines by UNHCR.

- The space must be large enough to hold an appropriate child-to-adult ratio (at minimum one adult for every three children 0-1 years and two adults for every fifteen children 2-4 years[15] or two adults for every twenty children 5-8 years. Refer to the National Standards.
- The space must recruit, hire and/or train an appropriate number of adult personnel (volunteers, facilitators, caregivers and/or educators). All early childhood care personnel must understand and adhere to Child Safeguarding and SC Code of Conduct. (Refer to Annex 6 for SC's Code of Conduct, page 88)
- The space must have appropriate light and ventilation with adequate shade outside.
- The space must be clean and dry.
- The space must have access to water and sanitation facilities. (The minimum standard for school children's latrines is one toilet for every 30 girls and one toilet for every 60 boys. For   0-2 years, the space may require a designated area for changing diapers/nappies and a washing area. For 2-4 years, the space may require child-friendly toilets/potties.)
- The space must facilitate the inclusion of all children.[16]

The space should be designed or organized to foster active and interactive learning and consider the needs of different age groups. For example, a nursery for children 0-2 years tends to include designated areas for feeding, sleeping, washing and play. Whereas, a day care for children 3-5 years would also include 4 to 5 learning corners for structured and free play.

If the greater emergency response includes a vocational component with tailoring and carpentry, it is an opportunity for the ECDiE response to tentatively make a link – and procure materials (chairs, toys, desks, etc.) made by the participants in the vocational program.

Set-up an interactive learning space

A safe and clean play area is a learning space where children can play without worry. It can be set-up in a corner of a larger space or center and set-up to stimulate the learning needs of children across ages, stages, abilities and skills. Cushions or mats (easy to wash), boxes, baskets, recycled materials (like jerry cans and other plastic containers) or any suitable local

Profile of an ECD Educator	Foundational training topics (outline)	Early Learning Space Schedule (flexible, for 3-5 years)
• Trusted by the community and interested in working with children • Dedicated to working as a volunteer and participating in training/learning opportunities • Able to read and write in the language of instruction • A long-standing and stable presence in the community • Not a member of the ECD committee or relative of a community leader	• Child development domains • Promoting resilience • Setting up a learning space; implementing the daily routine • Producing learning materials from local resources • Classroom management and positive discipline • Health and hygiene practices • Engaging parents/caregivers, community members • Promoting transitions to primary school	• 9:00 Morning Meeting (welcome children and caregivers) • 9:15 Literacy Circle (activities, storytelling) • 10:15 Indoor "free" play • 11:15 Outdoor "free" play (may opt for one day a week to focus on "cultural" activities) • 11:45 Numeracy Circle (activities) • 12:15 Closing meeting (review, sing a song) • 12:30 Departure

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[15] NRC promotes 1 adult caregiver for every 4 toddlers (2-3 years) and 1 adult caregiver for every 3 infants (0-1 year).
[16] Link to inclusive education (IE) in emergencies.

materials may be used to create a comfortable play area. Toys can be made from local, recycled or natural materials to make a stimulating and interactive play area. If needed, toys can be procured/purchased. The play areas should be kept clean and hazard free at all times. This is an opportunity to collaborate with the community to ensure the care and protection of children, staff, and physical space.

Set-up an outdoor playground area

Outdoor activities are very important for child development; playground areas are exciting and stimulating. Playground areas tend to be set-up next to or near existing safe physical spaces for children such as learning spaces, schools or community centers. The play equipment can be fashioned from recycled materials. If feasible, the Shelter team can support the construction of basic playground equipment. It is necessary to provide a visible boundary or to fence-off the area for protection and safety.

Set-up of early childhood care personnel

In any learning space, children need to be supervised at all times. To set-up adult supervision, appropriate early childhood care personnel needs to be identified, hired and trained.

Strategies to support early learning and stimulating environments

Establish formal or non-formal, home and community-based ECD centers/spaces where needed. (Note: ECD centers/spaces and primary schools should be geographically close when possible to promote communication and coordination to support smooth school transitions for young children.)

- ECCD drop in classes can be set up near distribution centers or health centers to keep children engaged while caregivers attend to lifesaving tasks.
- Ensure access to existing ECD centers; address barriers to access.
- Consider a distance or mobile ECD program (mobile ECD; radio program for young children).
- Organize non-formal and/or informal playgroups.
- Utilize a mobile ECD center.
- Support transition (organize preschool support, organize after school study support); create linkages with the nearest primary school and ECD services to ensure transition and continuity of learning.
- Conduct home visits focused on wellbeing of baby and child (health, nutrition, stimulation).
- Train grade one and grade two teachers how best to support children's resilience/wellbeing.
- Identify and train ECD facilitators, educators and volunteers (both initial training and follow-up training) to enhance caregiver and educator performance and how to best support children's resilience/wellbeing.
- Identify existing ECD classroom facilities, assess and improve.
- Identify safe spaces to protect as outdoor play areas.

Old tires can provide a great climbing area for children at low cost. A teeter totter can be constructed out of a half a tire, wood, rope and bolts for two or more children to move on. Outdoor climbing equipment can be made from reclaimed wood and fashioned into a slide or structure. Photo: Save the Children

ECD IN EMERGENCIES

A Case Study from Myanmar: Emergency Helped Boy Get Into Preschool

Thuya Aung is a 4-year-old boy from Kun Chan Kone village in Mawlamyinegyun Township, Ayeyawaddy Division in Myanmar. While he has always been a happy child, his development has been slowed by Down syndrome. Thuya Aungs parents, both just 21 years old, work all day to support their family and find it difficult to care for their son. After Cyclone Nargis in May 2008, SC established an ECCD center in his village, and Thuya Aung began attending. His devoted aunt, Daw Ohn Than, takes him to the ECCD center, known locally as a Mu Kyoo, and says her nephew quickly progressed in the stimulating and nurturing environment. "*I take him every day to this Mu Kyoo,*" Daw Ohn Than said. "*We started coming after Cyclone Nargis. At first, he couldn't really walk alone, but at the pre-school, his friends and teachers helped him. After 1 month, he was walking by himself. It's amazing, now I never worry about it.*" The aim of the ECCD centers is to provide a nurturing environment that prepares young children for primary school. The center also serves as a place for children to go while parents are working; and reduces the likelihood of children being enrolled early in primary school, , taken to the fields with their working parents, or cared for by an older siblings whose own education is neglected in the process of child care. "*I am very happy about this and thank his teachers and this Mu Kyoo,*" said Daw Ohn Than.

- Identify if existing curricula materials for ECD levels exist (formal and informal) within the country (link with education development team).
- Develop age appropriate and culturally sensitive teaching and learning tools and materials. (Consider how to utilize recycled materials)
- Link preschool and primary schools through conducting ongoing and tailored activities (e.g. "Learning and Wellbeing in Emergencies" Resource Kit, community engagement reading activities)
- Link ECCD classrooms to health clinics where families may already be accessing treatment or distribution centers so children can be in a stimulating social environment while adults wait for supplies.
- ECCD classes can help identify children whose needs have been underserved and then begin a journey of learning to become a productive member of the community

Consider how to connect with children and families through other humanitarian interventions – what opportunity does a food distribution provide? Photo Credit: Save the Children

Save the Children Resources

ECD Guidelines for Emergencies: The Balkans, Section 5: Play and Activities starts p. 41 (SC Balkans). http://www.savethechildren.org.uk/sites/default/files/docs/ECD_Guidelines_for_Emergencies_1.pdf

Early Childhood Foundation Course for Preschool Teachers, Facilitator's Manual (SC Mozambique)

Preschool Toolbox (SC)

Child Friendly Preschool Checklist (SC)

Preschool Management Committee Foundation Training in ECD (SC)

ECCD checklist; KBA Preschool Module; PLS (summer learning program) (Philippines CO)

ECD IN EMERGENCIES

Early Literacy Knowledge Areas (SC)
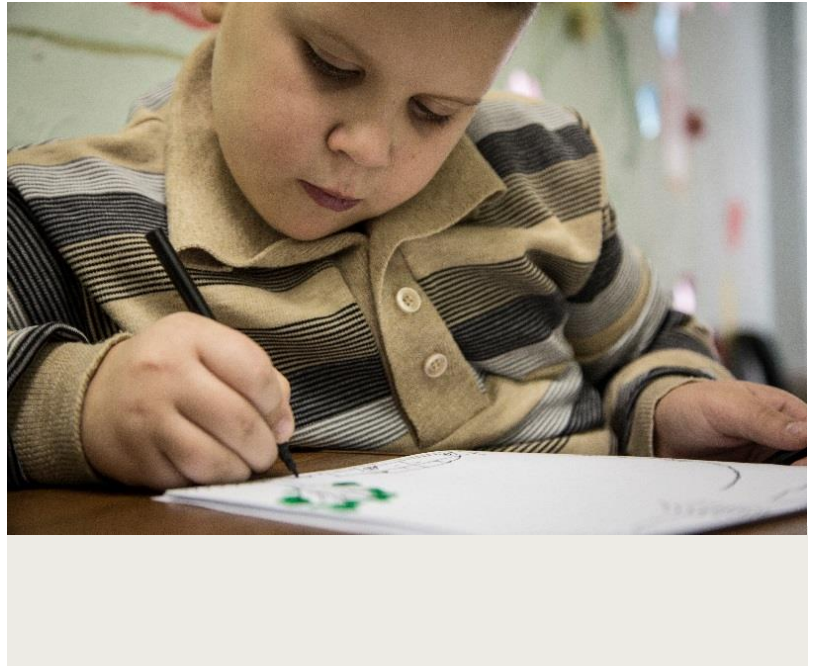
Learning and Wellbeing Resource Kit (SC)

Storybook Production Guide, Using stories to develop early literacy: Materials production and pedagogy (SC)

ELM (SCUS)

Quality of ECCD Center Environment observation sheet (SC)

QLE for ECCD (SC)

Community-based ECCD centers for 0-3 yrs (SC China)

Component 2

How to enhance positive caregiver-child interactions

The previous section focused on how to provide stimulation and early learning, this section will focus on how to equip and support caregivers to interact positively with their children.

Considerations for how to enhance positive caregiver-child interactions

Every young child needs to have a special relationship with at least one person who can give them love and attention. A supportive relationship with a primary adult caregiver helps the child develop personal identity, acquire language, cognitive and social skills.

Healthy child development is intertwined with the wellbeing of the child's caregivers. Healthy and happy caregivers are key to enabling caring relationships and early stimulation for the child. Support for caregivers is an essential component of ECDiE programming.

Consider who is the caregiver?

The primary caregiver is the most important person to a young child.[17] The primary caregiver feeds and watches over the child, gives the child affection, communicates with the child, and responds to the needs of the child.

Often the primary caregiver is the child's mother particularly when an infant is breastfeeding. Due to the unpredictable nature of an emergency - disruptions, displacements, injury, illness or death - the mother may not be the primary caregiver. It may be the father, family members or an older sibling. Often times in an emergency, primary caregivers may be away during the day to seek assistance or work leaving older siblings to maintain child rearing responsibilities. When both parents are sick or absent, the child's primary caregiver may be a relative or neighbor.

In many communities – particularly where families are coping with separation or loss of family members - children have several 'primary' caregivers: a grandparent, aunt, uncle, older sibling, a neighbor and/or an educator/teacher. They may all share in the caregiving. Children attending a childcare center or an early learning space may have additional caregivers who take care of them for a few hours each day. The important point to remember is that the child's caregiver is unique and contextual, and will need to be identified in each emergency context.

Consider how to support basic caregiving skills

Once the caregiver is identified, the aim of ECDiE is to help the caregiver provide optimal care for the young child and to support the caregiver's skill development – most notably sensitivity and responsiveness. A sensitive caregiver is aware of the child and recognizes what the child is trying to communicate – hunger, pain, discomfort, interest in affection – and responds appropriately.

From birth, young children naturally communicate with another person. Infants communicate by responding to the slightest movement, sound or smell of a person. This special responsiveness is how the baby forms attachment to the

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Link to IYCF-E

IYCF-E includes breastfeeding, safe complementary feeding (after completed six months of Exclusive Breast Feeding (EBF) and supportive care for mothers. IYCF-E protects and supports appropriate feeding for infants and young children under the age of two in emergency situations.

Optimal infant and young child feeding:

EBF starts early (within 1 hour of birth) and continues for the first 6 months of life.

After 6 months, complementary foods in addition to breast milk are introduced to meet the energy and other nutrient requirements of the infant.

International recommendations call for breastfeeding to continue for 2 years or longer when possible. It is important to understand that stress, trauma, and health all play a role in the ability of a mother to produce milk and a child to feed properly. See assistance if problems are known.

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[17] WHO, 2004 http://apps.who.int/iris/bitstream/10665/42878/1/924159134X.pdf?ua=1&ua=1

person who consistently holds, loves and keeps him/her safe. To help form this bond, ECDiE activities can encourage and demonstrate how to be responsive and communicate. Caregivers can be encouraged to respond with words, actions, gestures, smiles and gentle touches.

Responsive Feeding is the process by which the caregiver is sensitive and engaged with the child, including looking into the child's eyes, smiling and talking during the feeding. During emergency contexts where populations are coping with food insecurity and young children are at risk of malnutrition, responsive feeding is especially important. The extra attention given via responsive feeding stimulates the growth of low-weight newborn and malnourished children.

Depending on the emergency context, response time and resources available, the time to provide information

If setting up a feed station or a health center that is focused on the health of young children, consider having an ECCD center so that children also have a chance to build social and cognitive skills with play based games. Photo Credit: SC South Sudan

to caregivers on how to be sensitive and responsive will vary. There are indirect ways to distribute information including through posters in health or nutrition clinics and in schools; via awareness raising campaigns or distributed directly through community health workers or hygiene promoters. Information and modeling can also be imparted directly through parenting/caregiver education sessions or via education responses.

The Care for Child Development package (CCD) is a global resource that is important to utilize in any direct training. The CCD includes specific materials on how to build strong relationships between caregivers and children, recommends play and communication activities to promote learning in young children, and teaches basic caregiving skills including how to be sensitive to a child's need and respond appropriately to them. Although the package was not designed for an emergency, it includes practical materials that can be adapted including a participant manual and facilitator notes for trainings and counseling[18], cards and posters that can be adapted for information education and communication materials.

Consider how to support caregiver wellness[19]

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[18] The CCD package uses the term counseling to mean "supportive conversation or discussion with another." The meaning is not intended to be confused with or imply clinical mental health support provided by a trained mental health professional.
[19] For additional information on caregiver wellness, reference MHPSS IASC Guidelines
http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf and may reference the Learning and Wellbeing Sessions with a particular focus on the self-care sessions

Caregivers[20] are more likely to be stressed and depressed in emergencies; and may not be able to provide children with positive and emotionally nurturing environments. Response teams need to listen to caregivers and identify their main concerns and specific struggles. Once specific needs of caregivers are identified, access to essential services should be extended to caregivers, including access to PSS service. .

The CCD package also includes an adaptable resource: *Counsel the Family about Problems in Care for Child Development.* While not written for an emergency context, it offers tips for caregivers that can be adapted and used in an emergency setting.

