

Brief

The Need to Provide Holistic Support to Young Children in Acute Emergencies



Inter-agency
Network for Education
in Emergencies

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Feedback or questions to be directed to earlychildhood@inee.org.

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Table of Contents

Acronyms	5
Why do young children in acute emergencies urgently need support?	6
What can different stakeholders who provide ECD do?	9
Governments and policymakers	9
Humanitarian organizations and aid agencies	9
Donors and philanthropic organizations	10
Essential considerations for ECD in acute emergencies	11
How do acute emergencies impact support systems available for children?	12
How to support young children in acute emergencies?	13
Level 1: The child	13
Level 2: The caregiver	16
Level 3: The community	17
Why choose ECD as a pathway to societal change?	17
Conclusion	18
References	19
Appendixes	24
1. Roles and responsibilities in providing ECD in acute emergencies	24
2. Additional promising practices, innovations, and enablers of quality ECD programming	26

Acronyms

ECD ——— Early Childhood Development

BRAC ——— Building Resources Across Communities Organization

IRC ——— International Rescue Committee

KI ——— Key Informant

MMA ——— Moving Minds Alliance

UNICEF ——— United Nations International Children's Emergency Fund

WHO ——— World Health Organization



Why do young children in acute emergencies urgently need support?

Play to Learn! in Colombia, 2021 © Milena Ayala, NRC

To protect young children and their healthy development, it is essential to offer them robust and quality Early Childhood Development (ECD) support during acute emergencies. Supporting ECD is cost-effective, promotes longer-term stability and economic growth, and provides a bridge to community recovery and resilience. This brief highlights key recommendations for action, summarizes research and lessons learned from the field, and lifts the voices of those living and working on the frontlines of crises. It is meant to guide and influence advocacy and implementation.

Acute emergencies encompass sudden-onset crises that disrupt the normal functioning of communities, such as climate-related disasters, armed conflicts, epidemics, or mass displacements. The concept of an “acute” emergency does not mean that the emergency is temporary since protracted crises can also include “acute” situations (WHO, 2017). Rather, an acute emergency is defined by the presence of one or more of the following conditions:

- A significant proportion of the population is suddenly displaced.
- Crucial administrative and management functions are suddenly disrupted or broken down. This results in large-scale disruption of essential public services, including health and protection services.
- Civilians experience limited access to food, electricity, and other basic services (or the risk of losing access), new or worsened episodes of armed conflict, natural or industrial hazards, climate change-induced crises, and/or other extreme crises.

(WHO, 2017)

Acute emergencies disrupt the systems and support that protect and nurture children and their families, especially younger children, who are more vulnerable and dependent on caregivers. Responsive and protective ECD interventions in acute emergencies are essential for safeguarding. They promote young children’s immediate and long-term development and well-being.

This brief calls attention to the need for dedicated resources and policies that address the unique needs of young children, their families, other caregivers, and communities during acute emergencies. By raising awareness and providing evidence-based recommendations, the brief aims to encourage collaboration across different sectors and stakeholders to work together to create fundamental, lasting changes. This contributes to ensuring young children affected by acute emergencies receive the support and opportunities they need for healthy development and well-being.

Why prioritize ECD in acute emergencies?

Because the youngest children are among the most vulnerable:

- In 2022, 230 million children lived in high-intensity conflict zones (Save the Children, 2022). In 2018, 29 million babies – almost 1 in 5 babies globally – were born in conflict-affected areas (UNICEF, 2019). Nearly 90 million children under the age of seven have spent their whole lives in a war zone (UNICEF, 2016).
- Young children in acute emergencies rarely have access to adequate safety and security measures, healthcare, and nourishment. They may witness and experience violence, be injured, be separated from caregivers and peers, or be exploited. They may also lose opportunities to engage in age-appropriate play activities (Ereky-Stevens et al., 2022). Acute emergencies also disrupt the routines and structures that support young children's development. Young children need predictability, stability, and responsive caregiving. But when children are affected by crises, no aspect of their lives is stable or secure. They may lose their home, their family, or friends and may not be able to access learning opportunities (Plan International, 2021).
- During crises, it may be more difficult for caregivers to secure food, water, and shelter and they also may experience their own crisis-related mental health issues. This makes it a challenge for caregivers to provide responsive care.

