The first years of life are the most critical for a child’s development, laying the foundation for years to come. During these important five years, babies and toddlers need nurturing care — which includes health care, good nutrition, protection, and opportunities for play and early learning — for their bodies and minds to grow strong. Physical harm, abuse, or deprivation during these critical years can leave long-lasting impacts not only on a child’s health, but also on his or her ability to grow, learn, and succeed.

During an emergency — conflict, natural disaster, or epidemic — the need for nurturing care and especially physical protection only becomes more acute. In all types of emergencies, babies and young children are especially vulnerable, with the highest rates of illness and death of any age group. Early childhood programmes can be lifesaving for the youngest children and are vital to ensuring children not only survive, but have the best start for a good future.

Despite the tremendous need, early childhood development remains seriously under-prioritised in emergency response. Where quality early childhood targets and programmes do exist in humanitarian response plans, too often resources are inadequate to tackle the scale of the problem and achieve the promised scope of response. Humanitarian response plans are chronically underfunded and thus babies and children are left to slip through the cracks.

All babies, young children and their caregivers living through emergencies urgently need Safe Spaces where they can access everything children need to grow and thrive in emergency, conflict or vulnerable environments. Theirworld’s #5for5 campaign is calling on world leaders to commit to a dramatic increase in funding and action to support early childhood programmes to ensure all children are given the best start in life, no matter who they are or where they are born. This means that every humanitarian response must include targets explicitly addressing children ages 0-5 across all relevant sectors. Safe Spaces can offer young children critical physical protection during a crisis, supporting their physical health and safety, providing a safe place to play and learn, and giving access to clean water, sanitation, and hygiene facilities.

Direct and Indirect Physical Threats

Young children living through emergencies and disasters face many physical threats, including injury, abuse, sexual violence, child labour, trafficking, and death. Since 1945, civilians have made up 90% of casualties in armed conflict — 75% of which are women and children. In natural disasters caused by climate change, around 250,000 children under the age of five die each year.

Emergencies also put young children at risk for indirect physical harm from food deprivation, poor health care, inadequate shelter, lack of access to clean water and adequate sanitation, overcrowding, unsafe environments, neglect,
and displacement. This physical insecurity means that the youngest children are at enormous risk during a crisis. **For children under five, the risk of death and disease in emergency situations can be twenty times higher than normal.**

A striking example of a severe but overlooked risk for young children is the use of infant formulas, which increase children’s risk for malnutrition, disease, and even death during an emergency. Formula mixed with unclean water or prepared in unhygienic conditions can result in diarrhoea and other water-borne diseases and subsequent dehydration and malnutrition. Research has shown that **almost 95% of under-5 mortality in emergencies is due to diarrhoea caused by dirty water or inadequate hygiene.** Insufficient supplies of formula can also force mothers to water down the formula, further putting children at risk for malnutrition. In contrast, breast milk safeguards infants’ health — it is the healthiest and most sustainable source of nutrition, costs nothing and protects children from unsafe water and poor hygiene — but mothers need support to continue breastfeeding during an emergency.

Even if children survive, a lack of physical security during emergencies can haunt them for life, leading to poor developmental outcomes with potentially irreversible impacts on their growth, health, and wellbeing. For instance, children who are chronically malnourished experience permanently stunted growth and can “suffer lasting behavioural and cognitive deficits, including slower language and fine motor development, lower IQ, and poorer school performance.” Chronic malnutrition prevents children from reaching their full developmental potential and its effects cannot be reversed by good nutrition later in life, meaning the youngest children cannot afford to wait. Additionally, children born in emergency contexts also frequently face lifelong vulnerabilities as a result of not obtaining birth certificates. Without valid birth registration, children face challenges to obtaining adequate health care, enrolling in school, and seeking the protection of the public justice system, and may even be at risk of statelessness.

**Physical Protection**

Children in emergencies need physical protection and an environment where they can play and learn safely — a place where they are not only out of reach of immediate physical threats, but have what they need to grow. During a crisis, early childhood programmes — Safe Spaces — can offer protection; support children’s physical health and safety; provide a safe place to play and learn; give access to clean water, sanitation, and hygiene facilities; and offer much needed assistance to traumatised caregivers.

**Nutrition Support.** Feeding programmes for children, pregnant women, and nursing mothers, supplements to ensure children receive essential nutrients, and WASH facilities are all essential. Mothers especially need support and assistance to continue breastfeeding, including coaching and information, additional food and water, and a safe, private place to nurse.

**Health Care.** Health interventions such as check-ups, vaccinations, and screening for healthy growth can take place at early childhood centres or alongside nutritional programmes. Combined, these interventions help guarantee that children are not only safe from direct threats, but also buffered against the indirect physical effects of emergencies, including illness and malnutrition.
**Survival Skills.** Safe Spaces can also be places to teach the youngest children about essential survival and safety skills for life in an emergency setting. This information — such as avoiding landmines, what to do in case of natural disaster, first aid, the importance of hand washing, etc. — can be critical to children’s survival but may not be information that parents readily know.

Nurturing childcare. The greatest protection for young children is quality childcare in a supportive environment. In emergency settings, caregivers often do not have the financial, physical or emotional resources to provide high quality childcare full time, and so are forced to leave young children alone or supervised by other children. This can result in children being bored, under stimulated and at risk for accidents, neglect, or exploitation. Safe Spaces can offer caregivers a place where they can leave young children during the day, knowing they are receiving nurturing, supportive care and are engaged in activities in a safe environment. The need for quality childcare in emergencies is even more acute for children who are unaccompanied, separated from their families, or orphaned.

**Endnotes**

5. CARE. Women and Children in Emergencies.
9. Zero to three. “How does nutrition affect the developing brain?”
14. UNICEF. “Starting Early to Build Stronger and More Peaceful Societies.”