> **If caregivers feel too burdened or stressed to play and communicate with the child (adapted from CCD)**
>
> - Listen to the caregivers feelings, and help them identify a key person who can share their feelings – either a health care provider or a peer.
> - Identify the specific needs of caregivers in resuming their child-caring roles
> - Offer care for caregivers (PSS)
> - Refer caregivers to any available local services (medical, PSS, material), if needed, so that they are able to cope with the situation
> - Develop caregiver peer groups and networks (mother circles, parenting groups, etc.) and/or safe spaces for children (play groups, ECD spaces, etc.) so that caregivers are able to attend to both their children and the immediate demands to cope with the situation
> - Build caregiver confidence by demonstrating their ability to carry out a simple activity

Support can include access to PSS[21] which can be organized through mother-toddler groups,[22] parenting circles or play groups. Opportunities for socialization and communication in groups is an important method to help both caregivers and children. Caregivers feel recognized and important in the lives of their children, and children become active and happier when receiving attention and stimulation from peers and other adults.

Women gathering together with children in Qorgab, Somaliland. Photo credit: Save the Children.

Consider Caregiver Education Sessions (CES)

CES are another method of providing caregiver support. Depending on the context, CES include a diversity of activities and can be called various names including: parent education programs, mother-toddler sessions, mother-baby groups, counseling for caregivers, care for caregivers, home visits etc. CES tend to target primary caregivers, parents, lactating mothers, pregnant women, fathers and adolescents[23] functioning as primary caregivers.

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[20] *Restorative Care* refers to care which restores a woman's emotional balance. Clinically depressed mothers may have difficulty responding to their infant's feeding needs or feel confident of their abilities to feed the young child. A mother may refuse to feed her child if the child has been born of sexual violence. In such cases, care for affected women should include measures to support them, as far as possible within their religious and cultural traditions; and to help them want to breastfeed again. The combination of positive care interactions with breastfeeding has also proven to improve mood swings in mothers and made them more sensitive and responsive to the young child's needs. (Integrated Quality Framework for ECDiE, UNICEF, p. 39).

[21] Psychosocial support refers to the processes and actions that promote the holistic well-being of people in their social world. It includes support provided by family and friends. Examples of family and community support include efforts to reunite separated children and to organize education in an emergency setting. (INEE. 2010. Minimum Standards for Education: Preparedness, Response, Recovery.)
http://toolkit.ineesite.org/resources/ineecms/uploads/1272/INEE_2010_Minimum_standards_for_education_(3).pdf
[22] A caregiver-child approach is supported through Mother-Toddler programming.
[23] When feasible and appropriate, caregiving education sessions should try to reach out to adolescent mothers in the community. Adolescents are an incredible asset. Adolescents may be trained and involved in running programs for children (organizing community play groups for young children, after school learning circles for grade one and two, etc.). Involving them in programs helps them learn about young children's needs and strengthens the ECD programs and their skills/knowledge as potential parents. Providing adolescents with "how to rear children" or "what child rearing activities support child development" can be strategic.

However, one function remains the same – to enable caregivers to provide effective care and stimulation for their children and improve child wellbeing by:

Families on the move, such as this dad and his son in Iraq, simple want children to have chances for a better life, even when they aren't sure about tomorrow.

- Improve caregiving skills. CES aim to increase caregiver knowledge and skills – such as increasing knowledge on child development, CP, early stimulation and learning, breastfeeding, pre- and post-natal care and nutrition and birth registration.
- Increase caregiver/parental (maternal) wellbeing[24] which may translate into improved caregiving skills. CES also aim to provide PSS and peer-to-peer support for caregivers/parents.
- Increase family resources support.
- The intervention can also be designed to offer childcare while caregivers meet together. Another option is to organize sessions to include the caregiver and his/her child. Positive stimulation and games can be modeled during the sessions and caregivers are then encouraged to practice the games with their children. Allow time for caregivers and children to practice, play and have fun during caregiving sessions.

In establishing and running any type of CES, it is important to coordinate with the Education, CP, Health, Nutrition and WASH sectors. Key responsive caregiving messages and practices can be integrated with other sectoral messages into one program targeting caregivers/parents. CES complement existing essential child survival health or nutrition responses. Education sessions can also incorporate CP through CBCP mechanisms. Integrating CES into existing community-based structures is cost-effective and sustainable.[25]

Strategies to enhance positive caregiver-child interactions
- Promote safe motherhood practices such as early stimulation and responsive breastfeeding. Educate families on basic health practices (antenatal care, immunizations).
- Caregivers protect and support children's physical wellbeing (protection, proper nutrition and health).
- Caregivers protect and support children's emotional needs (includes attending to basic needs for love, affection, praise, positive discipline and social interaction).

Key factors to consider for designing successful CES

- Engage caregivers/parents, by addressing a perceived need and through relationship building (initial home visits to caregivers can help to foster trust relationship).

- Focus on changing caregiver behavior through practice, feedback and coaching.

- Offer a simple systematic, training package that provides specific guidance for trainers/facilitators administering the program.

- Ensure the sessions are interactive and fun. Address and adapt for cultural and contextual factors.

- Start small, the intervention or sessions need not be long. The most effective programs are of moderate length (minimum 5 sessions).

- Maximize engagement – hold the sessions in a space/time that is easy to attend, offers child care and is welcoming.

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[24] http://www.who.int/mental_health/emergencies/ecd_note.pdf
[25] Plan International is also implementing a community-based ECCD program with an emphasis on parenting education called "Community Led Action for Children" (CLAC).

ECD IN EMERGENCIES

- Caregivers encourage and support children's language and cognitive development through a variety of techniques
- Encourage caregivers/parents to get fully involved with their children's education, creating a vital platform for continued learning and development.
- Caregivers are provided continuous and sufficient support and information. Individual training, education or counseling for parents and caregivers (can be conducted at home, 'in temporary spaces) to increase their capacity to support the protection, development, learning and wellbeing of their children.
- Consider group training and education for parents and caregivers (classes or group sessions).
- Link ECDiE activities to adult literacy activities or programs.
- Engage adolescents in ECDiE activities.

Busy Mom While Dad Away Working - Nepal

Umesh, 2is like any other toddler - he likes to play. Now that he can walk on his own, his mother Sharmila has a hard time keeping up with him. Umesh's father works in India leaving Sharmila to care for him on her own. His day is spent with his mother, mostly in the kitchen. He tags along with his mother when she is cleaning, looking after the cattle and cooking. But he also spends time with the basket full of toys his mother made after attending a SC workshop. His mother also plays with him whenever she has time from household chores and has learned that she can still engage with him to promote good growth while she is doing household chores.

Parenting Education Sessions (PES) - Philippines

The Philippines country office offered PES after Typhoon Yolanda. These sessions promoted understanding child development principles, understanding children's behavior, the importance of activities and materials that optimize children's growth and development, and supporting children's development through everyday activities. Impact evaluation showed significant gains in parents understanding despite them concentrating on survival and returning home.

Play & Learn Package

Bangladesh developed a 0 -5 Play and Learn package that includes activity cards with games and activities that can be done in 10-15 minutes and support the 4 domains of growth. The package was designed for busy adults and can be contextualized for caregivers pressed for time in emergencies. Findings show that 10-15 minutes in the day can and will make a difference in the lives of young children.

Palestinian Refugee Camp in Gaza offers a place out of the cold weather for the young children to begin their education before primary school.

ECD IN EMERGENCIES

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Case Study Lebanon - ECCD for children and their worried parents

<u>**Nour's Story**</u>

Nour (not her real name) 21years old, came to Lebanon from Damascus, Syria 3 months ago with her two children. She lives in a small room in a remote part of Wadi Khaled, near the Syrian border.

"One of my biggest concerns is what has happened to my husband, where he might be, whether he is still alive. One evening two years ago, in the first months of the conflict in Syria, my husband went out to get us all supper and never came home.

I have asked and tried to find out, but I still have no idea what has happened to him. I was14 when I got married and have two children, Yasef (5) and Rana (4).I managed to find a job in a clothes shop and then another job and was living in a nice apartment. However, this was destroyed in shelling and I came home and wasn't allowed to go back into the building. I lost everything. I moved in with my mother in-law for two months. My own mother is dead and my father and brother are in Egypt so there is no one left to keep me in Syria. When I heard that my neighbor was planning to leave for Lebanon, I asked to go with him. I left Syria 3 months ago with him during heavy shelling in the area.

A friend of my husband met us at the border and brought me and my children to Beirut. From there, we all travelled north and he found me the room I am living in today. It's a small basic room, with no running water and there are holes in the walls. It will be very cold and damp here this winter. I got no help here when I arrived. I went to the office of a local NGO every day asking for help, and eventually they gave me 2 mattresses and a few sheets, but that was it and it's not enough. My husband's friend lives in the next door room with his wife and 4 children. He sometimes finds casual work in Beirut, but it's getting less and less and I am so worried. He is the only one helping me and my children and I rely on him to provide for us, I have no choice but to live in this one room and wait.

An ECCD class for Nour's children will provide a safe place for her children while she works to organize their essentials. It can also provide a place for her to gather with others to network, share experiences, and be away from a one room home.

</div>

For more guidance for how to enhance positive caregiver-child interactions

Save the Children resources

0-5 Play and Learning Package (SC Bangladesh)

Positive discipline (SC)

PES Manual; PES facilitation checklist; Parenting Education Sessions for 0-3years (Philippines CO)

Parenting Circles (SC)

The Essential Package - Key Actions for Caregivers of Young Vulnerable Children (SC)
http://www.care.org/sites/default/files/documents/The_Essential_Package_Holistically_Addressing_the_Needs_of_Young_Vulnerable_Children_and_Their_Caregivers_Affected_by_HIV_and_AIDS_1_0.pdf

Parenting education program, Parenting Caregiving Program Training Manual (SC Bangladesh)

ECD IN EMERGENCIES

Parenting sessions; possibly home visits (SC Rwanda)

How to help children cope with transition in disasters (leaflet for parents) (SC, 2010)

http://www.bettercarenetwork.org/sites/default/files/How%20to%20help%20children%20cope%20with%20transition%20in%20disasters.pdf

Separated Children: Care and Protection of Children in Emergencies (SC, 2005)

http://www.bettercarenetwork.org/sites/default/files/Separated%20Children.%20Care%20and%20Protection%20of%20Children%20in%20Emergencies.pdf

Mother's Group in South Sudan offers a place of gathering, learning, and supporting each other. Caregivers during emergencies need relief, support and care. Save the Children should care for the caregivers so that they make time for children. Photo Credit: Save the Children

ECD IN EMERGENCIES

Component 3

How to strengthen children's protective environments

From the outset of an emergency, ECDiE responses should involve caregivers and community members - from the initial rapid assessments and analysis of assessment findings, to the appropriate response activities and program design. The meaningful involvement of community members improves the effectiveness and quality of any ECDiE response. Ultimately, community involvement will promote ownership and enhance sustainability of the ECDiE activities.

The ecological model of ECD[26] (see page 12) shows how a child grows up and develops within a protective environment.[27] The image indicates the interaction between an individual child and his/her environment. The ecological model shows the layers of protection for each child – family, immediate community, institutional community and political and social structures.

Within the community, ELS provide opportunities for play and can also integrate essential services (health care, nutritious meals, clean water, latrines, child-safety and protection). ECDiE responses may provide a focus for whole communities to rebuild their lives, especially through the collective desire for families to provide a better future for their children.

Below is a model of how a community-based child care center (CBCCC) operates. It showcases how a community learning space serves as a community protective space.

Community-based child care center (CBCCC) (*to adapt)
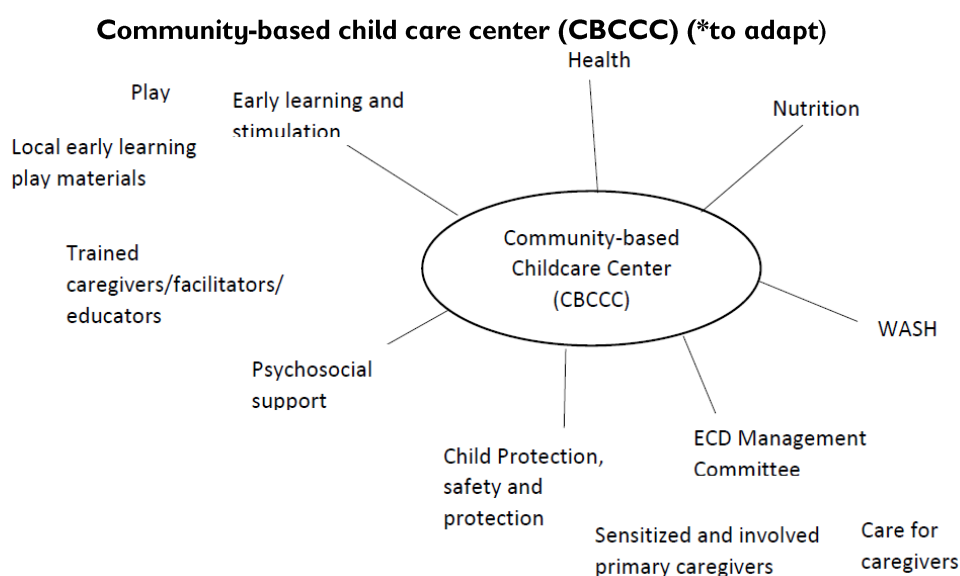
Consider a participatory approach to engage the community

ECDiE programs need to be participatory. SC works to promote meaningful participation beyond children and their families' participation to engage the larger community. Community members understand their children and their subsequent needs, and their participation is vital in designing and carrying out efforts.

The quality of support and care offered in an ECD program encourages community members to feel safe, to feel included and to see the benefit to their children, it enhances the impact of the ECDiE overall. Evidence-based assessments indicate that the ECDiE program can be viewed as a blessing to the community, when dealing with crisis. When seeing the direct benefit,

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[26] (to adapt) Ecological model of ECD indicating child's interaction with Caregiver/Family, Community, and National/Policy levels throughout their childhood.
[27] Urie Bronfenbrenner's Ecological Theory of development is widely accepted to indicate the interaction between an individual child and his/her environment.

communities are likely to show interest and participate. Communities can make significant contributions to the ECDiE program, by providing leadership, land, materials, labor for the construction and other donations to establish an ECD safe space.

Consider how to involve the local community in caring for young children

The local community can be involved from volunteering, to leadership and advisory roles that influence the direction of an ECDiE response. The list below offers several examples of ECDiE responses that involve the local community:

- Form an ECD management committee (names for this group may differ by context)[28] for those who would like to volunteer to mobilize the community around ECDiE.
- Train leaders and the ECD committee on child development domains and ECDiE program approaches. Make links with (CP) and train CPC or MPC on ECDiE.
- Plan and carry-out activities related to the establishment of ECDiE with the community.
- Mobilize the community to support preschool activities, caregiver education sessions and incentives for ECDiE educators/facilitators/volunteers.
- Organize a community-wide event around ECDiE.

