

EMERGENCIES & EARLY CHILDHOOD DEVELOPMENT

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Introduction: With the rise in emergencies worldwide, the vulnerability of children has increased manifold. A large number of children are adversely affected due to natural or man-made disasters. The key to responding to emergencies is being prepared to the multidimensional and complex nature of emergencies. Responding appropriately, being prepared for emergencies and developing resilience among individuals, families and social service systems are ways that help in minimizing the disaster. India is among the countries which are at high risk of damage from natural disasters including climate change. With children comprising 39 percent of India's population it is important that the country stands prepared to respond to emergencies and climate change. Evidence informs that children will be the worst-affected population being affected at a critical age and having to face multiple protection and health risks. Yet at times of emergencies, they are the first to be forgotten in the chaos. The first years of life are the most critical for a child's development, laying the foundation for life time. 'During these years chronic malnutrition, poor health, lack of mental stimulation, abuse, neglect and toxic stress can impair the healthy development of both body and brain, with long-term consequences on a child's health, learning, and behaviour' (Center on the Developing Child, 2015). This document primarily focuses on the fragmented evidence for children and highlights the gaps that exist in responding to children during emergencies. Majority of the humanitarian response do not focus on comprehensive ECD services. Being under-prioritized in emergencies, ECD continues to receive sectoral interventions. The document concludes with specific recommendations for stakeholders to plan comprehensive ECD interventions to ensure the children have meaningful opportunities to attain their optimal potential, even during emergencies.

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Early Childhood Development: The early years are critical and lay foundations for the lifetime. Recent researches in neurosciences inform the astounding rate at which the brain of the child develops during the first few years. The evidence further deepens the understanding of the sequential progress of children's rapid development in various domains like physical motor, language, cognitive and social-emotional (Center on the Developing Child, 2007). Given the rapid development in these years, it is important to make the right investments during these years, to ensure the laying of a robust platform so as to reap positive outcomes for children. Multiple factors like health, nutrition, safety and security, responsive care giving and early learning contribute to the well being and life-long foundations of children. Furthermore, due to lack of comprehensive ECD services, more than 200 million children below the age of five are not able to realize their full potential (Grantham-McGregor, S. et al., 2007). During emergencies, young children are the first victims and likely to experience life threatening situations and life-long impacts on their ability to grow and develop. The adverse impact on the normative course of development of young children experienced during emergencies is aggravated for children who are at a double disadvantage due to poverty, malnutrition, or gender related discrimination.

Emergencies (situations induced by natural events and human factors) are a state in which the normal procedures are suspended and extra-ordinary measures are taken in order to avert a disaster. Emergencies have direct (primary impacts) as well as indirect impact (secondary impacts) on young children (General Aspects, n.d.). The increase in frequency and intensity of emergencies is inevitable due to climate change. The situations become worse when man-made disasters also afflict the nations. In order to address these challenges effectively, systematic and sustained approaches need to be encouraged and promoted, specifically for children who belong to the most vulnerable categories.

Humanitarian crisis is traumatic for children of all ages, but it takes a toll on young children, especially when their brain and development is rapid. The loss of normalcy and security for children makes them extremely vulnerable exposing them to physical harm, psychological trauma, inadequate cognitive and socio-emotional

development resulting in permanent detrimental changes in their brain architecture.

The evidence informs that the children need to be given the first most priority not only because we need to meet the wider education goals but also to ensure that the children do not miss out on their critical communication and brain development during the emergencies. In addition to the social security systems the caregivers of the children are also affected profoundly during the times of instability. While many parents are unable to provide nurturance and care for their children there exist adverse scenarios where parents may have got separated, wounded or killed. Furthermore, the phenomenon of toxic stress has been attributed to factors such as persistent and long term neglect, maltreatment, maternal depression and family violence (Shonkoff and Levitt, 2010), which have been typical outcomes of natural disasters, war and conflict.

