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ECD and Early Learning for Children in Crisis and Conflict

Brief adapted from a background paper commissioned for the 2019 Global Education Monitoring Report*

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There is an urgent need for a comprehensive response to the rapidly growing population of young children (age 0-6) worldwide living in crisis and conflict.

Substantial evidence from neuroscience to economics indicates that the early years of a child's life lay the foundation for long-term health, learning and behavior. The first months and years are not only a critical period in an individual child's lifelong capacity for learning, but weak learning foundations for children can also compromise the long-term development of nations.[1]

Image courtesy of Refugee Trauma Initiative

Scope of the crisis

In the last 20 years the number of forcibly displaced people has nearly doubled – from 33.9 million in 1997 to 68.5 million in 2017. Much of this escalation in people on the move has resulted from the conflict in Syria as well as conflicts, unrest and human rights violations in sub-Saharan Africa.[2] Most refugees are living in 'protracted refugee situations' lasting an estimated 26 years on average.[3] For babies and young children who have been forced to flee their homes because of persecution, war or violence, or for those born into refugee situations, this is a lifetime. Unless the basic needs and rights of the youngest affected by crisis, conflict and forced displacement are addressed, the central ambition of the 2030 Agenda for Sustainable Development to 'leave no one behind' will not be realized.[4]

Children are 52% of the global refugee population,[5] and more than 16 million babies were born in conflict zones in 2015 alone – 1 in 8 of all births worldwide.[6] These infants and young children are the most vulnerable people in the world. In conflict and crisis contexts, children under 5 have the highest illness and death rates of any age group – 20 times higher than standard levels.[7] If the very youngest children survive, prolonged deprivation and elevated stress levels put them at extremely high risk of inadequate cognitive, social and emotional development, with important consequences for their ability to learn and benefit from future educational opportunities.

Early childhood services: Life-saving and essential in crisis response

In situations of conflict and crisis, including natural disasters, risks to young children are compounded. Stress on the child is exacerbated through repeated exposure to violence, loss or separation from caregivers,[8] and the damage and deterioration of support systems, including government health and welfare services, schools and communities.[9, 10]

The detrimental effects of conflict and crisis are exceptionally acute in the first years of a child's life, when the brain undergoes its most rapid period of development and is extremely sensitive to environmental influence.[11, 12] During this foundational stage of human development, severe and prolonged stress or deprivation can affect brain architecture and epigenetic structures that regulate gene expression and influence the physiological response to stress and disease. Prolonged adversity, chronic neglect, caregiver mental illness, exposure to violence, and/or the accumulated burdens of poverty – without adequate adult caregiver support to mitigate it – can lead to 'toxic stress' and have lifelong implications for physical and psychosocial health.[13, 14, 15]

Experiences of severe, prolonged stress and psychosocial deprivation affect not only the individual child – the effects can extend to subsequent generations and to the broader community through biological, behavioral and socioeconomic processes, leading to the intergenerational transmission of adversity, disadvantage and violence, and the reinforcement of inequities. This threatens the future peace, social cohesion and stability of societies.[16, 17]

Early learning and caregiver support

Learning begins at birth. While early learning often refers to preschool-related education for children 3 to 6 years old, in this brief early learning also covers the ages 0 to 3, including in structured settings as well as learning that takes place outside of a dedicated learning environment. Examples include learning through play at a center or child-friendly space, in the community, or in the home, including before children reach preschool age.

Young children are particularly dependent on parental and caregiver support as a source of resilience that enables them to withstand and recover from significant challenges and adverse experiences.[18, 19, 20] Responsive care – including the ability to be sensitive to children's movements, sounds and gestures, as well as interpret and respond to them – can protect and buffer children from the negative effects of conflict and crisis and support their health and development.[21]

Responsive care is especially critical during the prenatal period through the third year of life, when the child is primarily dependent on adult caregivers and parents, not just for protection and survival, but also to help them emotionally cope and build foundational capacities for self-regulation, learning, language and exploration. These healthy social interactions – responsive communication, cuddling, smiles, eye contact – stimulate connections in the brain, create trust between caregivers and form a foundation of protective interaction that protects children against injury and illness, enriches learning and supports a child to learn to build healthy social relationships.[22]

> **"Responsive care can protect and buffer children from the negative effects of conflict and crisis and support their health and development."**

While children in all resource poor settings can face immense obstacles to achieving their development potential, young children in crisis contexts are especially vulnerable to specific physical, developmental, mental and emotional threats. Early childhood development interventions in emergency contexts and for families on the move enable a focus on these specific threats by supporting caregivers and enabling them to provide what children need most immediately, as well as building physical and emotional resilience in caregivers and children to cope with continuing threats. Early childhood development interventions also enable adults to rebuild family life and children to benefit from future opportunities such as continued schooling.