Because the early years are crucial in healthy development and well-being and set the foundation for a child's future:

- During this time, the brain is most flexible and quick to learn and develop (National Scientific Council on the Developing Child, 2015).
- Adverse experiences during early childhood can have long-term impacts on children's physical and mental health and social and emotional development (Shonkoff et al., 2012).

Because the current funding is inadequate compared to the needs:

- ECD programming is cost-effective. UNICEF has calculated that the rate of return on investing in early childhood programs can be as high as 13.7 percent. This is measured in terms of better education and health outcomes, lower crime, and greater individual earnings (UNICEF, 2017).
- Children aged 0-8 are one of the most overlooked populations in acute emergencies, and investments in caregiving and responding to their needs are not acknowledged or funded. In 2016, over 60% of humanitarian response plans, refugee response plans, and flash appeals did not include extensive ECD services in their sector responses (Theirworld, 2016). Only 3.3% of total development aid allocated specifically for ECD went to crisis-affected countries in 2017 (MMA, 2020). In 2021, donors invested 27 times more in post-secondary education than pre-primary education, and pre-primary education investments made up only 1.1% of the international community's aid to education (Theirworld, 2023).

Because there is growing evidence of the impact ECD interventions can have on children and their caregivers both in mitigating the negative effects of crises and in building resilience for future crises:

- Early childhood interventions, including early stimulation, child protection, play-based activities, [early learning](#), and psychosocial support, can mitigate the negative effects of acute emergencies and build resilience. In the short term, ECD programs restore routine and nurturing care. In the long term, they help mitigate or prevent the adverse effects of crisis and trauma (developmental delays and mental health challenges, for example) (Cruz et al., 2022).
- ECD interventions can support the wellbeing of caregivers and the whole family while they regain economic stability and pursue life aspirations in the wake of a crisis (Shah, 2014).
- ECD interventions can facilitate wider societal change by promoting gender equity, disability-inclusive attitudes, peacebuilding and conflict resolution, environmental sustainability, and mental health support (INEE, 2022; Leckman et al., 2014).

Prioritizing ECD in acute emergencies can have a ripple effect on families, communities, and societies, as children who receive nurturing care are more likely to grow up to be healthy, productive, and engaged members of society.

What can different stakeholders who provide ECD do?

Burundi, 2022 © GPE, Ingomag

Governments and policymakers

- Allocate adequate financial and technical resources for ECD programs, including funding for integrated, cross-sectoral programming (integrating water, sanitation and hygiene, and education, for example) to meet young children's holistic needs and prevent services from being fragmented or siloed; and ensure provision continues during emergencies.
- Include young children and their caregivers in needs assessments. Ensure their needs are reflected in acute emergency response plans and key actions. This includes an ECD-sensitive lens when conducting a situation analysis and risk assessment, advocating for quality, inclusive ECD services in emergency preparedness planning, reducing dangers in the physical environment of young children, preparing human resources, and developing capacity to respond to young children's needs.
- Collaborate with local communities and stakeholders to identify and address the unique needs and challenges of young children and their families during emergencies (lack of access to basic services, family separations, the risk of exposure to traumatic experiences during a formative stage of development, for example).
- Provide funding to build and strengthen caregivers' and ECD practitioners' understanding and capacity to ensure high-quality and locally contextualized ECD programs during acute emergencies (culturally meaningful forms of play-based learning, family reunification programs, for instance).
- Design and advocate for inclusive, child-centered policies, especially in disaster risk management policies. This requires taking into account the additional vulnerabilities experienced by young children with disabilities and chronic illnesses in acute emergencies. It also involves considering the needs of young children at risk of being overlooked or discriminated against because of their gender, race, ethnicity, and income, among other factors.

