



Safe Spaces:

The Urgent Need for Early Childhood Development in Emergencies and Disasters

Theirworld

 **Best Start**

Contents

In August 2016, the world's attention was arrested by the image of Omran Daqneesh — a five-year-old boy pulled out of the rubble of his home in Aleppo. Covered in dust and blood, the dazed little boy looks straight at the camera before him.

At only five years old, Omran has known a great deal of insecurity, violence and trauma from the war in Syria, now in its sixth year. Living in the besieged city of Aleppo, threats of physical violence and trauma are compounded by a lack of access to the most basic services: health care, nutrition, early learning opportunities and psychosocial support. Without these services, Omran and millions of babies and children like him that survive wars and emergencies may have severely limited prospects throughout the rest of their lives.

What's true for the children of Syria is true for millions of the youngest children living in violence, conflict, and natural disasters. Vital physical, socioemotional and cognitive needs are too often overlooked in humanitarian response, leaving children and their families farther behind. Not planning for and financing early childhood development services in emergencies — ensuring Safe Spaces for all children — where children can be protected, nurtured and receive vital services and where caregivers can get critical support, is an issue that needs urgent attention.

The future depends on it.

Executive Summary	4
Countering the threats to babies & children in emergencies: from surviving to thriving	7
Threat 1: Physical harm	8
Solution 1: Physical protection	9
Breastfeeding in emergencies	10
Case study: support for mothers and children after Typhoon Haiyan	11
Threat 2: Toxic stress and inadequate development	12
Solution 2a: Combat toxic stress and build resilience	13
Solution 2b: Cognitive and early learning support	14
Case study: creating opportunity out of crisis: building preschools in CAR	15
Threat 3: Psychological harm	16
Solution 3: Psychological and emotional support for children and caregivers	17
Caregiver support	18
Case study: nutritional and psychological support for refugee children in Chad	19
Threat 4: Normalisation of violence, increased aggression	20
Solution 4: Teaching conflict resolution & problem solving	20
Threat 5: Long-term conflict and violence	22
Solution 5: Promote peace building through Safe Spaces for the youngest children	23
Case study: Learning for Peace in Palestine	24
Early Childhood Development in humanitarian response	27
ECD in Inter-Agency Network for Education in Emergencies Minimum Standards	27
Early Childhood Development in Humanitarian Response Plans	28
Humanitarian response plans	28
Humanitarian response plans that prioritise the youngest children	30
Integration in United Nations Agencies	31
UNICEF	31
UNICEF's ECD Kits	31
Integration in international non-governmental organisations (INGOs)	33
IRC's Safe Healing and Learning Spaces toolkit	33
Recommendations	34
Annexes	38

Executive summary

The first years of life are the most critical for a child's development, laying the foundation for years to come.¹ During these years chronic malnutrition, poor health, lack of mental stimulation, abuse, neglect and toxic stress can impair the healthy development of both body and brain, with long-term consequences on a child's health, learning, and behaviour.² What science now tells us about the first few months and years of life in particular demonstrates clearly how important comprehensive Early Childhood Development (ECD) services are not only to children, but also to families, communities and economies.

In emergency contexts — violence, conflict, natural disaster, epidemics — babies and very young children are especially vulnerable. In 2015 alone, UNICEF estimated that as many as 16 million babies were born into conflict settings,³ and according to UNHCR, half of the world's refugees today are children.⁴ After five years of war in Syria, 3.7 million children — or one in three of all Syrian children — have only ever known life in a violent conflict, and 306,000 Syrian babies were born as refugees.⁵ In disasters caused by climate change, around 250,000 children under the age of five die each year.⁶

Children of all ages in crisis settings face tremendous vulnerability and risk of physical harm, exploitation, lack of educational opportunities and psychological trauma. The very youngest — those whose brains and bodies are developing the most rapidly — face additional challenges as the physical deprivation, psychological trauma, toxic stress and inadequate cognitive and socioemotional development can have long-lasting impacts on their ability to learn, grow and recover.

The impact these traumatic experiences can have on a child's long term development means that babies and toddlers absolutely cannot afford to wait for the end of a crisis to learn, play, and receive holistic care. It is therefore essential that humanitarian response not only addresses the immediate physical survival needs of children but also supports their psychological, emotional and cognitive health and development and protects their future potential.⁷

Globally, however, access to comprehensive ECD services remains severely limited and more than 200 million children under the age of five fail to reach their full developmental potential.^{8,9} Access to ECD services is even more dire in emergency settings, when family and social networks are torn apart and social service delivery is interrupted.

Many international organisations already recognise the critical importance of supporting the youngest in emergency settings and have developed and implemented successful early childhood development interventions, but on a large scale ECD remains seriously under-prioritised in emergency response. While nutrition and health sector interventions almost always include targets for the youngest children, current humanitarian response plans generally overlook the specific cognitive and psychosocial needs of babies and toddlers and a 'whole child' approach for the youngest children is visibly absent. Over 60 per cent of active 2016 humanitarian response plans, flash appeals and refugee response plans do not include comprehensive ECD services, early childhood development or early childhood education within education sector responses.

Where quality early childhood targets and programmes do exist, too often resources are inadequate to tackle the scale of the problem, so that many babies and children slip through the cracks. Humanitarian response plans are chronically underfunded and thus are unable to achieve the promised scope of the response.



Over 60 per cent of active 2016 humanitarian response plans, flash appeals and refugee response plans do not include comprehensive ECD services, early childhood development or early childhood education within education sector responses.



More than halfway through 2016, only 37 per cent of required funding for active humanitarian response plans had been provided.⁹ In Lebanon and Turkey, for example, insufficient resources and capacity mean that most Syrian refugees as well as local Turkish and Lebanese children have seriously limited access to early childhood provision.¹⁰

We must do better.

All babies, young children and their caregivers living through emergencies urgently need Safe Spaces where they can access everything children need to grow and thrive in emergency, conflict or vulnerable environments. These "Safe Spaces" are effectively holistic early childhood development centres for crisis contexts, providing protection, physical and psychological support, opportunities for play and early learning, access to clean water and sanitation, and support for caregivers.

This paper highlights that while a great deal of work has already been done to bring Safe Spaces to children in emergencies, too often these efforts have been fragmented or have not targeted the youngest children. We need increased prioritisation and donor investment to make these efforts systematic and far reaching and to expand the capacity of existing programmes so that no children are left behind.

Despite young children's immense vulnerability, the situation is not hopeless. Children are incredibly adaptable and resilient, and with proper support for their physical, mental and socioemotional health and development and close relationships with nurturing caregivers, children can not only survive emergencies but manage to thrive in spite of even the most adverse circumstances.

RECOMMENDATIONS

Establish "Safe Spaces" for pregnant women, mothers and caregivers, and babies and young children (0-5) in emergencies where their physical, cognitive and psychosocial needs can be met.

All humanitarian response plans should include targets holistically addressing the needs of children ages 0-5.

Humanitarian actors, policymakers and implementers must fully comply with the INEE Minimum Standards for Education including explicit calls for the provision of ECD.

Education Cannot Wait, the recently launched fund for education in emergencies, should prioritise pre-primary education and early cognitive support as part of initial investments and long-term strategy.

Increase donor prioritisation and funding of ECD in emergencies.

Create national level "whole child" strategies in both education policy and emergency response.



Countering the threats to babies and children in emergencies: from surviving to thriving

Holistic Early Childhood Development (ECD) programmes can be lifesaving for the youngest children in emergencies, both in the short and the long term, and are vital to ensuring children not only survive, but have the best start for a good future.

During a crisis, children need holistic ECD programmes — Safe Spaces — to offer protection, support their physical health and safety, provide psychological and emotional support, reduce stress and build resilience, provide a safe place to play and learn, give access to clean water, sanitation, and hygiene facilities and offer much needed assistance to caregivers. In addition to supporting children's wellbeing, ECD programmes are shown to have a long-term positive impact on the wider community, by improving equity, reducing violence, and fostering integration and peace building.¹¹

© UNICEF/UN018164/Reinoso

Opposite On 29 April 2016, Ami Yin Silva, 1, at the San Jose de Chamanga shelter. After the 7.8 earthquake struck Ecuador on 16 April, followed by more than 800 aftershocks, a state of emergency was declared in the six most affected provinces.

PHYSICAL HARM

Children in conflict settings or displaced after a disaster face multiple forms of physical risk, including injury, abuse, sexual violence, child labour, trafficking and death.¹² Children have increasingly become the victims of violence; CARE International reports that since 1945, civilians have made up 90% of casualties in armed conflict — 75% women and children.¹³

The gravest violations against children in armed conflict are presented in the *Annual Report of the Secretary-General on Children and Armed Conflict*, which notes that between January and December 2015, the UN verified the death, maiming or injury due to armed conflict of more than 10,000 children. According to UNICEF, nearly 87 million children under seven years of age have spent their

entire lives in conflict settings.¹⁴ In disasters caused by climate change, UNICEF found that around 250,000 children under the age of five die each year.¹⁵

In addition, emergencies also put young children at risk for indirect physical harm, from food deprivation, poor health care, inadequate shelter, lack of access to clean water and adequate sanitation and hygiene, overcrowding, unsafe environments, neglect and displacement. For children under five, the risk of death and disease in emergency situations can be twenty times higher than normal.¹⁶ In crisis, children under five have the highest rates of any age group of both illness and death.¹⁷

If children survive, a lack of physical security during emergencies can haunt them for life, leading to

poor developmental outcomes with potentially irreversible impacts on their growth, health and wellbeing. Children who are chronically malnourished, for example, experience permanently stunted growth and “suffer lasting behavioural and cognitive deficits, including slower language and fine motor development, lower IQ, and poorer school performance.”¹⁸ Children born in emergency contexts, particularly those who have been displaced as refugees, also frequently face lifelong vulnerabilities as a result of not obtaining birth certificates. Without valid birth certificates, these children face challenges to obtaining adequate health care, enrolling in school and seeking the protection of the public justice system and may even be at risk of statelessness.⁹

“

For children under five, the risk of death and disease in emergency situations can be twenty times higher than normal.

”

^b The Sustainable Development Goals recognise birth registration as a crucial component to safeguarding rights, access to justice under the law, and social services. See: United Nations. (2016). *The Sustainable Development Goals Report 2016*. (pp. 43).



© UNICEF/JUNI198874/Rich

PHYSICAL PROTECTION

Children require physical protection and an environment where they can play and learn safely — a place where they are not only out of reach of immediate physical threats, but have what they need to continue to grow.

Feeding programmes for children, pregnant women, and nursing mothers, supplements to ensure children receive essential nutrients, WASH facilities and a safe place for mothers to breastfeed are essential. Health interventions such as check-ups, vaccinations and screening for healthy growth can also take place at ECD centres or alongside nutritional programmes. Combined, these interventions help guarantee that children are not only safe from direct threats, but also buffered against the indirect physical effects of emergencies, including illness and malnutrition.

Safe Spaces can also be places to teach the youngest children about essential survival and safety skills for life in an emergency setting. This information — such as avoiding landmines, what to do in case of natural disaster, first aid, the importance of hand washing, etc. — can be critical to children’s survival but may not be information that parents readily know.

