Early Childhood Development and Nutrition Brief for Emergencies

Approaches:
- **Human Rights-based**, applying the Convention on the Rights of the Child (CRC)
- **Participatory**, involving children, parents, communities, governments, and local as well as international counterparts, to positively and sustainably influence EC policies at the national and sub-national levels
- **Life cycle-based**, looking at diverse and unique needs of young children from prenatal to eight years including infants, toddlers and preschool children
- **Integrated**, although the main coordination will be lead by the Nutrition Cluster (if established), inter-cluster coordination is recommended to promote integrated responses
- **Gender sensitive**, providing equitable opportunities to both boys and girls for the fulfillment of their right to survival and development regardless of their age, physical ability, geographic location, HIV/AIDS status and cultural, socio-economic, religious, ethnical, racial backgrounds

When to use this brief:
- This brief suggests **emergency preparedness, response and early recovery ECD interventions** that shall be lead, contextualized and adapted by the nutrition sector/cluster

Who should use this brief:
- Primary users of this brief are **UNICEF’s Emergency Programme Specialists**, who are accountable for designing, implementing and evaluating ECD Programme interventions in emergency contexts.

Where to use this brief:
- This brief addresses health-care needs of all young children **at home/familial environments, in community based settings, and at the national/sub-national levels**. Particular attention during the establishment and monitoring of child friendly spaces

Relevant CRC articles
- Articles 6, 12, 17, 18, 24, 27

Useful resources
- UNICEF’s Core Commitments for Children (CCCs)
- UNICEF-WHO Care for Child Development Package
- IMCI
- ECD Resource Pack (second edition)
- ECD Kit Activity Guide for Caregivers
- CRC GC7
- Facts for Life 2010

Responsibilities of the Nutrition Sector common to all ECD age groups across all stages of an emergency
- Provide a continuum of care and availability of basic nutrition services, especially for children and families most at risk. Build awareness of the necessary referral systems and establish mechanism to ensure growth monitoring continues at all times
- Ensure EC nutrition emergency preparedness, response and early recovery activities are integrated within national emergency plans and policies
- Ensure all feeding centres are equipped with safe play materials for young children and that staff know how to use them adequately
- Ensure that parents/caregivers spend minimal time away from young children while collecting food aid/being involved in food for work programs etc.
- Ensure child headed households and children of adolescent mothers are considered while distributing food aid
### Age-appropriate activities -

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<tr>
<th>Ages</th>
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<th>Responsibilities</th>
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</table>
| Pre-natal - 2 yrs. | - Family checkups  
- Home visits  
- Health checkups for pregnant women  
- Pre and post natal health classes  
- Immediately after birth delivery  
- Community Nutrition campaigns | • Make sure pregnant mothers and their families are aware of pre-natal care practices to meet the pregnant woman’s nutritional requirements **Coordinate with Health**  
- Impart information/skills on how to:  
  - Support the woman in her pregnancy by adapting roles and responsibilities of family members  
  - Avoid pregnant mother’s exposure to toxins (drugs, alcohol, tobacco etc.)  
  - Provide a balanced, nutritious diet for the pregnant woman, which is of equal quality as that received by the males in the household  
  - Gain timely access to essential immunizations and nutrient supplements periodically  | • Pregnant women develop in healthy conditions and complete a healthy term of pregnancy  
• Unborn babies have continuous access to an enabling environment which promotes overall development  
• New born children are born healthy and the nutrient requirements essential for immediate survival and development are met  |
| • Build capacities of pregnant women and their families, and of parents and caregivers to understand and adopt positive feeding practices for the young child | • Impart essential skills to pregnant women, new parents and primary caregivers on how to:
- Breastfeed the child with colostrum immediately after birth
- Breastfeed the young child exclusively for the first six months and continue until 2 years at least
- Induce age appropriate food at 6 months, with affection and respect for child’s special needs (e.g. mashed food, less spices etc.)
- Alleviate fear and myths about breast feeding
- Be sensitive and responsive to the hunger needs of the child (this helps in developing a sense of trust for the child)  
• Identify surrogate mothers in the community for wet nursing | • The child is not neglected and is provided with opportunities to grow and develop in a healthy and positive environment
• Caregivers feel confident of being sensitive and responsive to the feeding requirements of the young child
• Unaccompanied and separated children are also breast-fed during an emergency |

| • Ensure alternatives to breastfeeding by the mother/primary caregiver are identified | • Impart essential information on how to care for the young child while breastfeeding:
- Hold the child in a way comfortable for the child and mother
- Maintain eye-contact with the child
- Sing/talk to the child
- Gently caress the child and maintain skin contact  
• Help caregivers identify feeding cues of the young child which include:
- Looking at and reaching for food
- Crying
- Making mouthing movements
- Making sounds
- Hand gestures | • Along with a healthy and balanced diet, the child also accesses an enabling, nurturing environment which promotes healthy growth and positive development
• Parents enjoy being actively involved while feeding the child and are responsive to the child’s feeding cues |