Caregivers living through conflict and crisis face tremendous obstacles to healthy parenting and responsive care. Traumatic experiences, a sense of hopelessness, insecurity and depression can prevent caregivers from attending to and positively engaging with their children.[23, 24] Thus, caregiver support is perhaps the most critical piece of ECD response in crisis contexts. The belief – often misplaced even in less challenging contexts – that parents on their own will be able to provide everything a young child needs to survive and thrive is an even larger blind spot in crisis contexts.

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When caregivers, family members and community systems are unable to provide young children with nurturing and supportive care, children can experience severe stress and psychosocial deprivation, which can have long-term effects on health, learning and behavior.[25, 26, 27] Research exploring the role of age and developmental stage at the time of traumatic exposure suggests that young children are more vulnerable than older children to the risks of separation from caregivers, disruption in routines or violent media reports.[28] Yet still, support for responsive caregiving and opportunities for early learning are often not integrated into crisis services.[29]

In humanitarian contexts, early childhood development programming is incomplete without attention to early learning and responsive caregiving and must also incorporate attention to mental health and psychosocial support. Given the high levels of exposure to trauma, stress and adversity experienced by much of the refugee and displaced population, relatively high levels of depression and anxiety have been reported by caregivers and children.[30] Yet virtually no evaluations exist of interventions to promote the mental health and well-being of caregivers and their young children in humanitarian contexts.[31] Targeted focus and dedicated investment is urgently needed to fill this gap.

> **"In humanitarian contexts, early childhood development programming is incomplete without attention to early learning and responsive caregiving."**

Approaches to early childhood in conflict and crisis

The full **background paper** presents a case study on each of the following initiatives, which suggest promising avenues for programming in humanitarian contexts:

iACT's Little Ripples
Community-based, refugee-led preschools in Chad

Refugee Trauma Initiative's Baytna Program
Early childhood development for refugees in Greece

International Rescue Committee's Healing Classrooms
Preschool and support for parents in crisis in Lebanon


Image courtesy of iACT

The current status of ECD in humanitarian response

Humanitarian and refugee response plans should from the outset build a response that includes targeted, comprehensive aspects of nurturing care for children ages 0 to 6. However, an April 2018 review of 26 active Refugee and Humanitarian Response Plan[†] (HRPs),[33, 34] which contain a shared vision and an articulation of funding needs for humanitarian emergencies, showed large gaps in support for early childhood development.

Image courtesy of iACT

Of the 41 early years interventions[35] recommended in the first consultation draft of the Nurturing Care Framework[‡], the analysis revealed that on average, plans included only 58% of the recommended nutrition interventions, 24% of the recommended safety and security interventions, 22% of the recommended health interventions, 10% of the recommended responsive care interventions, and only 9% of the recommended early learning interventions.

Figure 1: Elements of nurturing care in 26 active response plans[§]

Early Learning — 9%
Caregiving — 10%
Health — 22%
Safety & Security — 24%
Nutrition — 58%
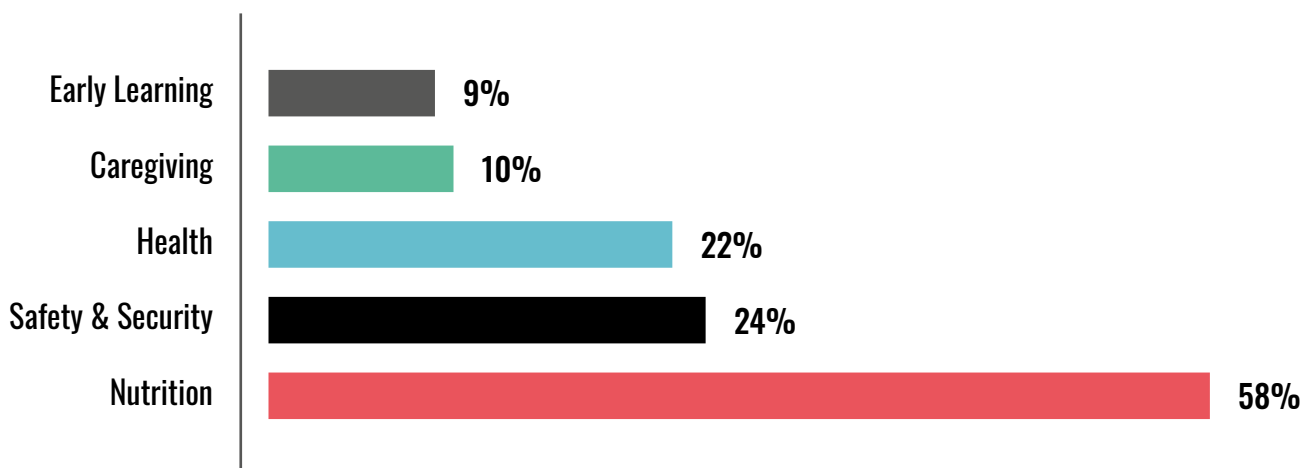
† Burundi, Mali, Cameroon, Chad, Mauritania, Central African Republic, Nigeria, Bangladesh, Myanmar, Niger, South Sudan, Syria, Ukraine, Colombia, Burkina Faso, Senegal, Somalia, Haiti, Yemen, Ethiopia, Iraq, Libya, Djibouti, Afghanistan, Palestine, Syria 3RP (Regional Refugee and Resilience Plan).

