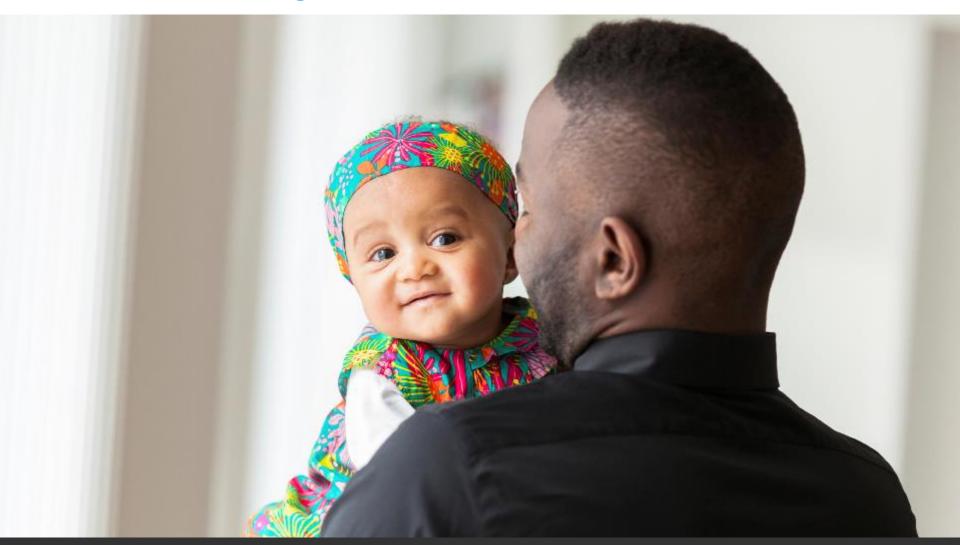






# A good start for all children



# **In-country support**

 Syria response (Jordan, Lebanon), The Netherlands

 Caregiver support through existing platforms

 National and international partners

 Newcomer and host community





# Systemic change















Our Promise to Youth





# Early years on the move

## **Direct exposure**



## **Displacement**



## **Ongoing stressors**







# 'Refugee Status' as risk factor

Biological risk factors

Birth Preterm birth, birth complications

#### Intrauterine factors

Maternal nutrition, maternal infections, maternal substance use, intrauterine growth restriction

#### Child nutrition

Suboptimal breast feeding, protein calorie malnutrition, micronutrient deficiencies (iodine deficiency, iron deficiency, zinc deficiency)

### Childhood infections

Parasitic infections, HIV infection, malaria, chronic diarrhoea Davanta

Depression and ill health. low education, high levels of stress

Contextual risk factors

#### Child conditions

giving; child maltreatment. Debiting physical punishment: being orphane to plugee status

#### Family

Inadequate opportunities for learning in the home, crowded or highly chaotic home environments, caregiver alcohol and substance misus a economic constraints, poverty, exposure to violence, including intimate partner violence

#### Community

Community violence. Foor quality early care environments outside the home, tack of hearth and social services. Itimited or no access to nutritious tood, tack of access to sanitation or sate drinking water, societ ai stigmatisation of children with developmental disabilities

Environmental exposures through life course:

Heavy metals
(lead and mercury),
environmental toxins
(arsenic, endocrine
disruptors, pesticides,
polychlorinated
biphenyls),
household air
pollution

## Common contextual risks

### **Parents**

- Depression and ill health
- High levels of stress

### **Child Conditions**

- Non-responsive caregiving
- Being orphaned
- Physical punishment

## Family

- Inadequate opps for home learning
- Crowded/chaotic home situations
- Economic constraints
- Exposure to violence

### Community

- Community violence
- Poor quality early care
- Lack of health/social services
- Limited access to nutritious food



## What can be done?

### **Support caregivers to:**

- Provide stable, trusting relationship and nurturing care and stimulation
- Improve their mental health and reduce stress levels
- Restore routines and a degree of normal community or family life

### Allow children to:

- Access early stimulation and quality learning opportunities, incl. opportunities for play
- Access basic health, nutrition, and WASH provisions



# **Humanitarian policy landscape**









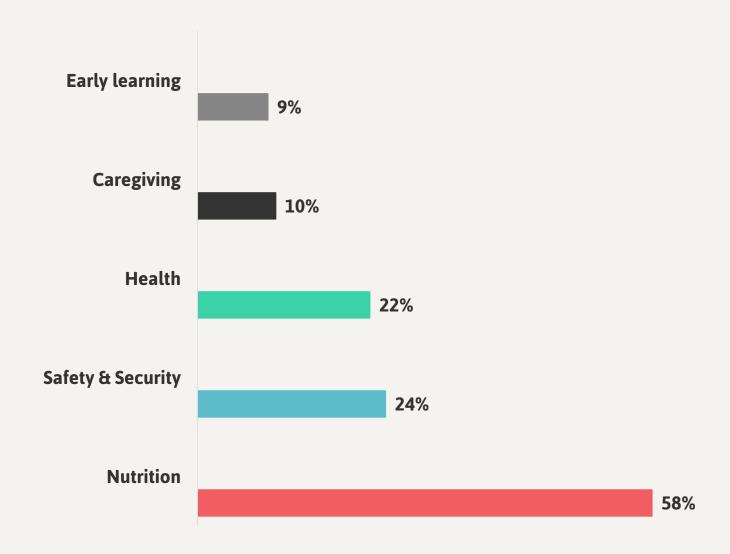








# **Inclusion of recommended interventions in response plans**



Source: Bouchane (2018), forthcoming

# Resettlement countries policy landscape

"Country-wide responses [in Europe and North America] to the needs of the youngest refugee and asylum-seekers have been extraordinarily weak, despite the legal obligation in most countries to serve this population."

- Migration Policy Institute, 2018

**M**PI

Latvia

RESPONDING TO THE ECEC NEEDS OF CHILDREN OF REFUGEES AND ASYLUM SEEKERS IN EUROPE AND NORTH AMERICA



By Maki Park, Caitlin Katsiaficas, and Margie McHugh

TRANSATLANTIC FORUM ON INCLUSIVE EARLY YEARS
INVESTING IN THE DEVELOPMENT OF YOUNG CHILDREN FROM MIGRANT AND LOW-INCOME FAMILIES

Syria

Beirut 

Beanon

Melilla

Portugal

Tunisia





Credit: Plan International Jordan/Reem Albuzi

### PUBLIEKE GEZONDHEIDSZORG VOOR ASIELZOEKERS (PGA) EN VERGUNNINGHOUDERS







Signaleren & monitoren



Adviseren



Jeugdgezondheidszorg



Helpdesk professionals







TUBERCULOSESCREENING, ZO NODIG ONDERZOEK EN BEHANDELING



bii asielzoekers







INFECTIEZIEKTENBESTRIJDING EN HALFJAARLIJKSE VERVOLGSCREENING TBC (GEDURENDE TWEE JAAR)



JEUGD-GEZONDHEIDSZORG



BESCHERMEN EN BEVORDEREN **GEZONDHEID** 

BIJ AANKOMST ASIELZOEKER

**TIJDENS VERBLIJF** IN COA-OPVANGLOCATIE TIJDENS VERBLIJF IN GEMEENTE (VERGUNNINGHOUDER)



# **Proposed Actions**

 Raise awareness on critical nature of 1000 days and effect of adversity

- Focus on parents/caregivers

 Leverage the pediatric workforce to shift systemic barriers