Humanitarian organizations and aid agencies

- Make sure all interventions are sustainable and relevant, collaborating with and supporting key stakeholders, including national and local authorities, service providers, ECD practitioners, parents/caregivers, funding partners, and existing coordination systems.
- Ensure that trauma-sensitive ECD support is integrated into emergency response programs and services, including nutrition, health, education, and protection services.
- Provide ECD-specific interventions, such as play-based and learning activities and psychosocial support, to support young children's development and well-being as a component of a robust and comprehensive response for all children.
- Partner with local communities to develop culturally appropriate and context-specific ECD interventions. These need to respond to the evolving needs of the affected children and caregivers and either be sustainable or integrate into local systems when the emergency is over.
- Support parents and caregivers in carrying out responsive and positive caregiving practices; this includes ensuring caregivers understand the importance of the early years for child health, well-being, and learning, as well as directing them to available ECD services and programs in the community.
- Reduce barriers to access, including cultural, physical, and financial barriers, and help build local capacity for sustainable ECD programs beyond the organization's involvement.
- Ensure gender-transformative approaches are integrated into ECD programming.

Donors and philanthropic organizations

- Prioritize multi-sectoral, long-term, flexible funding for child-centered, holistic care during emergencies and ensure that young children's needs are included in humanitarian response funding.
- Invest in research and evaluation to build evidence on effective ECD interventions in emergencies; for example, conduct research on play-based learning, parenting support and care for caregivers' mental health, and whole-community approaches.
- Fund advocacy efforts to ensure decision-makers receive the information, evidence, and narratives to help them prioritize ECD support.
- Support ECD interventions and capacities across the Humanitarian-Development Nexus. This may include capacity-building and training for local organizations and stakeholders to sustain and scale up ECD programs beyond the emergency phase. It is important to consider the effectiveness of community-based programs in broadening access and sustainability.

These key actions aim to ensure that governments, humanitarian organizations, aid agencies, and donors actively prioritize and support early childhood development in emergencies.



Essential considerations for ECD in acute emergencies

Philippines, 2013 © T Jump, IRC

The early years are crucial for physical, cognitive, and socio-emotional development. From birth to three years old, the brain develops at a faster pace than at any other time. The brain is the most flexible and able to learn and develop new pathways (National Scientific Council on the Developing Child, 2015). In 2017, the Harvard Center on the Developing Child found that children under 5 form over a million brain connections per second. This pace of learning is never repeated in our lives. It is important to protect this critical window of opportunity for young children in crisis.

When the Taliban took over, my family was evacuated in 2 days amidst suicide bombings in Afghanistan. We didn't have any clothes. My seven young children couldn't bring their books or movie CDs. They left their friends behind. We couldn't even bring our phones because otherwise, the Taliban could capture them on the way. We had a big house back home, and then all of a sudden, we left everything behind and camped in small, cramped rooms. As a father, I felt I cannot buy my children much right now. What can I do to make them feel at home? Then my colleague brought us a Sesame Street Muppet, and suddenly the kids started playing and felt that everything was normal. Laughing, playing, they thought that they were back home. As I watched them, I felt that a miracle was happening. Such moments are why I have dedicated my life to Early Childhood Development. (KI, Sesame Workshop)

Prioritizing quality ECD support for young children affected by acute emergencies is crucial. Over 200 million children under five are already at risk of not reaching their full potential to grow and thrive due to poverty and inadequate access to healthcare, nutrition, and education (International Rescue Committee, 2022). During and after acute emergencies, young children's vulnerabilities multiply. In addition to injury and death, the risks young children in acute emergencies face include being separated from their families, losing caregivers and peers, and having their homes and learning settings damaged or destroyed. As the protective factors that typically safeguard their well-being disappear or become weaker, young children become more vulnerable to malnutrition, disease, abuse, exploitation, separation, and distress. As a result, they lose the vital components that nourish their growing brains and support healthy development - stimulating and caring environments, proper nutrition and health, and quality learning opportunities. Quality ECD services hold the potential to restore these essential components and steady the path toward stronger futures.

How do acute emergencies impact support systems available for children?

At a **societal level**, acute emergencies in already fragile settings can disrupt healthcare, learning opportunities, and social services even more, making it harder for young children and families to access these essential services. Acute emergencies may increase displacement, both internally and across borders, adding to already large numbers of displaced people in protracted crises. Destroyed infrastructure, disrupted livelihoods, and lost assets contribute to communities' economic decline, making it even harder for families already living in difficult and uncertain settings to meet their young children's needs. Therefore, comprehensive ECD support in acute emergencies is crucial to prevent existing protracted crises from being exacerbated.

