



GUIDANCE NOTE

Early Childhood Development in Emergencies Programming



Inter-agency
Network for Education
in Emergencies

Inter-agency Network for Education in Emergencies (INEE) is an open, global network of representatives from non-governmental organizations, UN agencies, donor agencies, governments, and academic institutions, working together to ensure the right to quality and safe education for all people affected by crisis. To learn more, please visit www.inee.org

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For any questions or comments, contact earlychildhood@inee.org.

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Acronyms

AfECN	—————	African Early Childhood Network
ALNAP	—————	Active Learning Network for Accountability and Performance in Humanitarian Action
ARNEC	—————	Asia-Pacific Regional Network for Early Childhood
CCD	—————	Care for Child Development
CDC	—————	Centers for Disease Control and Prevention
CFM	—————	Child Functioning Module
CFS	—————	Child Friendly Space
DRR	—————	Disaster Risk Reduction
ECD	—————	Early Childhood Development
ECD WG	—————	Early Childhood Development Working Group
ECDAN	—————	Early Childhood Development Action Network
ECDiE	—————	Early Childhood Development in Emergencies
ECW	—————	Education Cannot Wait
GADRRRES	—————	Global Alliance for Disaster Risk Reduction & Resilience in the Education Sector
GEC	—————	Global Education Cluster
IASC	—————	Inter-agency Standing Committee
IFRC	—————	International Federation of Red Cross and Red Crescent Societies
INEE	—————	Inter-agency Network for Education in Emergencies
INGO	—————	International Non-Governmental Organization
IRC	—————	International Rescue Committee
ISELA	—————	International Social and Emotional Learning Assessment
IYCF	—————	Infant and Young Child Feeding
LWIE	—————	Learning and Wellbeing in Emergencies
MHPSS	—————	Mental Health and Psychosocial Support
MICS	—————	Multiple Indicator Cluster Surveys
MIRA	—————	Multi-Sector Initial Rapid Assessment

MMA	—————	Moving Minds Alliance
MoE	—————	Ministry of Education
NGO	—————	Non-Governmental Organization
OECD	—————	Organization for Economic Co-operation and Development
OPD	—————	Organizations of People with Disabilities
OCHA	—————	United Nations Office for the Coordination of Humanitarian Affairs
PDNA	—————	Post-Disaster Needs Assessments
PSS-SEL	—————	Psychosocial Support and Socio-Emotional Learning
SBCC	—————	Social and Behavior Change Communication
UNDRR	—————	United Nations Office for Disaster Risk Reduction
UNDSG	—————	United Nations Sustainable Development Group
UNESCO	—————	United Nations Educational, Scientific and Cultural Organization
UNGEI	—————	United Nations Girls' Education Initiative
UNHCR	—————	United Nations High Commissioner for Refugees
UNICEF	—————	United Nations Children's Fund
USAID	—————	United States Agency for International Development
WASH	—————	Water, Sanitation, and Hygiene
WCARO	—————	West and Central Africa Regional Office
WHO	—————	World Health Organization

Introduction

The Inter-agency Network for Education in Emergencies (INEE) [Early Childhood Development in Emergencies Working Group \(ECD WG\)](#) is a member-led community consisting of and providing support to frontline providers, program managers, technical staff, and other stakeholders working on Early Childhood Development in Emergencies (ECDiE). The overarching objective is to support improved development outcomes for young children affected by emergencies.

What is the Guidance Note on Early Childhood Development in Emergencies Programming?

This Guidance Note is a set of tools and resources to support the planning, design, and implementation of quality, multi-sectoral, inclusive ECDiE interventions. This programming Guidance Note builds on the [INEE Minimum Standards for Education: Preparedness, Response, Recovery](#), and is aligned with the [Nurturing Care Framework](#), a roadmap for action to help children survive and thrive. The Guidance Note promotes collaboration among stakeholders in all sectors, including education, health, nutrition, and protection, offering inclusive and equitable programming for all young children, from preconception to age 8, affected by emergencies, and their families.

The Guidance Note complements and builds upon existing resources to use with young children and families in emergencies, developed over recent years by different stakeholders in the field.

Note: When the word “emergencies” is used in this programming Guidance Note, it is an umbrella term for all crises that create a serious disruption of the functioning of a community or a society involving widespread human, material, economic, or environmental losses and impacts that exceeds the ability of the affected community to cope using its own resources and therefore requires urgent action. The term can refer to slow- and rapid-onset situations, rural and urban environments, and complex political emergencies in all countries (INEE, 2024). Therefore, the word “emergencies” includes environmental and health crises, acute and protracted conflicts, other man-made and complex emergencies, and all circumstances that can cause people to be in urgent need of life-saving assistance such as shelter, food, water, and health care, or to become displaced or refugees, which place early childhood development at risk (Humanitarian Coalition, n.d.)

Who is the Guidance Note for?

The Guidance Note is for national authorities, local-level implementers, service providers, and humanitarian workers involved in ECDiE programming. It aims to improve their efforts to implement and monitor quality interventions and services, potentially multiplying the positive impact for young children in emergencies.

How is the Guidance Note organized?

The framework for this Guidance Note draws from the 2024 [INEE Minimum Standards for Education: Preparedness, Response, Recovery](#). The INEE Minimum Standards provide guidance on how to prepare for and respond to emergencies in equitable ways to reduce risk, improve future preparedness, lay the foundation for providing quality education, and consider five domains:

- **Domain 1:** Foundational Standards for a Quality Response. The standards in this domain form the basis for ways of working across all other domains. These standards are the basis for a quality response that is holistic, locally-led, and accountable to the people and communities it supports.
- **Domain 2:** Access and Learning Environment. The standards in this domain focus on access to safe and relevant learning opportunities. They highlight the importance of linking with other sectors, such as health, water and sanitation, nutrition, shelter, and protection.
- **Domain 3:** Teaching and Learning. The standards in this domain focus on critical elements of teaching and learning, on curricula, and on the assessment of learning outcomes.
- **Domain 4:** Teachers and Other Education Personnel. The standards in this domain focus on administration and managing human resources in education, particularly teachers.
- **Domain 5:** Education Policy. The standards in this domain focus on formulating, planning, and implementing national education policies.

This Guidance Note builds on the INEE Minimum Standards rights-based approach, stressing the need to ensure all children have access to quality early childhood development.

The Guidance Note is organized around the three main phases of the emergency cycle: **Preparedness, Response, and Recovery**. In addition, the Guidance Note includes specific resources for **Coordination** and **Monitoring and Evaluation** for quality ECDiE. In each section, users will find guidance around core actions and relevant resources to support their work. Look out for the following colors and icons that show the type of guidance available throughout the Guidance Note:



Useful tips for achieving quality and inclusive ECDiE programming.



Checklists of actions needed to achieve a specific objective.



Suggested data to gather for evidence-based decisions and actions.



Additional resources for immediate use.

In addition, users can navigate the resources referenced in this document and many more in the ECDiE Programming Library, available on [INEE's website](#).

For any questions or comments, please reach out to earlychildhood@inee.org.

Understanding Early Childhood Development in Emergencies (ECDiE)

What is Early Childhood Development in Emergencies (ECDiE)?

Early Childhood Development in Emergencies (ECDiE) is a comprehensive approach that addresses the holistic needs and rights of children and their families affected by emergencies, from preconception to age 8. ECDiE serves expectant parents, pregnant and lactating women, primary caregivers, and the most vulnerable children, including girls, displaced children, children with disabilities, developmental delays, and other needs. It is multi-sectoral, culturally relevant, inclusive, and:

- Seeks to prevent and mitigate the negative effects of crises by providing nurturing care through responsive caregiving, safety and security, age and developmentally-appropriate early learning and play opportunities, access to healthcare, and adequate nutrition.
- Recognizes primary caregivers as the first responders, teachers, and advocates in children's lives and, therefore, supports parents, caregivers, and families in providing protective, nurturing, accessible, and inclusive environments.

Why ECDiE?

Emergencies expose young children and caregivers to adverse experiences, including but not limited to physical violence, emotional abuse, neglect, living in impoverishment, or violence. During emergencies, young children and their caregivers frequently experience multiple deprivations and the disruption of essential services. All these have vastly negative effects on children's health, development, and wellbeing across the lifespan. Stress in early childhood can be toxic, and without the right support and care, it can disrupt the healthy development of brain architecture and other systems, increasing the risk for cognitive impairment and other developmental and health issues, including weakened immune systems, heart problems, accelerated aging, among others (Bhutta et al., 2023).

For caregivers, protecting children's development, wellbeing, health, and future success is a primary concern. ECDiE programming that cares for and serves young children and their caregivers is critical because it can provide timely and appropriate support so the negative effects of adversity may be alleviated and overcome.

Cornerstones of quality and inclusive ECDiE programming



1. Foster nurturing care

Nurturing care refers to conditions and policies that enable communities and caregivers to ensure children's rights, wellbeing, and healthy development. It acknowledges young children's physical, social, emotional, and cognitive development are not separate domains but are intertwined and strongly influenced by interactions with caregivers and the environment; it also recognizes that to reach their full potential, children need the five interrelated and indivisible components of nurturing care (WHO, UNICEF, World Bank Group, 2018):

Figure 1. Nurturing Care Components



- **Good health:** Health and wellbeing of the children and their caregivers, considering that caregivers' physical and mental health can affect their ability to care for the child.
- **Adequate nutrition:** Maternal and child nutrition, as the mother's nutritional status during pregnancy affects her health and wellbeing and that of her unborn child. After birth, the mother's nutritional status affects her ability to breastfeed and care for her child.
- **Safety and security:** Safe and secure environments for children and their families, protect against physical dangers, emotional stress, environmental risks (e.g., pollution), and ensuring access to food and water.
- **Opportunities for early learning:** Opportunities for the child to interact with a person, place, or object in their environment, understanding that every interaction (positive or negative, or absence of an interaction) contributes to the child's brain development and lays the foundation for later learning.
- **Responsive caregiving:** The ability of the caregiver to notice, understand, and respond to their child's signals in a timely and appropriate manner. This is the foundational component because responsive caregivers are better able to support the other four components.

2. Start at the beginning

The **first 1,000 days of life** are a critical window of opportunity to create a strong foundation for healthy development. Young children develop rapidly during this time; this development occurs as an interplay between their genetics and interactions with the environment. It is critical to offer support for the youngest children from their earliest days in the form of nurturing care. Promote that all newborns, infants, and toddlers have access to nurturing care, including stimulation, psychosocial support, and early learning activities. Early interventions with children with disabilities ensuring they receive specialized support are also important.



See more about key developmental characteristics by each age group and potential changes in behavior that can arise from an emergency in [Annex 1](#)

3. Support effectively caregivers as key influencers in child development

Consider that the most powerful influencers on young children's development are their primary caregivers (who most directly take care of a child, including but not limited to parents, grandparents, aunts, uncles, and older siblings). They are the closest to the young child and the best providers of nurturing care. However, during an emergency, a caregiver's ability to provide for young children's basic needs and create a stable, enabling, and protective environment is often impacted. To support caregivers in fostering children's wellbeing, consider whole-family or family-based approaches, offer mental health and psychosocial support sensitive to their context and culture, and integrate ECDiE interventions aimed at caregivers into existing services (such as cash transfer programs and breastfeeding spaces, among others).

4. Recommend and support play and stimulation

Play has an instrumental role in children's learning and holistic wellbeing. However, in emergency situations, children's opportunities to play are scarce, as other basic needs (such as the provision of food, shelter, and medicine) are prioritized. In emergency situations, play for young children can (International Play Association, 2017):

- Have a significant therapeutic role in helping children recover a sense of joy after their experience of loss, uncertainty, and trauma.
- Offer children an opportunity to engage in a shared experience to rebuild a sense of personal value and self-worth.
- Help young children make sense of experiences and feelings, cope with uncertainty and stress, and serve as a protective factor.

5. Embrace equity and inclusion

ECDiE can provide an opportunity to address other issues; for instance, it can contribute to reducing inequality by providing opportunities for all, advancing gender equity, and promoting lifelong learning to foster more peaceful, resilient, and inclusive societies. ECDiE programming should prioritize the rights and needs of the most vulnerable and marginalized children and their caregivers, such as children with disabilities and developmental delays and those experiencing discrimination and violence due to gender, race, religion, or other factors. ECDiE should (UNESCO, 2021):

- Embrace culturally relevant practices and knowledge of participating families, and consider children's mother tongue.
- Be accessible and affordable.
- Promote equal opportunities for children to attend, learn, develop, and participate in learning and social activities.
- Respect and celebrate diversity and differences.



See more about how to ensure access and participation for children with disabilities in [Annex 2](#)

6. Take on a multi-sectoral, integrated approach

Quality ECDiE should address the holistic development of a child, which means that various stakeholders from different sectors must be involved. ECDiE programming should aim at integrating essential early childhood interventions into the health, nutrition, WASH, education, child protection, and other relevant sectors' responses. Coordination across sectors is key to effectively support young children and their caregivers affected by emergencies.