> **Why mobilize communities within ECDiE?**
>
> - To work with communities in a culturally appropriate manner so that a foundation for partnership is established.
> - To assist in creating a response in which individuals can empower themselves to reflect on and address their ECD needs through locally appropriate response.
> - To promote community members participation in ways that recognize diversity and equity.
> - To identify and support the creative potential of communities to plan, leverage and manage resources.

Consider an ECD management committee to involve community[29]

A management committee can be formed to responsibly manage an ECDiE response or specific space. The committee should be comprised of local and well-respected community members.

In an emergency, such a committee is important to ensure that ECDiE activities are designed and run by local community members. The needs and beliefs of the community should determine the content. The committee

> **Selecting an ECD management committee**
>
> - What ECD expertise and interest does the individual have?
> - Is the individual trusted and respected in the community?
> - Does the individual have experience in community mobilization?
> - Does the individual understand the context of the community? (political, socio-cultural, economic)
> - Is the individual a good communicator, a good team player and have facilitation skills?

typically also plays a valuable role in collaborating and strengthening ties with the local education authorities (if they exist and are active). On a larger-scale, an ECD steering committee is usually well-placed to operate as or feed into the ECD working group or sub-group under the Education Cluster.

When community members are actively leading the response, the community is invested in the benefits of ECD and will work to continue ECD even after the recovery period.

This ECCD center in Honduras provides a safe place for children to be away from violence on the streets.

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[28] Names for this group may differ by context. It may be called an ECD Steering Committee, ECD Task Group or sometimes ECD combines with CPCCs, etc.
[29] Note: Could link to SC resources on the Community Action Cycle and Community Mobilization Training workshop materials.

Consider links with Child Protection and involving Community Protection Committees

CPC tend to be comprised of parents, caregivers, older children, educators, etc. The CPC operates under the CP sector – and the main objective is to identify and report on cases of children's rights violations (the team works with CP staff to identify the appropriate referral mechanism) The committees support the operational components to ensure that the ECD spaces, preschools and other areas where children congregate are guarded and patrolled, and to ensure that children are registered and can access appropriate services. All of which contribute to the protection of children in the community.

Consider how to involve community volunteers in caring for young children

Community volunteers play an important role in strengthening protection in young children's environments. Community volunteers may be mothers, siblings, grandparents of young children or interested youth and adults in the community. Volunteers are a great support in the supervision and care of young children in ECD spaces.[30] It can include an informal set up whereby community members arrange for a neighbour or grandparent to to watch over the children while the primary caregiver is conducting chores. Conversely, it can be a formal mechanism set-up by an organization to support an ECD space.

There are a many ways to recruit people and community meetings are often a helpful way to identify and recruit suitable volunteers. When selecting volunteers, here are a few things to consider:

- Give a general introduction on the ECD space or activity and the roles and responsibilities of caregivers and volunteers in the space or activity.
- Write down the names and contact information of the volunteers.
- Confirm that volunteers are well-known (respected and trusted) among the community; if feasible, check their references.
- Allow volunteers to ask questions about their roles and responsibilities.
- Volunteers commit to the duty of care and do no harm. SC teams must ensure that the Code of Conduct is read, understood and signed.
- Volunteers should not be expected to have the same roles and responsibilities as paid caregivers/educators; volunteers should receive the same training as the caregivers. *When recruiting and training voluntary and/or paid staff, remember to be consistent about the compensation/stipend policy. Typically in introductory training sessions, there are standard topics to be covered such as: importance of play, child rights, child protection, strategies to work with groups of children, PSS, health and safety.[31] It is valuable to check with other organizations to ensure standardization in the response for both their compensation/stipend policies and content of training packages.

Strategies to strengthen children's protective environments

- Provide community safe spaces for young children to play. Promote social interactions of young children with peers and adults.
- A CFS may be considered an ECDiE response when the space is providing activities that meet the needs of young children (0-8 years).

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[30] ECD spaces cover a spectrum of responses setting-up or supporting a safe space for young children and they may be labelled as home-based, community-based, center-based, school-based, mobile ECD, corner play, CFS, ECD tent, baby feeding tent, etc.

[31] Other topics to include are: child development, communication with children and carers, working with young children affected by conflict, problem solving and peacebuilding activities with children, inclusive education, organizing the environment, planning activities with and for children, working in a team, etc.

ECD IN EMERGENCIES

- Strengthen CP link (community-based CPCs); integrate child protection activities; support community child protection processes and activities that build on local groups and resources.
- Strengthen local networks that enable child protection, care and child wellbeing.
- Community mobilization work to create or strengthen groups that address the needs of young children. Mobilize communities to organize and act on behalf of their children.
- Building capacity of (pre)existing ECD spaces.
- Training community groups to support ECD.
- Conducting community ECD events to raise awareness and interest. Opportunity to raise a community's awareness of the importance of ECDiE.
- Identify and support community ECD champions (adolescents, youth, etc.).
- Engage communities in conducting situational analysis.
- Link ECD to other key community activities (SC's Learning and Wellbeing in Emergencies (LWiE), Reading Camp, etc.).
- Involve the community, collaborate with partners

For more guidance to strengthen children's protective environments

Save the Children resources

Code of Conduct (SC Denmark)

Child friendly spaces in emergencies: A handbook for Save the Children staff (Save the Children, 2008)
http://resourcecentre.savethechildren.se/library/child-friendly-spaces-emergencies-handbook-save-children-staff

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Examples of children's reactions to disasters
(SC, 2004; PFA training manual SC) http://resourcecentre.savethechildren.se/library/save-children-psychological-first-aid-training-manual-child-practitioners

Common reactions for children 0-3 years
- Cling to caregivers
- Changes in sleep and eating patterns
- Increased crying and irritability
- Afraid of things that did not frighten them before
- Hyperactivity and poor concentration
- More opposing and demanding than before

Common reactions for children 4-6 years
- Start clinging to parents or other adults (mistrust and suspicion, fear that there will be another disaster)
- Regress to young behavior (e.g. thumb sucking, bedwetting)
- Stop talking (quiet or socially withdrawn)
- Inactive (lack of interest in activities)
- Do not play or plays repetitive games
- Feel anxiety and worry that bad things are going to happen (sadness or depression)
- Experience sleep disturbances, including nightmares
- Changes in eating patterns
- Become easily confused
- Are unable to concentrate well
- At times take on adults roles

Common reactions for children 7-8 years
- Level of physical activity changes
- They feel and behave confused
- Withdraw from social contact
- Talk about the event in a repetitive manner
- Are reluctant to go to school or other activities
- Feel and express fear
- Negative impact on memory, concentration and attention
- Sleep and appetite disturbances
- Aggression, irritability or restless
- Somatic complains (physical symptoms related to emotional stress)
- Concerned about other affected people
- Self-blame and guilt feelings

How to promote holistic wellbeing

Overall, ECDiE responses consider the holistic developmental needs of children. In order to survive and thrive, young children need proper care to support their physical, intellectual, social, emotional, language and communication development.[32] In emergencies, it is imperative that the ECD response includes a focus on the child's socio-emotional wellbeing and how to build on a child's natural resilience.

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[32] Some contexts also include moral development or the values that guide children's behaviors.

ECD IN EMERGENCIES

Considerations for how to promote holistic wellbeing

[33]

A child's wellbeing consists of reducing risks to their holistic development, and creating an enabling environment that supports children's positive development. Play is a central component used as an educational strategy that can promote the wellbeing of learners.

Consider how emergencies impact a young child's wellbeing An emergency response is filled with stressful events, [34] that may affect the wellbeing of children.[35]

In the short-term children may exhibit behavioural changes.   This is normal and does not *necessarily indicate the need for professional mental health support. Children are naturally resilient. Children need time with their loved ones, and to return back to normalcy as soon as possible.

SEL programs' role within the continuum of services. *Source:* Diaz-Varela et al. (2013),
p. 6. Adapted from IASC Guidelines on Mental Health and Psychosocial Support in Emergency
Settings (2007).

Preschool-aged children may confuse facts with their fantasies and fear of danger. They do not yet have the ability to keep events in perspective and may be unable to block out troubling thoughts. For example, they may mistake a single incident on tv/radio for happening repeatedly, leading them to believe that more people are involved than is actually the case.

Consider how ECDiE builds on the young child's resilience

Young children are resilient and have natural coping mechanisms to help them deal with situations and hardships. It is important for ECDiE responses to build on the young child's resilience. ECDiE responses can promote resiliency when they offer children safe, supportive environments; access to caring, supportive adults; opportunities to develop self-control; opportunities to play and explore. Building on a child's resilience is critical to protect young children from stress --- stress that may become toxic.[36]

Resilient children can mitigate the negative effects of stress so it does not become toxic. Children are resilient especially when they have a consistent,

After Hurricane Katrina, Save the Children held pep rallies to boost the spirit of the community and to promote the importance of disaster risk reduction.

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[33] http://www.gov.scot/Resource/0045/00458341.pdf
[34] Levels of stress may be high and may negatively impact on brain development, early learning and overall wellbeing.
[35] Possible behaviors for young children during emergencies: Anxious clinging to caregivers, increased tantrum, disobedience, aggression, fighting, changes in eating and sleeping patterns, fear (separation, going to bed, going outside), startling easily, loss of acquired skills (bedwetting, self-help and language), apathy and lack of interest in things and others (withdrawal), regressing in speech development, speech difficulties, getting bored quickly with doing activities, unexplained aches and pains, upset stomach, hyperactivity or decrease in activity, inability to concentrate (Duncan and Arntson, 2004).
[36] *Toxic stress* refers to the prolonged activation of the stress response system which disrupts the development or the connections being made in the young child's brain. Toxic stress may happen when a young children experiences strong, frequent and or prolonged adversity without adult support (National Scientific Council on the Developing Child, 2010).

responsive caregiver. For children and caregivers, PSS support can also be included in ECDiE programming to help relieve stress.

Younger children may deal with distressing or traumatic events through their play (and sometimes in their drawings). They may make toys and scenarios related to the event, or act out parts or the entire event in individual or group imaginary/free play. Such play is a way of mastering the cognitive and emotional aspects of what children have experienced. It helps them to work through a negative event.

Characteristics of resilient children (SC, 2008; Llewellyn)
- **Self-perception:** presence of a significant adult providing unconditional acceptance and sense of hope for the future (secure attachment), feels worthy (self-efficacy), positive self-concept, positive outlook on life and the future
- **Social competence**: sense of humor, good communication skills, empathy and caring for others, affectionate and sociable, ability to use adult as a resource
- **Problem solving skills:** thinking abstractly and creatively, attempting alternate solutions for a problem, reflective, asks questions, alert
- **Motivation:** independence, self-control, ability and desire to accomplish tasks on one's own, motivation high activity level

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Consider how ED and CP collaborate to support psychosocial wellbeing

It is typical in emergency contexts for education and CP teams to integrate their activities to provide holistic support to young children. Both teams have a shared understanding on how to support holistic wellbeing, and agree on key elements when supporting psychosocial[37] wellbeing.

Psychosocial support refers to the processes and actions that promote the holistic well-being of people in their social world. It includes support provided by family and friends. Examples of family and community support include efforts to reunite separated children and to organize education in an emergency setting.

(INEE. 2010. Minimum Standards for Education: Preparedness, Response, Recovery.) http://toolkit.ineesite.org/resources/ineecms/uploads/1272/INEE_2010_Minimum_standards_for_education_(3).pdf

During an emergency, stable, predictable and structured routines are critical for children to gain a sense of security. ED and CP responses recognize the importance of structuring routine activities and maintaining timetables/schedules in ECD spaces or CFS so children know what to expect. The structured routine should include daily opportunities for structured and free play.

ED and CP responses also recognize the importance of providing young children opportunities to play. Play helps children work through and make sense of their feelings and

3-5% of young children may require specialized intervention due to losses, trauma or unresolved grief (IRC)

3 to 5% require specialized intervention

20 to 25% of the children are vulnerable

70% of the children are resilient

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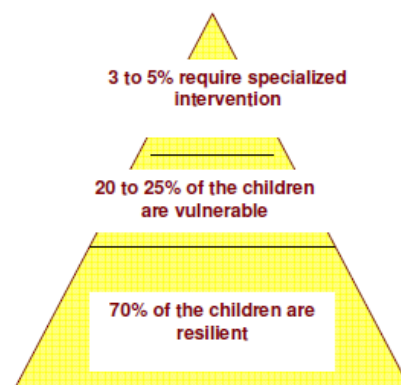
[37] Further discussion on PSS: Psychosocial refers to a person's psychological and social world. It implies that the two worlds are interrelated and interdependent and are continually interacting and influencing each other. When one important need is met or not met, this can affect all other aspects of life. (UNICEF) http://www.unicef.org/protection/57929_57998.html Psycho refers to the mind and soul of a person. It involves internal aspects such as feelings, thoughts, beliefs, attitudes and values. Social refers to a person's external relationships. This includes interactions with others, social attitudes and values (culture) and social influences of family, peers, school and community. The internal (psycho) and external (social) interact and influence each other. A young child has both psycho and social needs. (AVSI) https://www.avsi.org/wp-content/uploads/2011/09/5aTrainingManualTeachers.pdf

ECD IN EMERGENCIES

experiences. Play provides children with positive experiences woven into their daily routines. These positive experiences allow children to feel happy, safe and secure.

Finally, ED and CP responses aim to foster young children's sense of belonging. Children gain a sense of belonging through group activities and playing with peers within safe and protective spaces.

Consider how to strategically integrate ECDiE to support holistic wellbeing

An integrated approach for ECDiE is based on the premise that all aspects of a child's development are interrelated. The ECDiE program should link with other sectors to support children's holistic wellbeing, including how ED, CP, health, nutrition and/or WASH services offer support. Depending on the emergency response, critical sectoral services may be available within formal or informal ECD spaces to aid the survival and development of the young child.

Suggested entry-points for ECD interventions[38]

How to promote holistic wellbeing

Adding an ECDiE component can make other programs more effective. For example, caregiver education programs offered in addition to health services increases a child's chance of survival. A focus on the feeding process (refer to IYCF-E textbox above, page 29) itself can significantly increase the value of nutritional supplementation, etc.

Strategies for how to promote holistic wellbeing

- Promote wellbeing , health and nutrition for caregivers, primary caregivers/parents and young children.
- Promote an environment that fosters positive development, effective coping and resilience.
- Foster a young child's positive sense of wellbeing and sense of self. Build on the young child's resilience; help reduce risks to children's social and emotional wellbeing.

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[38] Adapted from Integrated Quality Framework (UNICEF, 2010).

ECD IN EMERGENCIES

- Set-up early learning environments that are protective of children's physical wellbeing and reduce risks to children's physical safety. Offer immediate protection and security for children through the provision of safe and adequately supervised spaces for them to gather and engage in normalizing activities.
- Ensure learning environments meet the socio-emotional needs of young children. Create environments that stimulate creativity and joy in children.
- Integrate ECD messages into other sectors' areas and plans (integrate ECD across SC's delivery sectors).
- Identify areas to integrate ECD into existing sectoral interventions. What sectors can implement an aspect of a comprehensive approach for young children in emergencies?
- Integrate parent education and early stimulation into existing health and nutrition programs.
- Set-up areas for child play and ECD referral information where life-saving services are offered (therapeutic feeding programs, hospitals, maternal child health clinics, distribution areas).
- Deliver joint packages such as immunizations with early stimulation and ECD messaging.
- Train health workers and distribution teams on ECD.
- Provide immunizations, micronutrients, vitamin-enriched foods, information and education on breastfeeding, good hygiene and preventable diseases, prenatal care for pregnant women.