| • Ensure parents and caregivers understand their child’s feeding requirements and actively engage the child and themselves in the process | • The child is not neglected and is provided with opportunities to grow and develop in a healthy and positive environment
• Caregivers feel confident of being sensitive and responsive to the feeding requirements of the young child
• Unaccompanied and separated children are also breast-fed during an emergency |

| • Caregivers feel confident of being sensitive and responsive to the feeding requirements of the young child |  |  |
| 3-5 yrs. | - During family health checkups  
- In home visits  
- Community health classes | • Make sure parents and caregivers are aware of the importance of periodically monitoring the child’s growth and of the necessary health and nutrition referral systems **Coordinate with Health**  
• Impart essential information to parents and caregivers on how to:  
  - Observe their child’s growth and use growth monitoring facilities  
  - Diagnose malnutrition in the young child through visible symptoms (e.g. scaly skin, unresponsive child)  
  - Regularly vaccinate their young children against diseases/illnesses which impact nutritional status  
  - Have their children’s health records updated periodically | • Parents periodically take their child regularly to health clinics for immunizations and growth monitoring, when needed  
• Children grow and develop in age-appropriate healthy and positive ways, as their growth status is closely tracked and can easily access adequate referrals as necessary  
• Mechanisms to extend growth monitoring to different parts of the community exist  
• The child’s nutrient requirements for growth and development are satisfied as appropriate |
|---|---|---|---|
| | • Ensure children’s physical growth is regularly monitored and provide ways to supplement their nutrition requirements **Coordinate with Health and Education** | • Identify spaces in the community where children gather and physical checkups and growth monitoring can occur (e.g. CBCCs, baby clinics, religious spaces etc.)  
• Train personnel in CBCCs to identify visibly malnourished children and provide necessary referrals  
• Establish mechanisms to provide a hygienic, nutritious mid-day snack for young children in CBCCs when needed | |
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| 6-8 yrs.  | - During nutrition campaigns in lower primary schools (first 3 grades), day care centres and community based EC centres | • Ensure children’s physical growth is regularly monitored and provide ways to supplement their nutrition requirements **Coordinate with Health and Education** | • Establish mechanisms to provide a hygienic, nutritious mid-day snack for young children in lower primary schools  
  • Identify spaces in the community where children gather and physical checkups and growth monitoring can occur  
  • Train teachers and education personnel in lower primary schools to identify visibly malnourished children (e.g scaly skin, unresponsive children, significant weight loss) and provide necessary referrals | • Mechanisms to extend growth monitoring to different parts of the community exist  
  • The child’s nutrient requirements for growth and development are satisfied as appropriate |
| Pre-natal to 2 yrs. | - Immediately after birth delivery  
  - During immunizations  
  - Nutrition campaigns in the community  
  - During the establishment of CFS  
  - During the distribution of food | • Ensure pregnant women are provided with the necessary information on prenatal care and are prioritized when distributing food aid **Coordinate with Health** | Impart essential information to pregnant women and their families on how to :  
  - Not over-exert themselves physically to access food or cook food  
  - Not resort to the consumption of drugs/alcohol/tobacco to combat the stress of the emergency  
  - Access nutrition and health referral mechanisms for themselves and their unborn  
  - Access micro-nutrient supplements and balanced, nutritious diets | • Pregnant women are supported in their pregnancy by their families and offer an optimal developmental environment to their unborn child despite the stress  
  • New born children are healthy and the nutrient requirements essential for survival and development are met |
| 3-5 yrs. | **Ensure all young children are provided with the necessary nutrition support to enable their growth and development** | **Impart essential information on the community on:**
- Growth monitoring facilities in the community and importance of observing the growth of the child even in such times
- Symptoms of malnutrition (e.g., scaly skin, unresponsive child, loss in weight etc.)
- Timely vital immunizations against diseases which exacerbate malnutrition
- Nutrition referral systems in the community
- Inclusive approaches to support the nutrition requirements of children with disabilities | **All children in the community are immunized and provided with vital nutrients as necessary**
**Families and communities are aware of reliable nutrition support mechanisms in the community and periodically monitor their children’s growth, when possible** |

| **Ensure feeding needs of unidentified and separated young children as well as children with disabilities are met**
*Coordinate with Child Protection* | **Establish mechanisms to identify surrogate mothers who are willing to positively interact and breastfeed unidentified and separated young children with the necessary care**
**Ensure inclusive care practices are adopted within the family for children with disabilities and that their feeding needs are satisfied** | **Unidentified and separated children’s nutrient requirements are met in a caring and enabling environment**
**Children with disabilities are provided with optimal care and their nutrient requirements are met** |

