Dear INEE Members,

Content for this message was developed by Vijaya Singh (UNICEF and ECD Focal Point for the IASC Education Cluster) and Mary Moran (ChildFund International) for the INEE Task Team on Early Childhood Development and the Consultative Group on Early Childhood Care and Development.

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The Eastern Horn of Africa has experienced two consecutive seasons of poor rainfall, resulting in one of the driest periods since 1995. Some 12.39m people are in need of humanitarian assistance in the Horn of Africa including Kenya (3.7m), Somalia (3.7m), Ethiopia (4.8m) and Djibouti (165,027). Among the affected population, there are over 2.3m children acutely malnourished including an estimated 500,000 suffering from severe acute malnutrition. Malnutrition rates in the most affected districts in Southern Somalia have reached levels rarely seen, with over 50% Global Acute Malnutrition.

Young children are usually the most vulnerable when disasters strike. In the wake of devastating natural disasters, children are at increased risk of deprivation from satisfying their basic needs. Even if they do not experience separation from their primary caregivers, the latter are more likely to be stressed and depressed, and thus less able to provide young children with positive and emotionally nurturing environments and care. The physical harm they can suffer (by a lack of sufficient and adequate care, or poor nutrition) can leave long-term negative physical and emotional scars. Experiencing what is referred to as "toxic stress" in early childhood exposes children to greater risk of developing cognitive, behavioral and emotional difficulties. In the horn of Africa, some 566,000 children are currently facing severe malnutrition and their survival is at risk.

One effective method of delivering psychosocial support to women and children in the most vulnerable
malnutrition can inhibit physical, intellectual, social/emotional potential and cause lifelong disability. Young children are particularly vulnerable as micro-nutritional deficiencies such as lack of iron, iodine, and essential fatty acids are known to stunt physical as well as cognitive development. Psychosocial factors such as the lack of stimulation, poor mother-child interaction, and maternal depression can inhibit feeding and growth even when food supplements are provided. These factors are very often present in vulnerable mothers in displaced populations because of their experiences of loss, their separation from extended families and the burden of childcare combine with poverty and harsh living situations.

There is now a strong evidence base to show that programs that combine food supplementation with psychosocial programming that enhances early stimulation and improves mother-child interaction, have multiple impacts: They improve both physical and intellectual growth in young children to a greater degree than nutrition on its own, particularly among the poorest and most malnourished children.

There is growing recognition that investments in early childhood care and education, maternal-child attachment and nurturance, and more creative nutrition initiatives are critical to help break the cycle of inter-generational transmission of poverty. Even the slightest forms of food insecurity can affect a young child's development and learning potential. The result is the perpetuation of another generation in poverty. For these reasons, WHO now advocates combined psychosocial and nutritional programming in food shortage situations in order to address the physical, emotional, and intellectual developmental needs of the child and to enhance maternal wellbeing. The IASC Guidelines on mental health and psychosocial support in emergencies also recommend the integration of psychosocial issues into nutritional support.

For parents and caregivers: a few practical suggestions

There are many simple things everyone can do that will help young children during an emergency. All of these things can be done anywhere-while waiting in a food line, at a therapeutic feeding center, or during regular daily activities.

*Please note that several of these were drawn from page 6 of the World Health Organization report on Mental Health and Psychosocial Well-Being among Children in Severe Food Shortage Situations*

- Don't wait for children to come to you, go to them; in many cases children are just too weak from dehydration, malnutrition or illness to reach out in any way.
- Parents can be physically and emotionally exhausted from their circumstances. Be careful not to interpret exhaustion as lack of caring.
- If a child is too ill to move or reach out by themselves, be sure to smile, make eye contact, hold, sing or just sit with them; these are the children that need your attention most. Stimulation is critical to eating/drinking.
- Move gently, slowly and quietly. Children in crisis situations have been exposed to traumatic events and may startle easily, causing retraumatization.
- Talk to children or sing while they are being fed. Smile.
- When interacting with children, get down so that your face is at the level of the child's face. You may have to squat or sit. This encourages eye contact with even the youngest children.
- If they are able, let children take the lead. Imitate their movements. This will become a recognized game.
- Simple traditional games or rhymes that involve gestures or movements such as clapping engage young children of many ages.
- If children are more energetic, games that involve dancing or moving more vigorously are engaging and encouraged. Children can roll balls made of old sacks or sing together.
themselves, determine and engage options for familial, community or NGO support. If they can manage, show how much the child responds in a special way to their actions or voice, and model stimulating behavior. This can be done with even the very youngest children.

Click [here](#) to access further illustrated principles of good caregiver-child interactions along with specific recommendations.

### Additional Resources

Download additional resources related to Early Childhood Development from the [INEE Toolkit](#), including:

- **ECD thematic resources**
  The thematic resources listed here can help strengthen the implementation of the INEE Minimum Standards around ECD.
- **ECD Thematic Brief as mainstreamed in the INEE Minimum Standards**

### UNICEF ECD Kits: Creating a stimulating environment for families and young children in emergency settings

UNICEF's [ECD Kits](#), which were first widely introduced in 2009 for use of children under the age of six living in emergency or post-emergency environments, are a treasure trove of materials and ideas. The kit contains materials to help mothers and caregivers create safe and interactive learning environment.

The Kit is designed to serve up to 50 young children in a group setting, where nutritional interventions should also continue to ensure that children sustain their gains from earlier interventions. Each item in the Kit was carefully selected to offer children access to play, stimulation and early learning opportunities and permits them to retrieve sense of normalcy. Inside the box, caregivers will also find an easy-to-use Activity Guide filled with suggestions on how to use each items based on children's age and interest.

Share your reactions, experience and ideas on the [INEE Blog](#)!

Some questions to consider:

Is it sufficient for affected families in Horn of Africa to receive cash support and food aid? How can this be complemented with information on psychosocial support to children and mothers/caregivers?

Is this an appropriate or suitable time to provide affected families with additional information like the importance of stimulation, or caregiver-to-child interaction; or should such information be conveyed post emergency/when more suitable conditions are in place? Why/Why not?

Click [here](#) to join the conversation!
Tomorrow on the listserv: Crisis Update - Education Needs and Response in Horn and East Africa

Sincerely,

INEE Secretariat