A tornado in the United States scared many children and their caregivers. A place to feel safe made the difference for many children and their families. Photo Credit: Save the Children

ECD IN EMERGENCIES

Type of intervention	Education	Nutrition	Health	WASH	Child Protection
When or where to promote ECD?	Formal and non-formal learning opportunities, relevant for all ages and stages CBCC Early learning safe spaces Preschools Home visiting programs Play groups Reading buddies/Reading Camp Parenting/caregiver programs (integrated with info on child health, nutrition and wellbeing) Training educators/facilitators	Nutrition campaigns Home visits Outreach programs Baby tents CFS Baby clinics IYCF; therapeutic feeding centers; SFP, mother feeding circles (complement with play, early stimulation and PSS) Adequate micronutrient and vitamin A supplementation for young children Antenatal care to pregnant mothers	Health campaigns Home visits (build parent capacity) Outreach programs (childcare practice campaigns) Baby tents CFS Mobile clinics Baby clinics, medical clinics, community health centers Antenatal care to pregnant mothers Child immunizations (via joint package with early stimulation and nutrition) Links/referrals to ensure adequate health services for young children (ambulatories, mobile clinics, etc.)	Hygiene and handwashing campaigns/promotion Hygiene distribution (hygiene kits, baby kits, water kits) WASH services to early learning spaces, etc. (water and latrines accessible to young children) WASH services to families (chlorine or purification tablets) Hygiene-related activities in ECD programs	CFS Community spaces PSS activities Children's rights sensitization Home visiting FTR, Reunification campaigns, facilitate alternative care arrangements (on child's best interests) Counseling centers Orphanages Community activities that promote social community building Communal playgroups Shared childcare Communal toy libraries Referrals for caregivers or children (MHPSS)
Who to promote ECD? *Specific actors or service providers	Parents/caregivers Caregivers/educators Facilitators Community volunteers Community mobilizers	Parents/caregivers Community volunteers Nutrition counsellors	Parents/caregivers Community health workers Health workers Birth attendants Medical professionals	Parents/caregivers Community hygiene promoters	Parents/caregivers Child protection specialists Social workers Community based protection groups or mechanisms (child protection coordination groups)

<u>**For more guidance on how to promote holistic wellbeing**</u>

Save the Children resources

HEART (SC)

Links with SHN (age appropriate health and hygiene)

Links with existing maternal child health and nutrition programs (SC)

Health and Early Stimulation Cards (SC Bangladesh)

ECD IN EMERGENCIES

Egypt prenatal to 3 holistic services of health and ECD (SC Egypt; SC Indonesia)

SEL sequenced competencies with ECD input (SC)

PFA Training Manual (SC) http://resourcecentre.savethechildren.se/library/save-children-psychological-first-aid-training-manual-child-practitioners

In the aftermath of Cyclone Winston in Fiji, February 2016, Save the Children set up play groups for children and mothers within the safety center, making good use of the space to bring people together for a variety of services and a place of learning. Photo Credit: Save the Children

ECD IN EMERGENCIES

SECTION II

Designing an ECDiE response

Section II focuses on designing the ECDiE response. Before starting, it is important to revisit three questions from Section I:

1. **What is different for young children in crisis?** Emergencies pose additional challenges and risks for young children. Caregivers/parents may be stressed and not able to care for their children in the same way –caregiver/parenting education is a critical activity for ECDiE programming. Young children are resilient and can cope with the impact of emergencies if they have strong attachments to stable caregivers and the support of a protective environment.
2. **How to link or build on what existed pre-crisis?** ECDiE programming should link to or build upon existing interventions and programs that were established prior to the emergency. It requires emergency responders to assess the situation and consider creative responses. A brief example is to tap into existing ECD expertise by identifying ECD caregivers and educators to engage in the response.
3. **What is the desired impact for young children? The ultimate objective is** to support learning (improve child development outcomes) for young children in emergencies: optimal ECDiE → optimal child development → optimal learning.

How to use Section II

Section II is intended to provide step-by-step guidance in designing an ECDiE program. Section II provides:

- Step 1: Assessing the Situation, page: 49
- Step 2: Key ECDiE activities to include in the response plan (& results framework), page: 56
- Step 3: Implementing the ECDiE Response, page: 59

Section II applies the core components of ECDiE throughout the program design. The section explores the program design cycle fit for an emergency context. Particular emphasis is placed on the assessment and analysis which informs the program design – the selection and adaptation of program activities.

Program Design cycle image with ECDiE components[39]

From Section 1, the *what-to-consider* and the *how-to-strategies (activities)* are taken into account in Section II's planning and implementation steps.

Overview of program design: An ECDiE flowchart

SC supports ECDiE many ways. The flowchart maps out how a program's design is informed by the child's needs and the

opportunities to respond. The desired impact for young children and the entry point(s) that exist are taken into consideration.
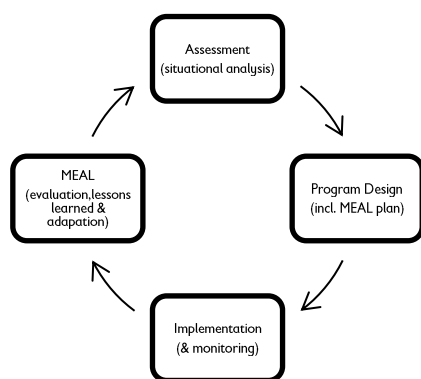
SC's ECDiE approach includes operating through a *formal* or physical space and through *non-formal* activities at the home or community-level. To establish first steps, the initial question is: *does a formal or physical space exist from which to operate?* The answer to this question will determine how to plan for the initial activities (the first 1 to 3 months of the response) that will be implemented either in a formal or physical space – or organized informally within a home or community. From there, the response is guided by the core components of ECDi Section II's *Implementing the ECDiE Response* (see page 59); and provides implementation steps to follow once the component/activity is selected.

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[39] The Common Approach Program Cycle emphasizes that programs must be designed, monitored and evaluated according to a standard process. This process is guided by adherence to a standardized program cycle. It can be adapted for emergencies.

The flowchart also addresses how to support and sustain *holistic* ECDiE by layering complementing activities when appropriate, when feasible, and with necessary material costs, human resources and funding. How to layer activities is further explained in Section II's *Implementing the ECDiE Response* (page 59) elaborates on how to layer activities.

Step 1: Assessing the Situation

The purpose of assessment

Ideally, an assessment by any sector will integrate the needs of young children. This involves strong coordination and collaborating between sectors to ensure the needs of young children are identified in an emergency. A well-coordinated and integrated ECD response must be informed by needs assessments based on sex and age disaggregated data on young children and their caregivers (primary caregivers, pregnant and lactating women, etc.) An ECD assessment tends to be part of a larger EiE rapid assessment –it is important to advocate for the inclusion of relevant ECD questions in an initial multi-sectoral assessment. There are three common types of assessments that are employed during certain phases[40] of the emergency:

1. **Initial multi-sectoral assessment**: Occurs in the first 72 hours of a rapid onset emergency. It provides a limited picture of the context. Likely there are geographical areas that are inaccessible at the time of the assessment. It is important to advocate for the inclusion of ECD questions in addition to other relevant education questions.

2. **Rapid assessment:** Occurs in the first 2 to 4 weeks of an emergency. It is a rapid snapshot of the situation (e.g. information gaps, concerns and emerging issues) to inform decision-making and prioritization for the initial response (1 to 2 months) post-emergency. Essential information regarding ECD can be captured in multi-sector or joint-needs rapid assessment.

3. **Comprehensive assessment:** Occurs in the first two months of an emergency and provides more in-depth information about ECD needs. It assists to modify the initial program design based on detailed information on ECD.

> **Rapid needs assessments provide a snapshot of the situation to answer the following questions:**
>
> - **What happened?**
> - **Where did it happen?**
> - **Who/What was affected?** Are affected children prioritized for assistance? The number of children affected and their demographic characteristics?
> - **What was the impact for young children?** How are young children affected?
> - **What resources already exist for young children?** What resources and capacities pre-existed in the country and affected areas? How were they affected? What exists now?
> - **What are the humanitarian needs, gaps and priorities for young children?**
> - **Whether and how to intervene?** Recommendations that define and establish the priorities or action and resources necessary for the immediate response.

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[40] In general emergency phases tend to include: emergency relief and response (in a disaster this may include search and rescue), early recovery, medium to long-term recovery (community development and disaster risk-reduction). Prior to an emergency, particularly in contexts prone to natural disasters, mitigation and preparedness efforts (e.g. preparedness plans, emergency exercises/training, warning systems, etc.) may have occurred.

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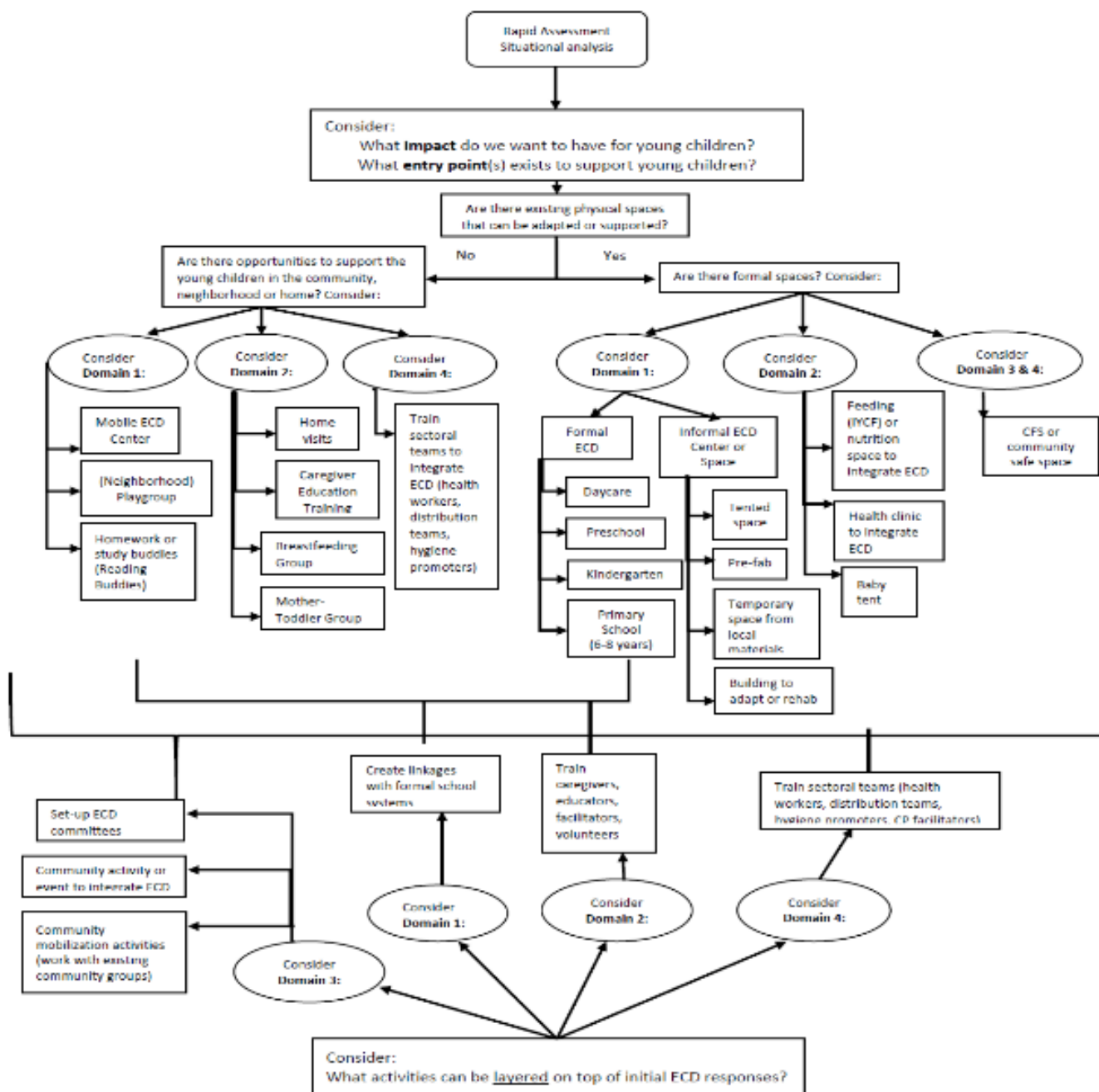
Often in an emergency, the Inter-Agency Standing Committee (IASC) coordination mechanisms is activated (referred to as cluster system). It is designed for organizations and sectors to ensure that the needs of beneficiaries and all affected areas are covered, and to avoid duplication of activities and assessment fatigue in the affected communities. This is done by organizing a multi-sectoral or joint-needs assessment. If there is an existing cluster - Education, Nutrition, Health, or WASH, Shelter or CP leading a multi-sectoral or joint-needs assessment, SC teams can advocate for the inclusion of ECD. All assessments should be done in collaboration with the IASC clusters or relevant coordination mechanisms.

If there is no formalized assessment, the ET or ERT can assessing the situation informally via a *situational analysis*. A situational analysis may be led by the ET, and may include collecting information from suggested data sources:

ECD IN EMERGENCIES

- **Existing secondary data review (SDR):** Often included when there is an existing Education Cluster[41] that has both a dedicated Cluster Coordinator and Information Manager (IM) to conduct the SDR. It is important to note what pre-emergency data exists. Secondary data may include any existing and functioning governmental bodies' information (Ministries or Departments of Education, Nutrition, Health, Social Welfare, Women and Children, etc.) and/or any existing reports from I/NGOs or UN agencies. Additional secondary information may be gathered informally through attending general coordination meetings and seeking out colleagues for further sharing of situation reports (sitreps), assessments and/or national contingency plans.

> **Additional information for review and self-briefing:**
> - A good map of the country and affected areas
> - Latest situation reports from OCHA (and from other clusters/sectors)
> - Existing education sector and national contingency plans

- **Informal key stakeholder informant (KI) interviews:** KI may include informal interviews or discussions with pre-emergency development SC staff, affected community members/leaders, community partners, religious leaders, local education officials, principals, teachers/educators or other experts from which to gather information on the status of the young children. The KI will help to identify if there are existing partners, ECD actors and service providers in the affected area, who can respond swiftly and effectively to ECD needs in an emergency. (KI is purposeful sampling.)
- **Analysis of the community support network:** Informal community-based support networks may play a main role in an emergency. A stakeholder analysis or a community support network analysis will help identify what factors are available that can be used as support mechanisms. The analysis can identify how to strengthen the mechanisms. Examples of community support networks include informal networks of young people or clusters of families in communities, neighborhoods or camp blocks.
- **Primary data collection:** Primary data collection for ECD may be integrated into existing rapid assessments. Primary data collection may occur at the household, ECD center/site, school or community level and most often includes participatory methods (focus group discussions and in-depth interviews). For existing learning spaces, the QLE observation assessment tool can be adapted and used.