Investment in early childhood years, increases the rate of return later in life thus subsequently improving the quality of lives of individuals and societies (Fox, Levitt, and Nelson III, 2010). This compelling evidence informs the urgency to take systematic steps to mitigate the debilitating impact of emergencies on young children, especially vulnerable ones, as incidence of emergencies exacerbate the aforementioned repercussions for these children. Most importantly, researches inform that young children have the ability to respond positively to crisis situations, such as natural disasters (Osofsky, Kronenberg, Bocknek and Hansel, 2015), thus warranting preparedness on the part of all key stakeholder to buffer children in order to increase their resilience to provide them safe and healthy childhood years.

India ratified the first comprehensive convention United Nation's CRC in 1992 embracing the civil, social, economic, education, health, political, and cultural rights of children. Value has also been accorded to importance of family in the lives of the children, with emphasis on preventing family separation, family preservation and providing psychosocial first aid and support to the affected children and families. Article 9 of the CRC emphasizes that children should not be separated from their families and Article 10 talks about the reunification of the children in case where separation has occurred under any circumstances. CRC also give directions in

cases where the children cannot be reunified with their biological families and that they are entitled for alternative forms of care as per the Article 20 and another Article 3 gives directions for taking decisions that are in the best interest of the children. Further, Article 15(3) mandates the State to make special provisions for children and Article 39 (f), directs the State to ensure children develop in a healthy manner, they are protected against exploitation, they are not abused or forced by any economic necessity and are protected from moral and material abandonment. A significant document has been produced by UNICEF in the year 2012 titled as 'Child Protection Minimum Standards in Humanitarian Action (CPMS)'. The CPMS identifies 26 standards and provides guidance on child protection services in emergencies. Considering the national level legal instruments, the Juvenile Justice Act (Care & Protection) 2015 is one of the most relevant documents in India which ensures a child's right to family through Section 44. There is a need to have more all-inclusive regional and national laws that may play a crucial role in providing protection to children in times of emergencies, nonetheless international protection laws can be the building base which can be rendered into national level policies if we intend to assure the effective protection children and other vulnerable groups. The recent legislation for Protection of Children from Sexual Offences Act (POSCO) 2012, is the one of the most progressive Act of Government of India to combat sexual violence against children.

However, there continues to remain a huge gap in addressing emergencies in policies developed for 164.48 million children in the 0-6 years (Census, 2011). None of the policies including National Policy on ECCE, 2013 (Govt of India, 2013) and National Policy on Education, 2016 (Govt of India, 2016) mention about emergencies. However, what is reassuring is the children being perceived as the highest priority by National Plan of Action (NPAC), 2016 (Govt of India, 2016a). NPAC 2016 recognizes India at high risk to be affected by natural disasters and a large section of children including children affected by disasters require special attention. Having protection as one of the key priority area, NPAC 2016 acknowledges the need to focus on establishing risk alert systems and safe guarding children's lives and ensuring their well-being in both natural and man-made disasters. It talks about providing psycho-social support to the children and also ensuring continuity in

education, along with advocacy measures to create awareness. What remains to be seen is the action with the mentioned timelines.

Though international organizations recognize the importance of responding comprehensively, the response continues to follow the piece-meal approach. In Tsunami struck, Banda, Aceh, Indonesia, Village Health Posts and Health Delivery Centres were revitalized with provision of basic health and hygiene information. The staff members of both centres were rendered educational sessions on age-appropriate stimulation and early learning activities (Shah, 2013). Syrian refugee crisis saw UNICEF implementing WASH programme, providing routined vaccination of children under the age of 5 years, training of health service providers and promotion of breast feeding and nutrition practices. Additionally, cash assistance and social policy programme, winter clothes and blankets were distributed to children and cash transfers were given to vulnerable children (Shah, 2013)

Nutrition related issues include lack of exclusive breastfeeding, vitamin deficiencies, anaemia, stunting and wasting (malnutrition). During 2002 Tsunami in Tamil Nadu, Plan international organized education intervention for pregnant mothers involving prenatal and postnatal care, importance of breastfeeding and prevention of preventable illnesses (Shah, 2013). While providing health and nutrition during emergencies is a priority, supplementing these with early stimulation, learning, play activities and psycho-social care acts as an additive for development. If not addressed at the right time this results in developmental problems and delays and on many occasions may manifest in form behavioral issues.