The greatest protection for the youngest children is quality childcare in a safe and supportive environment. Lack of access to quality childcare is a global crisis¹⁹ but is nowhere worse than in traumatic situations where caregivers need as much support as possible. In emergency settings, caregivers often do not have the financial, physical or emotional resources to provide high quality childcare full time,

and so they are forced to leave young children alone or supervised by other children.²⁰ This can result in children being bored, understimulated, and at risk for accidents, neglect or exploitation. Safe Spaces can offer caregivers a place where they can leave young children during the day, knowing they are receiving nurturing, supportive care and are actively engaged in activities²¹ as well as peace of mind that their children are playing in a safe environment. The need for Safe Spaces and quality childcare in emergencies is even more acute for children who are unaccompanied, separated from their families or orphaned.

Opposite Ten-month old Ayen Thon eats vitamin-fortified porridge in a UNICEF supported hospital in South Sudan in September 2015. Ayen is one of thousands of children who suffer from lack of proper nutrition in conflict-torn South Sudan.

Right In September 2014, a village health worker measures a girl’s arm to assess her nutrition status, during a routine check-up at a UNICEF supported therapeutic feeding centre in Zimbabwe



© UNICEF/JUN011690/NYAMANHINDI



Women and their children who are suffering from moderate acute malnutrition visit the outpatient therapeutic feeding centre at a hospital run by Médecins Sans Frontières, a UNICEF partner, at the Bentiu Protection of Civilians site, located on the United Nations peacekeeping mission in South Sudan.

© UNICEF/JUNI169469/Nesbitt

Breastfeeding in emergencies

The World Health Organization recommends mothers exclusively breastfeed children for the first six months of life; breast milk is the best source of nutrition and health in these early months, supplying not only the right balance of protein, fat and nutrients, but also providing children with antibodies to fight off illness.²² The composition of breast milk adapts to suit a growing baby's needs and even changes when a child is sick in order to help fight off infection.²³ Under normal circumstances, children who are breastfed at all are six times more likely to survive and children who are breastfed exclusively are 14 times more likely to survive than non-breastfed children.²⁴

Breastfeeding is even more critical in emergencies. Use of infant formulas can pose severe risks, increasing children's risk for malnutrition, disease and even death. Formula mixed with unclean water or prepared in unhygienic conditions can result in diarrhoea and other water-borne diseases and subsequent dehydration and malnutrition.

Research has shown that **almost 95% of under-5 mortality in emergencies is due to diarrhoea caused by dirty water or inadequate hygiene.**²⁵ Insufficient supplies of formula can force mothers to water down the milk, also putting children at risk for malnutrition. In contrast, breast milk is the most sustainable source of nutrition, costs nothing and protects children from unsafe water and poor hygiene.

Breastfeeding definitely becomes more challenging in emergencies, as lack of privacy, significant demands on mothers' time for survival and stress can make exclusive nursing more difficult, but it remains the safest option for babies. Popular misconceptions that maternal malnutrition and stress impede milk production have also been proven false. While donations of infant formula have remained popular, what mothers really need is support and assistance to continue breastfeeding, including coaching, information on breastfeeding and child nutrition, additional food and water, and a safe and private place to nurse.^{26, 27, 28}

With this support, **crises can actually be a moment of opportunity for improving child nutrition, if more mothers can learn about and begin practising exclusive breastfeeding and take these habits forward past the emergency.**²⁹

Support for mothers and children after Typhoon Haiyan



CASE STUDY

Left — As mothers watch and chat outside the tent, preschool children play with toys in a designated Child-Friendly Space for women and young children.
Right — Janet, 33, and Jehan, 3, attend the Child Friendly Space for women and children held as part of UNICEF's Typhoon Haiyan response in northern Cebu.

Typhoon Haiyan, one of the strongest tropical storms ever recorded, struck the Philippines on November 8, 2013, killing 6,340 individuals and displacing more than 4 million.³⁰ Within two weeks of the crisis, World Vision began setting up "Women and Young Children Spaces" in tents, to support the needs of pregnant and nursing mothers and their infants and toddlers.³¹

To address the significant challenges of breastfeeding in an emergency environment, World Vision's centres offered mothers a safe, private place to nurse their children, held health education sessions, provided information and discussion on nutrition topics including the importance of breastfeeding, and even taught mothers nutritious recipes using local ingredients. The centres conducted rapid nutrition assessments to refer malnourished children to appropriate care and provided supplemental feeding for mothers and toddlers.³² Additionally, the spaces provided a mental safe haven for women, where they could rest and relax, socialise with other mothers, play with their children using age-appropriate toys and receive psychological support. Through these "Women and Young Children Spaces," World Vision gave out breastfeeding kits to 1,159 mothers, which included a scarf, a tumbler, and a sealable milk container to enable breastfeeding in all locations, as well as baby kits with items such as soap and mittens.³³ By February 2014, World Vision had set up

14 tents and reached more than 1,300 women and children, protecting some of the most vulnerable babies and toddlers from malnutrition and inadequate development.

World Vision also constructed 59 Child Friendly Spaces (CFSs) aimed at supporting the physical, cognitive and psychological needs of children ages 3-15. First opened in the remote area of Tabugon in Cebu province less than two weeks after the typhoon and later expanded to reach a total of 21,813 children in seven provinces, these spaces offered children a safe place to play and learn and protected them from abuse, trafficking, child labour and other forms of exploitation.^{34, 35}

Trained staff members provided psychological support through activities such as art projects, games, and sports. Social workers were available to help children cope with their experiences. The centres also hosted informal learning opportunities so that children would not fall too far behind academically, and provided information about staying safe and what to do in case of an emergency. The CFSs were created specifically for children, but also provided mothers with a chance to meet, rest and get chores done without worrying about the safety of their children. After running the programme for five months, World Vision turned the leadership and control over to local leaders to ensure its continued sustainability.

© Jon Warren / World Vision

TOXIC STRESS AND INADEQUATE DEVELOPMENT

While humanitarian responses typically focus on physical needs for the youngest — in part due to inadequate resources — negative experiences due to crisis can also lead to poor cognitive and socioemotional development for young children, hampering their future learning and increasing their risk for long-term health and behaviour problems.

Serious or prolonged exposure in early childhood to high levels of stress from trauma, violence, abuse, neglect or deprivation — called “toxic stress” — can inhibit the healthy development of brain architecture, with potential lifelong repercussions. The brain is supposed to undergo its most rapid period of development in early childhood, with 80% of brain development completed by age 3.³⁶ However, toxic stress impedes this development, leading to fewer neural connections in the areas of the brain devoted to learning and reasoning and increasing the risk for developmental delays and learning disabilities.³⁷ Without the proper response to counter these effects, children who experience toxic stress are at serious risk for inadequate cognitive development and difficulties learning, concentrating and regulating emotions.^{38, 39} Toxic stress also has

a long-term impact on children’s wellbeing, increasing their risk for illness such as diabetes, cardiovascular disease, depression and substance abuse, and affecting social behaviour and interpersonal relationships.

Coupled with toxic stress, the absence of safe places to play and learn can also hamper healthy mental and linguistic development for babies and children. During the period of rapid brain development in the first years, a child develops 700 new neural connections per second.⁴⁰ As the child grows, the neural connections that are repeatedly used become stronger and more efficient, while those left unused are weakened or pruned. As “experiences and environment dictate which circuits and connections get more use,”⁴¹ missing out on critical communication, early learning

and play due to an emergency can significantly impact children’s brain architecture, impair the acquisition of basic skills and impede children’s eventual access to and success in school.

In emergency settings, children are at particular risk to barriers to healthy cognitive development and early learning, including lack of safe places to play, caregivers who are too busy or stressed to provide adequate cognitive stimulation, the disintegration of traditional care networks and the absence of quality pre-primary opportunities. In these circumstances, children can miss out on critical brain development and early learning experiences, putting them at a disadvantage for life.



© Theirworld / Natalia Jidovanu

On 30 August 2016, a baby receives treatment at Kitengela Sub-County Hospital in Kitengela, Kenya. Health workers and community volunteers in Kitengela are trained by the organisation Kanco to deliver comprehensive ECD services.

COMBAT TOXIC STRESS AND BUILD RESILIENCE THROUGH CARE

Science shows that the best way to combat or prevent the ill effects of toxic stress on young children is a stable, supportive and nurturing relationship with a parent or other committed adult. These types of relationships buffer the effects of stress, protect healthy development and foster resilience in young children.⁴² They also “build key capacities — such as the ability to plan, monitor and regulate behaviour, and adapt to changing circumstances — that enable children to respond to adversity and to thrive” even in the wake of an emergency.⁴³

ECD programmes can help build resilience and combat toxic stress in several ways. First, ECD initiatives can teach parents and caregivers how best to support their children’s physical, mental and psycho-emotional development in emergency settings and how to

help children cope with trauma and stress. This training can take place in group settings, through classes and support groups, in combination with other services such as healthcare or food distribution or through home visiting programmes.

In many cases, however, primary caregivers are unable to provide children with all the support necessary to combatting toxic stress. In emergencies, caregivers can be absent or deceased, injured, ill, traumatised, violent or otherwise unable to provide adequate support, so children are left without their primary buffer against the effects of toxic stress. It is therefore essential to also have Safe Spaces — comprehensive ECD centres — that can provide children with access to a nurturing relationship with another adult, so that no children (or parents) are left to combat stress alone.

Resilience

Resilience is defined as the ability to overcome obstacles, adapt to adversity and thrive in spite of disadvantaged, stressful or traumatic life circumstances. Resilience “transforms potentially toxic stress into tolerable stress,” protecting healthy development of the brain and body from the damaging effects of the stress response.⁴⁴ While each person is different and multiple factors influence an individual’s level of resilience, including genetics, strong supportive relationships with caring adults are a critical component of fostering resilience in young children. This relationship can be with a parent or other significant adult in a child’s life, including neighbours, teachers and religious leaders.



3 August 2016, in the village of Tagal, Lake Chad Region, Chad

COGNITIVE AND EARLY LEARNING SUPPORT



Refugee children are five times more likely to be out of school than non-refugee children.



After a tsunami, in the midst of conflict, or in a refugee camp, the opportunities for play and learning are seriously lacking and caregivers are often left without the time, energy or resources to provide this mental stimulation. Humanitarian response rarely includes early learning programmes for young children, particularly for those younger than 4, despite the fact that support for children's mental development is equally as important as food and shelter. Many child-focused programmes only target ages 3+ or do not focus on learning until a child begins primary schooling, but for many children, especially for those born in emergencies, this can be far too late.

Cognitive stimulation, communication and opportunities to play and learn are critical to a child's brain development, laying the foundation for future skills, learning and behaviour. ECD programmes provide these essential stimulation and early learning

On 5 November 2015 in Ukraine, children write "father, mother" on the blackboard at a school in the village of Staromykhailovka, in Donetsk Region, which is on the frontline between the cities of Donetsk and Mariyanovka.

experiences for the youngest children, diminish time spent idle or unsupervised and offer children a comforting return to routine and normalcy. In addition to pre-primary classes for older children (ages 4-6), early learning interventions should include support for caregivers, quality childcare and a safe place to play and learn through games, art, music and other activities.

In addition to supporting healthy development, early learning programmes increase young children's readiness for school, improve learning outcomes and decrease the likelihood that a child will repeat a grade or drop out. Increasing school readiness is even more important in emergency settings, as children living through conflict are much more likely to be excluded from school or fall behind academically. For example, refugee children are five times more likely to be out of school than non-refugee children.⁴⁵

Early learning support can be particularly useful for young refugees living in a foreign host country where classes are taught in a different language.⁴⁶ In Lebanon, for example, Syrian refugee children have struggled to make progress in school, as more advanced classes are typically taught in French or English rather than Arabic.⁴⁷ With the average length of displacement now at 17 years,⁴⁸ teaching the youngest children the language and skills they will need for success in the host country's education system allows these refugees to start school ready to learn rather than already behind.