‡ See the full **background paper** for a description of how early childhood development is addressed in global frameworks such as the Nurturing Care Framework and the Sustainable Development Goals.

§ See Annexes II and III in the original **background paper** for a fuller analysis of response plans and more detail on education and ECD in UN-led humanitarian response.

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- Nearly 50% (12 plans) made no mention of any learning or education for under 5s.

- Only 30% (8 plans) included education for under 5s, with specific mention of pre-primary or early childhood care and education.¶

- 11 plans out of 26 made no mention of any component of interventions related to responsive caregiving.

- Only 9 plans (34.65%) included children under 5 in a strategic objective.

Targets for coverage are also generally inadequate, including only fractions of the populations in need. For example, targets were under 150,000 each for early education and responsive caregiving programs for Syrian refugee children, while children account for 2.5 million of the Syrian refugee population.[36]

Recommendations

"The single most powerful context for nurturing care is the immediate home and care settings of young children, not only provided by mothers but also fathers and other family members," and community caregivers.[37]

In times of crisis, in resource poor settings, in war, in situations of violence, and for children on the move, the nurturing environment needed to survive, grow and thrive can be elusive or non-existent.

As such, the rationale for a comprehensive package of early childhood services for all young children affected by crisis is unambiguous. All sectors and actors can contribute to making sure that all children get the best start in life, even in the most challenging circumstances. In particular, the education sector and education leaders must increase advocacy, policy and funding specifically targeted at early learning and responsive care. The education sector should take ownership of children's learning needs in these settings, from birth to pre-primary and beyond.

"The right to education – like all rights – begins at birth."

The same care and support necessary for all young children to reach their full potential is *even more urgently needed* in crisis settings, where children are likely to face greater obstacles to their healthy emotional, psychological and physiological development. The following are recommendations to embed early childhood development and in particular, early learning and responsive caregiving, in conflict and crisis response.

¶ Ukraine, Nigeria, South Sudan, Mali, Mauritania, Syria (3RP), Syria, Cameroon.

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Recommendations

1. Establish family-centered early childhood programs for all young children affected by conflict and disaster appropriate to each context, during initial response and in the long-term, through initiatives that prevent family separation, promote family cohesion and unification throughout the migration process, and promote rapid reunification. When necessary after separations, nurturing family-based foster care as well as policies and educational programs should target the elimination of child abuse, neglect, sexual violence, trafficking and child labor.

2. Increase funding for and explicit and targeted inclusion of early childhood services in humanitarian, fragile and conflict settings through the Global Partnership for Education, Education Cannot Wait, the World Bank and UNICEF, as well as bilateral assistance.

3. Assure comprehensive and coordinated assessment of the needs of refugee and displaced pregnant women and young children, integrating information across child protection, education, health and mental health, and nutrition, and linking referrals across sectors to available services, with follow-up.

4. Include targeted, comprehensive, family-centered, quality early childhood services in Humanitarian Response Plans, Refugee Response Plans and Mixed or Joint Response Plans.

5. Assure that relevant standards and adequate resources are available for comprehensive quality early childhood programming, including attention to health, care and education, responsive caregiving, safety and security, as well as parent well-being and mental health support.

6. Build early-childhood-focused services into existing services, such as schools, health centers, community groups, and food distribution, and integrate young children and families into community services wherever possible.

7. Encourage all early childhood programs to establish policies and practices that respect and support the cultures and languages of the families. Where possible employ teachers and other staff from the same population as the children and families and work towards community-led or refugee-led programming.

8. Provide ongoing mental health support to parents of young children, including counseling, crises management, psychosocial support, and social protection supports such as income transfer programs. Further, prioritize valuations of interventions to promote the mental health and well-being of caregivers and their young children in humanitarian contexts.

9. Increase access to specialized training for early childhood educators, health workers, and emergency practitioners in other sectors working with this age group.

10. Disaggregate data to include specific references to pregnant women, children under five, and children with disabilities facing prolonged conflict and displacement with data on access to and take-up of ECD services.

11. Promote ongoing research to better inform early childhood practices affecting refugee and host children and families and normalize the collection of data on both child development and quality of implemented services in conflict and crisis settings.

12. Adapt the Nurturing Care Framework to crisis and conflict settings through the creation of context-specific recommendations.

13. Include regular monitoring of the above recommendations in the annual Global Education Monitoring Report.

Image courtesy of International Rescue Committee/Jacob Russell

Endnotes

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