Implementing partners and organizations working in these settings are also negatively affected. Delivering ECD services in acute emergencies can be challenging, due to the operational challenges, the chronic under-funding, and the lack of political will. Acute emergencies often redirect available funding to accommodate increased needs for relief efforts, such as food, water, and shelter. This leaves limited funding and political attention for ECD initiatives, even though ECD support includes life-saving nutrition, protection, and healthcare (Daelmans et al, 2021).

It is imperative that the responsibility of robust, quality child-centered services be shared across sectors and providers. This is true *before* and *during* acute emergencies, when structures and systems may weaken or break down. In the absence of shared responsibility, it is challenging to provide holistic ECD services. Currently, only a handful of ECD-specific working groups exist within country-level humanitarian response systems (MMA, 2023a). In addition, child services in fragile settings may be fragmented or nonexistent. This can make it difficult or impossible to deliver ECD interventions effectively in acute emergencies, as there may not be established mechanisms for sharing data and information, collaboration, and collective action. This scenario creates gaps, overlaps, and different approaches that are best addressed through a cohesive coordination system. Effective coordination and partnership among stakeholders at the local level mean aligning efforts, sharing information, and avoiding service duplication (for example, see [Play to Learn Consortium, 2023](#); [Swing Wilton et al, 2021](#)). [Appendix 1](#) offers more information about different stakeholders' roles and responsibilities in effective partnerships.

Families may struggle to access shelter, food, clean water, education, and healthcare during acute emergencies. They often live in camps, informal settlements, or overcrowded and under-resourced urban areas. Acute emergencies can also strain the limited resources of communities in protracted crises. When families seek help, they may find that social services and local authorities are already stretched thin. Moreover, in areas affected by conflict or environmental disasters, violence, and disruptions can limit access to and delivery of essential ECD services to affected populations.

How to support young children in acute emergencies?

ECD services are a valuable source of support for young children, their caregivers, and communities when facing and recovering from acute emergencies. This value ripples across three levels:¹ the child, the caregiver, and the community. At each level, we describe promising practices, innovations, and enablers of quality ECD programming.

Level 1: The child

At this level, ECD services help lay the foundation for young children to thrive. Attention must be given to the continued and evolving needs over the life of an emergency, noting acute onset emergencies may extend into chronic emergencies for some or all of the population.

In the **short term**, ECD programming can restore a routine and sense of stability by enabling nurturing care, including good health, adequate nutrition, safety and security, responsive caregiving, and learning opportunities.

In the **long term**, the effects of ECD extend beyond the immediate crisis. Children who experience toxic stress during emergencies are at higher risk of long-term developmental delays, learning difficulties, and mental health challenges (Shonkoff et al., 2012). ECD programs promote lifelong resilience and well-being by providing psychosocial support, access to healthcare, nutrition, and early learning. The rate of return on investing in early childhood programs (measured in terms of better education and health outcomes, lower crime, and higher individual earning potential) can be as high as 13.7 percent (UNICEF, 2017). Therefore, investing in ECD support during and after crises is crucial both in the short and long term. We suggest some key areas to intervene as follows:

1. The word 'level' is not used to mean that children, caregivers and communities form separate areas of intervention. These groups are interconnected, overlapping, and mutually influencing each other. We use the word 'level' only to make it easier to understand different stakeholders and diverse types of needs and potential priorities for programming.

Safety and physical health

When an acute emergency strikes, young children's safety and physical health may need to take immediate priority.

What are the potential impacts of the crisis?	One of many possible issues is malnutrition since acute emergencies often disrupt food systems and access to nutritious meals. In turn, malnourished young children experience stunted growth, weakened immune systems, and long-term health consequences, including hindered brain development, memory, and cognitive functioning.
How can ECD interventions respond to meet these needs?	Provide emergency nutrition interventions, such as therapeutic feeding programs and micronutrient supplementation. Implement community-based nutrition education and breastfeeding support for caregivers. Ensure access to safe and nutritious food through distribution programs or vouchers.

Further technical guidance on addressing the impact of acute emergencies on young children's physical health and development is available in [Appendix 2](#).

Socio-emotional development

Along with physical health and protection, the socio-emotional aspect of children's development should be prioritized when an emergency hits.