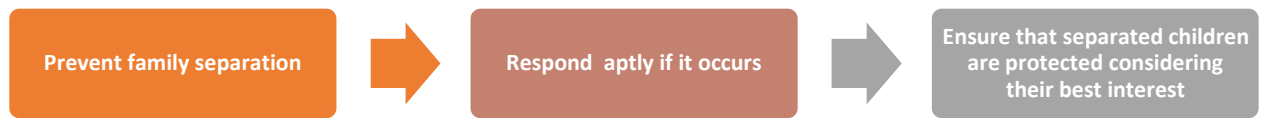
Since 1945, during conflict situations, civilians make 90% of casualties and of these 75% are women and children (Care International). For children under five, the risk of death and disease in emergency situations can be twenty times higher than normal. There are many instances of family separation leading to children being single orphan, double orphan and social orphan. Children being separated from their families are prone to further vulnerabilities including poor health, exploitation, trafficking, child labor and abuse and they have limited opportunities to recuperate.

Protection of the children in emergencies is an area of grave concern for numerous reasons. Young children belong to the vulnerable groups and their dependence on adults, as well as their need for care makes them even more at risk. Vigilant planning and supporting is required for providing appropriate and holistic interventions to children in the context of emergencies. While humanitarian response needs to address their immediate needs, it is critical to protect them from long-term permanent damage. Child protection in emergencies (CPiE) refers to the efforts to thwart and retort to neglect, abuse, exploitation, and violence against children as result of a disaster. CPiE approach prioritizes the accomplishment of certain rights of the children in emergencies. In Earthquake hit Haiti (2010), Plan International had initiated birth registration system for registration of displaced parents along with children. Government officials were trained on birth registration by Plan International. The registration centres were supported by to ensure continuation of the birth registration mechanism and eventually, a strong birth registration system was initiated in North Eastern Haiti (Shah, 2013)

In flood devastated Bangladesh, Plan International, had setup child friendly spaces, and educational awareness sessions were organized for parents. The time children spent in these child friendly spaces, the mothers could be engaged in organizing food, water and shelter. Further, psychological wellbeing, environment protection and waste management formed themes on which educational sessions were held (Shah, 2013)

It has been recommended that early intervention is the key to sound child protection system in emergencies. Since there is a risk that children separated from families during emergencies will never find their families again, and, for young children in particular, their right of survival may be threatened. Hence identification and reunification of the children with their families (with biological or extended families) should be the top most priority of child protection systems, and where unification is not possible, alternative arrangements are to be made. While considering the alternative care options for the children, the continuum of care approach should be given due regard and family-based options should be preferred over institution-based care for the children in need of care and protection. Lastly, to

ensure children's well-being, protection programming should utilize community monitoring and work with government social welfare departments to provide appropriate follow-up services over the long term.



The impact of early childhood education (ECE) on later academic achievement and school success has been well documented, when compared to the impact of emergency and ECE which is relatively a recent area of focus and relatively new in terms of evidence. Opportunities for play, learning and cognitive stimulation are omitted while providing humanitarian response for children, which focuses on food and shelter. Consequently, the lack of early learning programmes results in a sharp drop in quality education for children or the children are likely to repeat a grade or drop out. (Sommers, 2002). Unfortunately, in humanitarian crisis, survival and protection being the prime focus undermines access to early learning as the last priority. In majority of the cases, school buildings/ infrastructure, may have been destroyed, the schools may be in dilapidated condition having poor classroom structures with limited or no teaching learning materials. Management and administration which may include, having a curriculum in place, sufficient teaching learning materials, child friendly assessments, supervision and monitoring may be missing and ineffective. Emergencies may further lead to children and families being forcibly displaced from their homes resulting in forced exclusion out of school, multi-grade classrooms with unfavorable adult child ratios. The unfamiliar context may lead to exposure to unknown languages thereby limiting the understanding of curricula transaction. Much of the early childhood curricula may be culturally irrelevant, especially in case of displaced and refugee children. The situation may further deteriorate with lack of qualified and trained teachers to interact with the needs of children affected by emergencies. Sporadic efforts to provide stimulation and early learning show benefits of interventions and improvements in children's outcomes. Further, in earthquake hit Indonesia, Early Childhood Care and Development services were provided in school. Parents

reported improvement in children's foundational numeracy skills and children reported enjoying different ways of learning (Shah, 2013).