These early learning interventions during an emergency are an important long-term investment in human and social capital, providing children with better chances for future success and prosperity, helping to break the cycle of poverty and shaping a future generation that will be key to rebuilding post-disaster.⁴⁹



© UNICEF/UNIZ00695/Filippov

Creating opportunity out of crisis: building preschools in Central African Republic⁵⁰

CASE STUDY

Early learning opportunities in the Central African Republic (CAR), one of the world's poorest countries, are abysmal; a mere 5.6% of children are enrolled in pre-primary schools and just 70% are in primary school.⁵¹ Nearly all existing ECD services operate in the capital, excluding rural children. Multi-sector collaboration on services for children under age two is non-existent.

Since conflict broke out in 2013, around six thousand people have been killed and a quarter of the population displaced.⁵² Over 400,000 refugees have fled to neighbouring Cameroon, Chad, the Congo and the Democratic Republic of the Congo, and an additional 400,000 are internally displaced within CAR. Displacement, insecurity and deepening of poverty due to the conflict have restricted access to health care, adequate nutrition and education, especially for the most vulnerable.⁵³ While conflict typically worsens access to and quality of early childhood development services, in this case, "the conflict provided the opportunity, additional funding and technical expertise to expand ECD services."⁵⁴ Plan International and UNICEF were able to leverage incoming humanitarian aid and increased attention on the situation in CAR to expand access to preschools during the crisis and improve national level ECD policy.

To improve the provision of ECD services, Plan and UNICEF, in cooperation with the CAR government, implemented an ECD-model piloted by PLAN in other African countries called Community-Led Action for Children (CLAC).

The first component of this programme was supporting government expansion of early learning programmes and preschools for 3-6 year olds as well as building Child Friendly Spaces (CFSs).

New preschools were added to existing schools to smooth children's transition into primary school. These early learning programmes operated roughly 25 hours per week, and included play and early learning activities as well as school feeding programmes and WASH facilities. The creation of new preschools deliberately targeted areas most affected by the conflict and the most vulnerable children, including orphans and internally displaced persons.

Expansion of early learning services was coupled with the introduction of parental education, covering topics on early childhood development, childhood health, nutrition, hygiene, the importance of play and ways to provide children with psychosocial support. Participants could also initiate discussions on other topics of interest to them. Sessions were created and run in conjunction with local leaders, to ensure contextual appropriateness, sustainability and local ownership. Caregivers were welcome to bring children to the sessions, eliminating the need for alternative childcare.

This case demonstrates that while emergency situations typically worsen services for young children, crisis can actually offer the opportunity to improve children's situation. **Humanitarian assistance — and the potential it brings for increased financing, resources, political will and expertise — can be used to advocate for better early childhood programmes than existed before an emergency and can make substantive positive change beyond merely supporting basic survival.**

PSYCHOLOGICAL HARM



In a recent study of Syrian refugee children, 45% displayed symptoms of PTSD, a rate 10 times higher than children surveyed in other parts of the world.



Ramadan Mohammed (5) plays in a classroom of the UN Protection of Civilians site in Juba, South Sudan. When violence broke out in July 2016, Ramadan was separated from his parents and lost for two weeks. They were finally reunited at the UN Protection of Civilians site, but Ramadan still suffers emotional and psychological stress and barely eats or speaks.

The mental and emotional risks faced by children are equally as pressing as the physical dangers. While it may be easy to assume that babies and small children are less affected by crisis because they do not understand what is happening around them, brain science has demonstrated that young children are in fact significantly impacted by stress and trauma.⁵⁵ In addition to the effects that toxic stress has on brain development, trauma and crisis can also leave children with psychological scars that impact their wellbeing for years to come.

Children in emergencies undergo psychological trauma from experiences such as the death or separation of family and friends,

witnessing violence, losing or being forced to flee home, deprivation and discrimination. These traumatic events can lead children to experience numerous psychological issues, including anxiety, depression, low self-esteem, lack of trust in others, nightmares, bedwetting, memory loss, aggression and posttraumatic stress disorder (PTSD).^{56,57,58} In a recent study of Syrian refugee children, 45% displayed symptoms of PTSD, a rate 10 times higher than children surveyed in other parts of the world.⁵⁹ Without proper support, these psychological challenges can seriously affect children's quality of life and ability to thrive.



© UNICEF/UN027620/Gonzalez Farran

PSYCHOLOGICAL AND EMOTIONAL SUPPORT FOR CHILDREN AND CAREGIVERS

The youngest children need programmes that provide psychological and socioemotional support to counteract the effects of crisis and stress. ECD programmes furnish young children with a safe place to come to terms with their experiences, work through their trauma and get support from a qualified health professional if needed.

In emergency settings, young children have few opportunities to process their emotions with supportive adults. Emergencies are acutely stressful for adults as well as children and traumatised caregivers often struggle to provide the psychological and nurturing support that young children need to cope with psychological trauma and toxic stress.^{60,61,62} Parents and caregivers can be reluctant to openly address children's trauma;⁶³ for example, children who experience violence often recreate it in their play, such as through role playing or art activities, but some evidence suggests that adults tend to stop these activities rather than encourage them as an outlet for children to work through trauma.⁶⁴

Due to their own severe stress, caregivers may also inadvertently "exacerbate the problems faced by their children by passing on their own fears and anxieties through, for example, being over-protective or holding anxious discussions with

others from which the children are excluded."⁶⁵ Crisis environments also see increased incidences of parental depression and domestic violence.^{66,67}

Conversely, research has found that some children pretend to not remember traumatic events in order to "protect" their parents from recalling bad memories, which prevents children from receiving the support and comfort they need to mitigate the effects of these experiences.⁶⁸

Safe Spaces can support children's mental health by sharing information with parents and caregivers about ways to support children's psychological needs and promoting healthy and healing parent-child interactions.⁶⁹ Safe Spaces can also provide children with access to other adults who can provide a stable and nurturing relationship, which is essential to combatting toxic stress. A truly safe space is one where children can experience a return to "normalcy" and routine after the stress and

upheaval of crisis. Structured activities to support children's psychological healing, such as opportunities to talk about their experiences, as well as unstructured activities like art and music can actively support processing and healing. One study of children living through the Lebanon-Israel war found that giving children toy puppies to care for and play with reduced their high levels of stress, while other studies of children post-natural disaster showed toys, role playing and art activities helped children reduce anxiety and regain feelings of safety.⁷⁰

Trained staff in ECD centres can also look out for the signs of more severe psychological trauma in young children and refer the child to a mental health professional (ideally offered as part of the ECD services). This centre-based psychological support is especially critical in emergency situations in which caregivers may be deceased, injured or traumatised themselves and many children are orphaned or unaccompanied.



© TheirWorld / Natalia Jidovanu

On 30 August 2016, a mother and baby await treatment at Kitengela Sub-County Hospital in Kitengela, Kenya.



© UNICEF/UNI18737/Abdulbaki

Caregiver Support

Caregiver support is the lynchpin of comprehensive ECD services and an indispensable element of creating Safe Spaces for young children. Young children generally spend most of their time with caregivers, so access to Safe Spaces to learn, play, and develop needs to be combined with efforts to promote safe and supportive home environments.

Parents and caregivers are themselves often stressed, traumatised and overwhelmed and may not know the best ways to help their children cope with the situation.⁷¹ Caregiver wellbeing significantly influences child wellbeing, so support for caregivers is crucial. Adults with less stress, more information and more assistance are better equipped to adequately support young children and help create a positive situation and hope for the future even in the worst situations.⁷² Studies have shown that comprehensive ECD interventions improve maternal wellbeing, increase parental confidence and consequently improve the parent-child relationship and children's development outcomes.⁷³

ECD services can aid caregivers in numerous ways:

- Provide training and information for mothers, fathers and other caregivers on how to best support children's physical, mental and psychological development, how to help children deal with trauma and how to employ positive discipline and child-rearing methods.
- Provide areas for mothers to breastfeed and play with children in a safe environment.
- Provide caregivers with time for themselves, to rest, work and/or decompress.⁷⁴
- Serve as locations for adult support and learning, by offering places to meet informally with other caregivers, attend support groups and adult education classes, and build community.

Above "Eight weeks ago when the rocket shelling was heavy, I had to rescue my family from Malla. We fled in a neighbour's car until we reached to a school where we took shelter. My wife who was eight months went into labour and thank God she delivered safely. Every time I looked at baby Aisha in the eyes and say, may your coming bring peace" said Abo Aisha, an internally displaced person from Malla.

Nutritional and psychological support for refugee children in Chad⁷⁵

CASE STUDY

Fleeing extreme violence in Darfur in 2003, more than 200,000 South Sudanese refugees crossed the border into Chad seeking safety. While the international community gradually established refugee camps to support the massive influx, refugees faced overcrowding, a severe lack of resources and dangerous landmines. After undergoing significant violence and deprivation, many children were sick, injured or traumatised; many had lost family members, more than 35% were malnourished and countless children suffered from psychosocial issues.

Looking to tackle both the acute malnutrition and the serious psychological trauma of the children, as well as provide support to their traumatised and overburdened caregivers, the refugee camps established Child Friendly Spaces (CFSs) in 2004. Within the camps, food distribution took place at 7am and 3pm, but most children and families had nothing to do in the intervening times, so the CFSs were established near the distribution sites, as a place where children ages 3-15 (as well as their caregivers) could spend time.

These centres provided immediate nutritional support to the malnourished children as well as a place to feel safe. Arts and crafts, sports and games were offered, in addition to opportunities for free play, psychological support activities and instruction on safety issues such as avoiding landmines. The nutritional and play interventions had synergistic effects on the children's wellbeing, as explained by Connolly and Hayden (2007):

*"The most vulnerable children are those in therapeutic or supplementary feeding. Emaciated children have no appetite. They just want to sit or lie with their mother. But children learn from each other. Seeing another child sit upright, they will start to sit upright. Then they say, 'If they can run, why can't I run?' When they start being interested in playing, they also get an appetite."*⁷⁶

The CFSs also catered to the needs of the children's caregivers. Children as young as three could attend the centres alone, leaving parents, siblings and other caregivers free to rest or work, while assured that their children were safe and well cared for. Though the main purpose of the spaces was child-centric, the CFSs also offered psychological support to adults as well as classes and training on early childhood development, literacy, etc. Targeting caregivers was a crucial component to the success of the program, as their wellbeing is essential to the wellbeing of children.

The CFSs were staffed by "community animators," refugees from the community who received training on activities to promote healthy child development and reduce trauma. While these animators were typically not ECD specialists, their connection to the community and intimate understanding of the children's situation enabled them to communicate and relate well with the children and their families and to tailor the activities to the local context. The camps also established "child protection committees" made up of refugees, whose remit was to monitor children's rights within the camps, ensure the quality and sustainability of the CFSs and manage the running of child-centric programmes.

Further, the adult refugee's direct involvement in the programme functioning helped provide them with a sense of normalcy and purpose and empowered the community to take ownership of the programme. The local leadership also significantly reduced initial costs, enabling a quick launch. A final unforeseen outcome was that the institution of CFSs in the camp revealed the need for ECD services in Chad more broadly and increased the demand for such programmes.