| **Ensure parents and communities are aware of vital health and nutrition referral systems for very young children**
*Coordinate with Health* | **Impart vital information on**
- Where and how to access health and nutrition support when young children’s nutritional status is at risk by illnesses like diarrhea etc.
- Symptoms of malnutrition (e.g., scaly skin, watery eyes, unresponsive child) | **Families are aware of where and how to access timely nutrition support essential for the survival and development of the young child** |

| **Build caregivers capacities and confidence to understand and adopt positive feeding practices for the young child despite stressful times** | **Impart essential information on:**
- The comfort, re-assurance and protection that breastfeeding provides to the young child in order to cope with the stress and chaos in the community
- Myths about breast feeding children during an emergency
- How to continue exclusive breast-feeding the young child instead of using feeding cups or breast feeding supplements
- How to care for the child while feeding by talking to the child, caressing the child gently, maintaining eye contact and smiling at the child
- How to respond to the child’s cues when the child is hungry (e.g., the child may point towards food, reach for the mother’s breasts) | **Mothers are confident of their inherent capacities to breast feed their young child despite tumultuous times**
**The child is not neglected and is provided with an optimal care environment along with the vital nutrients to enable his/her development**
**The child and mother form vital bonding and attachment mechanisms in a secure environment** |

| **Coordinate with Health** | **Impart essential information to the community on:**
- Nutrition campaigns
- During immunizations
- During the establishment of CFS
- Other community campaigns
- During the immunization period | **Nutrition campaigns**
**During immunizations**
**During the establishment of CFS**
**Other community campaigns**
**During the immunization period** |

| **Food aid** | **• Build caregivers capacities and confidence to understand and adopt positive feeding practices for the young child despite stressful times** | **• Impart essential information on:**
- The comfort, re-assurance and protection that breastfeeding provides to the young child in order to cope with the stress and chaos in the community
- Myths about breast feeding children during an emergency
- How to continue exclusive breast-feeding the young child instead of using feeding cups or breast feeding supplements
- How to care for the child while feeding by talking to the child, caressing the child gently, maintaining eye contact and smiling at the child
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- Nutrition campaigns
- During immunizations
- During the establishment of CFS
- Other community campaigns
- During the immunization period |
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<td><strong>distribution of food aid</strong></td>
<td><strong>Encourage caregivers and education personnel in CFS to:</strong></td>
<td><strong>Children’s development is not neglected and continues unhindered in a nurturing environment despite tumultuous times</strong></td>
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<tr>
<td>• Ensure young children are provided with the necessary care by their parents/caregivers and education personnel in CFS during meal times</td>
<td>- Positively interact with their child while feeding them by talking/singing to them,</td>
<td>• Parents/caregivers and education personnel are responsive to the child’s feeding needs and actively engage themselves with the child during the child’s meal times</td>
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<td><strong>Coordinate with Education</strong></td>
<td>- Gently caress children as they eat</td>
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<td>- Be physically present when the child eats</td>
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<td>- Create a defined routine for meal times</td>
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<td>- Be patient if the child refuses to eat</td>
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<td>- Not express stress/anger/frustration at the situation when the child is eating or when the child asks for more food</td>
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<td></td>
<td>- Provide a nutritious mid-day meal/snack to children in ECD centres and pre-schools within the CFS</td>
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<td><strong>Impart essential information to the community on:</strong></td>
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<td>- Nutrition campaigns</td>
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### EARLY RECOVERY

#### Age-appropriate activities -

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| Pre-natal to 2 yrs. | • During immunizations  
• Community and family health check-ups  
• Home visits  
• While continuing CFS | • Ensure all pregnant women and unborn children are provided with the necessary prenatal nutrition support **Coordinate with Health**  
• Ensure parents continuously offer their children with the essential care, contributing to their optimized development  
• Ensure that young children in the community have access to reliable nutrition support systems | • Scale up programmes for pregnant women to provide them with essential information on how to:  
- Maintain a healthy, nutritious diet for themselves and their child  
- Periodically access vital immunizations and nutrient supplements  
- Refer to established health and nutrition referral systems  
• Establish nutrition baseline databases with monitoring systems to track young children’s growth  
• Systematize nutrition referral systems in the community and inform parents and communities of the availability of reliable nutrition support systems for all young children | • Pregnant women maintain a nutritious diet and are aware of the essential nutrition measures they must take and succeed in completing a healthy term of pregnancy  
• New born children are healthy and the nutrient requirements essential for survival and development are met  
• Families are aware of where and how to access nutrition support for the young child  
• All young children have continued access to quality nutrition support as needed  
• Families are aware of the importance of the early years for life-long development  
• The child is not neglected and is provided with an optimal care environment along with the vital nutrients to enable his/her development |

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**Notes:**

- **Pre-natal to 2 yrs.**
- **Coordinate with Health**
- Ensure all pregnant women and unborn children are provided with the necessary prenatal nutrition support.
- Ensure parents continuously offer their children with the essential care, contributing to their optimized development.
- Ensure that young children in the community have access to reliable nutrition support systems.

