

RIRE - RAPID INTEGRATED RESPONSE FOR CHILDREN

SUPPORTING CHILDREN'S WELLBEING IN CRISES THROUGH PLAY, PROTECTION, AND LEARNING

Rapid Integrated Response for Children (RIRE) is a mechanism that seeks to include education in rapid responses to help children aged between four and twelve to safely return to learning within the first three months of a crisis. This innovative approach integrates education with child protection and mental health and psychosocial support (MHPSS) to address both children's learning and wellbeing needs.

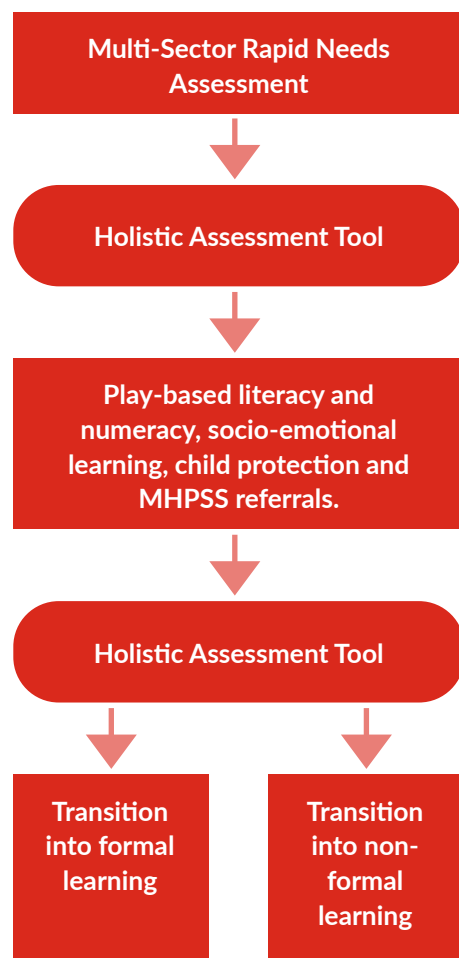
RIRE aims to restore children's sense of normalcy in preparation for transition back into education, through a focus on protection, wellbeing, and basic literacy and numeracy skills. Community facilitators are trained to use play-based educational activities to improve children's socio-emotional learning and foundational skills. In parallel, community-based child protection facilitators are trained to address the child protection needs of children and households. Mobile teams also provide psychological first aid to children and caregivers, including identification and referral of children in need of more specialized MHPSS interventions.

While RIRE is designed to be delivered as a standalone intervention, one of its key aims is to ensure the inclusion of education, child protection, and MHPSS in inter-agency and inter-sector rapid response mechanisms (RRMs). Despite being an essential part of a quality child-focused humanitarian response, education is often neglected in first-phase humanitarian responses, or, where it is included, it is often restricted to limited education interventions such as provision of school kits or minimal rehabilitation of schools. The lack of a more holistic response to children's needs in emergencies can have long-term and wide-ranging effects, as children miss out on learning and access to protective spaces and specialized services, in turn decreasing children's safety and their opportunities to return to learning.

RIRE means "to laugh" in French, but it also stands for Rapid Integrated Response for Children. Save the Children and partners believe that holistic education, child protection, and mental health and psychosocial support is essential for children's learning and wellbeing and helps children laugh, play, and thrive regardless of who they are, where they live or what is happening around them.



DESIGN AND TIMELINE



RIRE is designed to be implemented over a three-month period: an initial planning period of three to seven days, followed by a three-month implementation phase.

THE RIRE TECHNICAL PACKAGE

The RIRE technical package draws on existing tools and resources developed by Save the Children, and they are available for contextualization and uptake by all stakeholders. This technical package has been developed for use by all practitioners and government stakeholder working to implement a rapid integrated response. Where possible, tools have been aligned with country-level inter-sector Rapid Response Mechanism tools. The contents of this package include:



Multi-sector needs assessment: Save the Children has developed specific education, child protection and MHPSS needs assessment tools that are made available and, where possible, integrated into the RRM multi-sector needs assessment tools. Specific thresholds are determined, which serve to inform whether a RIRE response should be activated or not, along with a decision-tree.