See more about potential entry points for ECDiE programming into other sectors in [Annex 3](#)

Resources for understanding ECDiE

Topic	Tool Name	Description	Relevant Sections	Publisher	Languages
Understanding ECDiE	Making the Case for Early Childhood Development in Crisis Contexts	This 2-page brief explains the importance of ECD, why investment in ECD is more than a quick fix, and the need for increased investment.	All	Sesame Workshop	English
	Early Childhood Development Index (ECDI) 2030	The ECDI2030 addresses the need for nationally representative and internationally comparable data on early childhood development, collected in a standardized way.	All	UNICEF	English Arabic French Spanish Portuguese
Foster nurturing care	Nurturing Care Framework for Early Childhood Development	The Nurturing Care Framework provides a roadmap for action. It builds on state-of-the-art evidence about how early childhood development unfolds and how it can be improved by policies and interventions.	All	WHO, UNICEF, and the World Bank Group	English Arabic French Spanish
	Nurturing care for children living in humanitarian settings	This brief summarizes actions that program planners and implementers should take to minimize the impact that emergencies have on the lives of young children and their families.	All	WHO, UNICEF, IRC, ECDAN, and PMNCH	English
Start at the beginning	How the youngest are left behind in humanitarian response	This brief defines early childhood development and why it is important to understand especially in crisis contexts.	All	Moving Minds Alliance	English Arabic French
	The developing brain in crisis contexts	This brief talks about the threats of young children in crisis being exposed to prolonged stress and adversities and how to best mitigate the impact on their brain development.	All	Moving Minds Alliance	English Arabic French

Topic	Tool Name	Description	Relevant Sections	Publisher	Languages
Start at the beginning	Why supporting caregivers' mental health in crisis settings is essential	This brief highlights the importance of supporting caregivers' mental health in crisis settings to young children's holistic development.	All	Moving Minds Alliance	English Polish Ukrainian
Support the caregiver	Care for Child Development (CCD)	This package of materials incorporates the most recent scientific findings on early childhood development and identifies critical caregiving skills that are necessary to boost the growth and integral development of young children.	All	UNICEF	English Arabic French Spanish
	Introduction to Caring for the Caregiver	This package focuses on enabling front-line workers to promote caregivers' mental health and emotional wellbeing.	All	UNICEF	English
Recommend play	Early Childhood Development Kit Activity Guide	Digital version of the Activity Guide for the ECD Kit. The kit was created to strengthen the response for young children caught in conflict or emergencies.	All	UNICEF	English Arabic French Spanish Portuguese Russian
	Access to Play for Children in Situations of Crisis: A toolkit for staff, managers, and policy makers	The toolkit aims to support every day, community-based play opportunities for children in crisis situations.	Section 1: Information for everyone working in a situation of crisis Section 2: Staff section Section 3: Managers section	International Play Association	English
	Centering the Learner for Greater Transformation	This brief explores theory and practice on transformative education approaches and their effects on pre-primary and primary-age children's wellbeing and learning processes in crises.	All	INEE	English Portuguese French Spanish Arabic

Topic	Tool Name	Description	Relevant Sections	Publisher	Languages
Embrace equity and inclusion	INEE Guidance Note on Gender	The Guidance Note on Gender provides guidance on delivering education in a gender-responsive manner to anyone involved in providing education in emergencies (EiE) as part of an emergency preparedness, response, or recovery situation.	All	INEE, UNGEI	English Arabic French Spanish Portuguese
	Including Children with Disabilities in Humanitarian Action	Guidance to strengthen the inclusion of children and women with disabilities and their families in emergency preparedness, response and early recovery, and recovery and reconstruction.	All	UNICEF	English Arabic French Spanish Ukrainian
	Washington Group questions – Child Functioning Module (CFM)	The CFM assesses difficulties in the following domains: vision, hearing, mobility, communication/ comprehension, behavior and learning (all ages); dexterity and playing (2-4 years).	All	Washington Group, UNICEF	English Arabic French Spanish Portuguese Chinese Russian Swahili Ukrainian
Take on a multi-sectoral, integrated approach	Inclusion of ECDiE in Needs Assessments and the Regional Refugee and Migrant Response Plan (RMRP)	A brief focusing on some of the lessons learned by the Sesame Workshop-affiliated ECDiE Coordinator and the ECDiE Working Group in Colombia in increasing inclusion of ECD in data collection and needs assessments used to develop Humanitarian Response Plans.	All	Sesame Workshop	English
	Quick Guide for Maximizing ECD within Nutrition in Emergencies Programs	This quick guide offers tips, practical tools, and rationale for promoting early childhood development in Nutrition in Emergency response.	All	Nutrition Global Cluster/UNICEF	English



A photograph of a woman and children in a room. The woman is standing in the center, smiling, wearing a white t-shirt and a brown vest. There are two children, a girl and a boy, in the foreground. The room has shelves with various toys and supplies. A Christmas tree is decorated on the right side. The text 'Preparedness' is overlaid in large, bold, black letters on the left side of the image.

Preparedness

© Milena Ayala / NRC

Overview: Why preparedness in Early Childhood Development in Emergencies (ECDiE)?

When authorities, organizations, frontline responders, and other stakeholders are prepared, they are better able to support timely and effective responses to an emergency. Preparedness for ECDiE programming requires the active participation of young children, primary caregivers, communities, government institutions at different levels, humanitarian agencies, and civil society organizations, among others. Taking a family- and community-centered approach is essential, given the impact interactions have on young children's wellbeing and development. Preparedness actions help to:

- Minimize physical damage and emotional distress and enable caregivers and young children to better cope with shocks by learning safety measures.
- Ensure communities are well prepared for emergencies and able to care for and support young children.
- Set up action plans and coordination mechanisms to ensure young children continue to access nurturing care during an emergency.

INEE Minimum Standards framing

The following core actions for preparedness align with INEE Minimum Standards Domain 1: Foundational Standards for a Quality Response. The standards in this domain describe related actions that are key to preparing, planning, managing, delivering, and monitoring a collective education response. In particular, the core actions presented build on the following standards:

- Standard 1: Participation - Community members participate meaningfully, transparently, and without discrimination in the analysis, planning, design, implementation, monitoring, and evaluation of the education response.
- Standard 3: Coordination - Education coordination mechanisms are in place to support the stakeholders who are working to ensure access to and continuity of quality education.
- Standard 4: Assessment - Timely education assessments of the emergency situation are holistic, transparent, and participatory.

Core actions for preparedness

Consider the following core actions that need to be taken before an emergency strikes to help mitigate the effects of an emergency on young children, caregivers, and wider communities, and reduce the resources needed for relief.

1. Conduct a situation analysis

Situation analyses allow for examining the status and trends of realizing young children's right to achieve their developmental potential. Information can primarily be compiled through secondary sources, such as:

- Multiple Indicator Cluster Surveys (MICS) - ECD module, child discipline module,
- ECD index
- NutriDash
- Households surveys
- Early learning assessments and ECD policy, where relevant
- Available information from existing ECD programming
- Consolidated appeals process studies
- Violence against children studies, where age-relevant information is available
- Sectoral administrative data e.g., Education Management Information System
 - If collecting data is possible, make sure it can be disaggregated by gender, ages, backgrounds, disabilities, and other variables.

Gathering and analyzing this information can highlight the strengths and gaps in ECD programming, by comparing the availability of services to existing needs, exploring children's access to those services and how disruptions can limit such access. It can help identify whether ECD services can continue functioning effectively if an emergency hits (ARNEC, 2011). Consider identifying the following elements (UNICEF, 2014):



Suggested data to gather for a situation analysis

- What areas and populations are prone to an emergency?
- What information is currently available about young children's needs?
- What ECD services are available to them?
- How do outcomes and trends differ across sub-groups of young children and care-givers by income, geographical areas, gender, race, and disability status?
- What reliable systems are available to identify the most vulnerable children and families?
- How are the needs of children with disabilities identified and addressed through available ECD services?
- Who can practitioners work with to identify vulnerable children and families?
- What are the major bottlenecks and barriers to young children having an equal opportunity to fulfill their development potential?
- How can interventions avoid contributing to worsening the situation?

Situation analysis should include a **risk assessment**. This helps determine the nature and extent of risks by analyzing potential hazards and evaluating existing conditions of vulnerability that could pose a potential threat or harm to people, property, livelihoods, and the environment on which they depend (INEE, 2023), including the risks that may hinder children's access and participation in early learning opportunities and other essential services. Consider a child-centered, multi-risk assessment to fully understand the multiple risks in a child's environment, including pre-existing risks and new risks that may emerge during and after emergency situations, such as natural hazards, conflict and violence, family separation, food insecurity, displacement, and their impact on children's rights. Pay special attention to the risks excluded and marginalized groups may face, such as women and girls, children with disabilities, and Indigenous populations (Plan International, 2018). ECDiE risk assessments can happen at different levels: **at the household level, at facilities serving young children and families, and at the community level**. In each case, it is important to identify the hazards children may face in an emergency that poses a threat to their wellbeing.

Understanding the risks allows for monitoring, analyzing, and forecasting the hazards children and families face, as well as communicating alerts and warnings and taking **anticipatory action**. Acting early to prevent short-term and long-lasting life-threatening risks to children is a humanitarian imperative. Unlocking the potential of anticipatory action to protect children from potential risks is essential (Oetti, 2021).



See more guidance on how to conduct a situation analysis and risk assessment in [Annex 4](#)

2. Support emergency preparedness planning

Support ECD centers, households, organizations, communities, and governments to plan and implement measures that enable them to be better prepared to respond to the needs of children in case of an emergency. Assess the existing guidelines, plans, knowledge flow, and programs related to emergency preparedness and Disaster Risk Reduction (DRR) and Resilience, and the explicit inclusion of young children's specific needs. Consider the following:



Suggested data to gather for emergencies preparedness planning

- Is there a national/local emergency or Disaster Risk Reduction (DRR) and Resilience plan? Does the plan consider young children?
- What other policies exist that do (or could) address ECD and DRR and Resilience for young children?
- Do the stakeholders who make decisions that affect ECD programming and DRR actions have knowledge about child development?
- What are the generally accepted care practices for young children in this community?
- What could improve the situation for young children in the case of an emergency in the community?

Plans should be based on assessing and prioritizing the hazards and risks young children face and consider **Disaster Risk Reduction (DRR) and Resilience action**. Practitioners should strive to (GADRRRES, 2018):

- **Include the needs of young children in policy, planning, risk reduction, and preparedness.** At the community level, investigate current service strengths and gaps and advocate for enhanced support for young children and families. At the facility level, acknowledge and support the ability of young children to learn and participate in risk-reduction activities. At the household level, support families in developing evacuation plans, identifying a family emergency meeting place and developing and safely storing a family emergency kit.
- **Ensure the participation of young children.** Ensure young children and their caregivers have access to resources and information and are encouraged to participate in risk reduction and preparedness activities.
- **Customize to the local context.** Work with local coordination networks, stakeholders, and advisors to customize approaches to ensure that strategies are culturally appropriate and address the needs of each community.



See additional instruction on how to build a Preparedness Planning Matrix in [Template 1](#)



See examples of guiding questions for emergency preparedness planning in [Annex 5](#)

Consider the following strategies to foster children's health, safety, and wellbeing and for services to continue in the face of an emergency (adapted from GADRRRES, 2022):



Recommended strategies to take Disaster Risk Reduction (DRR) actions

- Maintain and improve structural and non-structural safety, and communications systems for services continuity.
- Maintain and improve gender-sensitive Water, Sanitation, and Hygiene (WASH) facilities and guidance.
- Prevent infections in child-friendly facilities through heating, cooling, ventilation systems, clearing and sanitation, and social distancing.
- Implement climate-smart interventions for water and energy conservation and waste management.
- Practice drills for expected hazards regularly.
- Plan and implement procedures for the prevention of family separation and promotion of safe family reunification.

3. Strengthen capacity for ECDiE preparedness

Consider two paths to support capacity building for ECD preparedness:

Preparing human resources: Reach out and communicate with other implementers, local and international NGOs, or other entities working in the emergency space to identify local professionals, para-professionals, facilitators and volunteers who can provide support or deliver ECD programs during an emergency. Include individuals and organizations familiar with the needs of young children to plan for emergencies and work across different sectors such as healthcare, education, protection, and WASH (UNICEF, 2014). Consider caregivers who can support your work in ECD and the assets they bring, for example, their local understanding and expertise of the community, connections to community services, and abilities to ensure that community members will respond and want to engage.

Prepare for rapid procurement and distribution of learning, play, and stimulation materials: It is essential to develop supply and logistics strategies based on needs assessments and preparedness plans to ensure young children and their caregivers have access to lifesaving supplies and essential items. Accessible learning and play materials can contribute to restoring a sense of normalcy for children in emergency situations, allowing them to continue learning and playing. Consider the following steps to ensure learning materials are available when an emergency hits:



Checklist for stockpiling learning materials

- Establish a pool of local suppliers, and make necessary standby arrangements for provision in emergencies.
- Ensure the materials are context-sensitive and culturally appropriate, and consider children's mother tongue.
- Arrange the materials needed for children's stimulation, play, and learning, including furniture, instructional and play materials, supplies, and recreation equipment.
- Have materials that can be used in child-friendly spaces and other locations serving young children.

If possible, implementers should also support efforts to ensure that life-saving supplies and essential items (such as medicines, first aid kits, and WASH kits) for children and communities are ready to be delivered to affected populations, partners, and/or points of use in a timely manner (Plan International, 2012).



See additional instruction on how to plan for early learning and stimulation materials in [Template 2](#)

Resources for Preparedness

Topic	Tool Name	Description	Relevant Sections	Publisher	Languages
Conduct a Situation Analysis and Risk Assessment	Programme Guidance for Early Childhood Development	This document provides a timely framework for articulating a vision, corresponding goals and indicators linked to the commitments made for ECD within the Sustainable Development Goals and the Strategic Plan (2018-2021).	Annex 2: ECD Situation Analysis Guidance	UNICEF	English French Spanish
	Situation Analyses in Emergencies Preparedness and Response	This course explains the processes and standards related to situation analyses in emergency preparedness and response.	All	UNICEF	English
	Child-Centered Multi-Risk Assessments: A Field Guide and Toolkit	The purpose of a multi-risk assessment is to enable practitioners to comprehensively understand the multiple risks in a child's environment, including pre-existing risks and new risks that emerge during and after crisis situations.	All	Plan International	English

Topic	Tool Name	Description	Relevant Sections	Publisher	Languages
Support Emergency Preparedness Planning	Comprehensive School Safety Framework (CSSF)	The purpose of the CSSF 2022-2030 is to provide strategic guidance to duty bearers and their partners to promote safe, equitable, and continuous access to quality education for all.	All	GADRRRES	English French Spanish Portuguese Chinese Bahasa Indonesia
	Child-centered DRR Toolkit	This section of Plan International's Child-Centred Disaster Risk Reduction Toolkit contains a practical guide and trainer's manual for training children in DRR using the Hazard, Vulnerability, and Capacity Assessment.	All	Plan International	English
	Public Awareness and Public Education for Disaster Risk Reduction: Key Messages	This updated publication provides practical advice and guidance about disaster risk reduction messages and information to share with the public.	Part A: Adapting and adopting key messages at the national level	IFRC, Save the Children	English Arabic French Spanish
Strengthen capacity for ECDiE preparedness	Children in Emergencies Manual	It provides practical tools and templates to plan responses, which can be used for disaster preparedness.	Management and Human Resources Section	World Vision	English
	Evidence for Investment: New research on effective early childhood development programming in humanitarian settings	The brief summarizes findings about Ahlan Simsim, a groundbreaking initiative from Sesame Workshop and the IRC.	All	IRC	English

A photograph showing a woman with dark hair tied back, a man, and a young child looking at a tablet together. The woman is on the left, the man is on the right, and the child is in the center. They are all looking at the screen of the tablet, which displays some colorful icons. The background is slightly blurred, showing what appears to be a wooden railing or fence.

Response

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Overview: What does response look like in Early Childhood Development in Emergencies (ECDiE)?

ECDiE response interventions should aim to reach all children ages 0-8 and their caregivers, starting with the most vulnerable children and their caregivers, including children with disabilities, those from isolated or marginalized communities, separated children, and children on the move, among others. Interventions should be used and adapted to the context. Response plans should try to incorporate as many locally sourced play and learning materials and other relevant resources as possible; this circumvents the logistical challenges of shipping material from abroad, and it maximizes resource usage.