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**Expected outcomes:**

- Pregnant women maintain a nutritious diet and are aware of the essential nutrition measures they must take and succeed in completing a healthy term of pregnancy.
- New born children are healthy and the nutrient requirements essential for survival and development are met.
- Families are aware of the importance of the early years for life-long development.
- The child is not neglected and is provided with an optimal care environment along with the vital nutrients to enable his/her development.
- Families are aware of where and how to access nutrition support for the young child.
- All young children have continued access to quality nutrition support as needed.
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| - During immunizations  
- Community and family health check-ups  
- Home visits  
- While continuing CFS  
- While resuming learning activities in ECD centres, preschools etc. | - During immunizations  
- Community and family health check-ups  
- Home visits  
- While continuing CFS  
- While resuming learning activities in lower primary |
| **Coordinate with Health**  
- Extend nutrition support to all children U5, including those who were earlier unreached  
- While continuing CFS  
- While resuming learning activities in ECD centres, preschools etc.  
- While resuming learning activities in lower primary | **Coordinate with Education**  
- Ensure learners can systematically access adequate reliable nutrition support services  
- While resuming learning activities in lower primary  
- While continuing CFS  
- While resuming learning activities in ECD centres, preschools etc.  
- While resuming learning activities in lower primary  
- Ensure that children, families and communities adopt healthy eating habits to meet their nutrition requirements adequately |
| **Coordinate with Health**  
- Ensure all children who were earlier unreached have undergone physical check-ups and have been immunized and vaccinated  
- Involve community volunteers in monitoring the growth of young children in the community  
- Scale up and systematize growth monitoring and immunization facilities to different parts of the community (e.g. ECD centres, pre-schools, religious spaces etc.)  
- Encourage ECD centres/ pre-schools etc. to continue providing mid-day meals/snacks of high nutritious value  
- Children grow and develop in age-appropriate healthy and positive ways as their growth status is closely tracked and their essential nutrient requirements are met | **Coordinate with Education**  
- Provide adequate nutrition support (material, technical) to all school-going children in pre and lower primary schools  
- Train education personnel on how to identify conditions of malnutrition for young children and raise awareness of reliable referral systems which have been established  
- Encourage lower primary schools to continue providing mid-day meals/snacks of high nutritious value  
- Families, caregivers in ECD centres and education personnel in pre-schools know how to care for young children  
- Children’s development is not neglected and continues in an enabling environment where nutrient needs are fulfilled |
| **Coordinate with Education**  
- Ensure parents, caregivers, education personnel in pre-schools and community members establish caring environments for young children to develop their full potential  
- While continuing CFS  
- While resuming learning activities in ECD centres, preschools etc.  
- While resuming learning activities in lower primary  
- Ensure learners can systematically access adequate reliable nutrition support services  
- While resuming learning activities in lower primary  
- Ensure that children, families and communities adopt healthy eating habits to meet their nutrition requirements adequately  
- While continuing CFS  
- While resuming learning activities in ECD centres, preschools etc.  
- While resuming learning activities in lower primary | **Coordinate with Education**  
- Provide adequate nutrition support (material, technical) to all school-going children in pre and lower primary schools  
- Train education personnel on how to identify conditions of malnutrition for young children and raise awareness of reliable referral systems which have been established  
- Encourage lower primary schools to continue providing mid-day meals/snacks of high nutritious value  
- Children grow and develop in age-appropriate healthy and positive ways as their growth status is closely tracked and their essential nutrient requirements are met |

- **Talk/sing to the child**  
- **Caress the young child**  
- **Be physically present with their child eats**  
- **Create a defined meal time routine**  
- **Be patient if the child refuses to eat**  
- **Do not express stress/anger/frustration when the child is eating**  
- **Fulfil their children’s nutrition requirements and pay attention to children’s feeding cues**  
- **Parents pay close attention**

- **Involve community volunteers in monitoring the growth of young children in the community**  
- **Scale up and systematize growth monitoring and immunization facilities to different parts of the community (e.g. ECD centres, pre-schools, religious spaces etc.)**  
- **Encourage ECD centres/ pre-schools etc. to continue providing mid-day meals/snacks of high nutritious value**  
- **Families, caregivers in ECD centres and education personnel in pre-schools know how to care for young children**  
- **Children’s development is not neglected and continues in an enabling environment where nutrient needs are fulfilled**
| schools | - Regularly have their children undergo physical checkups and monitor their height and weight  
- Positively interact with their children during meal times as a healthy family bonding practice | to their children’s growth  
- The child is provided with an optimal caring environment to develop in |