THREAT 4:

NORMALISATION OF VIOLENCE, INCREASED AGGRESSION

As a part of the psychological issues faced by children in emergencies, living through conflict has the potential to normalise violence, so that young children begin to accept and model greater levels of aggression. Research demonstrates that “when a child feels victimised by his or her environment or feels that the environment instigates aggression, the child is likely to act out aggressively.”⁷⁷ Routine exposure to violence or trauma

can therefore lead to decreased empathy and increased likelihood that a child will utilise violence in future interactions.^{78,79}

Further, toxic stress in young children has been shown to increase aggression and antisocial behavioural issues. Prolonged exposure to toxic stress programmes children’s stress response “to adapt to an environment that is ‘expected’ to

remain adverse. As a result, the threshold for activation is lower and the ‘hair-trigger’ nature of the stress response results in greater risk for overly rigid and often aggressive behaviour.”⁸⁰ Notably, these outcomes not only impact the health, achievement and wellbeing of individual children and their families, but also have repercussions for society more broadly and for future generations.

Right 31 August 2016, in Kibera, an informal settlement located in Nairobi, Kenya. Many families living in Kibera struggle to pay fees for pre-primary education and demand more training on ECD.

SOLUTION 4:

TEACHING CONFLICT-RESOLUTION AND PROBLEM SOLVING

Several key components to combating this issue have already been mentioned — including promoting close relationships with supportive caregivers and providing psychological and socioemotional support. In addition to these interventions, ECD programmes can also reduce the normalisation of violence and the resort to aggressive behaviour in young children by teaching them problem-solving and conflict-resolution skills as well as self-control and emotional regulation.⁸¹ Studies have shown that children who attend a preschool with conflict-resolution

concepts incorporated into the curriculum were better able to cope with and resolve interpersonal conflict.⁸²

More generally, ECD programmes can help children develop important positive social behaviours and skills that are key to conflict resolution and non-violent interactions, such as working together, sharing, communicating, helping and empathising with others.⁸³ When interpersonal conflict and disagreements do arise, children will then be better equipped to manage the conflict constructively

and work together to find a solution peacefully.

Though evidence is limited, ECD programming has also been shown to reduce violent behaviour in the long-term. A seminal study in Jamaica found that children who received cognitive stimulation and nutrition interventions in early childhood were less likely as adults to get into fights or to engage in serious violence behaviour or violent crime.^{84,85}



© Theirworld / Natalia Jidovanu

LONG-TERM CONFLICT AND VIOLENCE

Globally, conflicts are becoming increasingly protracted with the average length of displacement now at 17 years.⁸⁶ In addition to prolonged threats of physical insecurity, displacement, and damage to cognitive, emotional and psychosocial development, living through conflict can also inculcate prejudices and enmity towards opposing groups in young

children, perpetuating ideas that fuel existing conflict. For example, a study of 3-6 year olds in Northern Ireland found that as early as age three, children begin to show preferences for the symbols, flags, and traditions of their own communities and by age six, about one third of the children were aware of which "side" of the conflict they belonged to. 90 per cent of

six-year-olds could "demonstrate some awareness of the cultural/ political significance of at least one event or symbol" from their group and about 15 per cent of six-year-olds made sectarian or prejudiced statements against the other side.⁸⁷ Awareness of the divide was shown to be most influenced by the family, the local community and the school.

Thora Al Ahmed, 25, fled to Sanliurfa, Turkey, with her child one year ago to escape the conflict in Syria.



© Theirworld / Rosie Thompson

PROMOTE PEACE BUILDING THROUGH SAFE SPACES FOR THE YOUNGEST CHILDREN

Early childhood programmes can counteract this early entrenchment of social prejudices by implementing activities and curricula that highlight the values of tolerance, peace, inclusion, empathy and trust, that correct negative stereotypes about other groups, and that encourage respect and appreciation for cultural diversity,^{88,89} laying the foundation for individuals who are "confident, secure, and socially aware and who also respect cultural differences and are inclusive in their outlook."⁹⁰

It is never too early to teach children (and their caregivers) conflict-resolution and problem-solving skills, offer the tools necessary to coexist with members of other groups and foster reconciliation and social cohesion.⁹¹ Research has shown that contact between opposing groups "is positively associated with empathy, and empathy is negatively associated with prejudice."⁹² Therefore, in programmes where children from different groups and backgrounds are enrolled together, playing and learning side by side helps to break down stereotypes and marginalisation between the children and to instead promote inter-group empathy, understanding and even friendship.⁹³ Implementing a multicultural curriculum that teaches children about the history,

traditions and perspectives of various groups, promotes respect and appreciation for difference, and encourages children to understand and recognise the negative effects of prejudice or exclusion (as part of more general lessons on respecting the feelings of others) can further develop empathy between children from disparate groups.⁹⁴

Beyond impacting the children themselves, Safe Spaces can encourage peace building and social cohesion on a larger scale when children from different groups attend the same programmes and when parents are routinely involved in programme activities. By serving as places where adults from disparate groups — from opposing sides in a conflict or from both refugee and host communities — can come together regularly and connect over the shared experience of caring for young children, Safe Spaces can serve as a point of common ground for communities and allow for the building of inter-group trust and empathy which lays the foundations for peaceful relations. These centres can help foster reconciliation and integration by providing a space for adults to work through disagreements without resorting to violence, solve community issues and build trust. Since families play such a significant role in shaping children's attitudes

and worldview, improving empathy and understanding and promoting peaceful interactions between adults is key for supporting and reinforcing the lessons children learn in ECD centres about tolerance, respect, inclusion and empathy.⁹⁵

Finally, Early Childhood Development programmes can indirectly promote peace and social integration by reducing social and economic inequalities. Interventions in the earliest years have been shown to be the best way to level the playing field for disadvantaged children and close the achievement gap, making ECD programmes a key investment in equity.^{96,97} By supporting healthy development and reducing inequalities, ECD interventions can pave the way for more equal and peaceful societies and better social cohesion and stability in the long run.^{98,99,100}

“
Interventions in the earliest years have been shown to be the best way to level the playing field for disadvantaged children and close the achievement gap, making ECD programmes a key investment in equity.
”

Learning for Peace in Palestine

CASE STUDY

The nearly 50-year-long Israeli-Palestinian conflict has significantly affected the development, education and safety of numerous Palestinian children. The most recent iteration was the 2014 Israel-Gaza conflict, which broke out on 7 July 2014 and lasted 7 weeks. In September 2014, OCHA reported that children were 24% of the Palestinian civilians killed, 33% of those injured, and 50% of those left without homes.¹⁰¹ OCHA further reported that at least 116,000 Palestinian children were in need of specialised psychosocial support.¹⁰²

In 2012, UNICEF launched *Learning for Peace*, a four-year Peace building, Education, and Advocacy Programme (PBEA). In Palestine, the PBEA initiative aimed to support the education and healthy development of children, counteract the normalisation of violence, and foster peace and social cohesion in the long term by incorporating education into peace building initiatives and implementing conflict-sensitive curricula.¹⁰³ For the youngest children, this meant expanding access to early learning programmes that emphasised values such as tolerance, sharing, respect and cultural sensitivity and taught children conflict-resolution and problem-solving skills (in addition to supporting their holistic development). UNICEF included pre-primary school children in the programme with the idea that **“if children learn non-violent methods of expressing themselves and interacting with others at an early age, they are more likely to apply these skills when they are older, especially if the skills are modelled by teachers and parents.”**¹⁰⁴

To implement this curriculum, in 2014 the PBEA programme provided training to more than 90 early learning teachers from both government-run and private schools. The lessons focused on age-appropriate learning, early childhood development and conflict-sensitive lessons and activities. The training consisted of ten, five-hour-long group sessions, followed by follow up on-site training tailored to the specific needs and context of each school. Two training sessions were also held for

kindergarten principles, to give them insight into the particular experiences of preschool students and teachers. Teacher trainings were followed by visits from the Ministry of Education and Higher Education, to ensure quality and the implementation of the conflict-sensitive curriculum, with additional visits planned for the future.

Access to ECD services was extremely limited in rural areas, so the PBEA programme opened 24 preschool classes in vulnerable and conflict-affected areas, extending early learning services to more than 2,300 pre-school aged children and 1300 first-grade children. The programme aimed to reach 3,600 children by the end of 2015.

Awareness of the importance of ECD was also low amongst parents, so the PBEA programme sponsored 173 parental training sessions and equipped parents with ECD materials. These sessions aimed to teach parents about the importance of ECD, promote parental involvement in children’s education and synchronise activities taking place at the ECD centres and at home. The sessions also aimed to address unequal gender norms in the community and promote equality in terms of education access and protection for all children.

While the long-term impact of the programme on peace and social cohesion cannot yet be measured, teachers reported feeling empowered with new information from the training sessions and seeing improvements in both their professional and personal lives. Kindergarten principals described increased parental engagement in young children’s learning following the parent training sessions and saw benefits of the programmes beyond schools in the local communities.



Young children are incredibly adaptable and resilient, and with proper support for their physical, mental and socioemotional health and development and close relationships with nurturing caregivers, children can not only survive emergencies but manage to thrive in spite of even the most adverse circumstances.



In July 2016, Elisa Both plays with her son, Chudier Gatkuoth (5), at the UN Protection of Civilians site in Juba, South Sudan. After violence broke out in July 2016, Elisa decided to take her two children to the UN base. Her husband went to Uganda for medical treatment days before the fighting broke out and has been unable to return.



While young children are extremely vulnerable in conflict and emergency settings, the situation is not hopeless. Young children are incredibly adaptable and resilient, and with proper support for their physical, mental and socioemotional health and development and close relationships with nurturing caregivers, children can not only survive emergencies but manage to thrive in spite of even the most adverse circumstances. All of the evidence demonstrates that the youngest children need a holistic response in emergencies that provides support and care for all of their needs in a comprehensive rather than fragmented way.

But the evidence and the existing state of ECD services in emergencies don’t match up. While many international organisations already recognise the critical importance of supporting the youngest in emergency settings and have developed and implemented successful early childhood development interventions, on a large scale ECD remains seriously under-prioritised and overlooked in emergency response. The next section analyses the current state of early childhood development programming in humanitarian response plans to see where progress has been made and where there is more work to be done.



Early Childhood Development in Humanitarian Response

The current humanitarian response architecture reveals a mixed record on prioritising early childhood interventions. The Inter-Agency Network for Education in Emergencies (INEE) “Minimum Standards for Education in Emergencies” explicitly includes ECD within the scope of education in emergencies and designates it as a key thematic issue for the network — clearly prioritising it among those implementing around the world.

Despite this, **over 60 per cent of active 2016 humanitarian response plans, flash appeals and refugee response plans do not include ECD or early learning targets within education sector responses.**

Early Childhood Development in Inter-Agency Network for Education in Emergencies Minimum Standards

Inter-Agency Network for Education in Emergencies (INEE) Minimum Standards for Education 2010 handbook explicitly defines education in emergencies as encompassing “early childhood development, primary, secondary, non-formal, technical, vocational, higher and adult education.”¹⁰⁵

Furthermore, ECD is directly implicated in standards for Community Participation, Coordination, Analysis, Access and Learning, Teaching and Learning, Teaching and Other

Education Personnel, and Education Policy. (See Annex I) INEE designates early childhood development as a key thematic issue area within the INEE Toolkit, additionally calling for:

- Inter-sectorial linkages
- Support for parents and primary caregivers
- Assistance for ECD service providers
- Emphasis on the right to play
- Prioritisation of ECD centres
- Establishment of Child Friendly Spaces¹⁰⁶

The Minimum Standards note that “holistic early childhood development programming integrates health, nutrition, water, sanitation and hygiene, education and child protection sectors.”¹⁰⁷ Despite the explicitly articulated standards, few humanitarian response plans appear to follow this guidance fully.