ECDiE is multi-sectoral, and implementing multi-sectoral, integrated activities remains challenging. It is important to advocate for and actively support cohesive, multi-sectoral collaboration and coordination at all levels of the response to ensure the most effective programming, reduce duplication, and avoid ineffective use of resources.

INEE Minimum Standards framing

The core actions for response in ECDiE presented in this Guidance Note align with three Domains of the INEE Minimum Standards: Domain 1: Foundational Standards for a Quality Response; Domain 2: Access and Learning Environment; and Domain 3: Teaching and Learning. Standards in **Domain 1** describe actions that are key to preparing, planning, managing, delivering, and monitoring a collective education response. **Domain 2** presents standards that address the importance of creating an inclusive, equitable, and protective learning environment for all during a crisis. **Domain 3** emphasizes that equitable access to education must be accompanied by quality teaching and learning, and attention to children's and young people's emotional, physical, and cognitive wellbeing. In particular, the core actions presented build on the following standards:

- Standard 5: Response Strategies - Inclusive education response strategies include a clear description of the context and of the barriers to the right to education and strategies to overcome those barriers.
- Standard 9: Protection and Wellbeing - Learning environments are secure and safe, and they promote the protection and psychosocial wellbeing of learners, teachers, and other education personnel.
- Standard 10: Facilities and Services - Education facilities promote the safety and wellbeing of learners, teachers, and other education personnel and are linked to health, nutrition, psychosocial, and protection services.
- Standard 14: Training, Professional Development, and Support - Teachers and other education personnel receive regular, relevant, and structured training in line with their needs and circumstances.

Core actions for response

Consider the following core actions in developing a coordinated and integrated ECDiE response. Responses should address the needs of young children and their primary caregivers, foster nurturing care, and use culturally relevant and appropriate practices.

1. Conduct a needs assessment

Robust needs assessments are essential in the immediate response phase of an emergency. Consider using a child-centered, intersectional, and participatory approach, considering gender, age, disability, and other identity markers that can underlie drivers of child rights violations, inequalities, discrimination, and barriers to service for vulnerable groups (War Child UK, 2022). The needs assessment should provide an overview of the impact of the crisis on children, families, communities, and the centers and structures meant to support them, including preschools, health centers, and other facilities serving young children; most importantly, the assessment should help understand children's needs and how stakeholders across levels can address them.

In many emergencies, coordination systems will collaborate on multi-sectoral assessments (see more on multi-sectoral [coordination](#) in the correspondent section), which are followed by sector-specific assessments. If a specific assessment for ECD is not possible, ensure key questions on ECD are integrated into other sector assessments, including education, protection, health, nutrition, and WASH. Where possible, advocate for the involvement of the community, children, and their families and for the inclusion of ECD-related questions, such as the following (adapted from Save the Children, 2017 and UNICEF, 2014):



Suggested data and queries for needs assessment

On early learning, stimulation, and play:

- Are early learning and play-based activities taking place? Where?
- What learning and play materials are available?
- Who are the ECD facilitators/volunteers?

On responsive caregiving:

- What is the impact of the emergency on caregivers?
- Are there children who are separated from their parents?
- Are there caregiver/parent support programs available?

On safety and security:

- How are young children looked after in the affected communities?
- What are the local child-rearing customs?

On health and nutrition:

- Do young children have access to adequate health services, such as immunization programs?
- Are there programs to support feeding, including therapeutic feeding?

Process and analyze the collected data. Determine the effects the emergency has had on young children and their primary caregivers, their most pressing needs, and the expected outcomes of the subsequent response plan.



See additional guidance to conduct a needs assessment in [Annex 6](#)



See additional instruction on how to analyze data gathered for needs assessments in [Template 3](#)

2. Select and design interventions

Interventions must respond to the identified needs and be sensitive to the context of the emergency. Based on the needs assessment, determine the rationale for the intervention. First, **articulate clearly what the challenge or gap is and why an intervention is needed**; this will help define and limit the intervention's scope and objective. Then, identify the **sub-population of children and/or primary caregivers** that will benefit from the services, facilities, systems, and practices to be delivered. Acknowledge the unique needs of children from different age groups and, in particular, of those from marginalized populations (such as families in poverty, children with disabilities, girls and women, Indigenous populations, and others). Interventions should be inclusive and should serve the most at-risk populations. In addition, encourage fathers and other male caregivers' engagement; start by identifying which barriers exist for their involvement in the local context and how these can be addressed.

Consider existing interventions that have been proven successful in supporting young children and their primary caregivers, and that address the identified problem or gap. Transferring an existing intervention to a different context requires adaptation, which will ideally involve a range of stakeholders, including those with expertise in intervention and those with knowledge of the context.

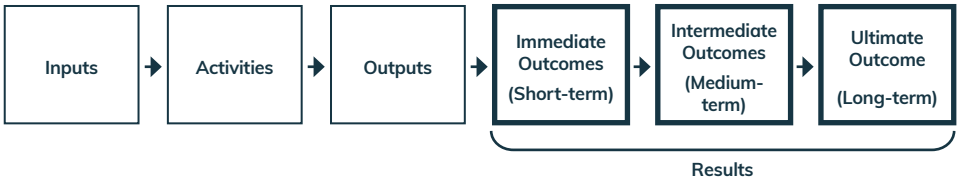
➤ See additional information about adapting interventions in [Annex 7](#)

➤ See a pool of programming examples and open-source resources to support implementation in [Annex 8](#)

➤ See examples of age and developmentally appropriate responses in [Annex 9](#)

Consider building and/or using a **logic model** that describes the pathway of change that the intervention will follow – how it will get from the current situation to the desired one. This sets out the inputs and outputs required, along with the expected outcomes and impacts. With a solid logic model describing inputs, outputs, outcomes, and impact, along with their underlying assumptions for success, choose relevant indicators to track progress (see more information about [Monitoring and Evaluation](#) in the corresponding section).

Figure 2. Illustration of a Logic Model



Source: Adapted from *Results-Based Management for International Assistance Programming* at Global Affairs Canada: A How-to Guide (Global Affairs Canada, 2022).

In all cases, the expressed priorities of the community need to be the driver in the logic process/design of intervention. Where possible and practical, consider involving different stakeholders in various aspects of intervention design. The centrality of the whole child and the perspectives of those responsible for safeguarding and ensuring the rights and healthy development of the child should be reflected in every aspect of the process, design, and implementation. This will ensure that relevant stakeholders can efficiently agree on the indicators and how data will be collected and used.

Refer to the Nurturing Care Framework to identify the **desired outcomes and impacts** of the intervention. Outcomes refer to the immediate changes that come about as a result of the implemented activities; to identify an outcome, it is necessary to look beyond the implementation of an individual activity and try to visualize how and to what extent children and their caregivers are able to benefit from the delivery of that activity.

Table 1. Desired outcomes by components of nurturing care

Early learning	Good health	Adequate nutrition	Safe and security	Responsive caregiving
<ul style="list-style-type: none"> • Communication is language-rich • There are opportunities for age-appropriate stimulation, play and early learning at home and in the community 	<ul style="list-style-type: none"> • Caregivers are mentally and physically healthy • Antenatal, childbirth and postnatal care are of good quality • Mothers, fathers, and children are immunized • Care-seeking for childhood illness is timely • Childhood illness is appropriately managed 	<ul style="list-style-type: none"> • Caregivers' nutritional status is adequate • Breastfeeding is exclusive during the first 6 months and initiated early • Complementary feeding and child nutrition are appropriate • Micronutrient supplementation is given as needed • Childhood malnutrition is managed 	<ul style="list-style-type: none"> • Families and children live in clean and safe environments • Families and children practice good hygiene • Children experience supportive structure/discipline • Children do not experience neglect, violence, displacement or conflict 	<ul style="list-style-type: none"> • The child has secure emotional relations with caregivers • Caregivers are sensitive and responsive to the child's cues • Caregiver-child interactions are enjoyable and stimulating • Communication is bi-directional

Source: Nurturing care handbook. Strategic action 4: Monitor progress (WHO, 2021)

Finally, decide on the necessary delivery strategy to achieve the expected outcomes. Higher frequency yields better results, especially at the beginning of the interventions. However, particularly in emergency contexts, an appropriate dosage will also need to consider the safety of children, caregivers, and implementers. Therefore, the dosage of an intervention varies in (UNICEF, 2017):

- **Duration:** What length of time do target populations participate? For example, is it for one week or six months, etc.?
- **Frequency:** How often are contacts made? Daily, weekly, monthly, etc.?
- **Intensity:** How long is each contact session? For example, is it for 10 minutes, 30 minutes, two hours, etc.?
- **Platform:** What mode or channel is better for service delivery? (TV, radio, social media, phone messaging, community facilities or services, home visits, among others).

3. Ensure the availability of essential inputs and capacities

In many emergencies, the availability of ECD-trained and qualified staff is limited. In response, volunteers and primary caregivers from the community may be recruited and trained as para-professionals to work with young children and families. Caregivers, para-professionals, and volunteers should be screened, recruited, and trained. Those selected should (UNICEF, 2014):

- Be trained to understand the developmental needs of the young child.
- Adhere to defined codes of conduct and safeguarding while dealing with young children.
- Be aware of where and how to access health, protective, mental health, psychosocial support, specialized and rehabilitation services and aware of and confident using available referral mechanisms.
- Understand how to use play and recreational materials with young children.

In an emergency situation, service providers, facilitators, and volunteers may play an even more critical role in responding to children's emotional needs as they face the uncertainties of crisis. In turn, ECD programs should provide service providers, facilitators, and volunteers with access to basic social services and should address their psychosocial and emotional needs. It is essential to make efforts to engage female facilitators from the affected communities; this should be accompanied by sensitization work to ensure that women feel supported to work outside the home. See complementary strategies below (Plan International, 2012):



Recommended strategies to support service providers, facilitators, and volunteers

- Provide the service providers, facilitators, and volunteers access to ongoing support through coaching and mentoring to achieve quality programming.
- Seek trainers with interpersonal sensitivity, confidence, skills at leading small groups, and personal emotional health.
- Ensure the staff has positive attitudes towards gender equity and violence prevention.
- Consider facilitators who are trusted community members or local service providers with strong social engagement and basic literacy skills.
- Ensure providers and facilitators have culturally relevant competencies, including the ability to stimulate interaction, listen, create a safe learning environment, and build on participants' existing knowledge and competencies.

Acknowledging that children who have been through distressing events can present adverse reactions that include anxiety and depression, social withdrawal, difficulty concentrating, crying, clinging behavior, and development regression. It is important that service providers and facilitators are well-equipped with the necessary skills to offer psychological first aid, as it fosters adaptive functioning and coping in a child, helping prevent short- and long-term psychological issues. Some children and caregivers will

require specialized support and services, and service providers, facilitators, and volunteers should be able to make referrals. ECDiE stakeholders should remain up to date on available mental health and child protection services.



See additional information on how to support young children in distress in [Annex 10](#)

Consider setting enabling environments for children's safety, protection, and nurturing, such as child-friendly spaces, to provide a safe, predictable, and stimulating environment where children can play, participate in learning activities, and receive psychosocial support designed to support their wellbeing. This can be a new physical space if needed, or an existing space used to protect children and promote and support their development. These are widely used in emergencies as a first response to children's needs and a first step in providing support to the affected communities. They can be established within existing community buildings, bombing shelters, waiting areas, safe and secure outdoor spaces, and other safe places. Ensure that supportive spaces are set considering the following principles:



Recommended strategies to set enabling environments

- They are secure and safe environments for all children.
- They provide a stimulating and supportive environment for all children.
- They build on existing structures and capacities within a community.
- They use a fully participatory approach in design and implementation.
- They provide or support integrated services and programs.
- They are inclusive and non-discriminatory.



See additional guidance on setting enabling environments such as child-friendly spaces in [Annex 11](#)

Resources for Response

Topic	Tool Name	Description	Relevant Sections	Publisher	Languages
Conduct a Needs Assessment	Early Childhood Development in Emergencies Manual	This manual provides guidance on how to assess need, design, and implement ECDiE, supporting each of core components of a response.	Section II, Step 1: Assessing the situation	Save the Children	English
	The Multi Cluster/Sector Initial Rapid Assessment (MIRA) Approach	The MIRA is a joint needs assessment tool that can be used in sudden onset emergencies, including IASC System-Wide level 3 Emergency Responses.	Section 2: Implementing the MIRA	IASC	English
Select and Design Interventions	Examples of ECDiE in Practice	This document provides an introduction to types of ECD in Emergencies programmes implemented around the world and how others set up environments for learning and play.	All	Sesame Workshop	English
	Designing and Implementing Quality Early Childhood Development Programming in Crisis and Conflict Settings	This resource is based on IRC experience and research to drive ECD programming in crisis and conflict settings and provides insight into how to design, implement and evaluate these programs.	All	IRC	English
Ensure Availability of Essential Inputs and Capacity	Psychological First Aid Training Manual for Child Practitioners	This manual was developed to facilitate training in psychological first aid with a focus on children. It is aimed at developing skills and competencies that will help child protection staff reduce the initial distress of children who have been exposed to a traumatic event.	All	Save the Children	English
	The Toolkit for Child Friendly Spaces in Humanitarian Settings	The toolkit provides a set of materials to assist managers and facilitators/animators in setting up and implementing quality CFS.	All	IFRC	English Arabic Ukrainian



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Recovery

Overview: What does recovery mean for Early Childhood Development in Emergencies (ECDiE)?

The recovery phase marks the beginning of a period for the restoration and improvement of facilities, livelihoods, living conditions, and psychosocial wellbeing of affected communities, including efforts to reduce risk factors. During the recovery phase, interventions may continue, be amended, or phased out, with emphasis placed on restoring and strengthening the capacity of longer-term government and community-based services. Recovery efforts must include work to reduce the risks of future emergencies. It also provides a window of opportunity for building back better as ECDiE can catalyze systems change and provide an opportunity for addressing other issues; it can contribute to reducing inequality, promoting gender equity and lifelong learning, and fostering more peaceful, resilient, and inclusive societies.

It is important that services and interventions that are implemented beyond the emergency response continue to target at-risk groups (e.g., girls, children with disabilities, children from rural or hard-to-reach areas, and pregnant or lactating women). Multi-sectoral collaboration and coordination must continue during the recovery phase so that young children and families receive the integrated support they need.

INEE Minimum Standards framing

The following core actions for recovery in ECDiE align with INEE Minimum Standards [Domain 5: Education Policy](#). The standards in this domain highlight the importance of education policy in providing inclusive and equitable quality education during crises:

- [Standard 18: Law and Policy Formulation](#) - Authorities prioritize the continuity and recovery of quality education, including free and inclusive access to learning.
- [Standard 19: Planning and Implementation](#) - Programs and activities reflect international and national educational policies, laws, standards, plans, and the learning needs of the people affected.