The home learning environment or parent engagement in early learning also get adversely affected during the times of instability. The emotionally and physically exhausted parents lack on the capacities to provide care and emotional support to their children. In such scenarios parents need to be supported for risk mitigation, while children can empowered to be influential advocates for risk reduction. In flood hit Bangladesh, preschool children in the age group of 3-5 years, learnt about hazards and risks in their communities and how to deal with them. DRR was incorporated in long term ECD programme and all stakeholders, viz, community based child organization, community members and local government officials were involved. Once children learnt about cyclones and disasters, they introduced the same information to their families by employing comic books, magazines and household discussions (Shah, 2013).

It is widely acknowledged that the well being of young children is inextricably linked to their caregivers and to the socio-cultural milieu in which the family unit exists. ECD interventions in the context of emergencies need to be socio-culturally relevant as well as age appropriate in order to address the varying needs of young children in different stages of development and their families. For ECD intervention to be comprehensive it should take into account the effects of emergencies on the parents and other caregivers on whom children depend for their physical, psychological and emotional needs. These interventions can include a variety of approaches including: parenting education, community-based centers, preschool programmes, psychosocial support and early stimulation and play activities.

In the context of emergencies, parents and caregivers of young children are themselves often traumatized and overwhelmed and may not be aware of the best ways to help their children cope with the situation. There can be situations where parents and caregivers even become reluctant to openly address children's trauma (Cannolly, et.al, 2007) For instance, children who experience violence may recreate it in role play or art activities, but some evidence suggests that caregivers tend to stop these activities rather than encourage them as a vent for children to deal with

trauma. Moreover, crisis environments may also sometimes lead to parental depression and domestic violence. Research clearly supports that caregiver well-being significantly influences child wellbeing and adults with less stress, more information and more assistance are better equipped to support young children and help create a positive situation even in the worst conditions. Comprehensive ECD interventions have shown positive effects on maternal wellbeing, parental confidence and consequently on parent-child relationship and children's development outcomes. The Bosnia study was conducted during the war in Bosnia-Herzegovina where displaced mother-child dyads were randomly assigned to intervention group receiving psychosocial support and medical care while the control group was only provided medical care. The intervention group showed improvement in mothers' mental health, children's weight gain, and several measures of children's psychosocial functioning and mental health (Dyabdahl, 2001).

Families should be supported and encouraged to work together as a cohesive unit to ensure adequate care, stimulation and development of young children. Early childhood interventions in emergencies should target both mothers as well as fathers. Families should understand that child rearing is a shared and complementary responsibility of both parents. Fathers' involvement in providing care and stimulation creates an environment of affective involvement and emotional support across the family unit and promotes socialization processes in the early years.

ECD interventions work best when they empower both families and communities to make decisions that have an impact on the well being of their young children. Community mobilization is critical, especially in emergency situations where ECD programmes bring communities together make shared decisions and build common knowledge. Early childhood development centres can play an important role by creating spaces for mobilizing the community. Mobilizing and bringing communities together serve as an important entry point for providing integrated services. The involvement of communities at all stages of intervention starting from needs assessment, planning, mobilizing, decision-making, implementing, monitoring and

evaluating ECD interventions in emergencies is vital to ensure the sustainability of the intervention.

The well-being and healthy development of the child, especially during the early years, needs to be ensured at all times - even during emergencies. Towards this ECD concerns should be included in mitigation, preparedness, response and recovery efforts. Given the complex nature of ECD it is utmost essential that all relevant sectors and all stakeholders and caregivers in the ECD architecture be included in these efforts.

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