Opposite Nyathuai, 19, holds her newborn son, who was born one day ago in the UNICEF-supported health clinic in the Bentiu Protection of Civilians site for internally displaced people.

Early Childhood Development in humanitarian response plans

The humanitarian, refugee and regional response plans that outline plans, scope and funding requirements for emergency interventions rarely include holistic, targeted approaches to reach the youngest children with a full package of ECD interventions.

A review of the 38 active humanitarian and refugee/regional response plans and flash appeals for 2016 reveals several significant gaps.

Humanitarian Response Plans

Humanitarian Response Plans outline the programmes and financing required for projects managed by UN agencies, NGOs and other stakeholders to meet emergency needs. Humanitarian response plans are divided into specific sector responses that outline strategic objectives, targets, indicators and required funding. Sectors can include Agriculture, Coordination and support services, Economic recovery and infrastructure, Education, Food, Health, Nutrition, Protection, Shelter and non-food items, and Water and Sanitation.

The UN Office for the Coordination of Humanitarian Affairs (OCHA) provides a Financial Tracking Service¹⁰⁸ to monitor global humanitarian aid flows for humanitarian response plans, emergency flash appeals and broader regional refugee response plans (in coordination with the UN Refugee Agency, UNHCR).

At the time of this report's writing, information on 38 active plans was available through OCHA's Financial Tracking Service, including: 3 flash appeals (Ecuador, Fiji and Mosul), 28 country-level humanitarian response plans (Afghanistan, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo, Djibouti, Gambia, Guatemala, Haiti, Honduras, Iraq, Libya, Mali, Mauritania, Myanmar, Niger, Nigeria, Occupied Palestinian territory, Republic of South Sudan, Senegal, Somalia, Sudan, Syria, Ukraine and Yemen) and 7 regional or refugee response plans (Sahel, Syria Regional Refugee & Resilience Plan, Burundi Refugee Regional Response Plan, Central African Republic Regional Refugee Response Plan, Nigeria Regional Refugee Response Plan, South Sudan Regional Refugee Response Plan and Yemen Regional Refugee and Migrant Plan).

Of the 38 active response plans, only 10 — less than one third — make any mention of early childhood development, early childhood education or similar ECD terminology. ECD appears most often in refugee and regional response plans rather than individual country plans. While many humanitarian response plans have child-focused targets in multiple sectors, very few specify interventions aimed at reaching the youngest children. The term "children" in these response plans encompasses all individuals under 18 years of age and frequently, targets for this group focus on "school-age" children, typically those between 5 and 17 years old. The youngest children are clearly

being overlooked, and while integrated and multi-sectorial approaches are suggested for school-aged children and adolescents, a "whole child" approach for the youngest children is visibly absent.

One notable exception to this trend is the approach taken by the nutrition sector. Nutrition sector plans consistently include strategic objectives and indicators targeted to reach children under five and pregnant and nursing mothers. The health sector also frequently includes targets for the youngest children regarding vaccinations, safe pregnancy and childbirth services.

Few education sector responses, however, include provision of early learning services for the youngest children. Most focus on primary education and higher, though many specify a "school-age" range from 3-17 years. Approximately one third (13 out of 33) of education sector response plans include specific targets for pre-primary school, ECD or other early learning targets. Almost half of these are refugee and regional response plans. **Only 7 out of 26 individual country response plans include an ECD target in their education sector.** Five humanitarian response plans include no education sector response at all. Education sector planning for emergencies is clearly overlooking the critical importance of early learning and cognitive development through non-nutritional and health interventions, appearing to reject the INEE guidelines, the evidence on brain science and what children and families need to rebuild their lives.

In addition, while many humanitarian response plans explicitly frame a multi-sectorial approach to addressing pressing survival needs, this tends to be focused on the intersection and coordination of the health, nutrition, food security and WASH sectors. Rarely are the education and protection/child protection sector responses explicitly incorporated into this multi-sector approach. With regards to the youngest children, in fact, very few education or protection/child protection sector plans include any specific mention of the needs of those in early childhood.

Protection or child protection sector responses frequently include focused targets on children as a recognised vulnerable population. However, these plans refer to "children" as encompassing all ages below 18 years. Twelve protection sector (or refugee response sector) plans, however, do include specific provisions and targets to ensure birth registration, especially for refugee populations. Ensuring that all babies receive birth certificates is a crucial aspect of their lifelong protection, without which they are vulnerable to statelessness and significant barriers to accessing social services including health care and education. **Currently, more than one in four children under 5 have not been registered at birth, and in the poorest countries, almost half have not been registered by their fifth birthday.**¹⁰⁹

While 20 active protection sector response plans specifically call for provision of and support for "Child Friendly Spaces," these are typically aimed at meeting the needs of unaccompanied minors, children rescued from or vulnerable to recruitment into armed groups, and girls who may otherwise be subjected to gender-based violence (GBV). Child Friendly Spaces are important for providing protection and psychosocial support for children in emergencies; however, only two active humanitarian response plans (Honduras and Ethiopia), include specific targets to provide Safe Spaces for the youngest children, such as day-care or ECD centres.



On 4 May 2016, baby Milagro Carbo naps on a hammock in one of the classrooms of the school "31 de Marzo", which is being used as a shelter for families affected by the earthquake in Ecuador. The baby girl was named Milagro, meaning miracle in Spanish as she was born only hours before the earthquake struck on 16 April 2016.

Humanitarian Response Plans that prioritise the youngest children

Protection

While the majority of protection sector responses include “children” as a vulnerable group and explicitly urge the need for child friendly spaces, these responses classify all individuals under 18 years of age as “children.” While CFSs are included as specific targets in many of these plans, they are not targeted at the youngest, but rather geared implicitly, or in some cases explicitly, to school-age and/or unaccompanied children and adolescents who may otherwise be vulnerable to child labour or recruitment to armed groups and gender-based violence (GBV). Out of the 38 humanitarian and refugee response plans surveyed, only two plans included specific mentions of Safe Spaces for the youngest children – Honduras and Ethiopia.

Honduras: “In coordination with municipal authorities ... ensure the operation of child care centres to guarantee day-care for children and reduce risks of abandonment with child friendly spaces.”

Ethiopia (within South Sudan Regional Refugee Response Plan): Almost 70 per cent of South Sudanese refugees in Ethiopia are children and the Ethiopia Response Plan places a high emphasis on child protection and education. Among the planned response activities listed for the protection sector, this plan includes specific support to ECD centres:

“Strengthening child protection response, including case management, Best Interest Procedures, support for unaccompanied and separated children (including family tracing and reunification and foster care arrangements), adolescent programming, psychosocial support and establishment of CFS and ECD centres.”

Education

Syria & Syrian Refugee Response: Both the Syria humanitarian response plan and the regional refugee response plan for Syrian refugees in neighbouring countries include specific ECD and pre-primary targets in their education sector plans: “The response will also focus on provision of pre-primary education and Early Childhood Care and Education (ECCE) services and technical and vocational training”; The Syria Regional Refugee and Resilience Plan in 2016 calls for “significant budget increases for the education sector to scale up the response in all areas of education, including pre-primary education, formal and non-formal basic education, technical and vocational training, teacher incentives and professional development.”

Fiji Cyclone Flash Appeal: The Fiji Cyclone Flash appeal includes “Provision of psychosocial support to early childhood and primary school children” as a priority action for the education sector response.



On February 25 2016, Waisake (4) plays in the ruins of what used to be his classroom. The area was hit by Cyclone Winston, the strongest cyclone to ever hit Fiji, only days before. He doesn't know when he will be able to go back to kindergarten.

© UNICEF/JUN011412/Sokhin

Integration in United Nations Agencies

“critical importance of a child’s early years to later stages of growth and development ...There is strong evidence that children who are well nourished and receive adequate care and psychosocial support during the formative years from birth to age 3 are more likely to be healthy and productive adults.”¹¹²

In light of this recognition, UNICEF’s Strategic Plan outlines specific emphasis on the youngest children in both the Nutrition and Education target outcomes:

- **Nutrition:** “UNICEF will increase nutrition work focused on early childhood, given the crucial impact of nutrition on brain development and function during the first 1,000 days ... In addition, support will be provided for increasing country capacity to ensure protection of the nutritional status of children in humanitarian situations.”
- **Education:** “UNICEF will also increase attention to early childhood development and renew its involvement in secondary education.”¹¹³

The majority of humanitarian funding in past years has been channelled through six UN agencies. These include the World Food Programme, the UN Refugee Agency (UNHCR), UNICEF, UN OCHA, the UN Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) and the Food and Agricultural Organisation (FAO). These six agencies received 46 per cent of all humanitarian funding tracked through UN OCHA’s Financial Tracking Service in 2014.¹¹⁰ While a full exploration of each of these agencies’ engagement with ECD is beyond the scope of this report, a snapshot of UNICEF’s work in Early Childhood Development is examined below.

UNICEF

UNICEF stands out as a leader in the Early Childhood Development space by advocating for ECD within social policies, providing technical leadership, support and expertise on ECD programming in country-level offices, training and supporting caregivers of the youngest children in emergency contexts, and leading collaborative research efforts on the relationship between ECD and peace building.¹¹¹ Within the Strategic Plan for 2014-2017, UNICEF highlights the

UNICEF’s recently released 2015 Annual Report also outlines previous actions taken by the agency in support of ECD, including advocacy for investments in equity and holistic ECD responses that involve education, health, nutrition and protection.¹¹⁴ In addition, UNICEF, in partnership with Yale University, AÇEV Foundation, the Fetzer Institute and others launched the Early Childhood Peace Consortium in 2013 as part of the “Learning for Peace” programme.¹¹⁵ The Consortium was formed to analyse linkages between ECD and peace building, to disseminate results and to advocate for better policies on a global scale.

UNICEF’s Early Childhood Development Kits

To supplement other interventions that support healthy ECD (including health, nutrition and WASH), UNICEF have also developed “ECD Kits for Emergencies” which provide children with opportunities for play, cognitive stimulation and early learning. The kits include materials for up to 50 children ages 0-8, such as books, puzzles, puppets and art supplies, as well as supplies for caregivers like pens, paper, soap and water containers.¹¹⁶ The kits also come with a detailed activity guide for caregivers, explaining different ways the items can

be used depending on children’s ages and laying out a great variety of activities to promote healthy cognitive and socioemotional development. Other support materials are available online.

The kits have also been adapted to better suit specific emergency environments. For example, UNICEF ECD kits were first distributed in post-disaster-areas in the Philippines in 2007, but many caregivers and ECD teachers found the materials were too heavy to carry between camps, particularly in remote and rural areas. In response, Plan Philippines developed a new lightweight, waterproof ECD kit designed for mobility.¹¹⁷



© UNICEF/UN01586/Ayene

On 11 February 2016 in Ethiopia, a tiny baby boy sleeps while being weighed in a sling-scale during a nutrition screening at a UNICEF-supported community health post. Across Ethiopia, millions of children are struggling to cope with food insecurity, lack of water, disease and threats to their education and safety. Nearly 6 million children in the country are in need of food assistance.