Core actions for recovery

During recovery, young children and their caregivers may still be experiencing the negative effects of the emergency, whether physical, economic, or psychological. It is especially important to continue addressing the impact of the crisis on children and caregivers.

1. Support post-emergency needs assessments

Ensure that ECD is reflected and prioritized in the post-emergency needs assessments. The recovery needs identified will help mobilize resources and develop a recovery strategy. Revisit the assessment and monitoring exercises conducted in the preparedness and response phases; these should provide a general overview of the pre-disaster conditions, which serve as a baseline to compare with post-disaster conditions in the affected community (GFDRR, 2013).



Suggested data and queries for a post-emergency needs assessment

- Desk review: in the context of the sector and thematic groups created, the collection of secondary quantitative data on disaster damages and losses and pre-disaster baseline information.
- Field visits: sample collection of data and validation of data from affected areas, including surveys and other data collection methods through Interviews. Field visits are to be coordinated with national and local authorities. Selection of locations will be based on preliminary data of the most affected or relevant areas or sectors
- Stakeholders' consultations, including focus groups.



See additional information on reopening early childhood education spaces in [Annex 12](#)

2. Consider strategies for continued support

The recovery phase presents an opportunity for the uptake of ECD, and even though some interventions will no longer be needed and, therefore, will be phased out, quality and inclusive ECD programming should be integrated **into existing social service systems**. Revisit the previously conducted assessments and monitoring exercises, as these should provide input for decision-making processes in the recovery phase; the information gathered and analyzed will indicate which services and interventions should continue or end. Some of the interventions that could continue include (Plan International, 2012):



Recommended strategies for continued support during the recovery phase

- Enabling young children who became displaced during the emergency to reintegrate into the ECD establishments in their native or new community.
- Regular monitoring of children's health and nutrition by community health center staff or community health volunteers.
- Building permanent preschools and other ECD centers in order to ensure the continuation of ECD.
- Making sure the standards for building and environment of ECD centers, kindergartens, pre-primary and primary schools, and health centers are part of quality standards for child-centered development.
- Ensuring that physical structures are built to withstand predominant local hazards.
- Making arrangements for the safekeeping of children's health cards and other important documents.
- Regularly conducting evacuation and other safety drills appropriate to the predominant hazards.
- Ensuring activities in the centers and at home consistently convey how children can avoid risks and what they should do during an emergency.
- Incorporating DRR into the curriculum of kindergartens, preschools, and primary schools.
- Include conflict resolution and peacebuilding in ECD activities.
- Facilitate young children's transition to formal education, such as pre-primary and primary school.

3. Advocate for early childhood development policies and programming

Advocate for regional, national, and local policies and procedures that foster and support access to quality ECDiE programs; this translates into including the specific needs of young children and their caregivers in national emergency policies and planning. In order for governments to understand and respond to concerns about developing quality policies for ECD services, practitioners and other stakeholders can serve as advocates by directly supporting families and communities or advocating to ministries, donors, budget holders, and institutional systems.

Develop an advocacy strategy to help understand the situation, identify stakeholders and their relative power, and how change happens; identify target audiences, the right messages, and the right messenger to deliver the message; identify processes, opportunities, and entry points; recognize capacity and gaps; and finally set goals and interim outcomes, develop an action plan, and monitor and evaluate results. This strategy should align with the aspirational outcomes of the Nurturing Care Framework. Consider that advocacy efforts are often strongest when undertaken by a collective group across sectors and levels of implementation.

Some advocacy needs include:

- Use data and evidence to support efforts (using what has been monitored and evaluated as evidence for what is needed in the future).
- Close collaboration with local governments, NGOs, and other stakeholders to ensure resources are set aside for practitioners and other caregivers to continue interventions.
- Government institutions should introduce and enforce ECD policies for both non-emergency and emergency situations.
- Establish or support an appropriate ministry or interagency ECD task force to ensure the coordination, management, and monitoring of an equitable, efficient delivery of ECD services.
- Ensure ECD activities are included in sector budgets.

Resources for Recovery

Topic	Tool Name	Description	Relevant Sections	Publisher	Languages
Support Post-Disaster Needs Assessments	Post-Disaster Needs Assessments (PDNA) Guidelines Volume A	The PDNA Guide was developed as a common platform for partnership and coordinated action in post-disaster assessment and recovery planning.	Chapter 2 – Conduct a PDNA Chapter 3 – Process and procedures for a PDNA	GFDRR	English
Consider strategies for continued support	Curriculum guide: Effective support for transition to primary school	This guide analyzes the broad spectrum of factors that influence whether a child successfully transitions into primary school.	Section E – Transition program components Section G – How to design a transition program	Plan International	English
	Global Guidance on Reopening Early Childhood Education Settings	This guidance note outlines key principles and practical measures for decision-makers to consider before, during and after the transition from closure to reopening.	All	UNICEF, World Bank, UNESCO	English
	Conflict Management and Peace Building in Everyday Life: A resource kit for children and youth	This resource kit contains a series of tools that have been collected, adapted and used with and by children and youth in diverse socio-cultural and political contexts	All	Save the Children	English
	INEE Guidance Note on Conflict Sensitive Education	This guidance note is for education practitioners and policy makers working in conflict-affected and fragile contexts, with strategies to implement conflict sensitive education programs and policies and resources.	All	INEE	English Arabic French Spanish Portuguese Dari Pashto

Topic	Tool Name	Description	Relevant Sections	Publisher	Languages
Advocate for quality, inclusive ECDiE	What Can the Early Childhood Field Learn from Leading Advocacy Initiatives?	The publication delves into the lessons learned from six case studies to inform the international early childhood development community on how other sectors have approached advocacy, as well as how specific ECD campaigns achieved national impact.	All	Kimby Josephson, Michelle Neuman, Kavita Hatipoglu	English
	Early Childhood Education Accelerator	This tool will support advocacy through a series of key tools for building out advocacy strategy and plan. By developing a robust but simple advocacy strategy for ECE, you will identify context-appropriate tactics and activities to galvanize momentum around ECE.	Tool 1.1: Advocacy Workbook for Early Childhood Education Key Guidance and Tools for Creating an ECE Advocacy Strategy and Plan	Early Childhood Education Accelerator	English
	Creating Change: Advocacy Toolkit for Education in Emergencies	The INEE Advocacy Toolkit aims to make it easier and faster for INEE members to find the tools they need to strengthen their vital work. It pulls together resources from across the education, humanitarian, and development sectors and presents them as clear, concise lists.	All	INEE	English Spanish French Arabic Portuguese



Coordination

Coordination among stakeholders from different sectors can help provide a proactive and well-coordinated approach to protect and support young children in emergencies. It will help with delivering an intervention that reflects the integrated and interrelated nature of ECD, ensures diversity, and avoids omission or duplication.

1. Identify relevant stakeholders and seek coordination

Map the relevant stakeholders working in the ECDiE field, involved in supporting young children before, during, and after an emergency. Stakeholders who should be engaged in multi-sectoral ECDiE coordination will vary according to the context. Stakeholders can be from any of the following groups:

- Government agencies
- International and local NGOs
- Academic and research institutions
- Community leaders and organizations
- Health, nutrition, education, and child protection professionals
- Psychosocial support organizations
- Organizations of persons with disabilities
- Donors and philanthropic organizations
- Parents and caregivers



See additional guidance food stakeholder mapping in [Annex 13](#)

Identify the different coordination mechanisms and structures in place. In cases where national and local coordination mechanisms are in place, seek to work and collaborate with them (Plan International, 2012). These mechanisms can include clusters, which are groups of humanitarian organizations in each of the main sectors of humanitarian action responsible for coordination (OCHA, n.d.). Where coordination systems do not exist, support the development of an ECD coordinating body between relevant national authorities and sectors. The goal is to create an inter-sectoral, inter-agency coordination mechanism focused on developing an inclusive and integrated ECD strategy through participatory approaches. While recognizing that each context is unique, some initial steps can be taken to support establishing a coordination structure. Consider the following recommendations (Sesame Workshop, 2023):



Recommended strategies to set up and maintain an ECDiE coordination mechanism

- The structure should engage stakeholders from across the development-humanitarian nexus and cross-cutting topics such as education, nutrition, health, protection, WASH, MHPSS, gender, and disability inclusion.
- Engage with host government and national systems, building on existing policies and approaches to ECDiE coordination, where possible.
- At the working level, engage with national influencers on coordination, policy, and data issues.
- Collaborate as soon as possible to ensure local leadership of coordination efforts by engaging local organizations and affected communities.
- Strive to establish an ECD-specific forum where issues and strategies can be discussed.
- Aim to connect ECDiE coordination with any established humanitarian coordination structure to ensure that ECD priorities are voiced and mainstreamed in existing structures.

2. Foster collaboration and coordinated work

When coordination mechanisms have been identified or established, leverage their capacity to convene to work collaboratively with relevant stakeholders. Some recommended strategies include:



Checklist for effective coordination with other stakeholders

Ensuring ECDiE is explicitly included in assessments and response plans

- Foster child participation and child safeguarding in joint needs assessments.
- Where clusters are activated, make sure their response plans address the needs of young children and their primary caregivers.
- Where clusters do not exist, connect with other sectors that can serve as entry points into the response. Refer to the section on advocacy in the preparedness phase for more resources and support.
- Ensure that each sector's activities are properly planned and implemented, seeking coordination with other sectors for joint planning, implementation, and monitoring.

Consensus on the way forward

- Support the alignment of goals, objectives, and priorities to promote a unified approach, which can lead to more efficient and effective outcomes.

Using collaboration platforms and tools

- Examine potential tools and platforms that can serve as a central repository for documents, streamline communication, and enable collaboration across stakeholders.

Joint transition planning

- Develop a transition plan for transferring coordination responsibilities from the response phase to the recovery phase and beyond. This plan should be crafted by all relevant stakeholders and include processes, activities, and timelines to ensure smooth transfer.

Engaging communities in coordination work

- Foster ownership and leadership of coordination efforts from the community; these are critical success factors for the sustainability of a cohesive and comprehensive approach to ECD. Work cannot effectively continue if it is not derived from, accepted by, owned, and led by the communities being served.



See additional information on how stakeholders in different sectors can work together in [Annex 14](#)

Resources for Coordination

Topic	Tool Name	Description	Relevant Sections	Publisher	Languages
Coordination for quality ECDiE	Development of an ECD in Emergencies Coordinator Toolbox	This report summarizes key insights from the ECD in Emergencies Coordinator Learning Cohort about the potential development of an ECD in Emergencies Coordinator Toolbox.	All	Sesame Workshop	English
	ECD in Emergencies Education Diplomacy Guidance on Multi-sectoral Coordination: Stakeholder Identification	This note provides guidance on how to identify stakeholders in the ECD in Emergencies space, suggestions of what stakeholders are to be involved and key considerations, and how to begin the coordination process with them.	All	Childhood Education International	English
	IASC Guidance on Strengthening Participation, Representation and Leadership of Local and National Actors in IASC Humanitarian Coordination Mechanisms	This guidance note has been developed to support efforts to strengthen the meaningful participation, representation, and leadership of local and national humanitarian actors (L/NAs) within IASC humanitarian coordination structures. It draws on over 100 pieces of research and good practice to provide recommendations on how L/NAs can be an integral part of humanitarian coordination structures.	All	IASC	English Arabic French Spanish



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Monitoring and Evaluation

Monitoring is systematically collecting, analyzing, and using information to guide activities and investments. It allows to:

- Agree on the intervention's logical framework and its associated indicators for tracking progress in ECD; make data available to stakeholders – including families and communities.
- Monitor children's developmental status.
- Use data to make decisions about programming for nurturing care, ensuring accountability.

Monitoring and evaluation exercises provide necessary data to feed progressive research and show evidence to advance the early childhood development agenda.

1. Build a monitoring and evaluation plan

Refer to the intervention's logical model, and based on the desired outcomes and impacts, set up a monitoring plan that clearly outlines the indicators to monitor progress and impact. Indicators are measures used to show the change in a situation or the progress of an activity or project. Indicators should be specific to the expected outputs or outcomes; measurable, with defined numerators and denominators; achievable in the program; relevant to the intervention being measured; and timebound, according to the program cycle. Indicators and associated data should be disaggregated to fully understand how factors like age, gender, race, ethnicity, migratory status, and disability affect young children's chances of reaching their potential. Consider that there are different types of indicators as follows:

Table 2. Examples of indicators

Type of indicator	Description	Suggested data and queries
Output	Show the immediate results of the project activity. To identify output indicators, look at the specific activities in the emergency response and then develop the indicators that will help determine whether the activities are achieved as planned.	<ul style="list-style-type: none"> # of frontline workers trained and certified in ECD interventions # of facilities meeting minimum standards for ECD # of hygiene education trainings implemented for teachers, caregivers, and young children # of events hosted to disseminate relevant information to parents and caregivers # of learning and stimulation kits distributed % of caregivers who report daily time dedicated to the child to play # of children with disabilities who benefited from the ECD interventions?
Outcome	Show the immediate changes that come about as a result of the implemented activities. To identify outcome indicators, you need to look beyond the implementation of individual activity and try to visualize how, and to what extent, children and their caregivers are able to benefit from the delivery of that activity.	<ul style="list-style-type: none"> # of children using ECD kits in the safe space or camp % of children receiving early stimulation and responsive care from their parents or caregivers # of out-of-school girls and boys who participated in early learning # of mothers, fathers, and caregivers reached through parenting programs % of key stakeholders with an understanding of integrated ECD % of caregivers who report engaging in meaningful interactions with the child (e.g. talking, guiding, storytelling, etc.) % of caregivers who report safety from physical and environmental hazards % of children who report a place where they feel safe
Impact	Refer to the longer-term changes as a result of program activities. Child development standards can be used to develop impact indicators showing how the emergency response has ultimately helped children reach their development benchmarks. Most countries have child development standards in place, tailored to the specific socio-cultural norms. These can be adapted for emergency settings.	<ul style="list-style-type: none"> Improved physical and emotional safety for children and caregivers Positive, responsive child-caregiver relationships Agency, child's voice is heard School readiness of young children in disaster-affected areas or other humanitarian and emergency settings Ability to have meaningful relationships with friends and family members, greater social awareness

Sources: Adapted from *Early Childhood Care and Development in Emergencies: A Programme Guide* (Plan International, 2012), *ECD in Emergencies: Integrated Programme Guide* (UNICEF, 2014), *Defining and Measuring Child Well-Being in Humanitarian Action: A Contextualization Guide* (The Alliance, 2021).



