Early years services for crisis-affected families

ISSOP conference, Bonn 2018
In-country support

- Syria response (Jordan, Lebanon), The Netherlands

- Caregiver support through existing platforms

- National and international partners

- Newcomer and host community

Credit: International Rescue Committee
5 million pregnant women
22 million babies and toddlers
33 million women and men taking care of these kids every day
Systemic change

Credit: Jeff J Mitchell/Getty Images
Early years on the move

Direct exposure

Credit: UNICEF

Displacement

Credit: Khalil Ashawi/Reuters

Ongoing stressors

Credit: UNHCR / Refugees.org
Source: Dr. Chuck Nelson, Harvard Center for the Developing Child, 2018
'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

- Contextual risk factors
  - Parents: Depression and ill health, low education, high levels of stress
  - Child conditions: Insensitive or non-responsive care giving, child maltreatment, including physical punishment, being orphan, refugee status
  - Family: Inadequate opportunities for learning in the home, crowded or highly chaotic home environments, caregiver alcohol and substance misuse, economic constraints, poverty, exposure to violence, including intimate partner violence
  - Community: Community violence, poor quality early care environments outside the home, lack of health and social services, limited or no access to nutritious food, lack of access to sanitation or safe drinking water, societal stigmatisation of children with developmental disabilities
Common contextual risks

Parents
• Depression and ill health
• High levels of stress

Child Conditions
• Non-responsive caregiving
• Being orphanded
• 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

Credit: Plan International Jordan
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

- Protection
- Food Security
- Basic Needs
- Health and Nutrition
- Education
- Shelter
- Wash
- Livelihoods and Social Cohesion
Inclusion of recommended interventions in response plans

- Early learning: 9%
- Caregiving: 10%
- Health: 22%
- Safety & Security: 24%
- Nutrition: 58%

Source: Bouchane (2018), forthcoming
“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
PUBLIEKE GEZONDHEIDSZORG VOOR ASIELZOEKERS (PGA) EN VERGUNNINGHOUDERS

Signaleren & monitoren
Vertalen van signalen, onderzoeks- en monitorgegevens naar beleid en praktijk.

Adviseren
Over beleid en praktijk aan organisaties die betrokken zijn bij zorg aan asielzoekers.

Contractmanagement
Afsluiten, onderhouden en aanpassen van contracten met COA, GGD’en en JGZ-instellingen.

Helpdesk professionals
Ondersteunen van GGD’en en JGZ-instellingen bij uitvoering PGA-dienstverlening.

Verbinden
Van uitvoerders, managers en beleidsmakers van organisaties betrokken bij zorg aan asielzoekers.

TAKEN GGD’EN

1. Halfjaarlijkse vervolgscreening tuberculose (tbc) bij asielzoekers uit hoog risicolianden
2. Jaarlijkse hygiëne controle van voorzieningen in asielzoekerscentra
3. Gezondheidsbevordering diverse thema’s
   - Ziektegevoeligheid
   - Opvoedingsondersteuning
   - Schoonheidscontrole
   - Voorkoming gezondheidsrisico NLD

TIJDENS VERBLIJF IN COA-OPVANGLOCATIE

TIJDENS VERBLIJF IN GEMEENTE (VERGUNNINGHOUDER)

BELANGRIJKE STAKEHOLDERS: COA I GCA I MCA I OVERHEID I KENNISINSTITUTEN I BELANGEN- EN BEROEPSORGANISATIES
Thank you!
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