What are the potential impacts of the crisis?	Acute emergencies can lead to the separation of young children from their primary caregivers and the loss of family members, or ties to their homes and communities, resulting in feelings of fear, anxiety, and insecurity. This disruption of attachment bonds can have long-lasting effects on their social-emotional development.
How can ECD interventions respond to meet these needs?	Provide children and caregivers trauma-informed care and psychosocial support to help them recover from separation anxiety. Mental health programming in humanitarian settings should be evidence-based, adaptable, affordable, cost-effective, and scalable (Daelmans et al., 2021; Lara, 2021). BRAC's Humanitarian Play Lab model combines play-based learning with psychosocial support to promote a sense of pride and belonging among displaced Rohingya children. The play model uses <i>kabbiyas</i> (folk rhymes), <i>kissas</i> (local fables and stories), and culturally specific floral art to help trauma-affected young children who are otherwise withdrawn and silent to re-engage and heal through Indigenous cultural practices (Mariam et al., 2021).

“When Burundi flooded in 2015, I worked on the emergency child protection assessment, and young children were terrified and confused by the chaos. Buses at the border took them to registration camps, but it was a coordination nightmare. Families’ first priority was to make sure the children were safe, so they would put them on the buses and give them to a community member. Being passed off to a relative or stranger disrupted children’s secure attachment with their caregiver and gave them separation anxiety. They often regressed developmentally. We had to make sure families stayed together, so we spent a long time trying to reunite families and make them feel safe, reassuring them that their children’s well-being would be a priority. It’s very important to look after caregivers too because, in acute emergencies, it’s utter chaos.” (KI, International Rescue Committee)

Support caregivers

Parents and other primary caregivers are the most powerful influences on young children’s development. However, emergencies often make it very difficult for caregivers to meet young children’s basic needs and to create a stable environment.

<p>What are the potential impacts of the crisis?</p>	<p>Acute emergencies often disrupt normal caregiver-child interactions and routines. Caregivers may experience stress, emotional distress, and a lack of resources, weakening their ability to provide responsive caregiving and interact with young children in stimulating ways.</p>
<p>How can ECD interventions respond to meet these needs?</p>	<p>Offer parental education and support groups to enhance responsive caregiving.</p> <p>Train caregivers on early childhood development and cognitive stimulation.</p> <p>Create opportunities for parent-child interactive activities and play sessions.</p>

Some young children are especially vulnerable

Some young children are particularly vulnerable during emergencies:

- Children with disabilities, facing various challenges ranging from mobility issues to sensory sensitivities (Mann et al., 2021), can struggle to adapt in the chaos of crises. These situations can be even more difficult for children with conditions like Autism Spectrum Disorder due to heightened sensitivities and emotional regulation challenges.
- Crises can also hinder access to assistive devices for children with physical disabilities, leaving them more dependent on caregivers and excluded from emergency services (Mann et al., 2021).

- Acute emergencies can disrupt access to life-saving medications severely affecting children with chronic illnesses dependent on such medications.
- Girls are at higher risk of sexual exploitation and gender-based violence during emergencies (UNICEF, 2015). In fragile settings, they are more likely to lose access to education (Wenham & Davies, 2022).
- Indigenous communities, numbering over 370 million globally, are displaced at higher rates than other communities, due to histories of oppression that prevent them from accessing ancestral lands and resources. This makes them more susceptible to hazards (Huang, 2018; Lambert & Scott, 2019).

It is vital to consider such additional vulnerabilities in ECD provision.

Level 2: The caregiver

Acute emergencies, such as environmental disasters, armed conflicts or public health crises, are seen as acute because they cause essential services and infrastructure to break down (WHO, 2017). Being cut off from community support systems makes caregivers and families vulnerable.

ECD interventions play many roles in supporting caregivers during acute emergencies:

- Caregiver mental health can be safeguarded through psychosocial support interventions, which offer counseling and resilience-building for families dealing with the mental health effects of crises (MMA, 2023b).
- Interventions for parental skill-building can teach caregivers, including fathers and male caregivers, about child development and promote gender-equitable childcare practices (Plan International, 2021). These interventions also facilitate community support networks that can provide emotional and practical assistance (World Vision International, 2014).
- Educators and facilitators in child-friendly spaces stimulate early development and can offer caregivers guidance and support. Inclusive ECD interventions can be especially helpful for caregivers of children with additional needs in crises that disrupt access to medical services.
- By offering safe and free childcare, ECD programs also make it possible for caregivers to engage in income-generating activities or participate in vocational training, making families more resilient and helping them to recover (Shah, 2019).