See additional instruction on how to build a monitoring plan in [Template 4](#)



See a larger sample of indicators in [Annex 15](#)

ECDiE interventions aim to support children's healthy development and wellbeing. Every ECDiE intervention will require a unique monitoring and evaluation plan that is appropriate and relevant to its design and the context where it is being implemented. However, it is necessary for interventions that seek to promote and enhance the wellbeing of children to measure common indicators, categorized by domain and age, being able to identify children who are at risk of developmental difficulty or who experience a delay or disabilities. Consider the **Child Wellbeing Measurement Framework** to capture standards for children's wellbeing in a broad range of circumstances.

Table 3. Developmental domains

Domain	Description
Cognitive skills	The processes or faculties by which knowledge is acquired and manipulated, including abilities such as memory, problem-solving, and analytical skills
Language skills	Language comprehension and expression
Motor skills	The ability to control and coordinate gross movements of the legs and arms (e.g., jumping, throwing) and fine movements
Executive function / self-regulation	Intentional control over behavior and cognition. Executive function includes abilities such as inhibitory control, cognitive flexibility, attention, and working memory
Temperament	Biological influences on the experience and expression of emotion, including extraversion/ surgency (positive affect, activity level, impulsivity, risk-taking), negative affectivity (fear, anger, sadness, discomfort)
Socio-emotional needs	The regulation of emotional responses and social interactions, which is a function of both temperament and self-regulation, including behavior problems, social competency, and emotional competency
Adaptative skills	The ability to perform daily-life skills, such as self-feeding, dressing, toilet training, interacting with others, and adjusting to new situations
Learning skills	Skills needed to learn reading and math, such as counting and letters
Approaches to learning	Behaviors related to how children become engaged in learning experiences, such as the ability to stay focused, interested, and engaged in activities

Source: Adapted from *A Toolkit for Measuring Early Childhood Development in Low- and Middle-Income Countries* (The World Bank, 2017).

2. Implement the monitoring plan

Based on the monitoring plan, identify the sources for the required data. There are many good sources of data; combining several of them will minimize gaps, and they can complement one another. Existing data can give you a baseline. Consider using existing metrics, such as population-level surveys, censuses or administrative databases (some examples commonly used are Standardized household surveys, such as the Demographic and Household Surveys (DHS) and the Multiple Indicator Cluster Surveys (MICS)) (UNICEF, 2017). If there are significant data gaps, plan to gather additional information broken down by gender, socioeconomic status, age, area, disability, and caregivers' education level.

Make sure direct implementers know how and what they need to monitor and why. Build skills for data gathering and systematization, and regularly review the quality of routine data entry and work to improve it. This process should also include documenting lessons learned.



See additional guidance to document lessons learned in [Template 5](#)

3. Make informed decisions

Learn and adjust implementation to overcome barriers and improve performance. Monitoring allows for understanding whether the intervention is going according to plan and if progress is on track. If implementation and progress are slow, data – on inputs, processes, outputs, and outcomes – will help to track down the problems and bottlenecks. Overall, implementers will be able to:

- Gain an understanding of the status of children's development at a point in time to shine a light on the hidden problems.
- Inform re-design of interventions to address critical issues identified to act on evidence.
- Inform how services and supports should be targeted so that the positive influences are maximized across populations to monitor implementation.
- Track changes over time and evaluate if policies and interventions are achieving the program's goals to measure if the intended objectives are achieved.
- Inform policy around where further investments and supports should be targeted to inform stakeholders in making policy decisions.

Resources for Monitoring and Evaluation

Topic	Tool Name	Description	Relevant Sections	Publisher	Languages
Monitoring and evaluation for ECDiE	Nurturing Care Handbook	The Handbook is organized around five strategic actions. For each strategic action, the guides include: overviews, suggested actions, common barriers, tools and checklists for common tasks, indicators for monitoring progress, links to helpful articles and websites, and case studies, showing how governments and other stakeholders around the world can put nurturing care into practice.	Strategic Action 4: Monitor progress	WHO, UNICEF	English
	Social and Behavior Change Communication (SBCC) For Emergency Preparedness Implementation Kit	The purpose of the Social and Behavior Change Communication for Emergency Preparedness Implementation Kit (hereafter referred to as “the I-Kit”) is to provide a set of key considerations for SBCC activities in emergency situations.	Unit 9: Monitoring & Evaluation	USAID Bureau for Global Health	English
	A Toolkit for Measuring Early Childhood Development in Low and Middle-Income Countries	The toolkit provides a practical, “how-to” guide for selection and adaptation of child development measurements for use in low- and middle-income countries.	Chapter 4: Assessment Tools and Their Uses Early Childhood Development Measurement Inventory (Excel)	World Bank Group	English
	Contextualizing and Measuring Child Well-Being in Humanitarian Action	The Child Well-Being Measurement Framework Contextualization Guide highlights the key steps in the process of adapting the global inter-agency child wellbeing definition and measurement framework to context.	All	The Alliance for Child Protection in Humanitarian Action	English
	Care for Child Development Framework - Adapted for the LAC Region	This framework is for persons who coordinate the incorporation of Care for Child Development into services for children and their families, with partners in the health system, local NGOs, and others who work with families of young children.	A Framework for Monitoring and Evaluating the WHO/ UNICEF Intervention	UNICEF, WHO	English Spanish
	WCARO Technical Note #1: How to Identify, Present and Disseminate the “COVID-19 Response Lessons Learned”	This WCARO Evaluation Technical Note on the COVID-19 Response Lessons Learned was developed to respond to the need for more systematic documentation and sharing of Lessons Learned during the COVID-19 response across the West and Central Africa region.	All	UNICEF WCARO	English French

Annex 1

Key development characteristics - how these are affected by emergencies

Early childhood covers three main age periods, each with its own characteristics and requirements: 0–3 (including the period of conception to birth), 3–6, and 6–8 years. The following table summarizes the developmental characteristics of each age group. It highlights changes in behavior that can arise from an emergency and that are not otherwise typical behaviors expressed by those children. Please consider these guides as an orientation; each child develops and unfolds their skills and capacities differently. Also, children with disabilities and developmental delays may be at different developmental stages that do not correspond to their chronological age. What's important for all children is to identify their existing development stage and build, teach or re-teach the relevant age-appropriate life skills they should have acquired (Plan International, 2013).

Age	Key development characteristics	Possible behavior changes during emergencies
0-3 years	<ul style="list-style-type: none">• Experience exponential brain development. Sensitive to conditions in the environment• Highly dependent on parents and other caregivers for healthcare, nutrition, social and emotional nurturing, cognitive stimulation and language development	<ul style="list-style-type: none">• Continuous crying• Anxious clinging to caregivers• Increased temper tantrums• Changes in eating and sleeping patterns• Separation fears• Startled easily
3-6 years	<ul style="list-style-type: none">• Dexterity and self-help skills improve• Becoming relatively more independent• More aware of themselves as individuals• Have a high level of interest in new things, combined with a low attention span• Learn at their own pace and greatly benefit from being read to• Survival and growth continue to depend on proper healthcare and nutrition	<ul style="list-style-type: none">• Regression in speech development or speech difficulties (for children who use spoken languages)• Increased fear of the environment and of people outside their immediate families• Fear of going to sleep and frequent nightmares• Bed wetting, tantrums• Withdrawal from others• Getting bored quickly• Becoming overly absorbed in activities

Age	Key development characteristics	Possible behavior changes during emergencies
6-8 years	<ul style="list-style-type: none"> • Begin to master more complex levels of thinking, feeling and interacting with people and objects in their environment • More aware of themselves and their capacities and can learn new skills quickly • Show more independence • Understand more about their place in the world • Pay more attention to friendships and teamwork • Learn better ways to describe experiences and talk about thoughts and feelings 	<ul style="list-style-type: none"> • Regression in typical development • Hyperactivity or decreased activity • Inability to concentrate, easily distracted • Increased concern for safety of loved ones • Not interested in participating in play • Not showing emotion, stoic affect • Unexplained aches and pains or stomach upsets • Bed wetting • Withdrawal from others • Challenging behavior such as disobedience, aggression or fighting • Distrusting adults' ability to protect them

Source: Early Childhood Care and Development in Emergencies: A Programme Guide (Plan International, 2013)

Annex 2

Disability-inclusiveness guidance

Children with disabilities and their caregivers may face isolation due to stigma and environments that are not accessible. Negative beliefs about disabilities and lack of access to inclusive childcare and education, early intervention, and other specialized services result in higher poverty rates, food insecurity, parenting stress, and isolation. In emergency contexts, diagnosis may be even more difficult, and we may rely on the difficulties observed at the child level or those reported by their parents and caregivers.

Consider using the 'twin-track' approach to inclusion, which focuses on integrating disability-sensitive measures into the design, implementation, monitoring, and evaluation of all policies and programs and providing disability-specific initiatives to support the empowerment of children with disabilities. The balance between mainstreaming strategies and targeted support should be tailored to address the needs of specific communities (UNSDG, 2021).

There are widely used tools for screening and early identification tools, such as the Malawi Developmental Assessment Tool, which provides a model for assessing developmental delays and disabilities in children 0-3 years, and the Child Functioning Module on Disability Statistics, assesses functional difficulties in different domains including hearing, vision, communication, learning, mobility, and emotions. See the following checklist for a disability-inclusive approach to ECDiE programming (UNICEF, n.d.):



Checklist to ensure access and participation for children with disabilities

- Collect data on children with disabilities to identify them, assess their needs, refer them to available services, and monitor their access to ECDiE services.
- Foster collaborations and partnerships with agencies and organizations with expertise in disability and accessibility, including Organizations of People with Disabilities (OPDs).
- Forecast the costs associated with the inclusion of children with disabilities in all ECDiE programming.
- Ensure that children with disabilities can access programs and services by using a twin-track approach to address barriers to access and participation.
- Implement strategies that reduce disability-related stigma.
- Ensure monitoring systems include both disability-specific indicators and indicators disaggregated by disability to monitor progress in addressing the needs of children with disabilities.
- Engage OPDs in evaluations, including in the identification of evaluation criteria, data collection, analysis and validation of findings, and formulation of recommendations and good practice.
- Capture good inclusive practices (what worked and why) and lessons learned and use the findings to provide recommendations for ongoing and future programs.

Annex 3

Suggested entry points for ECD interventions

Component	Examples of services and interventions
Good health	<ul style="list-style-type: none"> • Immunization for mothers and children • Prevention and cessation of smoking, alcohol and substance use • Integrated management of childhood illness • Care for children with developmental difficulties and disabilities
Adequate nutrition	<ul style="list-style-type: none"> • Maternal nutrition • Support for early initiation, exclusive and continued breastfeeding after 6 months • Micronutrient supplementation for mother and child, as needed • Growth monitoring and promotion, including intervention and referral when indicated • Deworming
Responsive caregiving	<ul style="list-style-type: none"> • Skin-to-skin contact immediately after birth • Responsive feeding • Interventions that encourage play and communication activities of caregiver with the child • Support for caregivers' mental health • Involving fathers, extended family and other partners
Opportunities for early learning	<ul style="list-style-type: none"> • Information and counseling about opportunities for early learning, (ie., use of common household objects) • Play, reading and story-telling groups for caregivers and children • Good-quality day care for children, and pre-primary education • Using local language in children's daily care • Safe family and play spaces in urban and rural areas • Inclusive curriculum and inclusive classrooms that cater to diverse needs • Access to assistive devices and technologies and specialized services • Accessible learning environments • Early identification and intervention to support children reaching their full potential
Safety and security	<ul style="list-style-type: none"> • Birth registration • Provision of safe water and sanitation • Good hygiene practices – at home, at work and in the community • Clean environments free of hazardous chemicals • Prevention of violence by intimate partners and in families, and as services for addressing it • Cash or in-kind transfers and social insurance

Source: Nurturing Care Framework for Early Childhood Development (WHO, UNICEF, World Bank Group, 2018).

Annex 4

Situation analysis and risk assessment guidance¹

Consider using qualitative and quantitative data, systematically examine the status and trends of realizing young children’s right to achieve their developmental potential in the country. Identify the inequality in child development outcomes between various population groups and geographic regions within the country, specifically the bottom quintile, children with disabilities, girls, and children affected by the humanitarian context. Analyze the patterns of inequities that affect young children’s right to development, including the immediate, underlying, and structural causes.

Objective	Suggested data and queries
To understand the outcomes and trends across sub-groups of young children and caregivers	<ul style="list-style-type: none">• Who are the most vulnerable young children with greater risk of exclusion from ECD services and not fulfilling their right to achieving development potential?• Who are the most deprived caregivers in charge of young children, and where are they? What are the specific barriers they face to access support?• To what extent are caregivers of young children aware of the importance of ECD and the existence of services and programs to respond to their parenting needs?• To what extent do existing harmful social and cultural practices and beliefs prevent the caregivers of young children from practicing nurturing care and positive parenting for ECD?• To what extent are the specific needs of young children addressed by existing strategies and programs in accordance with their age and vulnerabilities?• What capacities (financial, technical, and institutional) exist at national, sub-national, and community levels to respond to the developmental needs of children and caregivers?• To what extent are ECD services appropriately equipped for delivering quality services to caregivers and their children? Are standards for ECD services in place and adequately monitored across sectors?

¹ Adapted from Child-Centered Multi-Risk Assessments: A Field Guide and Toolkit (Plan International, 2018).

To understand the existing social and environmental context and the drivers of vulnerability

Social environment:

- What is the status of children, adolescents, and different community groups?
- Are they able to partake in decision-making?
- What is their access and control over assets and resources?
- What are some of the main social vulnerabilities?
- What are the underlying age, social, and gender norms?
- What are the connectors and dividers in the community?
- What are the attitudes toward disability in the community?

Physical environment:

- Where are the key natural landmarks?
- What and where are the major land uses? Is the environment being degraded?
- How and by what environmental or social processes? Who is affected?
- What are the natural resources in the community?
- What are the main sources of livelihood?

Risks:

- What climate extremes and disasters (rapid and slow onset) occur in the community, and what locations are affected? How often?
- When in the past five years have these disasters occurred, and what is the probability in the present and the future?
- How will climate change exacerbate these climate extremes?
- What is the history of violence or conflict in this community?

Danger and injuries:

- What places in the community pose an existing threat to the safety of children, adolescents, and adults?
- How are different risks exacerbated?
- Who is most affected and why? Who is least affected and why?

To understand the main risks children, adolescents, families, and communities are exposed to, based on their age, gender, and ability

Education:

- Do children have access to early learning and primary education?
- Who is included and who is excluded?
- How do different risks affect attendance and attrition, and who is affected?
- Which children are out of school before, during, and after emergencies?
- How accessible are ECD learning systems, teachers, and caregivers?