Holistic Assessment Tool (HAT): The HAT is a learner assessment tool that aims to assess the literacy, numeracy, and social-emotional learning development of individual children, as well as their specific protection and wellbeing needs. The HAT is used initially to inform the content of learning and wellbeing support in safe spaces based on children's individual learning and wellbeing needs.



RIRE learning & wellbeing content: In dedicated safe spaces, SC uses our Return to Learning (RtL) teaching and learning materials, which are adapted and contextualized. Aligned with SC's [Quality Learning Framework](#), RtL uses a play-based approach to develop basic literacy, numeracy, and social-emotional skills, contributing to children's learning and wellbeing.



Transition from RIRE to other education pathways: After completion of the three-month RIRE learning cycle, children's learning and wellbeing is reassessed using the HAT. This assessment serves to inform the appropriate transition pathway for each child into formal or non-formal learning opportunities. Information about the child is also provided to the school or service to which they transition, to ensure appropriate support is made available, and potential drop-out is reduced.

EVIDENCE FROM OUR PILOTS: KEY SUCCESSSES, LEARNINGS & CHALLENGES

RIRE has been piloted in acute emergency situations in Burkina Faso, Niger and Mali. All three countries are experiencing high levels of insecurity and armed conflict, as well as the negative effects of climate change and economic stress, leading to large-scale displacement. The humanitarian situation has significantly impacted education, with more than 7,000 schools closed across the three countries with severe negative impacts on children's safety and wellbeing.



Results

- **Over 24,380 displaced children have participated in RIRE (more than 50% girls)**
- **83% of children who participated in RIRE then transitioned into formal or non-formal education at the end of the three-month rapid response period.**
- **Schools report that overall children that have participated in RIRE successfully reintegrate into learning and demonstrate improvements in learning outcomes.**
- **Participation in RIRE also allowed children's caregivers to resume income-generating activities, while their children are in a safe and protective environment.**

DIOURA'S STORY

Dioura*, aged 12, playing with friends at a temporary school set up by Save the Children in Tillabéri region, Niger.

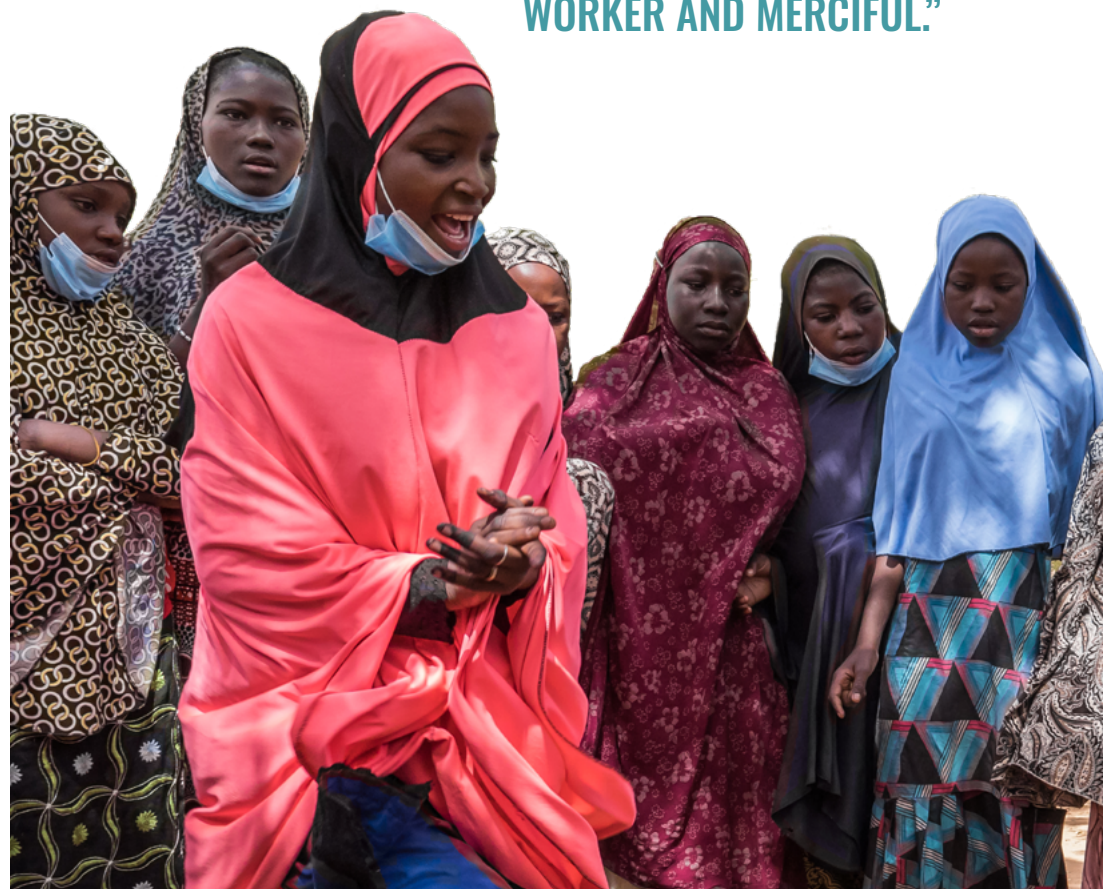
After everything she's been through, you might expect 12-year-old Dioura* not to feel optimistic about the future. During an upsurge in violence that swept Africa's Sahel region, her village in Niger was attacked by armed insurgents, and her school set ablaze. Dioura's family was forced to flee and start a new life in Tillabéri region.

