

POLICY BRIEF

November 2021



THE AGA KHAN UNIVERSITY
INSTITUTE FOR HUMAN DEVELOPMENT

The Role of the Health Sector in Advancing Nurturing Care for Early Childhood Development

Executive Summary

Infants and young children in humanitarian settings face massive challenges to survive or even thrive. As the number of crisis-affected people continues to rise, so does the proportion of future generations who experience the severe distress of displacement and conflict.

When children are deprived of opportunities to develop, the ability of families, communities and economies to flourish is limited. This is especially the case for young children affected by conflict and humanitarian emergencies.

Syria has been in conflict since 2011. For children in Syria, prolonged exposure to conflict has put nearly 7.5 million children; more than 2.6 million of whom are internally displaced, at risk of not reaching their full developmental potential.

With only 50 % of health facilities fully functioning, access to routine and life-saving health services for pregnant women and children aged under-five was compromised.

With the Science of Early Child Development clarifying that children need multiple support to enable them survive and thrive, the Aga Khan Development Network (AKDN) worked with national and local stakeholders in the Child Wellbeing program under the Syrian public health system. They adapted and integrated the Care for Child Development (CCD) intervention; which serves children 0 to 59 months.

Over a three-year period, a six-step adaptation process to revise and adapt CCD to fit into the existing format of the Child Wellbeing programme was undertaken. Upon implementation, the achievements included:

1. The adoption by the Syrian Public Health System of CCD as part of its existing Child Wellbeing programme.
2. Local ownership and leadership by the health system stakeholders, of the process of adaptation and pilot implementation.
3. Continued implementation of the CCD programme by health system stakeholders in 25 centres in and around Damascus, Hama and Tartous, with minimal technical and financial support from AKDN.

For an early childhood development (ECD) system to be comprehensive and sustainable, ECD policies, strategic plans, legislation, and related sectoral and multisectoral policies should call for equitable and integrated ECD services for vulnerable children and parents.

Introduction

Disruption of essential services can be severely detrimental to young children and their families. Morbidity and mortality rates for children under age five (U5), among crisis-affected populations, may be as high as twenty times that of children living in less fragile contexts.¹ Even when these children do survive, an estimated 43% of U5 in low- and middle-income countries – inclusive of humanitarian contexts – are at risk of not reaching their developmental potential². Adverse experiences in early childhood, increase the risk of poor social and health outcomes; low educational attainment, economic dependency, increased violence, crime, substance misuse, poor mental health, and a greater risk of adult-onset non-communicable diseases; such as obesity, cardiovascular disease, and diabetes.³

During crises, children's basic rights are overlooked, unless ECD policies and services are developed before, during and immediately after an emergency. Reflective of these challenges, an integrated set of crisis-sensitive services across health, nutrition, education, sanitation and child protection sectors is needed. As happened in AKDN's experience in Syria, these services must be designed, planned and costed to be adaptable when responding to emergencies, starting during pregnancy and continuing throughout a young child's life.

While there has been minimal progress in increasing children's access to early education, health care, nutrition, safety and security in Syria, insufficient attention has been placed on how parents and caregivers can provide responsive care in emergency contexts. Responsive care occurs when caregivers play, communicate with, observe and respond to children's movements, sounds, gestures and verbal requests.

Overview of issues

The *Nurturing Care Framework* employs state-of-the-art evidence on how ECD unfolds, hence sets out the most effective policies and services that will help parents and caregivers provide nurturing care for babies. It is designed to serve as a roadmap for action; helping mobilize a coalition of parents and caregivers, national governments, civil society groups, academics, the United Nations, the private sector, educational institutions and service providers, to ensure that every baby gets the best start in life.

However, in Syria:

- The first national ECD Strategy and Executive Plan; developed by the Syrian Commission for Family Affairs and Population, remains a vision on paper that has been difficult to achieve as it has been de-prioritized.
- Only 50% of health facilities are operational thus hampering accessibility, affordability and quality of basic services important for children's health, nutrition, and overall wellbeing.
- Multiple adversities remain prevalent like: rising numbers of families living below the poverty line; more severely malnourished children aged below five; increased reports of child labour and child marriage; inadequate safe spaces for children to play and learn; and regular direct or indirect exposure to violence at home, on media or in the community.
- Increased levels of 'toxic stress' responses are commonplace. They affect children's brain development due to prolonged exposure to adversity, chronic neglect, caregiver mental illness, conflict violence, and the accumulated burdens of poverty,

1 WHO. Thematic Brief: Nurturing care for children living in humanitarian settings. World Health Organization: 2020

2 Ibid

3 Ibid



Fig. 1 Components of Nurturing Care for ECD

The CCD approach in Syria

In the context of international sanctions on Syria; which restrict direct assistance to the government, AKDN learned that working with the health system required multiple modifications. The type of approach adopted and highlighted here can be similar in other humanitarian contexts where aid support to the government in power is limited. AKDN's approach involved:

- I. Selecting a mutually agreed upon practical entry point in the health sector.
- II. Adopting a six-step CCD adaptation process.
- III. Securing stakeholder ownership and leadership at national and governorate levels.
- IV. Building health staff's capacity to independently take charge of training, and management of other health staff at local level health facilities.
- V. Conducting annual meetings, with program implementers and CCD master trainers, as joint reflection sessions.

Further, recording milestones, undertaking key informant interviews, and conducting desk reviews of grey literature produced legacy documents for the project.

Results and lessons learned



Policy recommendations

1. Prioritize investment in continuity of community and home-based services; including outreach, throughout an emergency thus giving young children, especially the most deprived, the best start in life.
2. Expand access to effective and essential ECD services; including safe play spaces in homes, schools, communities and health clinics in emergency contexts.
3. Make family-friendly ECD policies a national, governorate, and private sector priority in humanitarian contexts.
4. Build on contextually appropriate practices and integrate them into existing service delivery platforms and counselling tools.
5. Collect data on essential indicators of ECD in emergencies and track progress.



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