These holistic interventions mitigate the impact of caregivers' stress, isolation, and economic instability during acute emergencies, nurturing the well-being of both caregivers and children. Find more detailed technical guidance in [Appendix 2](#).

Level 3: The community

ECD interventions can stretch beyond children and families, promoting positive change in communities and societies. 'Community' can hold multiple meanings: The community that families are living in when an acute emergency happens, the community they flee for refuge, or the community that develops around families during a crisis.

Communities are more supportive of young children and families when: They assist caregivers and their mental health; they are inclusive of children and families with disabilities; they are supportive of various ethnic and racial groups; and are gender-sensitive. ECD programs can encourage these positive characteristics in communities by practicing and promoting inclusive values themselves.

Gender-transformative ECD programming is crucial, particularly in acute emergencies where women often bear most of the burden of childcare (Nugroho et al, 2022). These programs challenge gender stereotypes and barriers, ensuring girls' access to education and fostering inclusive attitudes from an early age (Nugroho et al, 2022; Aboud et al, 2012).

Disability-inclusive ECD initiatives provide essential early screening and assistive technologies, especially vital in crises where children with disabilities may lose access to medical care (INEE, 2022). **Mental health support** during and after emergencies is critical for preventing long-term psychological issues and fostering community well-being (Cruz et al, 2022; Devakumar et al., 2014; Jordans et al., 2015). Integrating **peacebuilding** elements into ECD, such as conflict resolution skills and empathy building, can reduce the likelihood of future conflicts and promote lasting peace (Leckman et al., 2014). Lastly, **environmental sustainability education** in ECD introduces values of responsibility early on, relevant in the face of future climate change-related emergencies (Somerville & Williams, 2015)

Why choose ECD as a pathway to societal change?

More and more research and practice are focusing on ECD programming as a pathway for making these broader societal changes (e.g., Leckman et al., 2014) because ECD has the unique potential to unite communities. They allow families to come together, exchange knowledge, and build relationships. Even in highly conflict-affected areas, ECD programming can offer common ground for community members from all generations to interact and share hopes for their children to have a brighter future, which improves social cohesion.

"I have found a common recognition, across all cultures I have worked in, about the importance of childhood and the need to nurture, love, and care for all children. What's nice about ECD is being able to build on this principle. Rather than coming in with something that is not culturally acceptable, there is this common ground: parents love their children and want the best for them."
(KI, International Rescue Committee)

Conclusion



Ukraine, 2022 © Diana Zeyneb Alhindawi, International Rescue Committee

During and after a crisis, the youngest are often affected the most. Acute emergencies are unusually disruptive because they cause the breakdown of essential services and major traumas such as sudden displacement (WHO, 2017). In crises, the value of ECD services impacts three levels: the **child**, the **caregiver**, and their **community**.

On the level of the **child**, robust ECD programs can help to reduce stressors and exposure to the traumatic experiences of an acute emergency, supporting young children's nutrition, learning, safeness, and overall well-being during a crucial window of development.

On the level of the **caregiver**, ECD services in acute emergencies can protect families by relieving caregiver stress and strengthening caregiver-child bonds. They can also help to redistribute childcare duties and promote economic recovery, which offers lifelong benefits for generations.

On the level of the **community**, ECD programming that is gender-transformative, disability-inclusive, peace-promoting, and environmentally conscious can have a positive effect on social norms, using its power to unite communities as intergenerational spaces of social cohesion and shared aspirations for children's futures.

At all three levels, it is essential to have **multi-sectoral** and **integrated programming**. Despite a lack of financial and political investment in ECD as well as operational barriers to implementation in crisis settings, promising practices around the world suggest they have the potential to benefit communities substantially.

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Appendixes

1. Roles and responsibilities in providing ECD in acute emergencies

In order to advocate and collaborate strategically, it is crucial to understand different stakeholders' roles and responsibilities. We outline the ways different stakeholders can contribute to build a robust ecosystem of ECD support in acute emergencies.