Integration in International non-governmental organisations (INGOs)

International non-governmental organisations (INGOs) engaged in humanitarian response seem to have a better record of explicitly including ECD targets within their strategic objectives and implementing programming that includes components of ECD. A review of the ten international non-governmental organisations who received the most humanitarian funding in 2015 shows that many INGOs already recognise how essential the provision of ECD is for the youngest children in emergency settings.

Eight out of the top ten organisations have integrated ECD into their strategic objectives or have implemented programmes including ECD components within the last years according to their most recently available Annual Review or Strategy Document.

For more information on the specific programmes and strategic objectives related to early childhood development for these top INGOs, see Annex II.

International Rescue Committee "Safe Healing and Learning Spaces Toolkit"

Building on their existing work in conflict and emergency settings, the International Rescue Committee launched a "Safe Healing and Learning Spaces Toolkit" in August 2016, to provide an open-source resource containing all of the content needed for humanitarian staff to set up a Safe Healing and Learning Space in an acute emergency setting.

The toolkit includes implementation guidance, training materials for facilitators, adaptable resources and scripted lesson plans, and tools for monitoring and evaluation. The spaces are designed to provide a safe, stable and predictable location for children ages 6-11 to "learn, develop and be protected." The programmes offer traditional math and reading lessons alongside social-emotional

learning interventions, which aim to strengthen "brain building, emotion regulation, positive social skills, conflict resolution and perseverance."¹¹⁸ The toolkit includes nine months worth of lesson content, though it is not intended to replace formal education. Recognising the need to foster supportive and nurturing home environments in addition to learning environments, the toolkit also includes materials for 12 parenting-skills training sessions, which teach parents how to better manage their own stress levels and how to support their children's psychological and developmental needs.

Though the IRC's toolkit is intended to create spaces for children ages 6-11 (most of whom are already beyond early childhood) the resource is an excellent illustration of how safe spaces that provide for children's holistic needs can be implemented in emergency settings. This toolkit could potentially be adapted to create a similar resource addressing the specific needs of children ages 0-5.

Recommendations

The evidence is clear; comprehensive early childhood development services are indispensable for the health, safety and development of the youngest children in emergencies. The combination of young children's immense vulnerability and the rapid rate of development in early childhood means that experiences in the first years of life have a profound long-term impact on their wellbeing.

Nurturing relationships, solid support for healthy development, quality childcare and safe places to play and address psychological trauma can buffer children from negative outcomes even in the most traumatic of circumstances. What's more, ECD programmes that promote pro-social behaviour and values such as tolerance, inclusion and empathy between different groups can foster reconciliation and social cohesion in the long term, contributing to more peaceful and stable societies.

Many international organisations, such as UNICEF and PLAN International, are already providing holistic ECD programming in emergency settings and have created extensive tools and frameworks to guide future implementation.¹¹⁹ These guidelines emphasise the importance of local ownership and context-specific interventions to ensure programme sustainability and community empowerment.

An appalling lack of prioritisation and a dearth of donor funding has prevented these tools from being systematically adopted and implemented within the existing humanitarian aid system, continuing to leave millions of the youngest children at serious risk. It is urgent that the very youngest babies and children have access to Safe Spaces in emergencies, where they can be protected, nurtured and receive the vital care they need to reach their full potential.



© UNICEF/JUN022064/Ayene

RECOMMENDATION 1:

Establish "Safe Spaces" for pregnant women, mothers and caregivers, and young children (0-5) in emergencies where their physical, cognitive and psychosocial needs can be met.

Safe Spaces embody a multi-sector response to supporting the needs of babies and young children in emergencies, encompassing aspects of protection and psychosocial services, health and nutrition interventions, support for caregivers and early learning in one space. Safe Spaces are not one-size-fits-all but will look different around the world; they should be tailored to the specific culture and context and to the particular needs of the children.^{120,121} As much as possible, the local community should be involved in the design and management of these programmes in order to ensure local ownership and empowerment, guarantee cultural relevance, build local capacity and provide long-term sustainability.^{122,123}

Safe Spaces do not need to be specially constructed locations or dedicated centres. They can be built in existing structures such as primary schools or community centres, incorporated into existing services like health clinics, created in mobile spaces in order to reach more children or even held in temporary spots like in tents or under trees.¹²⁴ The primary requirement is that the space provides a safe and structured environment where children's needs are met. Even entire communities can be considered Safe Spaces if all the things a child needs are available and easy for caregivers to access.

To create a Safe Space, start by looking at 1) what needs are most urgent and 2) what services and structures already exist; comprehensive ECD programmes can be built from there.¹²⁵ Identifying which needs are most urgent does not mean supporting only one type of intervention, but rather can help "inform decisions about which sectors' responses provide the most effective avenue by which ECD programming components can be mainstreamed."¹²⁶ For example, in a drought, malnutrition might be the most immediate problem facing young children, so the first interventions are likely to centre on supplementary feeding, access to clean water and other nutritional support. In this situation, other ECD services — such as childcare, early learning and health care — can be added into the nutritional interventions for the most effective delivery. Identifying existing structures and services allows for the development of Safe Spaces using fewer resources and without risk of duplication.

What are Safe Spaces?

Safe spaces provide babies, young children and their caregivers with access to everything they need to grow and thrive in emergency, conflict or vulnerable environments. These Safe Spaces are effectively holistic early childhood development centres for crisis contexts; they enable and/or provide:

Protection: physical shelter from neglect, abuse, accidents; free and accessible birth registration; information for caregivers on how to obtain children's missing documentation; safety information (eg. landmine awareness); care services for orphans and unaccompanied children including child registration

Caregiver support: quality child care; safe place to breastfeed; information on early childhood development, nutrition, hygiene, family planning, etc.; access to health and legal services; adult literacy programs; care for postpartum maternal depression; caregiver support groups

Nutrition: Breastfeeding counselling and support; food and vitamin/nutrient supplements for children and nursing mothers; treatment for severe malnutrition; infants weighed at birth; information on child nutrition for caregivers

Learning: Opportunities to play; access to nurturing caregivers; early learning/preschool classes; age-appropriate toys and educational materials; training for parents on providing stimulation; training for teachers on supporting early learning and mental health in emergencies

Psychological support: access to trained caregivers and mental health professionals; activities to cope with trauma and foster resilience

Health: immunizations; treatment for chronic and acute illness for mothers and children; routine preventative check ups; ante and postnatal health care visits; access to a skilled birth attendant; access to HIV testing and treatment for mothers and children; treatment for caregiver's mental health and substance abuse

WASH: access to clean water, sanitation, and hygiene facilities and materials; access to appropriate disposal methods for diapers

Community engagement: community involvement in the design and management of Safe Spaces is a key to ensuring local ownership and empowerment, contextual and cultural relevance, and sustainability

RECOMMENDATION 2:

All humanitarian response plans should include targets holistically addressing the needs of babies and children ages 0-5.

Humanitarian responses should incorporate multi-sector, crosscutting ECD services in their plans, including in particular child care, psychosocial support and early learning programmes, and should call explicitly for Safe Spaces for these children. The needs of babies and the youngest children must be provided for across all relevant sectors, including education and protection. Multi-sectorial approaches and collaboration should encompass not merely physical needs such as nutrition, health and WASH, but should also incorporate protection and education responses to address cognitive and psychosocial needs. Effective collaboration and coordination across sectors is critical to providing a “whole child” approach and ensuring comprehensive ECD programming.

RECOMMENDATION 3:

Humanitarian actors, policymakers and implementers must fully comply with the INEE Minimum Standards for Education, including explicit calls for the provision of ECD.

The INEE Minimum Standards explicitly include early childhood development as part of education in emergencies, and ECD is implicated in standards for Community Participation, Coordination, Analysis, Access and Learning, Teaching and Learning, Teaching and Other Education Personnel and Education Policy. (See Annex I for full details of ECD in the INEE Minimum Standards).

Previous page Mundene, 21, breastfeeds her two-month-old baby Melesech at the Gedebe Health Post in Halaba Special Woreda in Ethiopia. **Right** Barnabas, 6, and his father reside in Kitengela, Kenya. They participate in a programme hosted by Kanco to sensitise families about the benefits of ECD.

RECOMMENDATION 4:

Education Cannot Wait, the recently launched fund for education in emergencies, should prioritise pre-primary education and early cognitive support, as part of initial investments and long-term strategy.

In May 2016 during the first ever World Humanitarian Summit, Education Cannot Wait: A Fund for Education in Emergencies (ECW) was launched as an innovative new global platform to address the education needs of children affected by humanitarian emergencies. As the ECW fund begins to make decisions on its initial investments to meet this mandate, the High Level Steering Group should ensure that early childhood development and education are prioritised among initial investments, including specifically two years of free quality pre-primary school for children in emergencies.

RECOMMENDATION 5:

Increased donor prioritisation and funding of ECD in emergencies.

Donors must fully fund humanitarian appeals and the Education Cannot Wait Fund, so that proposed ECD programmes in emergencies can be implemented and all targeted children can be reached. In addition, donor governments should make ECD services a priority in their own response to humanitarian crises.

RECOMMENDATION 6:

Create national level “whole child” strategies in both education policy and emergency response.

National level education and emergency response policies should include a “whole child” approach, particularly for the youngest. Ministries must work together across sectors to create national strategies which detail funding requirements and ensure a “whole child” approach. Community services must address all of the needs of the youngest children and must include strategies to meet those needs in the event of an emergency or disaster.

© Theirworld / Natalia Jidovanu



Annex I

ECD in INEE Minimum Standards Handbook (2010 edition):

Domain	Standard	ECD mention
Foundational Standards	Community Participation Standard 2: Resources Guidance Note 1: Community Resources	<i>"Community resources do not replace the legal responsibilities of national authorities. Community resources can improve the safety, access and quality of the teaching and learning. Contributions to the physical environment include material and labour support for the construction, maintenance and repair of early childhood development centres, schools and other learning spaces."</i>
Foundational Standards	Community Participation Standard 2: Resources Guidance Note 2: Promoting access and security	<i>"Community members should work with education authorities to ensure that schools, early childhood centres and other learning spaces are safe and secure places for children and youth."</i>
Foundational Standards	Coordination Standard 1: Coordination Guidance Note 1: An inter-agency coordination committee	<i>"All levels and types of education should be considered in coordination activities, including early childhood development and primary, secondary, non-formal, technical, vocation, higher and adult education."</i>
Foundational Standards	Analysis Standard 2: Response Strategies Guidance Note 6: Strengthening national programmes	<i>"Emergency education responses should be harmonised with and should strengthen national education programmes, including early childhood development and vocational and livelihood programmes."</i>
Foundational Standards	Analysis Standard 2: Response Strategies Guidance Note 8: Overcoming constraints of organisational mandates	<i>"Overall education strategies should cover: early childhood education; inclusive primary education; the needs of youth, including secondary, higher and vocational education; adult education; pre-service and in-service teacher training."</i>
Access and Learning Environment	Access and Learning Environment Standard 1: Equal Access Guidance note 3: A range of education opportunities is necessary	<i>"These opportunities should be relevant to the learners and to the context and may include: early childhood development; primary, secondary and higher education; literacy and numeracy classes; life skills education; youth and adult education programmes, such as technical and vocational education."</i>
Teaching and Learning	Teaching and Learning Standard 1: Curricula Key actions	<i>"Curricula, textbooks and supplementary materials cover the core competencies of basic education including literacy, numeracy, early learning, life skills, health and hygiene practices."</i>

