



Early Childhood Development in refugees and displaced populations

Early Childhood Development

1

What is ECD – why is it important and is it more than the sum of its parts?

2

ECD among refugees and displaced populations

3

Participatory design: integration and collaboration



Normal



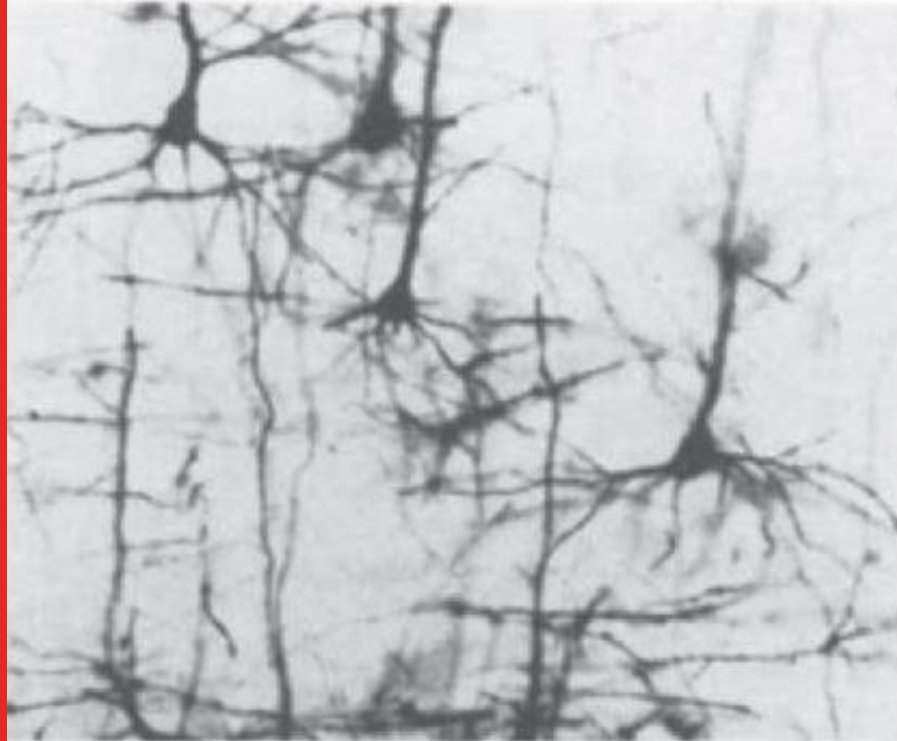
Extreme Neglect

We know that by even by age 3 poor early childhood development can have lasting impacts on brain development

**Lack of
nurturing
care
exacerbates
inequalities
and leads to
cycles of
poverty**

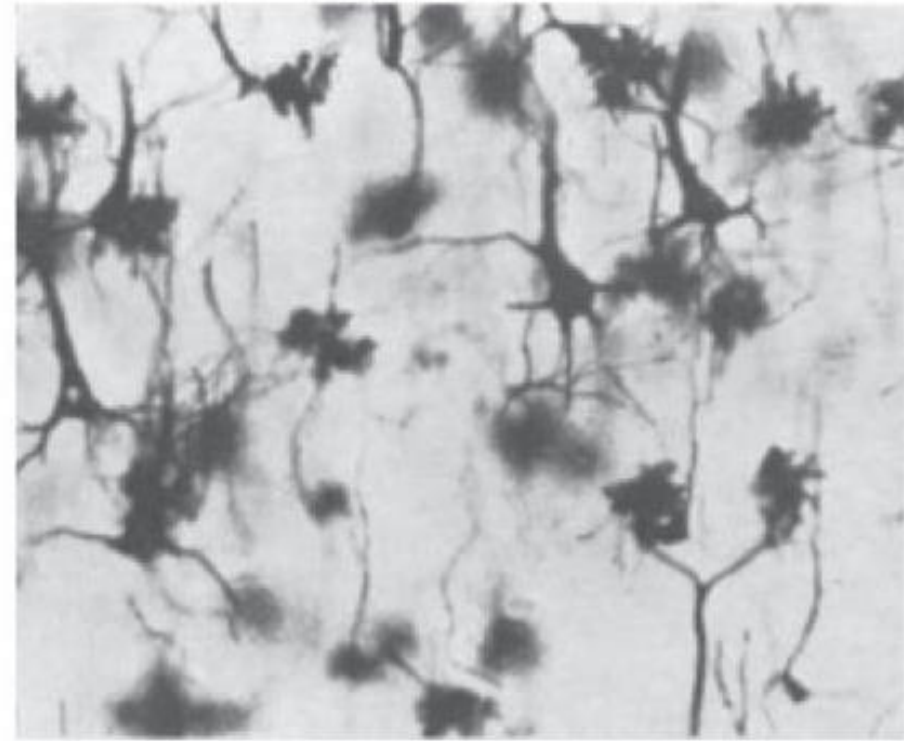
Effects of undernutrition on brain development