Stakeholder	Roles and Responsibilities
Caregivers and Local Communities	<ul style="list-style-type: none">• Actively participate and engage with ECD provision• Support and nurture young children's development• Contribute to the success and sustainability of ECD programs
Community-Based Organizations	<ul style="list-style-type: none">• Implement ECD interventions at the grassroots level• Raise awareness and build local capacities for ECD• Ensure ECD programs are relevant and effective• Advocate for inclusive ECD support in humanitarian support
Policymakers	<ul style="list-style-type: none">• Consider evidence, research, and input from stakeholders to develop policies, regulations, strategies, and frameworks for ECD provision at national and local levels• Allocate resources for ECD interventions• Integrate ECD into national disaster response plans• Coordinate between the different ministries involved in ECD to produce integrated, multi-dimensional interventions

Stakeholder	Roles and Responsibilities
National Organizations and International NGOs	<ul style="list-style-type: none"> • Partner with locally led organizations to help provide technical expertise, funding, and coordination support to deliver direct services and ECD support in acute emergencies • Support local capacity-building and work closely with communities and local stakeholders to make interventions effective • Contribute to global policy formulation and advocacy efforts for ECD in humanitarian responses
Donors and Philanthropic Foundations	<ul style="list-style-type: none"> • Provide flexible financial support, grants, and technical assistance to support the rapid establishment and expansion of ECD interventions in acute emergencies as needs change
Research and Academic institutions	<ul style="list-style-type: none"> • Contribute to evidence and knowledge dissemination • Conduct research and evaluate program effectiveness • Provide evidence-based recommendations for policy and practice

2. Additional promising practices, innovations, and enablers of quality ECD programming

What happens?	How can ECD interventions respond to meet these needs?
<p>Malnutrition: Acute emergencies often disrupt food systems and access to nutritious meals. Malnourished young children experience stunted growth, weakened immune systems, and long-term health consequences, including hindered brain development, memory, and cognitive functioning.</p>	<ul style="list-style-type: none">• Provide emergency nutrition interventions, such as therapeutic feeding programs and micronutrient supplementation.• Offer community-based nutrition education and breastfeeding support for caregivers.• Ensure children have access to safe and nutritious food through distribution programs or vouchers.
<p>Illness and Injury: Young children in acute emergencies are more vulnerable to infectious diseases due to limited access to clean water, sanitation, and healthcare. They may experience higher rates of diarrheal diseases, respiratory infections, and other preventable illnesses, as well as physical injuries because of broken infrastructure and violent conflict. These problems are worsened when displaced families lose access to safe housing. Limited access to healthcare in acute emergencies can delay diagnosis, treatment, and preventive care, leading to long-term health problems. Children with disabilities can lose crucial support, such as access to devices, technologies and specialized care, while other children can acquire new disabilities due to the increased risk of being injured or maimed.</p>	<ul style="list-style-type: none">• Establish temporary health facilities and mobile clinics for primary healthcare services.• Offer lifesaving newborn care interventions, including not separating babies from their mothers, supporting breastfeeding, preventing infection, basic resuscitation, and “kangaroo mother care” (see Bellizzi et al., 2021).• Distribute hygiene kits and promote hygiene practices, including handwashing and safe sanitation measures.• Conduct immunization campaigns to prevent vaccine-preventable diseases.• Collaborate with shelter agencies to ensure children and families have safe and adequate housing.• Train healthcare workers on pediatric care and emergency response and teach caregivers first aid.• Conduct health screenings and assessments to identify and address young children's health needs.

What happens?

Disrupted Learning: Acute emergencies often disrupt formal education. Young children are cut off from structured learning environments, educational materials, and qualified teachers. In the long term, acute emergencies can disrupt education for long periods of time, and schools may be closed for a long time. This can cause learning gaps and cognitive regression among young children, particularly in literacy, numeracy, working memory, critical thinking and decision-making skills. A child's brain structure and function can be permanently changed by the chemicals produced by toxic stress, a change that may be passed on to the next generation (Shonkoff et al., 2012). Losing predictable routines can make it harder for young children to remember, concentrate and control their emotions (Cruz et al, 2022). Learning loss can be worsened by the fact that caregivers' mental health is disrupted by the trauma of acute emergencies; caregivers may struggle to provide the nurturing care essential for newborns and toddlers' brain development (Shah, 2019).

How can ECD interventions respond to meet these needs?