Livelihoods:

- What different groups have access and control to land, resources, and assets?
- How are these sources of livelihoods affected by different risks?
- How does this affect child rights (e.g. levels of distress, violence and exploitation of children, access to education, healthcare, food, etc.)?

Child protection:

- What child protection concerns do children experience before emergencies? Who is affected?
- What child protection issues increase/decrease/emerge during emergencies? Who is affected?

Annex 5

Emergency preparedness planning - guiding questions²

1. Is there a national Emergency/ Disaster Risk Reduction (DRR) plan, including an action plan?
 - a. Does the plan allude to young children? If so, describe the relevant aspects of the plan.
2. Is there a national plan for ECD, including an action plan?
 - a. Does the plan allude to DRR or emergency issues? Describe the relevant aspects of the plan.
 - b. Does the plan allude to specific actions to include vulnerable children, such as children with disabilities?
3. What other government policies exist that do (or could) address ECD and DRR for young children?
4. Which agencies have a history of ECD in this community/province/country?
 - a. Do their terms of reference include plans for DRR or emergencies?
 - b. Are these agencies working together or separately? Do these agencies have guidelines for coordinating with other agencies?
 - c. Are there obvious gaps in geographical or other service targets (are some populations better served than other populations)?
5. Is there an information flow about local ECD issues, including ECD and DRR?
 - a. Who generates this information?
 - b. How is information about young children and DRR disseminated?
 - c. How does it get to government officials and/or agencies? How does it reach practitioners? How does it reach families?
6. Is there a knowledge base about child development by those whose decisions impact early childhood programs and DRR systems?
 - a. Where does information about child development come from?
 - b. How is it disseminated to relevant parties?
7. What are the generally accepted care practices for young children in this community?

² Adapted from Disaster Risk Reduction and Young Children, Assessing Needs at the Community Level (A Guide for the Asia-Pacific Region) (ARNEC, 2011).

8. What types of ECD programs or services are available within this community?
 - a. Where does the funding and support for these come from?
 - b. Are these programs or services prepared for emergencies? In what way?
 - c. Does a curriculum/module exist in ECD/DRR, and if so, how is it implemented?
9. Are there obvious gaps in:
 - a. ECD provision and training?
 - b. Emergency/DRR understanding and training? Budget/funding for ECD and DRR?
 - c. Focus on implementation of programs?
 - d. Do these gaps differ across age groups (e.g. 0-3 years, 5-8 years)?
10. What training programs are available to enhance ECD and DRR knowledge?
11. Are there different levels of trust for different agencies involved with ECD? Why?
12. What could improve the current situation for young children in the case of an emergency in this community?

Annex 6

Needs assessment suggested guidelines³

To establish an accurate account of the scope and severity of the emergency and to ensure that all young children are reached, the following guidelines will assist in conducting an analysis of the current impact and needs. An accurate understanding of existing ECD services and potential partners will serve as possible entry points for a rapid response.

Analysis of young children and families:

- What is the number of children between 0 and 2 years, 3 and 5 years, and 6 and 8 years of age?
- What is their gender?
- Do they have a disability or developmental delay?
- What percentage of young children have lost one or both parents?
- What local knowledge exists regarding the care for and development of young children?
- What are customary local care practices for young children?
- What is the prevalence of traditional birth attendants and local healers?
- What support systems exist for caregivers?

Analysis of existing ECD activities:

- Are any ECD activities currently taking place? If so, what are they?
- Do these activities consider the specific needs of vulnerable children, such as children with disabilities, Indigenous children, and girls?
- Is the available space sufficient for both indoor and outdoor play?
- What early learning, play, stimulation, and other ECD materials are available?
- Are teachers, facilitators, and volunteers available? If so, what training have they received?
- Are older children and other caregivers involved in organizing and helping with activities for young children?
- Are children provided adequate nutrition and healthcare?
- How are services coordinated?
- Is there a system of referral in place for psychologically distressed young children or young children with special protection needs? If yes, how and where are they referred?
- How are parents and families involved in activities for young children?
- How could ECD activities be integrated into existing programs and activities?
- What are the barriers to providing and accessing ECD services and activities?

³ Source: Early Childhood Development in Emergencies: Integrated Programme Guide (UNICEF, 2014).

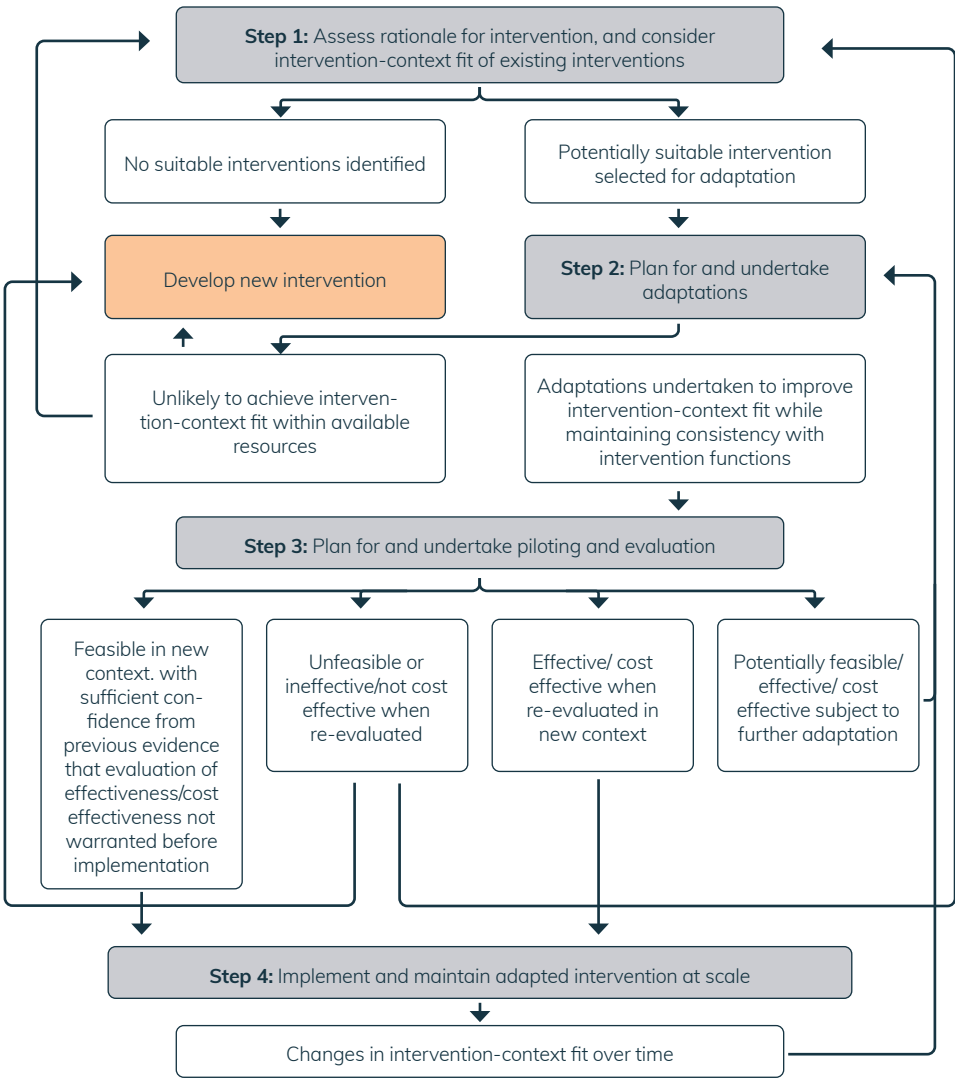
Analysis of potential partners:

- Who are the key ECD players?
- Has an emergency plan for ECD been developed?
- Have local personnel been trained?
- Are they capable of contributing to the viability of the ECD interventions suggested in the plan?
- Is the proposed plan culturally appropriate and realistic?
- Are international and local personnel in place and able to coordinate the identified ECD activities in the emergency plan?
- Are management structures and lines of accountability in place?
- Are international emergency staff fully briefed and on standby?
- Are there local partners engaged in ECD activities? If so, what are their approaches, and what specific activities have been planned?

Annex 7

Adapting an intervention - guiding questions⁴

FORM AN ADAPTATION TEAM COMPRISED OF DIVERSE STAKEHOLDERS



⁴ Source: ADAPT guidance on adapting interventions to new contexts (Moore et al, 2021).

Forming an adaptation team

- Have you involved an appropriate range of stakeholders, including those with expertise in the intervention and its evidence base and those with knowledge of the new context?
- Is your team clear on roles, including who will make decisions on adaptations, when, and how?
- Will you work with the developers of the intervention? How will you manage any conflicts of interest?
- How might the membership of your adaptation team need to evolve as adaptation progresses?

Assessing the rationale for intervention and considering intervention-context fit

- What is the problem that an intervention seeks to improve in the target population?
- Is there more than one potential evidence-informed intervention? If so, are there reasons one might be more suitable than others?
- What is known about the selected intervention(s) in terms of program theory, process, effectiveness, cost-effectiveness, and implementation in other contexts?
- How robust are any claims that the intervention(s) has worked elsewhere?
- How similar and different are original and new contexts in terms of issues likely to affect implementation and effectiveness?
- Are there any intellectual property issues that limit the use and adaptation of the intervention(s)?

Planning for and undertaking adaptations

- What adaptations can you make to respond to constraints and facilitators while maintaining consistency with intended intervention functions?
- What adaptations need to be made to intervention materials, such as manuals, to capture changes made to the intervention?
- Might interactions with aspects of the new context lead to any new unintended consequences?
- What costs and resources are needed to deliver the adapted intervention?
- Who will deliver the adapted intervention, and how will you recruit them?

Planning for and undertaking evaluation

- Given what is known about the intervention, and the likely transferability of previous evidence, what type and extent of re-evaluation is warranted?
- What will be the value of new information to policymakers, practitioners, and other stakeholders?
- Does initial feasibility testing indicate that any further adaptations are needed?
- How will you capture responsive adaptations and decide whether the intervention remains consistent with intended functions and change mechanisms?
- How will you evaluate effectiveness, cost-effectiveness, and process, if this is warranted by uncertainty about whether existing evidence will transfer?

Implementing and maintaining the intervention at scale

- What long-term partnerships and capacity will be needed for the maintenance of the intervention?
- How will you monitor whether the intervention continues to be delivered and maintains its effectiveness over time in real-world practice?

Annex 8

Programming examples⁵

Parenting on the Move (PoM) (Save the Children North West Balkans, 2021):

- A program package developed by Save the Children to support families to provide the necessary conditions for well-being, resilience, and education of children up to 12 years of age, but with a focus on parents whose children are from 6 to 12 years old in situations of migration and refugeehood.
- The program has three components: parent workshops, family workshops (led by trained moderators), and materials for activities in which children and caregivers can engage, in a family setting.
- It can be implemented by all types of practitioners who are trained in its implementation model. They need to have knowledge of the program's thematic fields, experience in facilitating group work with adults and group work with adults and children together and also need to have empathy and developed communication skills.

As a program package, PoM provides a comprehensive framework for implementation through a) training of the facilitators of the workshops, b) mentoring through the implementation, c) monitoring and evaluation.

Reach Up and Learn Package (Reach Up and Learn, 2020):

- Program provides weekly or biweekly home visits for infants and toddlers ages 6 to 42 months. With over 30 years of research and evidence across multiple contexts, the home visiting program has been shown to improve cognitive, social, educational, and mental health.
- The program delivers age-appropriate activities that are introduced and then repeated at specific time intervals to help reinforce key concepts.
- The home visits are centered on a modeling approach, where the practitioner (as a home visitor) demonstrates positive, playful interactions with the child and then supports the caregiver in having their own positive interactions with them.
- The [IRC adapted Reach Up and Learn in the Middle East](#), which demonstrated a positive response from refugee and host community caregivers about the home visiting experience, noting that their children learned new skills and became more social as a result of their participation. Click on the link above to learn more.

Note: Registration and approval are required from Reach Up and Learn Organization to access the full package. Contact them at info@reachupandlearn.com. You can access a [Sample Curriculum](#), a [Sample Training Manual](#), and a [Sample Adaptation and Planning Manual](#) from Reach Up and Learn. A [Parent Manual](#) is available that consists of activities and content that practitioners can share with parents to support playful interactions for children 0-36 months.

⁵ Programming examples have online, open-source resources for practitioners and others to directly implement.

Safe Healing and Learning Spaces Toolkit (IRC, 2016):

- By setting up A Safe Healing and Learning Space (SHLS), practitioners are able to build a secure, caring, and predictable place where children and adolescents living in conflict and crisis settings can learn, develop and be protected.
- The SHLS Toolkit provides child protection and education practitioners with all of the content needed to initiate an SHLS program.
- There are training manuals, handbooks, and lesson plans for [math](#), [reading](#), and [social-emotional learning](#) for children ages 6-11.
- Practitioners can also involve caregivers through [parenting skill building](#) with a trainer's manual, videos, and a curriculum for caregivers of children.

Program resources are available in Arabic, Dari, English, French, Greek, and Pashto.

Learning and Wellbeing in Emergencies: Toolkit (Save the Children, 2018):

- This learning and wellbeing in emergencies (LWiE) resource kit focuses on building and measuring early foundational literacy skills, alongside social emotional learning, in emergency contexts with a focus on community engagement as a key support for children.
- The toolkit contains: an Introduction manual for proposal development and advocacy; a Community Action manual for initial non-formal education or informal learning; a Teacher Training Guide to support teachers/facilitators; a Participant Workbook and Guide in order to conduct direct activities and lessons with children; Learner Assessment tools, and a comprehensive Community Action component to support literacy and wellbeing in the immediate aftermath of an emergency.
- It pertains to children of all ages but with components that are applicable to children within ECD ages.

The toolkit is available in English.

It is also recommended that the Toolkit be used with the [ISELA - Social Emotional Learning Assessment tool](#) (Save the Children, 2019). ISELA is available in English and Arabic.

Play Matters at Home (IRC, 2020):

- Developed by the PlayMatters Consortium led by the International Rescue Committee (IRC), the program focuses on learning and wellbeing for children, particularly those in displacement in East and Southern Africa.
- Activities, videos, and other materials focus on math, reading, and social-emotional learning for children ages 3-12.
- At the center of the intervention is a series of paper-based home learning guides: PlayMatters at Home. There are two caregiver and child-facing guides in the series, one for ECD and one for primary. The guides provide a recommended daily routine, tips for wellbeing, suggestions for caregivers on story-telling, and how to use everyday interactions, such as household chores or casual conversation, as learning opportunities.
- In addition to the two guides for caregivers and children, there is a guide for educators and other practitioners. This provides tips for how to check in on families' wellbeing and use the packets and suggestions for practitioners themselves to support their wellbeing.

Resources are available in English.