> **Things to consider in an assessment:**
>
> - Design and conduct assessments that meet information needs
> - Standardize assessments when feasible (methods, indicators, tools, formats for communicating findings to donors and other key audiences)
> - Define and collect only the minimum, most essential and relevant information
> - Combine efforts across agencies to make optimal use of limited expertise and assessment resources, and to cross-check and verify data for reliability
> - Put in place coordinated, complementary assessment arrangements with other clusters and sectors

Assessment or situational analysis allows the ERT to engage with the community. It helps to understand the community context in the impacted area and identify the current needs for young children. The analysis focuses on obtaining a broad understanding of the needs and the context, including what exists or what is practiced. For certain types of emergencies, it might be ideal to focus on a specific issue. For example, in an emergency whereby drought caused food insecurity, the analysis may focus on health and nutrition concerns. The information gathered will be used to design a contextually-appropriate ECD response – whether that includes the introduction of new activities, a new space(s), or improve existing ECD activities or spaces.

Regardless, all ECDiE responses aim to successfully build on the community needs and practices identified via the information gathered and analyzed.

How to conduct an assessment

All questions need to be contextualized and agreed upon by the response team. Questions must be targeted and kept to the minimum to ensure that the analysis can be both quick and

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[41] Education Cluster Coordinator Handbook (Save the Children and UNICEF, 2010). http://educationcluster.net/wp-content/uploads/2013/12/EC-Coordinators-Handbook_low.pdf

effective. Below are sample questions[42] to assess and analyze contextual needs and existing resources organized by the four core components.

Analysis on early learning and stimulating environments:

- How many young children (0-8) are present? (disaggregated)
- What activities are most needed for these children (e.g. nursery care while parents are working/siblings are studying or attending educational activities or preschool activities that focus on children's development and/or school readiness, etc.)?

Pre-emergency

- What types of early childhood activities existed in the affected population before the emergency? What activities were offered to each age group? (Were the pre-existing ECD activities supported by the government? Were they any community-supported ECD programs?)
- Which children participated in ECD activities? (E.g. Only children whose caregivers worked for a certain company or the government? Only children whose caregivers could pay? Were children from minorities or children experiencing disabilities able to access ECD activities?)
- If there are pre-existing early learning activities occurring, where were they? (In what areas did early childhood education exist? Communities? Impacted areas?) When were they? (Was the service half day or full day?)
- What learning and play materials were used?

Current-emergency

- Are early learning activities now taking place? If so, where are they occuring? In homes? In clearly identified community safe spaces? Is there a need for more or improved spaces? Is there a need for multiple shifts?
- What early learning and play materials are now available?
- Who are the ECD educators/facilitators/volunteers? What is the impact of the emergency on educators/facilitators/volunteers? (Did they receive special training? If so, where were they trained? Are they receiving any incentives?)
- Is there a system of referral in place for young children that need additional (PSS) support?
- What formal and informal early childhood activities are currently taking place? (E.g. Is the available space sufficient for both indoor and outdoor play? Is it nearby or within a school? Is the space safe? If the space sufficient?)
- Are the ECDiE activities registered or supported by the government?

Analysis on child-caregiver interaction

- What is the impact of the emergency on caregivers?
- Are there young children who are separated from their parents?
- How many child-headed households exist? How many of these contain very young children?
- Were caregiver/parent education and support programs available pre-emergency? (If so, which caregivers/parents attended the program? What topics were covered?)

Analysis on protective environments (focus on community)

- How are young children looked after in affected communities, starting with the most vulnerable groups? (Conduct a review of existing ECD programs)
- What groups in the community are most vulnerable? (Which groups of young children are the most vulnerable – minority children, children with a disability, children of adolescent mothers, children separated from parents?)
- What are the priority needs of local communities?
- What are the local childrearing customs?

- Can interventions be built on community support systems and social, cultural and physical infrastructure and resources?
- Is the local community and the local government mobilized and participating? Contributing?

Analysis on holistic child wellbeing (focus on PSS and inter-sectoral)

- Do young children have access to safe spaces?
- How can the education sector coordinate with other sectors to meet the holistic needs of young children?
- How can early childhood programs be integrated with other humanitarian services such as feeding, health, or immunization programs? Are there existing maternal child health (MCH) clinics? Are there therapeutic feeding programs?
- Has gender-sensitive food distribution been organized for pregnant and lactating mothers?
- Are the ministries of health and social welfare involved?

To keep the assessment manageable, there are four steps that provide guidance on how to prepare and conduct an assessment. . Each step is explained below with a focus on gaining contextual information on young children:

Assessment Step 1 - Plan and Organize

Discuss and identify an appropriate assessment, including the purpose and the scope, with the ERT and/or existing clusters/sectors. The objective of the assessment is to either identify or confirm the most critical ECDiE issues and identify the geographic areas and populations that require support.

Advocate for the inclusion of multiple ECDiE questions. Review, contextualize and agree upon a targeted list of questions to include with a focus on young children.

Assessment Step 1 Plan and organize
Assessment Step 2 Conduct the assessment
Assessment Step 3 Analyaze the data
Assessment Step 4 Use the findings
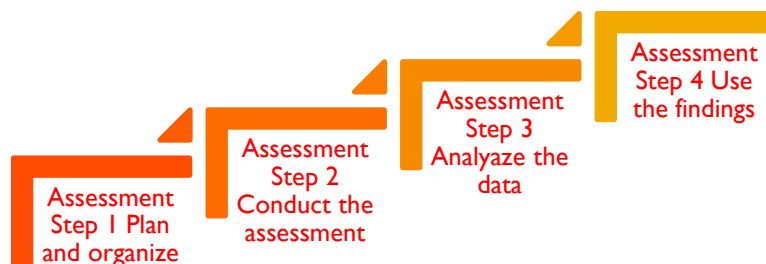
Review and select the information sources and data collection methods. Consider the following:

- Gender: impact on young girls and boys and their families
- Diversity of informants: diversity including ethnic, religious, IDPs, refugees, host communities, etc.
- Geographic diversity in sampling: include IDP sites, refugee sites, host communities, rural, urban, etc.
- Participation/inclusion of all young children
- Triangulation of information

ECD IN EMERGENCIES

Assessment Step 2 – Conduct the assessment

Collect the primary data according to the assessment plan. Gather any accessible information that may answer the ECDiE questions you identified. Where possible and appropriate, advocate for the involvement of community members and children in gathering data. Throughout the assessment, review quality of incoming data in relation to the situation for young children.

Remember that there is no substitute for community involvement. No one is more concerned about the welfare of their children, or can understand local resources, constraints and issues more than the community members.

Assessment Step 3 – Analyze the data

Process and analyze the collected information to determine: 1) what impact the emergency has had on young children (which locations and population groups have been most severely affected), and 2) what impact the SC emergency response will have on young children.

To support this process, utilize a simple grid (see example below) that can help to analyze the information by ECDiE core components (IRs).

> **Contextualize the collected information, consider:**
> - Further age disaggregation
> - Further vulnerabilities: Who might be affected negatively/positively by an activity? Who are the voiceless? Who is likely to support/oppose the activities?
> - Barriers to access (if any)
> - Traditional myths and beliefs about breastfeeding, acceptability of wet nursing, other norms for pregnant women
> - Local customs, games, toys for young children
> - Local caregiving practices and supports to caregivers and young children (neighborhood family daycare, community-based daycare, etc.); local disciplining measure(s) adopted in the community
> - Any non-formal early learning activities in the community and the role of community members (elders)
> - Status of primary caregiver's wellbeing (nutrition and health, demands on their time)

Young child by age group	IR 1 Early learning and stimulating environments	IR 2 Positive child-caregiver integration	IR 3 Protective environments	IR 4 Holistic child wellbeing
Impact for birth to 3	*Key issues & needs to be addressed*	*Key issues & needs to be addressed*	*Key issues & needs to be addressed*	*Key issues & needs to be addressed*
Impact for 3-5 years				
Impact for 5-8 years				

Note: Children aged 5-8 years are included within the global ECD definition. They are included in the critical early learning years; there is an age overlap between ECD and EiE programming, and responses should aim to create a link and support the transition for children between the programming.

The interpretation of the findings should be done with colleagues or partners knowledgeable about the local context, culture, communities and/or who are experienced working with young children. Information obtained from the assessment should be analyzed in the context of existing realities to ensure a more complete understanding of ECD in the emergency and will help to determine and refine the direction of SC's desired impact.

The results of the analysis will guide the response program design. The analysis will address these basic program design questions:

- What age groups will be targeted?
- Will caregivers/parents or volunteers/facilitators/educators be targeted?

- What geographical areas will be targeted? (communities, populations)
- What activities are most needed?
- Where and when will the activities take place?
- Who will implement the activities?
- Are there existing partners? (Define the criteria to pick and choose quality partners. Different partners will have different abilities to respond based on their capacities, access to resources, programmatic focus, etc.)
- What training/materials/supplies are needed?
- What type of ongoing monetary and material support will be needed?
- Who will conduct the training? Who will participate in the training? What will the training consist of?
- How can local culture and childcare customs be used to enhance the acceptance and effectiveness of early childhood development programs? Can early childhood development activities be built into indigenous education structures? (E.g. religious schools, traditional songs and storytelling by elders, etc.)
- How can PSS be incorporated into program areas?
- How can the community be sensitized to the importance of ECDiE?

Once the desired impact for young children is identified and agreed upon, draw up the specific activities to support the inclusion of young children in the emergency response plan - based on the ECDiE results framework.

Data analysis tips:

1. When identifying and comparing critical issues, and identifying locations and groups in need, use a standard 'traffic light' system to indicate the relative severity of the emergency on different ECDiE issues, geographical locations and affected age groups. To rank the needs in order of severity, consider:
   a. What is the impact on young children's learning if this concern/issue is not addressed?
   b. What are the current coping strategies and forms of assistance, and how long can these be sustained?
   c. What are the anticipated threats and risks over the coming months, and how will they affect young children?
   d. Are the resources and means available (or in pipeline) to address this problem or need?
2. Remember not to get lost in the review and analysis. Remember that this is a rapid assessment to determine priorities. This is not a research study.

Assessment Step 4 – Use the findings

Share and present assessment findings, the desired impact and direction for ECDiE programming to the emergency response TL and for the ESMT.

Share the analysis findings and the direction of the ESMT with the sectoral response teams.

Note: Given the rapidly changing conditions that characterize most emergencies, it is essential to conduct follow-up assessments to fill gaps in understanding and adapt the ECDiE response accordingly.

For more guidance on how to do assessments

Save the Children resources

CASP (SCUS)

Preschool Toolkit (SCUS)

Step 2: Include ECDiE activities in the Response Plan

SC emergency response plan responds to the information generated and analyzed from the needs assessment. In the design phase, it is important to advocate for and include the strategic direction on prioritized ECDiE response activities.

The comprehensive *ECDiE Results Framework* (see page 58) is a useful tool to consider when planning ECDiE activities and can help determine the necessary components to include in a response plan. As ECDiE is multi-sectoral by nature, the reality is that not all activities will be feasible or appropriate in every emergency. Any ECDiE response should be simple and flexible, as it will need to be regularly updated in response to the changing situation. An ECDiE response should also reflect a transition to early recovery and exit strategy. ECDiE components within a SC emergency response plan include:

- Overview of ECDiE needs analysis and agreed priorities (exists from the assessment)
- ECDiE overall strategic objective
- ECDiE immediate result(s)
- ECDiE response strategies (with the allocation of responsibilities and resources, stating specifically who is doing what, where and with what material and resources)
- ECDiE indicators
- Timeline
- Strategy for MEAL[43] and updating the response plan

A Here is an example of how to organize a child-centered emergency response plan including an activity that supports caregivers:

Activities	Planning	Implementation	Monitoring
Example: A safe and inclusive space for mothers and infants-toddlers.	Identify and map a safe space with the community. Develop criteria for the safe and inclusive space with mothers and community members. Plan and develop the roles and responsibilities for the upkeep of the space.	With the community, help clean and set-up the identified space. Train facilitators/volunteers to take care of the space and provide care for the mothers and their children.	Develop simple checklist with the mothers and community to monitor the space (safety, sanitation, protective, inclusivity, etc.). Periodically discuss with mothers to express any challenges and concerns.

When possible, an ECDiE response should complement and build on the government's own response plan/efforts.

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[43] When applicable, apply the use of QLE for ECD in emergencies.

ECD IN EMERGENCIES

The ECDiE Results Framework

The comprehensive ECDiE Results Framework includes a goal, strategic objective, immediate results (IR) and result strategies. As noted in Section I, the four immediate results are supported by several strategies or activities that can be employed when focusing on a specific result.

ECDiE Results Framework
SCI Ambition 2030: Children Survive, Learn, Are Protected
Goal: Optimal ECDiE, young children survive and thrive
Strategic Objective: Improved protective environments and child development outcomes

Core Component 1 (IR 1): early learning and stimulating environments	Core Component 2 (IR 2): postive child-caregiver interaction	Core Component 3 (IR 3): protective environments	Core Component 4 (IR 4): holistic child wellbeing
Core Component (IR 1) Strategies:	Core Component 2 (IR 2) Strategies:	Core Component (IR 3) Strategies:	Core Component (IR 4) Strategies:

Monitoring and Evaluation for Learning and Accountability (MEAL)

> **Additional guidance when designing a response plan with ECDiE:**
> - ECDiE responses are accountable for results, specify the impact on learning
> - ECDiE responses collaborate and partner
> - ECDiE responses seek cross-sectoral collaboration, coordination and integration of services
> - ECDiE responses consider transitions and sustainability
> - ECDiE responses are inclusive, safe, healthy and protective for all children
> - ECDiE responses are flexible, relevant and contextually appropriate and consider strategies from local cultures
> - ECDiE responses are participatory (community involvement)

Evaluations may examine both program process (quality of implementation) and impact (what changes result from the program). A MEAL framework may consider monitoring the core components (IRs):

- **Core Component 1:** Has the quality of early learning environments improved?
- **Core Component 2:** Have caregiving practices improved? (Improved general knowledge, attitudes and practices?)
- **Core Component 3:** Are communities more involved in and supportive of their children's wellbeing and learning?
- **Core Component 4:** Are young children supported holistically? (Improved holistic development? Increased chance of survival, improved hygiene, improved weight/height for age and improved micronutrient balance?)

For more guidance on results frameworks

Save the Children resources

Common Approach to Sponsorship-funded Programming (CASP) (SC)

Quality Learning Framework (QLF) available on OneNet

Step 3: Implementing the ECDiE Response

When implementing ECDiE activities, the selection of specific activities and sequence will depend on the analysis from the assessment. Start with prioritized activities that need immediate implementation to support the wellbeing of young children and their caregivers. From there, identify activities that can be implemented simultaneously or layered on top.

