

Early childhood development and psychosocial support in Syria

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Programming for early childhood development and psychosocial support needs to be able to evolve in order to cater for changing needs and to respond to emerging challenges.

From the onset of the Syrian crisis, internally displaced persons (IDPs) from all over Syria sought safe haven in Salamieh District in eastern Hama Governorate, increasing the population by 40% to its current total of 300,000. Many of those who were displaced – including children – were suffering from severe trauma. Humanitarian actors in Salamieh City, including the Syrian Arab Red Crescent (SARC) and the Aga Khan Development Network (AKDN), deployed psychosocial support (PSS) teams but responders soon realised that they were unprepared for dealing with the sheer extent of mental health needs.

The AKDN therefore developed a strategic plan for providing comprehensive psychosocial support in Salamieh District, using sustainable, community-based approaches to mental health and psychosocial support (MHPSS). In addition to advocacy and awareness raising around MHPSS in conflict settings, and strengthening capacity in terms of skills and number of mental health workers, the plan also incorporated protection elements specifically designed for children. These included the provision of non-formal friendly spaces and support in helping children develop coping mechanisms, plus activities to help adults understand their child's psychological, social, cognitive, motor and linguistic development.

Me and My Child in Crisis

One of the key elements of the strategic plan was the Me and My Child in Crisis programme (MMIC), which integrated PSS into AKDN's well-established early childhood development (ECD) programming. The MMIC programme was initially set up to provide parenting sessions, whereby both IDP and host community parents could

come together in a friendly safe space where they could discuss their experience of trauma (including death, loss, grief, shock and the challenges they face in bringing up their children in stressful environments). It became clear during the sessions that parents were unable to manage the pressures of coping with their children's trauma in addition to the stresses they themselves faced; as a consequence, this group of children was becoming more neglected and therefore increasingly vulnerable.

Targeting both parents and their children up to eight years of age, MMIC sought both to introduce ECD concepts and to teach methods of providing psychosocial support to children. The project also presented an opportunity for facilitating better relations between IDPs and host communities – enabling them to sit together to discuss challenges in adapting to their new situations, in a safe space alongside people they could relate to.

Parents learned about aspects such as the importance of growth and early development of the child, the development of the brain, methods of 'active learning', characteristics of early childhood, advantages of engaged parenting, psychosocial support for parents and for children, effective communication skills for children, and the notion of positive discipline. In parallel, children were enrolled in related activities. For example, children were asked to create stories which were then shared with their parents, as a way for children to express themselves and for parents to understand what takes place in their children's minds. Another exercise was the 'safety tree', where a child wrote the names of trusted family members as branches of a tree, helping their parents to understand who exactly makes their child feel most safe.

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Adapting for long-term sustainability

As the number of participants increased, the project's long-term sustainability had to be considered. The project managers consulted the INEE Minimum Standards,¹ two of which were particularly pertinent to the MMIC programme: blending emergency assistance with early recovery, and encouraging community-led education initiatives. As a result, the project shifted towards school-based parent-teacher associations (PTAs) as a means of implementation. By doing so, the project reached even more parents and children (of both IDP and host communities), which increased ECD awareness and the contribution of PSS in children's lives. However, there were several challenges associated with this.

Firstly, some parents did not have the right skills to deliver the information included in the training materials, especially education-specific concepts. In addition, not all facilitators were committed to voluntary training without financial incentive. Secondly, facilitators conducted MMIC sessions in schools but not all schools had the necessary resources, such as projectors, electricity or heating. And, thirdly, the training materials introduced characteristics of early childhood for all ages up to eight but parents of school-aged children (6–12) found discussions about infant brain development irrelevant.

Consequently, the project content was simplified, and MMIC facilitators were trained in delivering topics related to ages 6–12, while younger children's needs were

targeted through different AKDN initiatives. More focus was placed on using interactive activities to provide PSS for children and parents. The project helped parents to enhance their knowledge of ECD and the importance of PSS, put ECD concepts and PSS into practice (for example, allowing a child to cry when they are sad) and build better communication channels with their child (for example, using positive discipline methods).