- Establish temporary learning spaces and Child-Friendly Spaces (CFS). CFSs in emergencies can provide continuity in education for children as well as psychosocial and health support.
- Structured, stable CFSs, which establish routines and provide a sense of normalcy in the chaos, can be especially helpful in reducing the cognitive disorientation young children experience in acute emergencies.
- Develop alternative education programs, including distance and home-based learning and educational radio broadcasts.
- Support re-establishing formal education systems and provide catch-up programs and accelerated learning opportunities.
- Advocate for flexible transitions into formal educational spaces.
- Provide mental health interventions to support caregivers' mental health and to help them continue feeding, nurturing and providing cognitive stimulation to newborns and toddlers.

What happens?

Loss of Home and Community:

Acute emergencies can separate young children from their primary caregivers. They may lose ties to their homes and communities, which can cause fear, anxiety, and insecurity. This disruption of attachment bonds can have long-lasting effects on their social-emotional development.

Protecting caregiver mental health:

Responsive caregiving stimulates brain connections and is vital to young children's healthy development. However, caregivers' ability to provide responsive care might be undermined by the stress and shock of acute emergencies.

Caregivers affected by trauma may experience distress, anxiety and post-traumatic stress disorder and struggle with emotional regulation. They may struggle to react to their children's needs and build a secure attachment bond. Data suggests that poor caregiver mental health is correlated with adverse childhood outcomes in both the prenatal and postnatal stage (e.g. underweight or premature babies, difficulty breastfeeding, developmental delays, health conditions) (Abimana, et al, 2020; McNab et al., 2022; Spry, et al. 2020; Zhang, et al, 2018). Children's mental health in conflict and crisis settings can even be predicted by caregiver mental health (e.g. Eltanamly et al., 2019; Devakumar et al., 2014).

How can ECD interventions respond to meet these needs?

One nonprofit used a [video-calling intervention](#) to train frontline aid workers, parents, and caregivers in Rohingya refugee camps to create safe spaces for children's well-being. The intervention focused on everyday language, storytelling, and easy access to clear, engaging and actionable content, both online and offline (Mansur, 2021). Another used [mindfulness](#) as an easy-to-implement and low-cost intervention to help young learners in emergencies manage stress (Dalrymple, 2019).

An example of caregiver-sensitive programming comes from the **International Rescue Committee's "Reach Up" home visit program**, which includes curricula for caregivers on stress management, coping strategies, and self-care (Wilton et al, 2021). To make 'Reach Up' culturally relevant across Jordan, Lebanon and Syria, the International Rescue Committee collaborated with local artists to use local objects in pictures and storybooks. Home visitors (community volunteers) were guided to create their own toys for families, using local adaptations, such as making rattles using hair gel containers, trucks from cardboard, and sheep dolls using cotton and cardboard. Beloved local songs were also used in each home visit. Culturally responsive care plays a significant role in making ECD interventions feel meaningful and relevant (see [Kurian, 2023](#)).

What happens?

Countering Isolation: When essential services and infrastructure break down, acute emergencies can cut off caregivers' support networks and leave them isolated.

How can ECD interventions respond to meet these needs?

Parental Support Centers: In the aftermath of Typhoon Haiyan, World Vision set up breastfeeding centers for mothers, safe spaces where caregivers could connect, share experiences, and build new support systems (World Vision International, 2014).

Educators and Facilitators as Caregivers: Professionals in child-friendly spaces or temporary learning centers can help stimulate early development and offer guidance and support to parents.

Inclusive Care: For example, iACT's Little Ripples program includes developmental monitoring in its ECD in Emergencies curriculum to help identify developmental delays and disabilities early, supporting refugee children aged 3-5 across Chad, Tanzania, Greece, and Cameroon (UNICEF, 2022). By conducting early screening and assessments, ECD interventions can offer parents new resources for their children's specific vulnerabilities.

Assuring Economic Stability: During acute emergencies, caregivers often experience significant economic hardships that prevent them from taking care of their families. Crises disrupt their income sources, destroy essential infrastructure, and limit stable job opportunities.

By taking a **whole-family** rather than a **single-component** approach, ECD interventions can support caregivers' well-being, strengthen caregiver-child bonds, facilitate social support networks, and promote economic welfare, education, and aspirations. These efforts contribute to the overall recovery and resilience of communities and families affected by acute emergencies.



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