Well-nourished infant



Typical brain cells
Extensive branching

Undernourished infant



Impaired brain cells
Limited branching
Abnormal, shorter branches

Few Facts:

50%

Of the gaps in school readiness come from differences in parenting
(Brooks-Gunn and Markman, 2005))

20%

Of children in low income countries have access to pre-school
“The gap in pre-primary attendance rates between socio-economically advantaged and disadvantaged pupils is growing.” (PISA,2014)

20%

Global acute malnutrition (GAM) prevalence remains high; 20% of refugee sites exceed the >15%



ECD and Refugees

Is ECD a priority in refugee and displaced communities?

- Half the 60 million refugees worldwide are women and children
- Displaced children are the most vulnerable to the threat of malnutrition, death, and disease.
- Other children survive but do not thrive leading to perpetuated cycles of inequality
- The 2030 SDG Agenda

Challenges in breastfeeding in displaced populations

- Usual support networks not available
- Lack of comfortable, private places to breastfeed
- Myths about breastfeeding in developing countries in general and when facing displacement
- Uncontrolled distribution of breast-milk substitutes (including infant formula)
- Lack of clean water /sterilisation of bottles – lack of awareness of dangers



Disruption of traditional feeding practices

- A study found that mothers from a Pastoralist tribe in Ethiopia living in an IDP camp were not breastfeeding their babies but using unsafe regular powdered milk, which was being marketed as infant formula.
- When asked why, they replied that since they were no longer consuming animal milk themselves, and had a cereal based diet in the camp, they believed their breast milk was no longer nutritious and the milk powder was better.



Interactions Nutrition and WASH



Poor sanitation and hygiene causes diarrhoea which inhibits absorption of nutrients