Families Make the Difference (FMD) (IRC, 2014):

- A program model developed by the International Rescue Committee (IRC) and implemented in multiple contexts and with refugee families. It is a group-based program intervention: each week for three months, groups of about 20 parents meet for a couple of hours. A facilitator leads them through activities, including discussions about their own childhoods and role-plays designed to help them interact positively with their children, use non-violent discipline, and provide supportive guidance.
- There are 4 main toolkits: a curriculum for children ages 0-5, children ages 6-11, a joint curriculum for children ages 0-11, and an adolescent curriculum. They include a home visit coaching guide, an implementation guide, a facilitator training guide, and a parenting training of trainers.
- The IRC has fully evaluated FMD through randomized control trials (RCTs) in relatively stable contexts. However, the results indicate that participants increased their use of positive parenting techniques, and new research suggests that the program can provide comfort and reduce violence within families in countries affected by conflict and displacement.

Resources are available in Arabic, Dari, English, French, German, Pashto, Russian, and Spanish.

Community Infant and Young Child Feeding (IYCF) Counseling Package (UNICEF, 2013):

- Guides local adaptation, design, planning, and implementation of community-based IYCF counseling and support services at scale. It contains training tools to equip community workers with relevant knowledge and skills on the recommended breastfeeding and complementary feeding practices for children from 0-24 months, enhance their counseling, problem-solving, negotiation, and communication skills, and prepare them to effectively use the related counseling tools and job aids.

The package is available in English.

Ahlan Simsim in Emergency Contexts (Sesame Workshop and IRC, 2017)

- The program, *Ahlan Simsim* (Arabic for Sesame Street), reaches children ages 0-8 and their caregivers in Iraq, Jordan, Lebanon, and the Syrian Arab Republic. Created by Sesame Workshop and the International Rescue Committee, services for families, caregivers, and their children are delivered through home visits, group-based parenting programs, playgrounds, and digital support for caregivers using text messages and social media. Digital engagement reaches caregivers through WhatsApp, videos, and audio messaging, providing parenting tips that empower caregivers to take responsibility for nourishing children's ability to think, solve problems, express themselves, control their emotions, and develop healthy relationships with others.
- Example resources and activities in English are available [here](#), in Kurdish [here](#), and in Arabic [here](#). These resources can be used directly with children and support their social-emotional competencies, such as coping with emotions and understanding stress. For example, there is a [Family Guide: Earthquakes](#), [Guide for Sudanese Families Affected by Crisis](#), and a children's book called *Bulbul's Home*.

Research shows several *Ahlan Simsim* programs have had substantial impact on children's language, numeracy, and social-emotional development. For more information, see the report [Ahlan Simsim Findings](#) (NYU Global Ties for Children, 2023).

Baytna: Early Childhood Development for Refugees in Greece (Amna, 2019)

Baytna primarily aims to create safe spaces that support the development of young children. The program recognizes the different needs of children across ages 0-6. The program focuses on teaching children numeracy and literacy skills, motor development, emotional expression, building confidence through play, and promoting healthy coping mechanisms. To ensure effective communication and cultural understanding, Baytna employs individuals who speak Arabic and come from the same communities as the refugees. These employees are trained in ECD in education but could also draw upon their own experiences as refugees to establish stronger connections, relate, and empathize with participants.

After a year, the project's effectiveness was assessed through interviews, attendance and retention records, and observations of the progress made by children who regularly attended the sessions. The evaluation demonstrated significant benefits for the participants, with children who spent more time in the groups showing greater development in cognitive, emotional, social, and physical abilities. Since 2016, Baytna has reached 605 children and 200 parents, operating in two camps and three community centers across Greece. The success of the project can be attributed to its flexibility and small-scale nature, the time dedicated to building relationships with refugee communities, and the recognition that replicating the project cannot be achieved hastily.

Little Ripples: Community-based refugee-led preschool in Chad (iACT, n.d.)

In 2013, iACT began a project called "Little Ripples," which provided refugee-led home-based preschools for refugee children.

To start the project, iACT conducted surveys among the refugee communities in eastern Chad to identify their most pressing needs. The communities expressed a strong desire for preschool programs, recognizing education as a pathway out of destitution. Because iACT had no prior experience in ECD in education, their first step was to identify and contact ECD experts. Collaborating with these experts, iACT developed a curriculum aligned with the priorities of the local community. The Little Ripples program provided preschool education in home-based settings and employed refugee women to manage the preschools and support children's emotional, cognitive, and physical development. By utilizing existing housing, iACT effectively minimized the upfront costs associated with building separate preschool centers. The home-based model also aligned well with community practices, where children often spent time at their neighbors' houses. This approach transformed a community practice into a "more structured preschool learning model."

To monitor the program's progress, iACT collaborated with the University of Wisconsin Survey Center and conducted a baseline assessment to measure its effectiveness. This assessment encompassed various aspects, including early child literacy and numeracy, child food security, and degrees of child aggression. In interviews about the project, iACT noted that one of the biggest challenges was managing community expectations. There is a high demand for preschool services which only increased once the program was put in place. Little Ripples is the only project of its kind providing preschool education based on ECD principles.

WASH Core Project Model (World Vision, 2022)

Provides practical guidance on how to set up examples of WASH programming in emergency settings. It supports practitioners in understanding that there may be barriers to access to clean water, sanitation systems, and hygiene resources and capacities, all of which affect health. The project model shows practitioners how to work with caregivers in answering some of the following questions: Is clean water available to avoid water borne disease? Is the environment sanitary to avoid the spreading of disease, and are sanitary waste disposal services available? And are children able to be kept clean to promote general good health during a crisis?

The [Nutrition WASH Toolkit – A Guide for Practical Joint Actions](#) (UNICEF, 2016) is a training toolkit designed for joint nutrition and WASH program implementation. Research shows that sanitation issues are causally linked to growth stunting, and many organizations are now choosing to make clear and purposeful links between nutrition and sanitation initiatives. Available in English.

Annex 9

Age and developmentally- appropriate critical responses⁶

Age	Early learning	Good health	Adequate nutrition	Safe and security	Responsive caregiving
Pregnant and lactating mothers	Provide information about child development and good childcare practices during home visits or parenting sessions.	Provide antenatal support, including advice, nutritious food, check-ups, oral health, safe delivery kits, tetanus vaccination, iron and folic acid supplements.	Provide pregnant mothers with iron and folic acid supplements and deworming drugs. Encourage exclusive breastfeeding for the first six months.	Provide group psychosocial support.	Keep breastfeeding mothers and their children together. Facilitate bonding between mothers and children.
0–3 years	Set up a mother-baby area where to nurse. Provide gender-neutral play materials appropriate for children aged 0–3 years.	Support children's immunization, deworming and where possible, supply basic medicines, oral rehydration salts, and first aid to child-friendly spaces.	Conduct nutrition screening and monitoring. Provide micronutrient supplements (vitamin A, iron, and iodine).	Promote and facilitate birth registration. Register children to minimize separation during times of population movement.	Support caregivers to create a protective environment within child-friendly spaces.
3–6 years	Facilitate learning and psychosocial well-being through locally appropriate games, songs, dance, theater, puppets, drawing, storytelling, sports, etc, ensuring that activities are appropriate for the children's age, gender, and culture.	Work with local authorities to rehabilitate community health posts and reactivate healthcare services for young children. Provide health record cards. Provide dental care.	Support supplementary feeding in child-friendly spaces.	Take actions to reduce children's risk of being recruited into armed groups, trafficked, or forced into harmful child labor.	Organize health and hygiene promotion activities for children, parents, and caregivers. Provide caregiver orientation on children's nutrition needs and nutrition monitoring.

⁶ Source: Early Childhood Care and Development in Emergencies: A Programme Guide (Plan International, 2012).

Age	Early learning	Good health	Adequate nutrition	Safe and security	Responsive caregiving
6 – 8 years	Support basic literacy and life-skills education in ECD centers, the early grades of primary schools, and at home.	Organize health check-ups and follow-ups (weekly for the first two months, then fortnightly). Link up with mobile clinics as needed.	Monitor children's growth and nutrition status and refer cases of severe malnutrition.	Include messages about personal safety in a children's learning program, recognizing and reporting signs of abuse and exploitation.	Train caregivers on child-positive discipline, protection issues, services available, and how to identify vulnerable children.

Annex 10

Ways to support a distressed child⁷

Look:

- Check for safety in the immediate surroundings.
- Look for children with obvious urgent basic needs.
- Look for children, parents, and caregivers with serious distress reactions.
- Help children, parents, and caregivers feel calm.
- Speak softly and calmly.
- Sit next to the child or crouch, so you are at the same physical level as the child.
- Maintain eye contact, if appropriate.
- Notice non-distressing things in the child's environment.
- Breathe calmly.

Listen:

- Approach children, parents, and caregivers who may need support.
- Ask about children, parents, and caregivers' needs and concerns.
- Listen to children and their parents or caregivers and help them feel calm.
- Be patient. Building trust takes time.
- Practice active listening:
 - Pay attention.
 - Show that you are listening.
 - Encourage the child to communicate.
 - Respond without judging.

Link:

- Help children and their families to address basic needs and access services.
- Help children and their families cope with challenges.
- Connect children and families with each other and with other social support.
- Provide information and any resources and referrals as applicable.
- Connect children and their families with each other, and with social support.

⁷ Adapted from Psychological First Aid Training Manual for Child Practitioners (Save the Children, 2013).

Annex 11

Suggestions for setting up a child-friendly space (CFS) ⁸

Selecting a site for a child-friendly space: Invite children, caregivers, and other community members (e.g., teachers, women's groups, local leaders) to do a participatory mapping exercise to find a site for a CFS where children feel safe. Select a site that has the following qualities:

- Easily accessible to children and communities (including vulnerable children and children with disabilities), ideally near to where parents and children usually gather.
- Close to other/complementary services (especially to facilitate referrals, reinforce routine and structure, etc.).
- Free from hazards (both indoors or outdoors) that can make children feel insecure, such as damaged facilities, landmines or unexploded ordnance, collapsing structures, holes, hazardous debris, or rubbish.
- A safe distance from traffic.
- Far from military barracks.
- Not damp or muddy (if placing a tent or temporary structure in a muddy area, ensure the floor is raised and prevent roofs from leaking).
- Has enough flat ground for a tent or temporary structure (if needed), latrines, and hand washing facilities.
- Sufficient privacy so that outsiders do not watch children.

Equipping the Space: The space itself must be safe and secure, comfortable and healthy for children as they engage in activities. It may be possible to pre-position items for CFS and make prior arrangements with vendors for CFS supplies. Ensure the space has the following:

- Proper ventilation.
- Shade or cooling systems for warm climates, adequate heat for cold climates.
- Clean drinking water.
- Separate, secure bathroom facilities for boys and girls, with hand washing areas with soap.
- Floor mats to reduce injuries.
- Child-safe toys that are easy to clean (e.g., no sharp objects, non-toxic toys) and age-appropriate.
- Security systems (e.g., ensure all staff and volunteers in contact with children have identification, sign in and sign out, and have a clear reason for being there).
- First aid kit (and all personnel trained in medical first aid and psychological first aid).
- Sanitary napkins for adolescent girls.
- Fire extinguisher.
- Disinfectant cleaner.
- Supplies that can easily be restocked locally (e.g., cleaner, crayons).

⁸ Adapted from The Toolkit for Child Friendly Spaces in Humanitarian Settings (International Federation of the Red Cross, 2018).

Annex 12

Guiding principles for reopening ECD settings⁹

Guiding principle	Description
Take time to plan and prepare for reopening of ECD settings	Develop data-based strategies to address a full range of factors that are crucial for reopening, including how to resource, finance, and safely operate the ECE setting. These plans should be clearly communicated to teachers, children, parents, and community members.
Ensure ECD settings can maintain child-friendly and developmentally appropriate practices	Develop plans to adapt facilities, lesson plans, curricula, and teaching methods. Young children's opportunities for social engagement, learning, and play should be maintained, and the ECD classroom should continue to offer safe and inclusive learning environments for all children.
Ensure staff have training prior to reopening and support once opened	Teachers, directors, and other personnel will need practical guidance to adapt activities and routines and training to identify socio-emotional needs along with regular opportunities to share and process their experiences.
Protect children while engaging in play and learning	More than ever, young children need interaction and stimulating learning activities. Reopening strives to bring children back to routine and comfort in the environments where they play and learn.
Establish healthy hygiene behaviors and practices among young children	Support children to develop good hygiene practices by integrating age-appropriate information about the virus into the curriculum and safety and health measures into enjoyable and stimulating learning activities. Capitalize on teachable moments to help children understand why measures are being taken to keep them and others healthy.
Prevent disease transmission and establish procedures if staff and children become unwell	Leadership can take steps to minimize community spread, including regular monitoring of staff and children's health, minimizing the entry of non-personnel into the building, separating sick staff and children (without stigma) and record keeping. Ensure flexible leave policies and paid sick leave for staff.
Partner with families to ensure a good transition from home to ECD settings and ensure open, ongoing communication	Communicate with families and parents clearly, positively, and openly in languages they understand through a variety of channels. This includes informing families, engaging them to support effective prevention measures, and providing ongoing support to children at home.

⁹ Source: Guidance on Reopening Early Childhood Education Settings (UNICEF, World Bank, UNESCO, 2020).

Guiding principle	Description
Adopt a coordinated and integrated approach to ensure children's holistic needs are met when they return to ECD settings	Recognizing that the emergency has multifaceted impacts on young children – especially the most vulnerable – ECD reopening plans should be inclusive of additional support and referral mechanisms. This encompasses child protection, mental health and psychosocial support, health and rehabilitation, nutrition, and other issues that may emerge.
Make adaptations to reach the most vulnerable children and families	Consider barriers that may prevent vulnerable children from returning to school (fees, uniforms, supplies, etc). Learning materials/platforms, public health information, and communication should be offered in multiple, accessible formats. Modifications should be made to ensure water, hygiene, and sanitation services are accessible. Plan for continuity of assistive services if schools are reclosed.
Plan ahead to support teachers, children, and parents/caregivers in the event of reclosure	In consultation with national and local education and public health authorities, policymakers and managers should be prepared if ECD services need to be fully or partially closed again.

Annex 13

Stakeholder mapping guidance¹⁰

How do we identify all the relevant sectors and stakeholders in an ECDiE response?

Rationale

The first step to working multi-sectorally is to understand who is potentially involved in your work. These individuals might be located outside your sector or work at different levels in the system. It is helpful to use a stakeholder mapping tool to help you think about the relevant sectors and stakeholders you want to reach out to.

Potential tools and approaches

A stakeholder mapping tool prompts you to think about who is involved in your activity, and to help you assess and organize the stakeholders depending on their potential value and influence. Stakeholder mapping tools do not need to be overly complicated and can be constructed using a pen and paper or a typed document.

