



Brighter Futures: integrated child protection and nutrition intervention in humanitarian settings

The **Brighter Futures** intervention was created by the Nutrition and Child Protection Technical Units and Country Programs when famine threatened the lives of thousands of children in Northeast Nigeria. Brighter Futures is an integrated child protection and nutrition intervention that aims to improve developmental, behavioural and safety outcomes of children at-risk of malnutrition or children receiving treatment for acute malnutrition in humanitarian settings.

Protecting Children from the Risks of Malnutrition and Stunting

Scientific evidence in the fields of neuroscience, molecular biology, genomics, and behavioural science have demonstrated that the foundation of lifelong physical and mental health are built during childhood. Children that experience adversity during their early years face increased risk of developing functional impairments, decreased cognitive performance, weakened physiological responses, and altered emotional behaviour.¹ A well-known study conducted in Jamaica compared stand-alone nutrition interventions to combined interventions incorporating responsive caregiving. The stunted children who received only psychosocial stimulation or stimulation with food supplements had higher developmental scores than those who received the nutrition intervention alone, which were still apparent at the age of 17.²



In humanitarian settings, caregivers often experience toxic stress due to displacement, loss, family separation, or witnessing violence which affects parenting behaviours and practices. Mothers with chronically malnourished children had higher levels of depression, lower levels of parenting self-esteem, and provided a less stimulating home environment.³ In addition, there is increasing evidence that poor maternal psychosocial wellbeing can lead to a lower likelihood or shorter duration of breastfeeding. Children that are separated from their primary caregivers, children that experience abuse, neglect or exploitation, and children living in child-headed households face increased health and safety risks. Engaging family members, improving caregivers' ability to cope with stress, ensuring appropriate care arrangements, increasing access to services and building knowledge of positive child care practices is critical to achieve a safe, nurturing environment for children. Chronic stress and poor care arrangements, if not addressed, can have devastating impacts on child developmental and safety outcomes.

¹ Shonkoff JP, Garner AS, *The lifelong effects of early childhood adversity and toxic stress*, *Pediatrics* 2012.

² McGregor G, et al., *Developmental potential in the first 5 years for children in developing countries*, January 2007.

³ Baker Henningham H, et al., *Mothers of undernourished Jamaican children have poorer psychosocial functioning and this is associated with stimulation provided in the home*, June 2003.

The Brighter Futures Model

The model in development goes beyond traditional medical and nutrition treatment to focus on the implications of acute malnutrition on a child's safety, growth, cognitive, motor, and social and emotional development. Brighter Futures has four core pillars:



Pillar 1 Child Protection Screening: child protection caseworkers are stationed at health and nutrition sites to assess risk indicators for child abuse, neglect and unsafe care arrangements. The screening tool aids frontline workers to identify child maltreatment early, and reduce children's exposure to harm. Caseworkers determine the appropriate response based on the screening results and either provide direct services or refer the patient to specialized services, where available.

Pillar 2 Caregiver Support and Responsive Parenting: child protection staff facilitate sessions with caregivers that aim to: build knowledge and skills on psychosocial stimulation, toy-making, child development, and responsive caregiving; reduce parental stress levels; and create support networks.

Individual sessions: The Families Make the Difference, Reach up and Learn, and Caring for Child Development curricula for caregivers of children under the age of 5 has been adapted for caseworkers to deliver practical, informative individualized sessions within 15 to 20 minutes when caregivers bring their children for supplemental feeding, when children are hospitalized, when caseworkers make mobile clinic rotations and when caseworkers conduct home visits.

Group sessions: The Caregivers Matter (CM) curriculum is designed for caregivers of children that are diagnosed with moderate or severe malnutrition to reduce maternal stress, provide a supportive peer network, and improve mother-child relationships through nurturing care and early learning. CM groups can be facilitated through IYCF programming, at SRH clinics, at stabilization centers, in Women and Girls Safe spaces, at static health clinics, or in community Child/Baby Friendly spaces.

Pillar 3 Child and Baby Friendly Spaces: child protection staff establish recreational spaces in or near mobile or static health and nutrition sites, where caseworkers provide direct social and emotional learning activities and teach caregivers responsive caregiving techniques that can be replicated at home. The spaces for children can be set-up next to or inside SRH clinics, OTPs, Women and Girls Safe spaces, and/or stabilization centers.

Pillar 4 Community Outreach: child protection staff train community health and nutrition workers on how to identify child abuse, neglect and exploitation during home visits, and conduct safe referrals to trained on-site caseworkers to ensure the child is protected from harm. Where feasible, child protection training can be incorporated as an integral module of Community Case Management (CCM) or Integrated Community Case Management (ICCM).

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