Water scarcity reduces ability to produce frequent meals

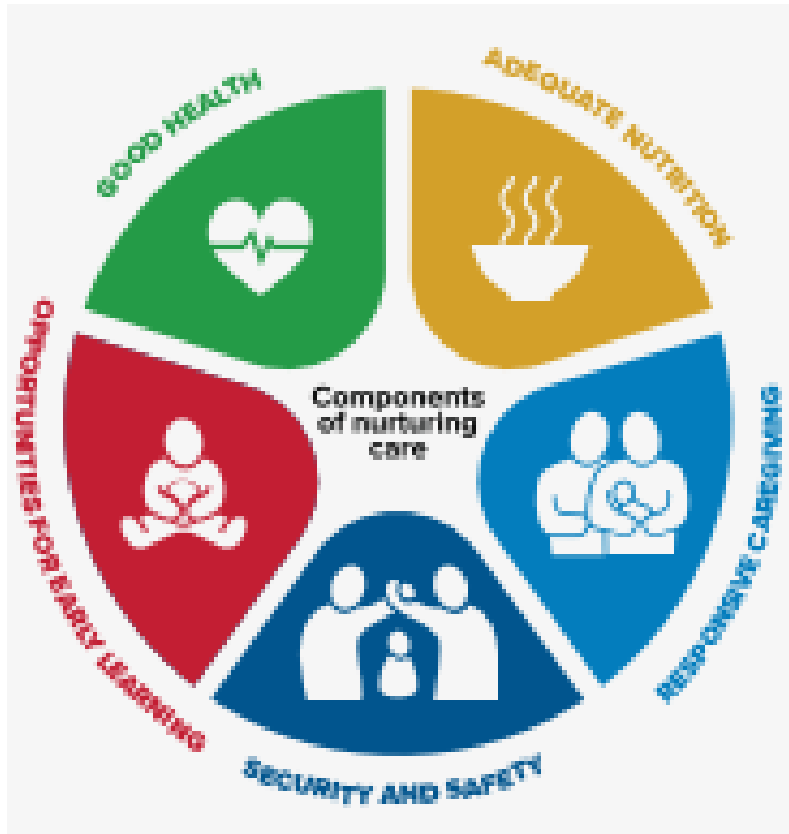


Time fetching water reduces time for infant feeding and care



Participatory design: integration and collaboration

Nurturing Care Framework



Example of cross sector work on infant feeding in refugees settings:

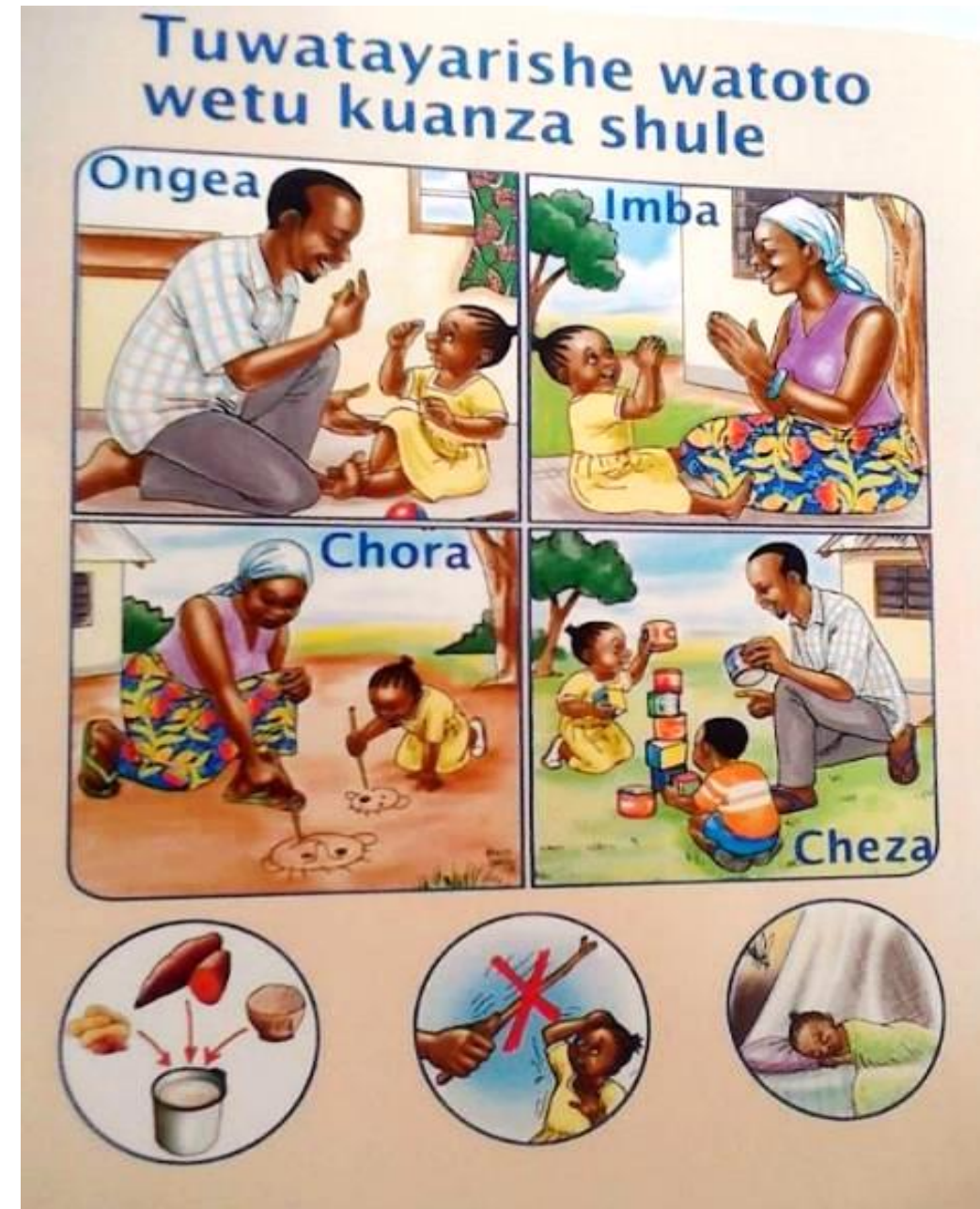
https://www.youtube.com/watch?time_continue=3&v=1QXaphU3R38