Guidance

Defining the scope and context of your program/intervention/activity can help you to narrow identification needs. Brainstorm about which individuals, agencies, and organizations work on this issue. Consider the following prompts:

- Think sectorally – which sectors are directly or indirectly involved?
- Think operationally – who works in this area or has programs on this?
- Think of advocacy – who speaks or publishes on this topic?
- Think of influence – who is well respected in this area, who frequently moves initiatives forward, directly on what you are doing or relatedly?
- Think broadly – who works on this from formal/ informal sectors, public/ private spaces?
- Think about different levels – who works nationally and at the community level?

Strategize and organize the actors you have identified into categories to help you determine who will be most important to include in your work.

- Common categories you may want to build into your framework include: power, influence, interest, support, expertise, knowledge, resources, capacity, positions, roles, relationships, networks, level of impact and vulnerability, and your access to them.

¹⁰ Adapted from Early Childhood Development in Emergencies Education Diplomacy Guidance on Multi-sectoral Coordination: Overview and Stakeholder Identification (Childhood Education International, 2023).

Who is involved in multi-sectoral ECDiE stakeholder identification?

Rationale	Potential tools and approaches	Guidance
It is important to question who is identifying the stakeholders who will be involved in multi-sectoral coordination. It should not be a singular effort. Multiple persons should be involved in identifying the necessary stakeholders to ensure comprehensive coverage, representation, transparency, and accountability.	<p>The tools and approaches you use to locate and involve persons who will help identify stakeholders will vary depending on the context and resources. It may also be possible and advisable to combine multiple tools. You can engage in:</p> <ul style="list-style-type: none"> • Skills and expertise assessment • Solicitation of expressions of interest • Expert nominations 	<p>Individuals or groups that you may want to engage in stakeholder identification:</p> <ul style="list-style-type: none"> • Project leaders • Subject matter experts • Government representatives • NGOs • Community leaders and representatives

How can we be as inclusive as possible in our process and the group assembled?

Rationale	Potential tools and approaches	Guidance
In the stakeholder identification process, it is important to be as inclusive as possible to ensure that the voices and perspectives of all relevant groups are included; to give equal consideration to the needs of all those affected by the emergency; to promote more culturally relevant and sensitive responses; and to foster community, ownership, engagement, and, ultimately, sustainability in the ECDiE efforts.	<p>Potential tools that can be used to support inclusivity in stakeholder identification are:</p> <ul style="list-style-type: none"> • Community consultation and mapping • Interviews • Stakeholder surveys • Workshops and focus groups • Gender and intersectional analyses 	<p>Here are some tips for ensuring inclusivity in the stakeholder identification process:</p> <ul style="list-style-type: none"> • Support diverse representation: Actively reach out to groups and individuals across different dimensions, such as gender, age, ethnicity, socioeconomic status, geographical location, marginalized groups, etc. • Be collaborative in your identification and decision making: Have a participatory and inclusive process involving multiple stakeholders in identifying and selecting stakeholders. • Ensure accessible communication and materials: Provide accessible communication channels, materials, and tools. Use plain language, translations, visual aids, and assistive technologies to ensure information is accessible to individuals with diverse abilities and language backgrounds. • Consider and accommodate different participation modes from stakeholders: Ensure potential stakeholders understand that there are different avenues for participation, and provide multiple modes of possible engagement. • Ensure language inclusivity: Consider the language diversity and needs across different target groups. Provide interpretation or translated materials. • Engage in self-assessment and reflection: Continuously reflect on the stakeholder identification process and the group being assembled.

What are our benchmarks for successful ECDiE stakeholder identification?

Rationale	Potential tools and approaches	Guidance
Once you have identified the stakeholders you would like to work with and bring together for ECDiE, it is helpful to review this list while applying some criteria to ensure that you have been successful in your attempts.	Some tools or approaches for assessing these benchmarks include: <ul style="list-style-type: none">• Surveys and questionnaires• Interviews/focus groups• Assessment checklists• Reflection and learning sessions• External evaluation	Some benchmarks for you to consider when assessing how successful you have been in identifying stakeholders: <ul style="list-style-type: none">• Inclusion: Do stakeholders represent a broad range of sectors, marginalized groups, affected communities, and relevant expertise?• Equity: Did you make efforts to include underrepresented or marginalized groups? Did you ensure that their voices were given equal weight? Did you take power dynamics into account? Did you take steps to level the playing field?• Relevance: Do your stakeholders have the necessary elements to support effective decision-making and implementation: Knowledge? Expertise? Resources? Influence?

Annex 14

Examples of how different actors can collaborate¹¹

Objective	Key relevant actors	How they can work together
Ensure growth or health monitoring of children 0–3 years	<ul style="list-style-type: none">• Provincial, district and local government health or nutrition authorities• Provincial, district and local education authorities• District and village health posts in affected areas (where these are still functional) and in neighboring areas• Caregivers (including parents and other family members, staff working in child-friendly spaces or ECD centers) and primary school teachers• Humanitarian agencies and community-based organizations (CBOs)	<ul style="list-style-type: none">• Health staff establish and post schedules for children's growth or health monitoring.• Health specialists take the lead in conducting growth monitoring. Caregivers in ECD centers ensure children's health cards are kept safely, take notes, and inform health staff of any signs of children with potential health problems.• When growth monitoring takes place in child-friendly spaces or ECD centers, caregivers and preschool teachers run activities for other children during the process, with games conveying messages about health.• Health specialists or ECD caregivers inform children's parents or guardians about growth monitoring results and encourage them to follow up on health advice.• Staff in health and education use growth monitoring sessions as opportunities to reinforce messages about health, nutrition, early stimulation, and learning to children, their caregivers, and lactating women. Make sure all children receive growth monitoring.• Local health and education authorities provide support as needed – for example, through community-wide sensitization.

¹¹ Adapted from Early childhood care and development in emergencies: A programme guide (Plan International, 2012).

Support the learning and education of children 3–6 years old	<ul style="list-style-type: none"> • Education authorities at national, provincial and local levels • Kindergarten or preschool teachers, primary grade teachers, ECD center staff • Health, nutrition, protection, and water, sanitation and hygiene (WASH) staff in local government institutions and in community • Parents, grandparents, guardians, older siblings, extended family members and leaders of community groups • INGOs and implementing partners 	<ul style="list-style-type: none"> • Preschool teachers take the lead in planning and conducting children's early learning activities. • Other relevant actors take part in joint planning for activities that serve children's learning of literacy and life skills, including disaster risk reduction (DRR), good hygiene and sanitation habits, self-protection from health risks, accidents, and abuse. • Similar joint planning for organizing parenting sessions. These can be run in conjunction with other community-based relief activities. • Health, nutrition, WASH, or protection specialists facilitate sessions to disseminate information for the benefit of children and their caregivers. • Education authorities provide support for capacity building for teachers and provide incentives. • Aid agencies coordinate their plans for capacity building, technical and/ or financial assistance to avoid duplication
Provide child-friendly spaces, ECD centers, and preschools	<ul style="list-style-type: none"> • Government agencies at different levels responsible for water and sanitation • Local social services responsible for water and sanitation matters • INGOs and local NGOs Implementing partners Caregivers (in family and ECD centers) 	<ul style="list-style-type: none"> • Water and sanitation specialists discuss with ECD center staff the specific needs of young children in order to install appropriate sanitation facilities. • Water and sanitation specialists work with ECCD center staff to ensure the maintenance and functioning of water and sanitation facilities. • ECD center staff teach children and remind parents about good hygiene practices. Where needed, water and sanitation specialists can provide input too. • Government institutions ensure that child-appropriate water and sanitation facilities meet the required standards for ECD centers.

Annex 15

Sample indicators for ECDiE¹²

Sector	Indicators
Health	<ul style="list-style-type: none">• Care for child development counseling messages reach households with pregnant women.• Births are assisted by a skilled healthcare professional.• Baby clinics and health facilities are equipped with safe, locally appropriate recreational material responsive to the needs of young children.• A health worker visits the community-based care centers, crèches and preschools at least once in X weeks during the emergency.• Parents receive parenting education from health workers, including activities for early child stimulation and interaction.
Nutrition	<ul style="list-style-type: none">• Nutrition programs emphasize appropriate feeding practices and responsive parenting.• Pregnant, lactating, and breastfeeding women receive messages about early stimulation and responsive feeding at nutrition distribution sites.• Therapeutic feeding programs, hospitals, and clinics have an area for caregiver-child play and interaction.• Distribution sites (food and non-food items) have an area for caregiver-child play and interaction.• National, subnational, or community-based nutrition and feeding training include child development messages.• Staff, mothers, and/or caregivers attend training to learn responsive feeding practices.• Resting points and safe spaces for pregnant and lactating women are available.• Community-based childcare centers and preschools have feeding programs.

¹² Source: Early Childhood Development in Emergencies: Integrated Programme Guide (UNICEF, 2014).

Education	<ul style="list-style-type: none"> • Parents of young children in emergency-affected areas participate in parent education programs. • Preschool children in areas affected by the emergency or conflict have access to early-learning services. • Trained early-learning facilitators are available in affected areas. • Basic social support services for staff, teachers, and volunteers in community-based care centers, preschools, and lower primary schools are available. • Camps provide early learning services with developmentally appropriate play and recreation materials. • DRR, life skills, and peace education messages are integrated into early learning programs.
WASH	<ul style="list-style-type: none"> • Early childhood development centers, preschools, and child-friendly spaces are equipped with safe, child-friendly water and sanitation facilities, including separated latrines, hand-washing facilities, and potable water. • Caregivers of young children and infants have access to means for safe disposal of feces that are culturally and locally appropriate. • Hygiene education training is implemented for teachers, caregivers, and young children. • Teachers and caregivers integrate hygiene messages in their daily interactions with young children. • Young children practice hand washing with soap at key times.
Child Protection	<ul style="list-style-type: none"> • Children have access to child-friendly spaces. • Child-friendly spaces provide intersectoral services, including play, recreation, education, health and psychosocial support. • Caregivers and young children have access to community-based psychosocial support services. • Young street children and children in adolescent-headed households are registered and in possession of additional identification documentation. • Report is conducted and filed if children are victims of abuse, neglect, and violence. • Appropriate response mechanisms for young child victims of abuse, neglect, and violence are available. • A functioning, easily accessible and usable birth registration and missing documentation systems are available after a disaster or emergency. • Countries have policies and government budget allocations that include a component to support and promote young child development, together with other programmatic components (health, nutrition, child protection with specific measures) to reach the most marginalized young children (SP indicator).

Template 1

Preparedness planning matrix

Description of identified hazard or risk	Location of potential hazard and risk	Population directly and indirectly affected	Proposed actions and activities to mitigate and respond to the risk or hazard	Support needed to implement such actions and activities	Expected timeframe	Strategies to involve vulnerable groups

Template 2

Pre-position and use of learning materials in ECDiE¹³

Young child by age group	Materials	What do the materials serve	Sample Activities	Potential Spaces for Use
0-12 months	Ex. shaker rattle	Ex. Stimulate sight and sound	Ex. Take a rattle and gently shake it on one side of the infant's head until they turn to look at it. Then, try shaking it again on the other side.	Ex. Mother-Baby Area
1-3 years	Ex. blocks	Ex. Motor skills development	Ex. Pick up and stack blocks, do basic counting	Ex. Home-visit
3-6 years	Ex. hand puppets	Ex. Expressive play, communication skills	Ex. Tell a story or play theater with puppets	Ex. Child-Friendly Space
6-8 years	Ex. books	Ex. Literacy skills, social-emotional skills	Ex. Read together, building vocabulary and fluency	Ex. School set up as a reunification site

¹³ Adapted from Early Childhood Development in Emergencies Manual (Save the Children, 2017) and Activities and toys that support caregiver-child interaction in the early years (Asmussen, 2019).

Template 3

Needs assessment data analysis¹⁴

Young child by age group	Early learning	Good health	Responsive caregiving	Safe and security	Nutrition
Impact for birth to 3					
Impact for 3-6 years					
Impact for 6-8 years					
Impact for primary caregivers					

¹⁴ Source: Adapted from Early Childhood Development in Emergencies Manual (Save the Children, 2017).

Template 4

Needs assessment data ana¹⁵

Activity	Indicator	Data source	How it is measured	Frequency of measurement	Responsible	Identified gaps

¹⁵ Adapted from Early Childhood Development in Emergencies Manual (Save the Children, 2017)

Template 5

How to document lessons learned¹⁶

Summary	
Title and Date of the Source with related hyperlink when available (the source may include the following: evaluation reports, websites, or direct experiences captured by simply discussions/meetings)	
Context of the crisis during which the Lesson was learned (crisis and country)	
Phase of the Project Cycle to which the Lessons Learned is applicable to (planning, implementation, monitoring, evaluation, etc..)	
Sector(s) to which the Lesson Learned is applicable to (WASH, Health, ...or ALL sectors)	
Transversal Theme(s) to which the Lesson Learned is applicable to (Gender, Coordination, Sustainability, etc...)	
Description	
Abstract	<p>Provide 1-2 short paragraphs to provide a brief overview of:</p> <ul style="list-style-type: none">• The context where the Lesson Learned (positive or negative) originated• Why the Lesson(s) Learned are important
Issue (background)	<p>Briefly describe (2 paragraphs max) the specific phase of crisis which the identified Lesson Learned applies to and the problem issue which the Lesson Learned will allow addressing</p>

¹⁶ Source: WCARO Technical Note #1: How to Identify and Document Lessons Learned (UNICEF WCARO, n.d.)

What worked well and did not work so well	<p>Please provide 5-7 bullet points describing in summary the specific strategically and programmatic attributes of the identified Lesson(s) Learned, including:</p> <ul style="list-style-type: none"> • Information on what worked (success factors) • Information on what didn't (challenges) • Information on what could be done differently to get the greatest benefit from the identified Lessons Learned
Specific contribution to the response	<p>In summary (2-3 paragraphs), describe how this Lessons Learned has contributed or is expected to contribute to the strengthening of the response:</p> <ul style="list-style-type: none"> • Highlight any changes introduced (or likely to be introduced) in the response as a result of the identified Lessons Learned • Please make sure to indicate all available evidence (qualitative and/or quantitative evidence) that could support your statements
Potential future application	<p>Please describe (1-2 paragraphs) the potential application of the identified Lesson Learned to other settings than the one where it was originally identified (e.g. Lessons Learned identified at the local level could be applied regionally or nationally; likewise, Lessons Learned identified in the WASH sector in an urban area could apply to a WASH intervention in a rural setting or to a different sector)</p> <p>Clearly indicate what are the issues that need to be considered during future applications of the identified Lesson Learned</p>

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