Teaching and Learning	Teaching and Learning Standard 1: Curricula Guidance Note 4: Core competencies	<i>"Early childhood development interventions should be available for very young children. Strong foundations developed in early childhood form the basis for acquiring and mastering core competencies."</i>
Teaching and Learning	Teaching and Learning Standard 1: Curricula Guidance Note 7: Language	<i>"Supplementary classes and activities, especially early childhood learning, should be available in the language(s) of the learners."</i>
Teachers and Other Education Personnel	Teachers and Other Education Personnel	<i>"The term 'teachers and other education personnel' includes: classroom teachers and classroom assistants; early childhood or pre-school teachers; educators of people with disabilities; subject specialists and vocational teachers; facilitators in child-friendly spaces; community volunteers, religious educators and life skills instructors; head teachers, principals, supervisors and other education officials."</i>
Education Policy	Education Policy Standard 1: Law and Policy Formulation Guidance Note 1: the national authority's duty is to respect, protect and fulfil the right to education	<i>"Areas covered include nutrition, recreation, culture, prevention of abuse and early childhood education for children aged under six years."</i>
Education Policy	Education Policy Standard 1: Law and Policy Formulation Guidance Note 2: national education laws and policies should ensure continuity of education	<i>"Early childhood development services for children below school age and their parents or guardians should be included in education policies and programmes. Services may include: early care and parenting groups; play groups; inclusion of young children in safe space activities; links with health, nutrition and other services."</i>
Education Policy	Education Policy Standard 2: Planning and Implementation Guidance Note 2: Inter-sectorial linkages	<i>"Education responses, including early childhood development and youth activities, should be linked to activities carried out in other sectors such as water supply, sanitation and hygiene promotion, nutrition, food security and food aid, shelter, health services and economic recovery."</i>
Annex	INEE definition of "early childhood development"	<i>"Early childhood development: 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. These processes are supported by social and financial policies and comprehensive programming that integrate health, nutrition, water, sanitation, hygiene, education and child protection services. All children and families benefit from high-quality programmes, but disadvantaged groups benefit the most."</i>

Annex II

The 10 INGOs receiving the most humanitarian funding in 2015¹²⁷

CARE International	CARE Annual Report 2014	CARE International's most recently available Annual Report highlights ECD related activities including the creation of family centres for refugee children "where they can enjoy a safe environment in which to play," maternal & neonatal health interventions and safe pregnancy interventions.
Catholic Relief Services	2014-2018 Agency Strategy Programming Area: Child Protection and Well-Being Programming Area: Education	Within their programming area of Child Protection and Wellbeing, Catholic Relief Services includes a specific section on ECD interventions: "Early childhood development: CRS works with parents, care providers and others who influence a child's upbringing to promote early childhood development. Our aim is for children to reach school age healthy and well nourished, intellectually curious, socially confident and equipped with a solid foundation for life-long learning and development." Similarly, the Education programming area explicitly includes ECD: "Our education projects encompass a range of activities, including early childhood development, school feeding programs, and primary, secondary, and higher education in both formal and non-formal settings."
Concern Worldwide	Concern Worldwide Strategy 2016-2020 2015 Annual Review	In the 2015 Annual Review, Concern Worldwide includes objectives for maternal, new-born and child health, and malnutrition prevention within "Health & Nutrition." While Concern's interventions in Education include a strong focus on education in emergencies, pre-primary or other early learning, however, is not targeted.
Danish Refugee Council	Annual Report 2015	No specific mention of ECD could be found.
International Medical Corps	Programmes Mental Health and Psychosocial Support: 2015 Year in Review	International Medical Corps' programmes support safe pregnancy and maternal and newborn health. This organisation also emphasises psychosocial support and mental health, explicitly in emergency situation: "Early Childhood Development: In emergencies, mothers often experience hardships and emotional distress which impacts their ability to take care of children. International Medical Corps implements programming that specifically enhances mother-child interactions and focuses on infant stimulation, through play and other activities, which is crucial for development and has been shown to improve child health."

International Rescue Committee	Where we focus: Education Where we focus: Health	International Rescue Committee's work on education explicitly includes goals related to ECD. Education Goal 1 is to "Ensure that children aged 0 to 5 develop cognitive and social-emotional skills." IRC's work also emphasises support to parents, pre-primary education and care. IRC's Health Goals also include goals for protecting children from leading causes of death & malnutrition and care for pregnant women and girls.
Mercy Corps	2016 Strategic Roadmap Children and Youth 2014 Programme Details	No specific mention of ECD could be found in the Mercy Corps 2016 Strategic Roadmap. Mercy Corps' work on "Children and Youth" includes a specific mention of need to support youngest children, particularly during crisis situations.
Norwegian Refugee Council	2015 Annual Report Programme Policy 2016	Norwegian Refugee Council explicitly claims: "All our education programmes adhere to the INEE Minimum Standards for Education." The NRC Programme Policy explicitly includes ECD within their definition of "Education in Emergencies" under the "Education" core competency section.
Oxfam GB	Oxfam International Strategic Plan 2013-2019	Oxfam International's current Strategic Plan includes objectives on "increased access to free and public quality healthcare and education (including affordable medicines and sexual and reproductive health services) for the world's poorest and marginalised people." However, no specific mentions of ECD interventions or targeted goals for the youngest children could be found.
Save the Children	Global Strategy – Ambition for Children 2030 Moving ahead on education: Save the Children's global education strategy to 2015	Save the Children's Global Strategy includes interconnected ambitions for survival (health interventions to prevent deaths of children under 5), learning (including pre-school education) and protection. Save the Children's global education strategy to 2015 also explicitly included a strategic objective on ECD.