Using Entry Points Opportunistically

Interventions need to be:

- Participatory
- Evidence and needs-based
- Priority based
- Integrated - avoid setting up costly parallel services
- Technically sound



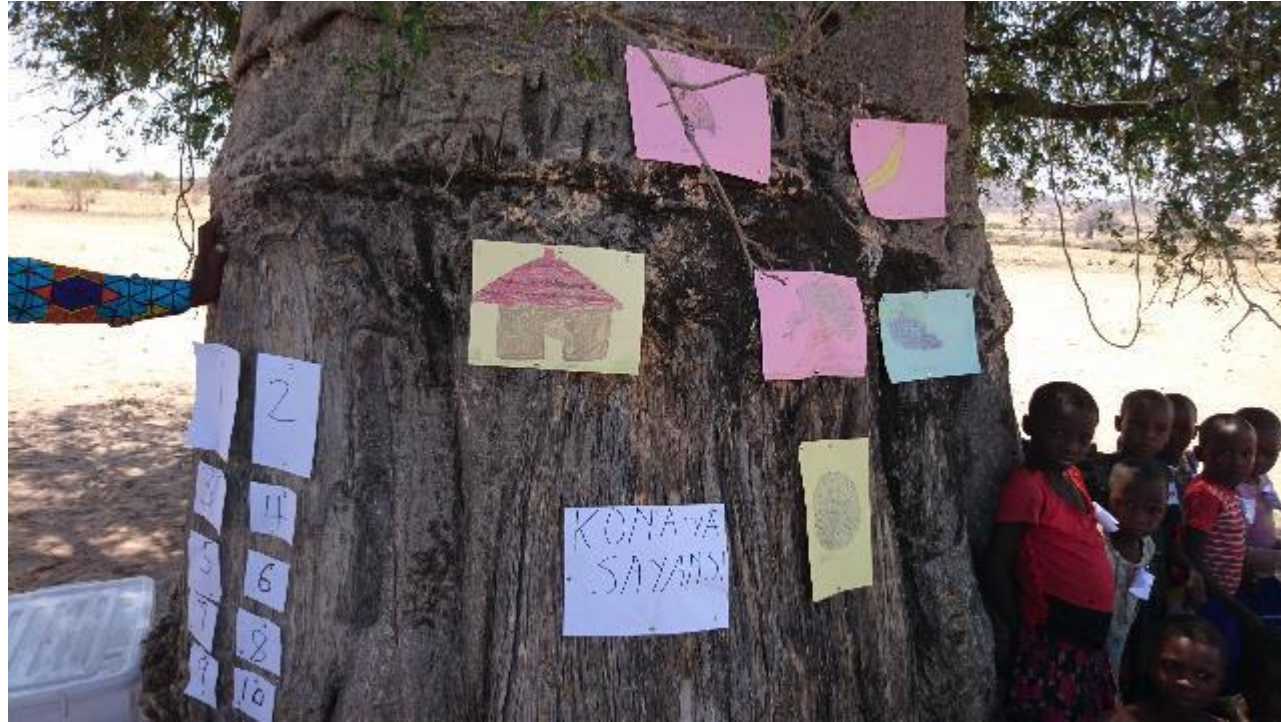
Rationale for parenting programme in Tanzania

- Vibrant and committed communities motivated to promote children's development
- Interest by parents to participate in parenting sessions with livelihoods angle
- Many kept some poultry but currently low production and sell rather than consume eggs
- Existence of Newcastle Disease vaccination community based intervention to boost production of eggs



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Affordable?



Quality provision does not always have to be expensive





Thank you