Dioura has lost everything – except hope, and compassion for others.

“I WOULD LIKE TO BECOME A DOCTOR WHEN I FINISH MY STUDIES, TO HELP PEOPLE.”

She's never lost belief in herself either.

“I KNOW MYSELF: I AM INTELLIGENT, A HARD WORKER AND MERCIFUL.”



SPEED

RIRE is explicitly designed to be a rapid response. In most instances, implementation started on day one of a crisis with basic service provision, although areas difficult to access can take longer. Response times are being further shortened through training of teams in risk-prone areas, prepositioning of emergency kits (including play and learning materials), establishment of pre-existing partnerships with local actors for implementation, and pre-established agreements with local authorities to identify safe spaces for learning.

Mobile Inter-Sectoral Teams: On the ground, RIRE's collaborative approach has been central in its ability to deliver rapid integrated education, child protection, and MHPSS interventions. Cross-sectoral mobile teams – generally composed of a team leader, an additional social worker and two community members – are key, working to raise community awareness, provide immediate MHPSS support, refer children to appropriate services, and train facilitators.

CONTEXTUALIZATION

While the RIRE package draws on global tools and resources, programme teams have taken an adaptive approach to fit global-level tools to their own contexts, while exploring flexible ways to meet the needs of some of the hardest to reach children. RIRE has been adapted to offer distance learning opportunities for children in inaccessible areas. Needs assessments and the learning assessment tool (HAT) have been adapted to ensure that they collect sufficient information without being too heavy for programme teams or overwhelming the children who participate. The Return to Learning technical package has also been adapted to the local context, working with local facilitators and the education and social sectors. Adaptation has included alignment with the formal education curriculum, and contextualising activities to build on traditional practices that promote play, social-emotional learning, and wellbeing.

LOCALIZED RESPONSE

another key factor in the success of RIRE has been its focus on work with local responders. Close collaboration with local and national actors has been a key success factor for RIRE, and is essential for providing relevant and timely education, child protection and MHPSS support, as well as maintaining flexibility, contextual adaptability, and ensuring the sustainability of the intervention. Localisation has also been a key approach to mitigate challenges of scaling up to meet the ever-growing needs, with teams developing lighter-touch activities to be able to welcome more children, as well as partnering with local organisations, and training local teachers and community members to act as facilitators. The use of locally recruited facilitators has been a factor in enabling rapid mobilisation, as well as ensuring cultural sensitivity and contextualisation. In the Sahel, where education is under attack, localisation and close collaboration with community groups has been essential for community acceptance.

HOLISTIC SUPPORT

RIRE is an innovative and much-needed model for providing rapid and holistic support to children in humanitarian crises, able to reach large numbers of children with initial response times of less than a week. It has also proven to be an effective approach to promote the inclusion of education, child protection and MHPSS in multi-sector rapid responses.

TRANSITION ONWARDS

Transition at the end of the three-month period depends on the availability and capacity of schools and other learning services to host additional children. RIRE has taken a flexible, adaptive, and collaborative approach to transitioning children, including to formal and non-formal education. In some cases, children have been transferred prior to the end of the three-month period if appropriate. Transition has been more challenging for pre-primary aged children and adolescents, due to a lack of long-term education services for these age groups.