It is important to reiterate that the core components are not exclusive. There is potential for overlap with certain activities. For example, the immediate response may focus on the caregivers (IR 2) and provide activities that support pregnant and lactating mothers through an integrated nutrition, health and early stimulation mothers' support group (IR 4). General guidance on initial implementation steps by core component (IRs) is offered in the table below.

> **Tips on how to implement a safe learning space**
> - Create a play space with a safe, clean, warm and welcoming atmosphere
> - Avoid expensive or inappropriate toys
> - Recruit and train educators/facilitators/volunteers
> - Establish clear policy regarding volunteers and paid facilitators
> - Register young children

- Implementation steps for *Core Component 1 (IR1) supporting early learning and stimulating environments* provides general guidance on how to implement early learning via any 'type' of a safe learning space.
- Implementation steps for *Core Component 2 (IR2) strengthening positive child-caregiver interaction* provides general guidance on how to implement a response focused on support to caregivers.
- Implementation steps for *Core Component 3 (IR3) strengthening protective environments* provides general guidance on how to implement a response focused on community involvement/engagement.
- Implementation steps for *Core Component 4 (IR4) promoting holistic child wellbeing* provides general guidance on how to implement a response focused on sectoral integration and engagement.

ECD IN EMERGENCIES

Core Component 1	Core Component 2	Core Component 3	Core Component 4
IR 1 Supporting early learning and stimulating environments - **Implementation Steps**	*IR 2 Strengthening positive child-caregiver interaction -* **Implementation Steps**	*IR 3 Strengthening protective environments -* **Implementation Steps**	*IR 4 Promoting holistic child wellbeing -* **Implementation Steps**
Implementation Step 1 – Set up the space Identify an available and appropriate learning space. An existing space? A mobile space[44]? A temporary space? A renovated space? A newly constructed space?[45] A shared space, e.g. CFS with child protection? Engage the relevant sectors/clusters/colleagues to support the set-up if it will be a physical space (e.g. CP, Shelter, WASH, etc.). Determine where to find/procure the play and learning materials needed. Establish the function or what activities will be provided within the space (baby space, feeding space, day care, playgroup, non-	**Implementation Step 1 – Identify the caregivers** Determine the primary care-givers of young children. Mothers? Fathers? Older siblings? Aunts? Uncles? Grandparents? Community members? Educators? Ensure broad caregiver engagement. Are there specific groups of caregivers to support? Are there pregnant women? Breastfeeding women? Single caregivers? **Implementation Step 2 – Communicate with the caregivers** Consider how to communicate with caregivers whether via community or	**Implementation Step 1 – Dialogue with the community** Use the rapid assessment as a positive foundation to build a relationship with the community. Consider additional focus group discussions with various stakeholders to further assess the needs of the community to support young children. Print and distribute posters or materials with CP, health, nutrition and hygiene promotion messages aimed at supporting	**Implementation Step 1 – Identify sectoral entry point(s)** Recognize complementary interventions among other sectors. Identify opportunities to establish integrated, holistic community-based services with cross-cutting links with other sectors, including PSS. Discuss with and support relevant sector teams to integrate ECDiE activities into a joint emergency response. **Implementation Step 2 – Layer responses** Manage expectations in the first months (1 to 3 months) and focus on the desired impact to promote the wellbeing of young children, and consider coordinating with other sectors. In the following months (3 to 6 months) consider how to adapt or incorporate additional activities with other sectors.

[44] For a mobile space, a truck or van is often used to transport ECDiE materials and facilitators. Facilitators organize activities on-site. This is an effective way to get to hard-to-reach-communities.

[45] Minimum standards for construction needs to be considered. Depending on the context, will construction or renovation materials be available locally or need to be procured? It is important to link to the Shelter Sector/Cluster/colleagues.

ECD IN EMERGENCIES

Core Component 1 IR 1 Supporting early learning and stimulating environments - Implementation Steps	Core Component 2 IR 2 Strengthening positive child-caregiver interaction - Implementation Steps	Core Component 3 IR 3 Strengthening protective environments - Implementation Steps	Core Component 4 IR 4 Promoting holistic child wellbeing - Implementation Steps
formal learning, preschool, kindergarten, formal learning, etc.) **Implementation Step 2 – Set a schedule** Create a timetable. What times of the day and what days will the space be open? (how many days per week) Will there be multi-age groups or separate? If it is a physical space that will be shared, make a clear timetable with activities offered by group. If it is a mobile space, utilize community mobilizers/volunteers to disseminate the timetable. Create a schedule. Establish a predictable routine for each day. Involve a mix of activities: structured play, free play, quiet play, active play, indoor and outdoor play, etc. When feasible, write-up and display the daily schedule for all the caregivers/parents and children to see. For the first few weeks, start with simplified versions of each activity and shorter time frames to allow caregivers/parents and	school-based meetings or home visits (or baby visits). If other sectors (health, nutrition) are planning home visits, coordinate to deliver reinforced messaging. Check if there are opportunities to partner with existing organizations already providing home visits. Coordinate with health, nutrition, WASH and/or protection specialists to facilitate sessions to disseminate information for the benefit of young children and their caregivers Consider circulating simple behavioral caregiving messages once per week via radio, TV, mobile texts or other media. A simple behavioral message could be: "Talk to your child throughout the day, while doing different chores." If there is a large population of older sibling caregivers, consider providing	the wellbeing of young children across the community. **Implementation Step 2 – Develop a core ECDiE group within the community** Identify community volunteers. Train volunteers as ECDiE facilitators. Volunteers can serve as facilitators for ECDiE activities (playgroups, Book Banks, etc.) Form community groups such as PTAs, ECD Management Committees, CBCPC or other traditional community groups. Train community groups on key ECDiE issues Train and involve community members – e.g. an ECD Management Committee - in the management and oversight of	Aim to set-up a referral system so children in need of additional support and targeted interventions are linked to existing services in the community and the emergency response.

ECD IN EMERGENCIES

Core Component 1 IR 1 Supporting early learning and stimulating environments - Implementation Steps	Core Component 2 IR 2 Strengthening positive child-caregiver interaction - Implementation Steps	Core Component 3 IR 3 Strengthening protective environments - Implementation Steps	Core Component 4 IR 4 Promoting holistic child wellbeing - Implementation Steps
children to ease into the routine and adjust to the staff and space. **Implementation Step 3 - Select ECD educators/facilitators/volunteers** Agree on terms of service. Will educators/facilitators/volunteers be full-time or part-time? Agree on the number and qualifications of educators/facilitators/volunteers. Conduct interviews. Train educators/facilitators/volunteers. Agree on supervision of educators/facilitators/volunteers. What kind of supervision and support will be provided? How often? Consider peer-support groups for ECDiE (for motivation, PSS and to collectively share and learn skills). **Implementation Step 4 - Select the curricular materials**	simple caregiver tips/education through schools and children's clubs. **Implementation Step 3 – Offer care for the caregivers** Engage other sectors to provide comprehensive information on the wellbeing and health of caregivers. Facilitate referrals for caregivers who require additional support or counseling. Link pregnant mothers with maternal health and nutrition interventions (SC, other INGOs or local services). Link mothers to post-natal support services including health and mental health (coordinate with other sectors such as maternal and child health, nutrition and women's development actors). Set-up caregiver peer groups or neighborhood/community playgroups for caregivers and young children.	the ECDiE initiatives and activities. **Implementation Step 3 – Organize joint-activities to raise community awareness on ECDiE** Organize joint-activities with other sectors to raise the profile of young children in emergencies. Community activities may include special meetings, celebrations, festivals and events with a focus on young children. For example, create links with existing immunization campaigns, back-to-school campaigns, or literacy community events around Literacy Boost in Emergencies (with a focus on reading).	

Core Component 1	Core Component 2	Core Component 3	Core Component 4
IR 1 Supporting early learning and stimulating environments - Implementation Steps	IR 2 Strengthening positive child-caregiver interaction - Implementation Steps	IR 3 Strengthening protective environments - Implementation Steps	IR 4 Promoting holistic child wellbeing - Implementation Steps
Consider activities to support all childhood domains. Encourage child development through play and exploration. Consider weekly and monthly themes. Set-up learning stations/centers/corners (e.g. reading, imaginary play, math, art, music, etc.) Define learning goals. Coordinate curricular designs with local standards by governing authorities. Identify and gather local materials and equipment (made or collected by community members).[46] Include early literacy and early numeracy activities (select or make books, Book Banks, etc.) Consider sectoral input on learning activities - WASH, CP, health and nutrition.	**Implementation Step 4 – Offer caregiver education or training** Set-up caregiver education via training sessions or meetings. Caregiver education can be implemented in conjunction with other home, center-based, community-based or school-based ECDiE activities. Design the training package. Select the number of topics by determining a feasible and realistic number of sessions/meetings considering the high-demands on caregivers in emergency contexts. Sessions may need to be organized more informally or in conjunction with other emergency activities and/or for shorter periods of time. Promote indigenous knowledge.		

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[46] Reference *Guide for Creating Local Materials (SC)*.

Core Component 1 *IR 1 Supporting early learning and stimulating environments -* Implementation Steps	Core Component 2 *IR 2 Strengthening positive child-caregiver interaction -* Implementation Steps	Core Component 3 *IR 3 Strengthening protective environments -* Implementation Steps	Core Component 4 *IR 4 Promoting holistic child wellbeing -* Implementation Steps
	Consider parenting sessions for expecting mothers organized in conjunction with maternal health programs.		

ECD IN EMERGENCIES

Additional issues to consider when implementing the ECDiE response

- How to cope with challenges around program delivery
- Lack of access: train educators/facilitators/volunteers who plan to return to inaccessible area
- Insecurity: declare ECD spaces (in whatever format) as safe areas; sensitize community
- Frequent population movement: consider mobile early learning spaces or services; use transportable resources (e.g. ECD kits).
- Lack of physical space: consider outdoor spaces, community spaces that are available in conjunction with a mobile approach.
- Lack of supplies: creatively and innovatively use local, natural or recycled materials.
- Lack of funding: advocate and demonstrate how ECDiE can easily be included in large emergency proposals by developing a smaller (pilot) project to show donors the positive impact ECDiE can have in the lives of young children
- Short-term funding: partner with local NGOs who can continue/takeover the support.
- Lack of certified/qualified educators/facilitators: implement a phased training plan, offering rapid training in critical areas first, then follow-up with additional refresher trainings; consider seeking support for long-term training by linking with local teacher colleges or distance education networks.

Using an outdoor space in Northern Greece, Idomeni Refugee Camp to host a circus camp for the children.

Consider how to adapt ECDiE programs/activities taking on a *full spectrum*[47] approach:

- As noted above, it is beneficial to layer ECD activities throughout the response from the acute phase through to recovery.
- Link to the broader development agenda, before the emergency and during recovery.
- Build on existing capacities to positively sustain programming.

The strategies below support the transition from the emergency response to early recovery and development – to ultimately ensure the sustainability of the ECDiE activities:

- Caregivers and community members serve as volunteers/facilitators/educators.
- Training on the ECDiE activities can be facilitated through local support.
- All levels of educational authorities (where they exist) have been trained to set-up and monitor ongoing ECDiE activities.
- Local community and local governmental bodies participate in ECDiE activities and/or there is a transition plan to handover full responsibility of all ECDiE activities (including the monetary and material support).

Adaptive, responsive and flexible ECDiE responses

This manual stressed the importance of remaining <u>nimble</u> yet intentional, in the changing context of an emergency response. This is particularly important when providing ECDiE activities that are multi-sectoral by nature. It requires responders to uniquely tailor ECDiE activities that integrate the local context and account for the impact SC will have on young children. This process encourages practitioners to consider various possibilities – to think creatively and design adaptive, responsive

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[47] Save the Children has a *full spectrum* approach. This approach uses a 'life-cycle approach' that helps children to achieve their rights by accompanying them from deprivation to wellbeing. As such, it builds coherence between its efforts to: prevent, and reduce the risk of, crisis; prepare for, respond to, and recover from, crisis; and challenge the underlying causes of marginalization to help children develop and achieve their rights. To this end, although there will be programmatic differences between activities related to resilience and disaster risk reduction, emergency relief, and poverty alleviation, the strategic apparatus through which these activities will be delivered will be the same. (Save the Children, 2030 Ambition Humanitarian Draft)

and flexible ECDiE responses. Most importantly, SC's ECDiE responses support young children's holistic development and safeguard continued learning in emergencies.

For more guidance on implementation
SC resources

Early Childhood Development in Emergencies: A guide for field practitioners (SC India)

ECD Guidelines for Emergencies: The Balkans (SC Balkans)
http://toolkit.ineesite.org/toolkit/INEEcms/uploads/1058/ECD_Guidelines_for_Emergencies_Balkans.pdf

References

Additional Resources

For more guidance to support early learning and stimulating environments – global resources Starting UP Child Centered Spaces in Emergencies: A Field Manual (ChildFund Intl, 2008) http://www.ecdgroup.com/docs/lib_005823920.pdf

Helping Children Rebound: Strategies for Preschool Teachers After the 2005 Hurricane

https://www2.teachingstrategies.com/content/pageDocs/Helping-Children-Rebound-PS-2012.pdf

Strategies for Infant & Toddler Teachers After the 2005 Hurricane

http://www.brighthorizons.com/resources/pdf/talktochildren/docs/katrina_1105.pdf

The Power of Play Operational Handbook for Childcare Spaces (NRC, 2014)[48] (checklist for the physical environment, code of conduct, waiver and liability form, NRC)

Working with preschool children e-toolkit on Early Childhood (Terre des hommes)

http://www.terredeshommes.it/dnload/booklet-0.pdf

http://www.terredeshommes.it/dnload/booklet-1.pdf

http://www.terredeshommes.it/dnload/booklet-2.pdf

http://www.terredeshommes.it/dnload/booklet-3.pdf

UNICEF ECD Kit. A Treasure Box of Activities (UNICEF) http://www.unicef.org/videoaudio/PDFs/Activity_Guide_EnglishFINAL.pdf

How to make a Tip Tap http://www.unicef.org/cholera/Chapter_9_community/20_How_to_make_a_tippy_tap.pdf

Counseling Cards with Recommendations for Care for child Development (WHO and UNICEF) http://www.unicef.org/earlychildhood/files/4.CCD_-_Counselling_Cards.pdf

0-3 months ECCD Toolkit, flashcards (World Vision) http://worldvision.ol3c.org/ECCD/meeting/meeting12flashcard.html

Say and Play (Project Concern Intl, 2009) http://www.coregroup.org/storage/HIV_AIDS/PCI-SayAndPlayKit.pdf

INEE Teaching and Learning Resource pack http://toolkit.ineesite.org/guidance_notes_on_teaching_and_learning/resource_pack_on_teaching_and_learning

Guidelines for Child Friendly Spaces in Emergencies (Global Ed and Protection Cluster, INEE, IASC, 2011) http://toolkit.ineesite.org/toolkit/INEEcms/uploads/1040/CFS_Guidelines.pdf

For more guidance on how to enhance positive caregiver-child interactions – global resources

Care for Child Development package (WHO & UNICEF) http://www.who.int/maternal_child_adolescent/documents/care_child_development/en/

The importance of caregiver-child interactions for the survival and healthy development of young children (WHO, 2004) http://apps.who.int/iris/bitstream/10665/42878/1/924159134X.pdf

Parent (Mother & Father) Support Programs template (CGECCD) http://www.ecdgroup.com/download/tc1tem4i.pdf

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[48] Note: Resource include guidance to develop a schedule of activities, rotation of duties, how to set-up a feeding area, set-up sleeping area, set-up sanitation and washing area, how to make suitable toys, medical emergencies, manage sickness, etc.