Since its establishment, the project has faced another major challenge: the lack of fathers' participation. This relates to a number of factors, including the belief that childcare is the mother's responsibility, the physical absence of fathers (many of whom are fighting in the war, in which many others have been killed), and the increased pressure on men to work (given the declining financial situation). MMIC sessions were delivered by facilitators who were themselves

married couples in order to encourage parents to participate as couples but the lack of male participation persisted. Between 2014 and 2018, 2,216 parents took part, of whom only 131 were fathers.

Moving towards recovery

As the intensity of armed conflict decreased over 2018, the project's name – Me and My Child in Crisis – came to be perceived as being associated with a former and particularly difficult phase of the crisis. MMIC's content was therefore reviewed to adjust to the recovery phase (though it should



Reading with Children session for parents and children.

not be forgotten that there continue to be very serious PSS needs for IDPs, returnees and host communities) and was transformed into the Reading with Children (RWC) programme.

RWC aims to raise parents' awareness about the role of reading in developing their child's language skills and the importance of establishing reading habits as part of a child's daily routine. It also covers topics of psychosocial support for parents and children (including positive discipline). The project provides 15 storybooks for parents to borrow and read to/with their children at home.

The project also helps parents prepare their children psychologically for school through the project's I Am Ready for School calendar, and immerses parents, teachers and children in interactive activities during the first week of school so that children feel safe as they become familiar with new environments and teachers. Between March and August 2018, 375 children and 323 parents participated in RWC (though the participation of fathers remains low).

Challenges and options

A notable challenge has been securing consistent attendance. Attendance rates for both parents and facilitators in both MMIC and RWC have been unstable. In order to improve programme participation in contexts where people's financial resources have been diminished, incentives are highly recommended. The type of incentive offered can be used in conjunction with other humanitarian programmes and be based on need and appropriate to the context, whether cash, vouchers or food, non-food items (WASH or winterisation kits) or child-friendly baskets (including items such as storybooks, underwear, school uniform and nutrient supplements). Providing incentives from the beginning of a project (as opposed to midway) will help ensure that delivery of PSS and ECD is maintained from birth into childhood and thereafter. Although AKDN in Syria has not actually applied an incentive-based approach, it appears – from looking at the experiences of actors around the world who use cash or food incentives – to be an approach worth considering.

Another option that could be explored is the use of mobile technology and applications to facilitate parental access to ECD products. As mentioned earlier, many parents, especially fathers, were not able to attend sessions because of work commitments. Providing mobile platforms or utilising those that are commonly used (such as WhatsApp or Facebook) could improve coverage and access. For example: a free app could offer learning videos, awareness messaging and interactive group discussions; Facebook pages allow programme staff to post topics and readers to discuss issues and raise questions; on WhatsApp, awareness messaging can be sent to groups of participants who can forward them in turn; and local mobile service providers can be contracted to send SMS messages about ECD to reach everyone living in a certain area. (The Aga Khan Foundation already uses SMS messaging as part of its health awareness campaign.) Such initiatives might work well in the Syrian context, given the large number of households owning mobile devices.

AKDN is currently working with government and non-government actors to establish a national ECD framework. The success of PSS programming for children in Salamieh District during the crisis was due in part to the fact that ECD programming was well established in this area before the crisis. For communities vulnerable to conflict and subsequent mental health challenges, ECD programming may at least provide the infrastructure upon which MHPSS programming can later build, to help mitigate against and cope with mental health conditions, including the onset of severe trauma.

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1. The INEE Minimum Standards articulate the minimum level of educational quality and access in emergencies through to recovery, presenting best practice in meeting the educational rights and needs of people affected by disasters and crises. www.ineesite.org/en/minimum-standards/translations