References

- 1 Plan International. (2016). "Impact Area Overview: The Right to Early Childhood Development."
- 2 Center of the Developing Child at Harvard University. (2015). *InBrief: The Science of Early Childhood Development*.
- 3 UNICEF. (2015, Dec. 16). Born into conflict.
- 4 UNHCR. (2016). "Figures at a Glance: Global Trends 2015."
- 5 UNICEF. (2016, March 14). "1 in 3 Syrian children has grown up knowing only crisis as conflict reaches 5 year point." *Press Release*.
- 6 Alfonso, Maria Regina A. and Helen R. Garcia. (2016). "Helping children heal and thrive through psychosocial support: a model for post-disaster resilience among indigenous communities in the Philippines." in *Global Report on Equity and Early Childhood*. The Consultative Group on Early Childhood Care and Development. (pp. 94).
- 7 Plan International. (2016). Op. cit.
- 8 Grantham-McGregor, Sally, Cheung, Yin Bun, Cueto, Santiago, Glewwe, Paul Richter, Linda, and Barbara Strupp. (2007). "Developmental potential in the first 5 years for children in developing countries." *The Lancet* 369(9555): (pp. 60–70).
- 9 OCHA. (2016). "Humanitarian Response Plan(s) 2016: Summary of requirements and funding as of 26 August 2016." Financial Tracking Service.
- 10 Watkins, Kevin. (2016). "No lost generation – holding to the promise of education for all Syrian refugees." Theirworld, the Global Business Coalition for Education and the Overseas Development Institute. (pp. 31, 57).
- 11 UNICEF. (2015a). "Starting Early to Build Stronger and More Peaceful Societies."
- 12 Shah, Sweta. (2016). "Early Childhood Development and Child Protection in Emergencies." *Plan International and UNICEF*.
- 13 CARE. Women and Children in Emergencies.
- 14 UNICEF. (2016, March 24). "87 million children under age 7 have known nothing but conflict."
- 15 Alfonso, Maria Regina A. and Helen R. Garcia. (2016). Op. cit. (pp. 94).
- 16 UNICEF. (2014). "Early Childhood Development in Emergencies: Integrated Programme Guide." (pp. 18).
- 17 UNOCHA. (2015). "Humanitarian Response Plan January-December 2016: Guatemala Honduras." (pp. 15).
- 18 Zero to three. "How does nutrition affect the developing brain?"
- 19 Theirworld. (2016). "Best Start Brief: The Childcare Crisis."
- 20 Ibid.
- 21 UNICEF. (2015a). Op. cit.
- 22 Ballard, Olivia and Ardythe L. Morrow. (2013). "Human Milk Composition: Nutrients and Bioactive Factors." *Pediatric Clinics of North America* 60(1): (pp. 49–74).
- 23 Hassiotu, Foteini, Hepworth, Anna R., Metzger, Philipp, Lai, Ching Tat, Trengove, Naomi, Hartmann, Peter E., and Luis Filguira. (2013). "Maternal and infant infections stimulate a rapid leukocyte response in breastmilk." *Clinical & Translational Immunology* 2(e3).
- 24 UNICEF. Breastfeeding.
- 25 World Vision. (2014). "Typhoon Haiyan recovery: Supporting maternal and child health."
- 26 World Vision. (2012). "Supporting Breastfeeding in Emergencies: The Use of Baby-Friendly Tents."
- 27 Wellstart International. (2005). "Infant and Young Child Feeding in Emergency Situations."
- 28 World Vision. (2012). Op. cit.
- 29 UNICEF. (2009). "Breastfeeding a crucial priority for child survival in emergencies."
- 30 Reliefweb. *Typhoon Haiyan – November 2013*.
- 31 World Vision Philippines. (2013). "Baby tents, child-friendly spaces spread out in Yolanda-hit areas."
- 32 World Vision. (2014). Op. cit.
- 33 World Vision International. (2014a). "Philippines: World Vision defends moms and babies in tough times."
- 34 World Vision Philippines. (2014b). "Child friendly space, children's refuge after a disaster."
- 35 World Vision. (2013). "Child-Friendly Spaces open in Philippines' typhoon-ravaged communities."
- 36 Zero to Three. "When is the brain fully developed?"
- 37 Center on the Developing Child, Harvard University. "Toxic Stress."
- 38 Schafer, Alison (2015). "Syria's children – how conflict can harm brain development." *World Vision International*.
- 39 Punamäki, Raija-Leena. (2014). "Mental Health and Development among Children Living in Violent Conditions" In *Pathways to Peace: The Transformative Power of Children and Families*. Ed. James F. Leckman, Catherine Panter-Brick, and Rima Salah. The MIT Press: Cambridge, Massachusetts. (pp. 226).
- 40 Center on the Developing Child at Harvard University. (2007). "The Science of Early Childhood Development: Closing the Gap Between What We Know and What We Do." *National Scientific Council on the Developing Child*.
- 41 Harvard University Center on the Developing Child. "Experiences Build Brain Architecture."
- 42 Punamäki, Raija-Leena. (2014). Op. cit.
- 43 Center on the Developing Child, Harvard University. (2015). "Supporting relationships and active skill-building strengthen the foundations of resilience." National Scientific Council on the Developing Child, Working Paper 13. (pp. 1).
- 44 Ibid. (pp. 1).
- 45 UNESCO. (2016). "No more excuses: Provide education to all forcibly displaced people." Global Education Monitoring Report Policy Paper 26.
- 46 Watkins, Kevin. (2016). Op. cit.
- 47 ANERA. (2014). "Early Childhood Education Gets Help in Lebanon Refugee Camp."
- 48 UNHCR. (2016a). "What we do."
- 49 FAWCO, NGO Committee on Migration, and OMEP. (2016). "Positive Effects of Innovative Early Childhood Development Programs on Refugee Youth Resilience."
- 50 Shah, Sweta. (2016a). "Inequity in Central African Republic: ECD in Emergencies as an entry point for national-level policies." In *Global Report on Equity and Early Childhood*. The Consultative Group on Early Childhood Care and Development.
- 51 UIS. (2016). Net enrolment rate by level of education.
- 52 Council on Foreign Relations. (2016). "Violence in the Central African Republic."
- 53 UN OCHA. (2016). Central African Republic.
- 54 Shah, Sweta. (2016a). Op. cit.
- 55 Schafer, Alison (2015). Op. cit.
- 56 Connolly, Paul, Hayden, Jacqueline, and Diane Levin. (2007). *From Conflict to Peace Building: The Power of early Childhood Initiatives, Lessons from Around the World*. World Forum Foundation. (pp. 15).
- 57 Wessells, Michael. (2016). "Strengths-based community action as a source of resilience for children affected by armed conflict." (pp. 1).
- 58 Alfonso, Maria Regina A. and Helen R. Garcia. (2016). Op. cit. (pp. 94).
- 59 Sirin, Selcuk R. and Lauren Rogers-Sirin. (2015). "The Education and Mental Health Needs of Syrian Refugee Children." Washington DC: Migration Policy Institute. (pp. 13).
- 60 Alfonso, Maria Regina A. and Helen R. Garcia. (2016). Op. cit. (pp. 96).
- 61 ISSA. (2010). "Early Childhood Development and Education in Emergencies." Amsterdam.
- 62 Shah, Sweta. (2016b). "Early Childhood Development, Nutrition and Health in Emergencies – Technical Note." *Plan International and UNICEF*.
- 63 Connolly, Paul, Hayden, Jacqueline, and Diane Levin. (2007). Op. cit. (pp. 105).
- 64 Ibid. (pp. 16).
- 65 Ibid. (pp. 14).
- 66 Ibid. (pp. 13).
- 67 UNICEF. (2014). Op. cit.
- 68 Punamäki, Raija-Leena. (2014). Op. cit. (pp. 222).
- 69 Ibid. (pp. 224).
- 70 Christie, Daniel J., Panter-Brick, Catherine, Behrman, Jere R., Cochrane, James R., Dawes, Andrew, Goth, Kristin, Hayden, Jacqueline, Masten, Ann S., Nasser, Ilham, Punamaki, Raija-Leena, and Mark Tomlinson. (2014). "Healthy Human Development as a Path to Peace." In *Pathways to Peace: The Transformative Power of Children and Families*. Ed. James F. Leckman, Catherine Panter-Brick, and Rima Salah. The MIT Press: Cambridge, Massachusetts. (pp. 297).
- 71 Plan International (2013). "Early childhood care and development in emergencies: A programme guide." Working: Plan. (pp. 13).
- 72 Dawes, Andrew and Amelia van der Merwe. (2014). "Structural Violence and Early Childhood Development." In *Pathways to Peace: The Transformative Power of Children and Families*. Ed. James F. Leckman, Catherine Panter-Brick, and Rima Salah. The MIT Press: Cambridge, Massachusetts. (pp. 236).
- 73 UNICEF and WHO. "Integrating Early Childhood Development (ECD) activities into Nutrition Programmes in Emergencies: Why, What and How."
- 74 UNICEF. (2014). Op. cit.
- 75 Connolly, Paul, Hayden, Jacqueline, and Diane Levin. (2007). Op. cit. (pp. 44).
- 76 Ibid. (pp. 46).
- 77 Anita Vestal & Nancy Aaron Jones (2004) "Peace Building and Conflict Resolution in Preschool Children." *Journal of Research in Childhood Education* 19:2, (pp. 132).
- 78 Steele, Howard, van IJzendoorn, Marinus H, Bakermans-Kranenburg, Marian J., Boyce, W. Thomas, Dozier, Mary, Fox, Nathan A., Keller, Heidi, Maestripieri, Dario, Oburu, Paul Odhiambo, and Hiltrud Otto. (2014). "How Do Events and Relationships in Childhood Set the State for Peace at Personal and Social Levels?" In *Pathways to Peace: The Transformative Power of Children and Families*. Ed. James F. Leckman, Catherine Panter-Brick, and Rima Salah. The MIT Press: Cambridge, Massachusetts. (pp. 188).
- 79 Masten, Ann S. (2014). "Promoting the Capacity for Peace in Early Childhood: Perspectives from Research and Resilience in Children and Families" In *Pathways to Peace: The Transformative Power of Children and Families*. Ed. James F. Leckman, Catherine Panter-Brick, and Rima Salah. The MIT Press: Cambridge, Massachusetts. (pp. 252).
- 80 Shonkoff, Jack, Richter, Linda, van der Gaag, Jacques and Zulfiqar A. Bhutta. (2012). "An Integrated Scientific Framework for Child Survival and Early Childhood Development." *Pediatrics* 129(2): (pp. 5).
- 81 UNICEF. (2015a). Op. cit.
- 82 Vestal, Anita and Nancy Aaron Jones. (2004) Op. cit. (pp. 131–142).
- 83 Kagitcibasi, Cigdem and Pia R. Britto. (2014). "Interventions: What Has Worked and Why?" In *Pathways to Peace: The Transformative Power of Children and Families*. Ed. James F. Leckman, Catherine Panter-Brick, and Rima Salah. The MIT Press: Cambridge, Massachusetts. (pp. 309).
- 84 Walker, Susan P., Chang, Susan M., Vera-Hernandez, Marcos, and Sally Grantham-McGregor. (2011). "Early childhood stimulation benefits adult competence and reduces violent behavior." *Pediatrics* 127(5): (pp. 849–858).
- 85 Gertler, Paul, Heckman, James, Pinto, Rodrigo, Zanolini, Arianna, Vermeersch, Christel, Walker, Susan, Chang, Susan M, and Sally Grantham-Mcgregor. (2014). "Labor market returns to an early childhood stimulation intervention in Jamaica." *Science* 344(6178): (pp. 998–1001).
- 86 UNHCR. (2016a). Op. cit.
- 87 Connolly, Paul, Smith, Alan, and Berni Kelly. (2002). "Too Young to Notice? The Cultural and Political Awareness of 3-6 year olds in Northern Ireland." *Northern Ireland Community Relations Council*.
- 88 Kagitcibasi, Cigdem and Pia R. Britto. (2014). Op. cit. (pp. 309).
- 89 Punamäki, Raija-Leena. (2014). Op. cit. (pp. 231).
- 90 Connolly, Paul, Hayden, Jacqueline, and Diane Levin. (2007). Op. cit. (pp. 110).
- 91 Ang L. and Oliver S. (2015). A Systematic Policy Review of Early Childhood Development and Peacebuilding in Fourteen Conflict-affected and Post-conflict Countries. UNICEF and UCL Institute of Education: University College London. (pp. 6).
- 92 Christie, Daniel J., Panter-Brick, Catherine, Behrman, Jere R., Cochrane, James R., Dawes, Andrew, Goth, Kristin, Hayden, Jacqueline, Masten, Ann S., Nasser, Ilham, Punamaki, Raija-Leena, and Mark Tomlinson. (2014). Op.cit. (pp. 287).
- 93 UNICEF. (2011) "Early Childhood Development in Emergencies and Post-Crisis Transition: Case Study from Democratic Republic of Congo"
- 94 Connolly, Paul, Smith, Alan, and Berni Kelly. (2002). Op. cit. (pp. 6).
- 95 Ibid. (pp. 53).
- 96 The Lancet. (2011). *The Lancet Child Development in Developing Countries Series 2*.
- 97 Heckman, James J. "The Case for Investing in Disadvantaged Young Children." *Big Ideas for Children: Investing in our Nation's Future*.
- 98 Christie, Daniel J., Panter-Brick, Catherine, Behrman, Jere R., Cochrane, James R., Dawes, Andrew, Goth, Kristin, Hayden, Jacqueline, Masten, Ann S., Nasser, Ilham, Punamaki, Raija-Leena, and Mark Tomlinson. (2014). Op. cit.
- 99 Dawes, Andrew and Amelia van der Merwe. (2014). Op. cit.
- 100 Ang L. and Oliver S. (2015). Op. cit. (pp. 5).
- 101 UNICEF. (2014a). "State of Palestine Annual Report." *Peacebuilding, Education and Advocacy in Conflict-Affected Contexts Programme*. (pp. 7).
- 102 Ibid. (pp. 3).
- 103 UNICEF. (2014b). "Peacebuilding, Education, and Advocacy Program." *Learning for Peace*. (pp. 1).
- 104 Ibid.
- 105 INEE. (2010). *Minimum Standards for Education: Preparedness, Response, Recovery*. (pp. 2).
- 106 INEE. (2010a). *INEE Thematic Issue Brief: Early Childhood Development*.
- 107 Ibid.
- 108 See fts.ocha.org.
- 109 United Nations. (2016). *The Sustainable Development Goals Report 2016* (pp. 43).
- 110 Development Initiatives. (2016). *The Global Humanitarian Assistance Report 2016* (pp. 68).
- 111 UNICEF. "Early Childhood Development."
- 112 UNICEF. (2013, July 11). *The UNICEF Strategic Plan, 2014-2017* (pp. 4).
- 113 Ibid. (pp. 7)
- 114 UNICEF. (2016, July). *Annual Report 2015* (pp. 39).
- 115 UNICEF. "Early Childhood Peace Consortium."
- 116 UNICEF. (2010). "Early Childhood Development Kit."
- 117 UNICEF. (2014). Op. cit.
- 118 International Rescue Committee. (2016). "Safe Healing and Learning Spaces Toolkit."
- 119 See: Shah, Sweta. (2016). "Early Childhood Development and Child Protection in Emergencies." *Plan International and UNICEF*; UNICEF. (2014). "Early Childhood Development in Emergencies: Integrated Programme Guide."; and Plan International (2013). "Early childhood care and development in emergencies: A programme guide." Working: Plan.
- 120 Jones, Lynne. (2008). "Responding to the needs of children in crisis." *International Review of Psychiatry* 20(3): (pp. 292).
- 121 UNICEF and WHO. Op. cit.
- 122 NGO Committee on Migration and OMEP. (2015). "Providing Education and Care for Syria's Littlest Refugees."
- 123 Christie, Daniel J., Panter-Brick, Catherine, Behrman, Jere R., Cochrane, James R., Dawes, Andrew, Goth, Kristin, Hayden, Jacqueline, Masten, Ann S., Nasser, Ilham, Punamaki, Raija-Leena, and Mark Tomlinson. (2014). Op. cit. (pp. 281).
- 124 Plan International (2013). Op. cit. (pp. 8).
- 125 UNICEF. (2014). Op. cit.
- 126 Ibid. (pp. 17).
- 127 Development Initiatives. (2016). Op. cit. (pp. 98, endnote 10).

Cover In Aleppo, Syria, local residents rescue babies through the rubble of destroyed buildings following a reported air strike on the rebel-held Salihin neighbourhood of the northern city of Aleppo, on September 11, 2016.
© Ameer Al-Halbi / Stringer

Best Start is a global campaign for Early Childhood Development led by children's charity Theirworld as part of a wider initiative supported by the Conrad N Hilton Foundation and others. The campaign seeks to make the case for greater global investment and prioritisation of Early Childhood Development to ensure that all girls and boys can have access to the best start in life. For more information go to www.theirworld.org/beststart