ECD IN EMERGENCIES

Baby Friendly Spaces Manual (ACF, 2014)
http://www.actionagainsthunger.org/sites/default/files/publications/ACF_Baby_Friendly_Spaces_Dec_2014.pdf

The Power of Play (NRC), training handbook

Alternative Care in Emergencies (Interagency Working Group on Unaccompanied and Separated Children, 2013)
http://www.unicef.org/protection/files/ace_toolkit_.pdf

UNHCR Guidelines on Determining the Best Interests of the Child (UNHCR, 2008) http://www.unhcr.org/4566b16b2.pdf

For more guidance on strengthening children's protective environments - global resources

Starting up child centered spaces in emergencies: A field manual (ChildFund, 2008)
http://www.ecdgroup.com/docs/lib_005823920.pdf

A practical guide for developing child friendly spaces (UNICEF) http://cpwg.net/wp-content/uploads/sites/2/2011/09/A_Practical_Guide_to_Developing_Child_Friendly_Spaces_-_UNICEF_11.pdf

Children in emergencies manual (World Vision)
https://childprotection.wikischolars.columbia.edu/file/view/Children+in+Emergencies+Manual_World+Vision.pdf

For more guidance on how to promote holistic wellbeing - global resources

1,000 Days VIDEO - https://www.youtube.com/watch?v=LkAsHsR3vA8

Manual for the integration of child care practices and mental health into nutrition programs (ACF-International, 2013)
http://www.actionagainsthunger.org/sites/default/files/publications/ACF_Manual_for_Integration_Dec_2013.pdf

Integrating ECD activities into nutrition programs in emergencies. Why, what and how. (WHO & UNICEF)
http://www.who.int/mental_health/emergencies/ecd_note.pdf

A critical link: Interventions for physical growth and psychological development (WHO, 1999)
http://www.who.int/maternal_child_adolescent/documents/chs_cah_99_3/en/

Early Childhood Development in Emergencies Integrated Program Guide (UNICEF)
http://www.unicef.org/earlychildhood/files/Programme_Guide_ECDiE.pdf

IASC Guidelines on MHPSS in Emergency Settings
http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf

Toolkit Child Protection in Emergencies: A guide for field workers (Section 4 Separated and Unaccompanied Children; Section 5 Psychosocial Support) http://www.bettercarenetwork.org/sites/default/files/Child%20Protection%20in%20Emergencies%20-%20Section%204%20-%20Separated%20Children.pdf

For more guidance on how to do assessments - global resources

Global Education Cluster Coordinator Handbook, Section 6.1 Involvement in Joint Needs Assessment Processes

http://educationcluster.net/wp-content/uploads/2013/12/EC-Coordinators-Handbook_low.pdf

Joint Education Needs Assessment Toolkit (Education Cluster) http://educationcluster.net/wp-content/uploads/2013/12/Ed_NA_Toolkit_Final.pdf

The Short Guide to Rapid Joint Education Needs Assessments (Education Cluster)

http://toolkit.ineesite.org/toolkit/INEEcms/uploads/1036/Short_Guide_to_Rapid_Joint_Needs_Assessment_EN.pdf

Guidebook for planning education in emergencies and reconstruction (UNESCO IIEP, 2006), Chapter 28

Assessment of need and resources http://unesdoc.unesco.org/images/0019/001902/190223E.pdf

Education in Emergencies: A resource toolkit (UNICEF, 2006, Section 1.3 Rapid Education Assessment
http://www.unicef.org/rosa/Rosa-Education_in_Emergencies_ToolKit.pdf

ECD IN EMERGENCIES

Global resources

Impact measurement and accountability in emergencies: The good enough guide (Emergency Capacity-building Project, 2007)
http://www.alnap.org/resource/8406

Education Indicators Technical Guidelines (UNESCO, 2009) http://www.uis.unesco.org/Library/Documents/eiguide09-en.pdf

www.smartindicators.org

Guidance on Early Recovery
http://toolkit.ineesite.org/resources/ineecms/uploads/1438/Cluster_Working_Group_on_Early_Recovery_2008_Guidance_not
e_on_early_recovery.pdf

Early Childhood Development in Emergencies

Annex1– Strategies (activities) by core component

Core Component 1 (IR 1) Early learning and stimulating environments	Core Component (IR 2) Positive child-caregiver interaction	Core Component (IR 3) Protective environments	Core Component (IR 4) Holistic child wellbeing
Establish formal or non-formal, home and community-based ECD centers/spaces where needed. Ensure access to existing ECD centers; address barriers to access. Consider a distance or mobile ECD program (mobile ECD; radio program for young children). Organize formal and informal playgroups. Utilize a mobile ECD center. Support transition (organize preschool support; organize after school study support); create linkages with the nearest primary school to ECD services to ensure transition and continuity of learning. Conduct home visits focused on baby and child wellbeing (health, nutrition, stimulation). Train elementary school teachers (Grade 1,2) how to	Promote safe motherhood practices such as early stimulation and responsive breastfeeding. Educate families on basic health practices (antenatal care, immunizations). Caregivers protect and support children's physical wellbeing (protection, proper nutrition and health). Caregivers protect and support children's emotional needs (attending to the child's basic needs for love, affection, praise, positive discipline and social interaction). Caregivers encourage and support children's language and cognitive development. Encourage caregivers/parents to get fully involved with their children's education, creating a vital platform for continued learning and development. Caregivers are provided continuous and sufficient support and information.	Provide community safe spaces for young children to play. Promote social interactions of young children with peers and adults. A CFS may be considered an ECDiE response when the space is targeting the needs of young children (0-8 years) Strengthen CP link (community-based CPCs); integrate CP activities; support community CP processes and activities that build on local groups and resources. Strengthen local networks that enable CP, care and child wellbeing. Community mobilization work to create or strengthen groups that address the needs of young children. Mobilize communities to organize and act on behalf of their children. Building capacity of existing ECD spaces.	Promote wellbeing (decrease stress), health and nutrition for caregivers, primary caregivers/parents and young children. Promote an environment that fosters positive development, effective coping and resilience. Foster a child's positive sense of wellbeing and sense of self. Build on child's resilience; help reduce risks to children's social and emotional wellbeing. Set-up early learning environments that protect children's physical wellbeing and reduce risks to their physical safety. The provision of safe and adequate supervised spaces offer children immediate protection and security and allow them to gather and engage in normalizing activities. Ensure learning environments meet the socio-emotional needs of young children. Create environments that stimulate creativity and joy in children.

Early Childhood Development in Emergencies

Core Component 1 (IR 1) Early learning and stimulating environments	Core Component (IR 2) Positive child-caregiver interaction	Core Component (IR 3) Protective environments	Core Component (IR 4) Holistic child wellbeing
best support children's resilience/wellbeing.

Identify and train ECD facilitators, educators and volunteers (first time and follow-up) to enhance caregiver and educator performance and how to best support children's resilience/wellbeing.

Identify existing ECD classroom facilities, assess and improve.

Identify safe spaces to protect as outdoor play areas.

Identify if existing curricula materials for ECD levels exist (formal and informal) within the country (link with ED team).

Develop age appropriate and culturally sensitive teaching and learning tools and materials. (Consider how to utilize recycled materials).

Link preschool and primary schools by conducting ongoing and tailored activities (e.g. LWBiE community engagement reading activities). | Individual training, education or counseling for parents and caregivers (can be conducted at home, in temporary spaces/tents or under a tree to increase their capacity to support the protection, development, learning and wellbeing of their children).

Consider group training and education for parents and caregivers (classes or group sessions).

Link ECDiE activities to adult literacy activities or programs.

Engage adolescents in ECDiE activities. | Training community groups to support ECD.

Conduct ECD events to raise awareness and interest about ECDiE in the community.

Identify and support community ECD champions (adolescents, youth, etc.)

Engage communities in conducting situational analysis.

Link ECD to other key community activities (LWBiE, Reading Camp, etc.)

Involve the community, collaborate with partners. | Integrate ECD messages among sector plans and across SC's delivery sectors

Identify areas to integrate ECD into existing sectoral interventions. What sectors can implement a comprehensive approach for young children in emergencies?

Integrate parent education and early stimulation into existing health and nutrition programs.

Set-up areas for child play and ECD referral information where life-saving services are offered (therapeutic feeding programs, hospitals, maternal child health clinics, distribution areas).

Deliver joint packages such as immunizations with early stimulation and ECD messaging.

Train health workers and distribution teams on ECD.

Provide immunizations, micronutrients, vitamin-enriched foods, information and education on breastfeeding, good hygiene and preventable diseases, |

Early Childhood Development in Emergencies

Core Component 1 (IR 1) Early learning and stimulating environments	Core Component (IR 2) Positive child-caregiver interaction	Core Component (IR 3) Protective environments	Core Component (IR 4) Holistic child wellbeing
			prenatal care for pregnant women. Set-up areas with target messages for young children about overcoming fears, going to school, promoting good hygiene. Prioritize ECD centers and CBCC centers that provide opportunities for children to develop through play and early learning activities; which create a sense of routine and enhance psychosocial wellbeing.

Annex 2 ECDiE Glossary

ECCD center ideas / ECCD services for children

Activity Name	Activity Description	Age Group	Resources Needed	Other Considerations	Tool available? (pg)
Home Day Care for Babies/toddlers	Day care programs can be established at a community center or individual home, or on a rotating basis at different homes. At an informal level, a group of mothers form a group, receive training on child development and care and rotate on a weekly basis; this set up enables the women to alternate between child care and participating in livelihood activities. In a formal setting, the day care has a well-established routine/activities for the toddlers (12-36 months). In both instances, strong training and ongoing support is necessary for the program to run successfully. Focus should be on both care and development. Day care programs can be a few hours long or a full day (though not recommended in all contexts) but proper conditions for sleeping and feeding need to be considered.	0-3	Training for mothers/facilitators, curriculum/materials	Day care centers for infants and babies should be considered carefully before implementing. Very young children need to feel attached to responsive caregivers who can provide individual attention –the condition of the center and the quality of care need to be very good in order for children to actually benefit.	
Play Groups	Playgroups are formed by parents and their young children who gather together in a community setting or in individual homes. The objective is to provide opportunities for young children to interact and be among their peers, while allowing mothers/caregiver a chance to socialize and share ideas and experiences. There are a variety of ways to implement playgroups; some are structured with specific activities for children to engage in (1, 2, or more times/week) and some are less structured, with more emphasis on providing opportunity for mothers to engage in conversations and learn from each other, while children play	0-5	More structured: "curriculum"/activities list; materials for the playgroups; strong facilitators training. Less structured: materials, facilitators training	The success of these playgroups depends on a well trained playgroup facilitator who can engage both children and mothers.	

	with toys and with each other. Playgroups are most often facilitated by a community volunteer or one or two of the mothers in the group.			
Establish non-formal ECCD opportunities: Toy and/or book lending "library" in the community	A toy lending library is a collection of community made local toys and/or books that parents/children can loan for a short time (usually a week or two) and then return. The toy or book lending library can be as simple as a well labelled metal or wooden box (with a sign out sheet) that is kept in the home of a volunteer community member. It can also be a larger space with shelves of books and toys in a community center, a clinic (health post), child club, school, ECCD center or any other community space. It can also be a bag of toys or books that are passed on from home to home. Books need to be simple, with plenty of pictures and some print. They can be created via community workshops, with special attention to creating materials in the local language.	0-8	Toys, books, light training for volunteers, training on how to create materials for community members	Toy/book libraries require some maintenance and coordination. It is best if toys/books are locally made (usually in a community workshop where interested members gather to make toys and replenish as things get broken or lost).
Establishing a distance ECCD program	Children's radio and TV programs can be developed to provide regular early learning opportunities and stimulation for children of all ages. It is best to use media that is easily available in the community – often the radio is utilized to air children's programs with songs, stories, games and key health and nutrition messages. The same programs can incorporate parenting education messages and advice. Adolescents can help organize and run these kinds of children's programs in the community.	0-8	Radios/TVs, development of radio content	During or after emergencies, families may not have access to working radios/TVs or it may be difficult to get a clear signal.

Early Childhood Development in Emergencies

Establishing a mobile ECCD center	Using a truck or van, ECCD materials and facilitators can periodically reach remote areas to lend materials to the children, organize activities or set up a library system where children can have access to items for a longer period. This is an effective way to get to hard-to-reach-communities and provide children, regardless of where they live, with opportunities for play and learning.	0-8	Truck/van & fuel, materials – books/toys, trained facilitators	Need to consider how to establish trusting relationships with communities if only coming periodically	
Home-based ECCD center	Private homes may be used as ECCD centers for children.	3-5	Training, curriculum/materials, (volunteer) facilitators	Note that donated spaces can be unreliable. For example, a donor or host may change his/her mind, context may change (during and post-conflicts).	
Community-based ECCD center	Use existing ECCD centers or community spaces to deliver services. In cases where rehabilitation of an ECCD center or setting is necessary, this can be a catalyst to mobilize a community and to raise awareness of ECCD issues.	3-5	Training, curriculum/materials, (volunteer) facilitators, construction materials needed for rehabilitation		
Open-air ECCD center	In some communities open air places are established to organize and care for groups of children.	3-5	Training, curriculum/materials, (volunteer) facilitators	Holding ECCD activities in this type of setting tends to be the least effective among venues, but may be used as an interim solution before a more structured setting is located.	
Work-based ECCD center	Creating ECCD centers at the parents' work sites can be a good way of ensuring proper care during work hours, as well as a quality environment for healthy development. These centers also make it easier for the mother to enter the work force and contribute economically to their families. Employers often agree to support and cost-share in the	3-5	Training, curriculum/materials, (volunteer) facilitators, agreement of workplace owner/manager		

	center's functioning and management.			
School-based ECCD center	In countries where ECCD services were being provided, SC can help get the programs up and running again. Programs are typically classroom-based interventions; to complement government efforts, SC can offer teacher training and guidelines to create classrooms and ECCD centers that support healthy learning and preparation for Grade 1. The schools' environment will be a focus of the interventions so that children have access to water and appropriate sanitation.	3-5	Training, curriculum/materials	ECCD-age children (6-8) also benefits from improvements made to WASH infrastructure and from trainings extended to Grade 1 and 2 teachers.
Improve access for disadvantaged children and children with disabilities to participate in ECCD programs	Targeted outreach for particularly disadvantaged children is critical. Physical accommodations may include installing wheelchair ramps to increase accessibility. Children with disabilities may require special accommodations (such as sitting in the front of the class), and teaching strategies such as Individual Education Plans. Social accommodations may include reducing stigma and creating peer support groups.	0-8	Training and support of facilitators and families; potential rehabilitation of centers/classrooms, materials	
Healing and Education through the Arts (HEART)	Art-based activities designed to help children understand, express, and communicate feelings and emotions related to stressful experiences in their lives —through drawing, painting, dramatic play, puppets, sculpture, song, and dance. Children who participate in these activities show improvements in emotional and behavioral regulation, concentration, communication, self-expression, and learning	0-8+	Funding to bring in TA providers to conduct Training of Trainers (ToTs), training facilitators, art materials	HEART is not a stand alone activity and is designed to be layered on top of other activities/structures (CFS, school, after-school activity).HEART can be used with all age groups.

Early Childhood Development in Emergencies

Annex 3 – ECCD Background Information Tool – collecting information pre-crisis

If time permits, particularly when ECCD programming existed before the emergency, this tool can provide rich details about the types of programs to implement.

ECCD Background Information Tool

Sectors	Sources	0-2 years	3-5 years	6-8 years
Common to All		How many children aged 0-8? What percentage have/ does not have access to ECCD services (disaggregated per sex, geography, and age groups)? Are there ECCD structures and services in place? Are they sufficient and of quality (integrated, specialized, equipped with adequate ECCD materials and tools, sustainable, following quality standards)? Who are the service providers and who are the partners? Are they trained and/ or qualified? What are the funds allocated to ECCD? Is ECCD reflected in national policies and/ or emergency preparedness plans? Is ECD represented in coordination mechanisms (cluster or otherwise?)		
Sectors	**Sources**	**0-2 years**	**3-5 years**	**6-8 years**
Education	Home visits, preschools, primary schools, ECCD centers (community based and other), and CFS.	Do babies have access to stimulating environments? If not, why? Are parents and caregivers aware of and actively involved in the early learning process of their babies? If not, why?	Are quality preschool services available? What percentage of children has access to these services? Are they equipped with play-based learning materials?	Are primary school services available? What percentage of children has access to these services? Are they equipped with adapted early-learning materials?
Sectors	**Sources**	**0-2 years**	**3-5 years**	**6-8 years**
Protection	Home visits, PSS and reunification campaigns, counseling centers, orphanages, ECCD centers, and CFS	Are newborn registered? If not, why? Are pregnant women subject to maternal depression?	Are protection services available? What percentage of children and caregivers has access to PSS support?	Are children subject to manipulation, trafficking (e.g. involved in armed groups)?
		Are young children, subject to neglect, discrimination, abandonment, separation, violence, stress or abuse (Disaggregated per sex, geography, and age groups)?		

Early Childhood Development in Emergencies

		Do young children evolve in secure and safe environments with caregivers? If not, why?		
Sectors	**Sources**	**0-2 years**	**3-5 years**	**6-8 years**
Health	Home visits, outreach programs, mobile clinics, immunization campaigns, day care centers, baby clinics, pediatric centers, hospitals, and CFS	Do babies have access to basic health care services? Are pregnant women and parents aware of PMTCT and ART?	Do young children evolve in healthy environments? If not, why? Are there children or mothers with disabilities, HIV/ AIDS and/ or with special health-care needs? Do they have access to appropriate services? If not, why?	
		Are babies and young children receiving essential immunization? If not, why?	Are there young children in need of essential immunization?	
		Are parents, and other caregivers sensitive to and responsible for young children's health care (aware of, able to identify and to address new-born and child health care's symptoms and needs)?		
Sectors	**Sources**	**0-2 years**	**3-5 years**	**6-8 years**
Nutrition	Home visits, outreach programs, mobile clinics, Outpatient Therapeutic Programs (OTP), Supplementary Feeding Programs (SFP), Baby tents, feeding centers, and CFS	What percentage of babies has access to exclusive breastfeeding with essential nutrients and good complementary feeding? Are babies and mothers positively interacting during breastfeeding?	Are the child's nutrient requirements combined with care for child development (combined enhanced nutrition and stimulation)? Do children have access to quality and quantity of complementary foods? Are parents and other caregivers aware of and involved in sensitive and responsive child feeding practices (routine for meal times, physically present, etc.)?	
		Are there risks of food insecurity for young children and their primary caregivers? Are feeding centers available? Do children access growth-monitoring facilities (anthropometry)? If not, why? Are parents and other caregivers aware of and involved in sensitive and responsive child feeding practices (identify signals for a child's level of hunger and satiety and able to respond adequately)?		

Early Childhood Development in Emergencies

Annex 4 – Rapid needs assessment (example)

Sample Key Informant Interview Tool for Rapid Needs Assessment

Identification Information

Date of assessment: _____/_____/_____ (dd/mm/yy)	
Name(s) of assessor(s):	Organization(s):

Location	
Department:	District:
Name of school:	
GPS/P-Code:	

Access and Learning

Type of ECCD space:

1.	ECCD centers
2.	Preschool
3.	Child-friendly spaces
4.	Kindergarten/ECD space in a primary school
5.	Home-based/parenting group ECD services
6.	Other (specify type):

Class:	1. Mixed (girls and boys)	2. Girls	3. Boys

Location:	1. Rural	2. Urban	3. Camp-based

Position/title of key informant: Efforts should be made to speak with the senior level ECD authority (head teacher, etc) and where possible, conduct interviews with other key informants. (There may be overlap between these roles, eg. where an ECD director is also a community leader; if this is the case, check all that apply.)

___A. ECD director/head teacher

___B. NGO/Humanitarian Aid Worker

___C. Community Leader

___D. Health Worker

___E. Religious leader

___F. Teacher/Facilitator

___G. Transport operator

___H. Group Leader of IDPs

Early Childhood Development in Emergencies

___I. Female Headed household of IDP family

___J. Women's Group Leader

___K. *Other (specify)*

Informed Consent: Insert context-specific text here as a guide for data collectors, to ensure they have informed consent from interviewees before beginning the interview. For example:

My name is_____ and I am working with_____. We are conducting an assessment of the education situation in this area for boys and girls, aged 0-8. We would like to ask you some questions about the ECD centers and learning activities taking place here. The interview should only take about 30 minutes to complete. Any information that you provide will be kept strictly confidential and will not be shown to other people. Your participation is voluntary and you can choose not to answer any or all of the questions. However, we hope that you will participate, since your views are important. Do you have any questions?

Access and learning environment

*1. Are any ECD activities currently taking place? If so, what are they and when do they happen?

A. Yes B. No	

If yes:

A. Facilitator led class (specify class hours):

B. Play group (specify timing):

C. Parenting workshops

D. Distance education meeting group for ECD (radio/tv/etc)

E. Activities with toy banks

F. Activities with book banks/mobile libraries

G. Other (please specify)

*2. Please provide current enrolment information about the ECD activities taking place in this center/learning space

	Boys	Girls
0-3 Year Olds		
3 Year Olds		
4 Year Olds		
5 Year Olds		
6 Year Olds		
7 Year Olds		

8 Year Olds		
Other ages (please specify):		
Total:		

3. Since the emergency/crisis, approximately how many children are attending ECD activities at this site?

Boys	Girls
A. None /only a few (0-25%)	A. None /only a few (0-25%)
B. Some (26-50%)	B. Some (26-50%)
C. Many (51-75%)	C. Many (51-75%)
D. Almost all/all (76-100%)	D. Almost all/all (76-100%)

4. What are the groups of ECD-age children that are least likely to participate in education activities in your community/area? Why?

A. Children without a parent or guardian	C. Ethnic minorities
B. Children with disabilities	D. Other (please specify)

(Amend categories according to context. Only read the categories if the respondent does not answer spontaneously.)

Ask them to list the top three most excluded.

1.
2.
3.

5. How can we better support all ECD-age boys and girls, including those who might normally be excluded (eg, those with disabilities, minority ethnic groups, etc) at this ECD center/learning space?

A. Training for ECD teachers/facilitators
B. Special curriculum or teaching materials
C. Sensitize community to allow participation
D. Assistance devices (eg, wheelchairs, ramps)
E. Other (specify)

6. What is the level of damage to the ECD center/learning space as a result of the recent emergency?

A. Totally destroyed/not usable (basic safety cannot be assured)
B. Occupied or looted and not usable

C. Damaged, but can be repaired (rook and doors broken, etc)		
D. Limited damage, can easily be repaired (broken windows, etc)		
E. No damage		
Comments:		

7. Is the ECD center/learning space offering psychosocial support to:

a) babies?	A. Yes	B. No
b) young children?	A. Yes	B. No
c) parents?	A. Yes	B. No
d) teachers?	A. Yes	B. No

8. What type of support for ECD centers and learning is most essential right now in this community/site? (Select one answer only.)

A. Repairing damaged ECD center/learning space buildings or facilities (specify)
B. Establishing temporary spaces for ECD activities
C. Ensuring safety of learners and teachers
D. Providing ECD learning and other materials
E. Providing ECD teachers and learning resources
F. Providing psychosocial support to teachers and students
G. School feeding
H. Recruiting ECD teaching staff
I. Other (specify)

Teaching and Learning

9. What early learning, play, stimulation and other ECD materials are available? Have any been lost or damaged as a result of the emergency? (Choose all that apply.)

	Number available	Number damaged/ lost
A. Indoor play materials		
B. Outdoor play materials		
C. Furniture (ie, desks, chairs, benches)		
D. Instructional manuals and resources for teachers		
E. Official school documents		
F. Other (specify)		

Early Childhood Development in Emergencies

Teachers and other education personnel			
*10. Since the emergency, approximately how many ECD teachers/facilitators are still able to work?			
<u>Men</u>		<u>Women</u>	
A. None /only a few (0-25%)		A. None /only a few (0-25%)	
B. Few (26-50%)		B. Few (26-50%)	
C. Some (51-75%)		C. Some (51-75%)	
D. Many (76-90%)		D. Many (76-90%)	
E. Almost all/all (91-100%)		E. Almost all/all (91-100%)	

11. What type of support for teachers is the most essential right now?
(Select one answer only)
A. Psychological and social support
B. Provision of didactic materials
C. Training (specify type)
D. Other (specify)
Community participation
12. If you have a community education committee, what is your evaluation of its level of activity? Please indicate what percentage of its activity is devoted to supporting ECD activities and list actions already undertaken to address the crisis.
A. Very active
B. Somewhat active
C. Limited activity
D. Existing by not active
E. Not existing
<u>Percent of time spent supporting ECD activities:</u>   %
<u>Actions undertaken to address the crisis:</u>
*In cases where ECD questions must be integrated into a larger rapid needs assessment and there is only room for a few ECD-focused questions, it is most important to include questions that give you data about the numbers of ECD-aged children affected by the emergency and the existence and quality of ECD services available.

Annex 5

Case Study Philippines:

The Power of Community-based ECCD for in a large-scale emergency

Fourteen years ago, I never thought I'd be surrounded by so many 3-4 year olds. Every day is like a roller coaster with half the children laughing incessantly while one or two cry their eyes out.

At one point, I told myself that I will resign. We have very little wages compared to the duties we fulfil. Aside from the classes and management of the facility during the usual days, we have to do extra work and worry for the day care center and the children. During typhoons, these things become unbearable at times. I also took part in surveying after typhoons and as extra man power at the barangay health station. I realized I did it with my own initiative and willingness, - because I wanted to and I care for my community and its children. I have four children of my own.

During the time of Yolanda, I was with my family and we stayed in my in-law's big and concrete home. Our own home was washed away, no ropes or bracings were able to save it.

We were not even near the sea. There was no storm surge, only very strong winds with continuous rains. Aside from our home, I kept worrying about the day care center. Many typhoons have passed and our building has been strong. But this time, coconuts fell on the roof and destroyed it leaving the rain to flood the rooms. The strong winds also broke most windows and destroyed both doors.

Three families were staying there that time. They said that the roof at the municipal hall blew away, debris was everywhere. We watched everything fly in my in law's big house. I didn't hear of casualties but people were devastated as most of their possessions were wet, washed away or never found.

We had no classes for almost a month and my class size was reduced from 32 pupils down to 15 children. Their attendance depended on their mothers. Many were too busy rebuilding their homes and finding ways to earn money for their daily food. They had no adult to accompany them to our center.

For those who came, I tried to be sensitive about their experience. I learned most of this from Save the Children who invited me and my fellow day care workers to trainings on psychosocial support and positive discipline. We learned how to handle children who have undergone stress and possible traumas, specifically to help them recover after a disaster such as Yolanda.

During one of our poetry readings, it was raining hard and one of my *anak (*my child) - as I call my students -suddenly cried and called out to his mother. I oriented the other ones and made them busy with something else, then got water for the crying child. I sat next to him and asked if he wanted water and if there's anything he'd like to share with me. "*I'm afraid because it's raining and mom is not around. I won't be able to come home*," he said.

I assured him that he won't be alone and we will go home together. He eventually calmed down and relaxed. We tried to read the poem again. I know it sounds simple but without the training, I would be thinking of my own experience as well. I wouldn't be too sure how to handle it. Maybe just tell him to stop but without the same calmness and assurance, not really understanding what he is experiencing.

We also had trainings on positive discipline that challenged many of our conventional beliefs on handling children when they do wrong. They are children and they will get on your nerves but hitting and swearing won't make them understand that what they did was wrong and they will only remember the pain, not the right thing to do. Through positive discipline, we get to give them the right information through guidance and discussions. It is a challenge to talk to them and conversations can go in circles, but they will understand it better. This is how I deal with my 4 boys 2 of whom are teenagers.

After these trainings, I feel more prepared to deal with children. I learned how to properly handle them and met with other educators and learned from them as well.

Another training was on disaster risk reduction where we identified potential disasters that can happen in our *barangay* (community), because during Yolanda, we didn't know where to go or what to do. We did not prepare ourselves.

This time, at the onset of Typhoon Ruby, many families did pre-emptive evacuation even though we were not in its direct path. It was not too long ago that I learned about Save the Children. They also rebuilt our day care center and *barangay* health station.

Our old building was already well-built but this new one is even better. Five families preferred to stay in the day care center when Ruby hit. There were many other sites but they chose that one because they said that they feel safe there and they know that the structure is sturdy. We have strong bracings and structures for the roof. The government engineers who came to check even told us we are lucky because it is well-built and strong.

Before, we had to fetch water that is 500m away from here. Every summer we have to walk farther because that water well dries up. Now we have water in our new toilets, our own water tank and pump, new doors, new windows, new chairs and tables –new everything! The staff who come to monitor and visit us are always sincere, approachable and realistic. They listen and hear us out without giving fake promises and I never felt pitied by them. We know that the help Save the Children gave us is not done half-heartedly and we are very thankful to the people behind the organization.

They have to know that the children are now very comfortable in the new building and their mothers are grateful. They have very strong counterpart initiatives for our building. We don't have assignments but someone would always clean the building, have mini projects that they give to the school such as toys and crafts and make sure everything is in order before and after classes. *Tulong-tulong talaga* (Really helping each other). They know the building is for the community and they make it their own. They value it for how it helps their children and hopefully one day, their children's children.

Annex 6 – Code of Conduct

https://onenet.savethechildren.net/tools/QualityFramework/QFDocuments/People%20and%20Organisation/SCI_HRM_POL_CodeOfConduct_EN.docx