

# COVID-19 AND THE EARLY YEARS

## A CROSS-COUNTRY OVERVIEW OF IMPACT AND RESPONSE IN EARLY CHILDHOOD DEVELOPMENT



WORLD BANK GROUP



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## Abbreviations

BARMM	Bangsamoro Autonomous Region in Muslim Mindanao
COVID-19	Coronavirus Disease 2019
CWD	Children with Disabilities
DRC	Democratic Republic of the Congo
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
ECE	Early Childhood Education
EDU	World Bank Education Global Practice Unit
ELP	Early Learning Partnership
GDP	Gross Domestic Product
HNP	World Bank Health, Nutrition and Population Global Practice Unit
IDA	International Development Association
IMF	International Monetary Fund
LMIC	Low- and Middle-Income Country
NGO	Non-Governmental Organization
PPE	Personal Protective Equipment
RMNCH	Reproductive, Maternal, Newborn and Child Health
SPJ	World Bank Social Protection and Jobs Global Practice Unit
UNESCO	The United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization

## Executive Summary

**While the COVID-19 pandemic continues to rage on, young children across the globe are at risk of a developmental catastrophe.** With many unable to start or continue school, missing crucial health appointments, suffering from lack of food and experiencing heightened levels of violence and neglect, governments need to act swiftly in order to mitigate the increasingly dire situation for global early childhood development.

This report is based on a survey conducted in 26 low- and middle-income countries in Sub-Saharan Africa, Middle East and North Africa, East Asia and Pacific, Latin America, South Asia and Europe during the month of October 2020. The report highlights the impacts and responses of the COVID-19 crisis on a population who is at risk of becoming the forgotten victims of the pandemic: young children under eight. Focusing on education, health, nutrition and social protection, the report unpacks the inequities and vulnerabilities that could undermine children from reaching their full potential. The ultimate intent of this work is to present compelling evidence for decision-makers to undertake immediate and urgent action to protect and strengthen early childhood development if we are to avoid permanent damage to our shared future.

**Education.** The survey revealed that most countries were slow to adapt and provide remote learning services for early childhood education as institutions abruptly closed. Many countries faced several limitations such as insufficient teacher trainings, poor internet connectivity and limited materials which makes remote teaching and learning difficult for such a young audience. While most of the countries surveyed had a national platform in use to distribute and deliver e-learning, only half had content that was specifically geared towards young children. More than a third of the countries surveyed indicated reductions in public spending on pre-primary education because of pandemic refinancing, with money being redirected towards other sectors such as health. Despite these challenges, countries continued to find ways to support educational opportunities for families with young children. Almost half of the countries provided at least one type of assistance to families so that young children could access remote learning options, such as door-to-door distributions of printed learning materials. Governments also put into place alternative delivery methods, child stimulation services and channels for teachers and parents to communicate. As education systems plan for necessary reopenings, countries are taking careful considerations about the protocols they put in place. Many plans and procedures include hygiene, social distancing and disinfecting information.

**Health and Nutrition.** Although there is a limited number of COVID-19 cases among children under eight years of age, children are still exposed to many high risks. Efforts to mitigate COVID-19 transmission has resulted in disrupted maternal and child healthcare which includes access to immunization, reproductive, prenatal and postnatal services. Countries are also struggling to combat heightened food insecurity as food systems and nutrition programmes have been confined. Without these types of services, young children are suffering from immediate and long-term side effects during the most crucial window in their developmental growth. Young children from vulnerable families are even more disproportionately affected as they already tend to experience high levels of poverty, including limited access to quality health care and affordable nutrition. As a result of these suspensions, governments and non-governmental agencies have adapted innovative strategies to address the disruption of health and nutrition services by increasing coverage through the form of telemedicine, such as use of text messages or video consultations, and increased home visits. Governments have also developed door-to-door food distribution programs such as micronutrient and ready-to-use

therapeutic food supplements for pregnant women and young children, and have been promoting agricultural inputs, expanding import contracts and supporting food logistics.

**Social Protection.** The COVID-19 pandemic has led to an economic recession in all the surveyed countries which has rapidly increased the rate of child poverty. As families experience COVID-related job insecurity and income loss, coupled with school-going children spending more time at home within a given day and increased rates of isolation and stress, children and women are exposed to a higher risk of domestic violence. The survey also reveals that the pandemic has disrupted the provision of prevention and control measures critical to the well-being of children and families, including birth registration, home visiting programs and access to social safety nets benefitting children. Several countries have introduced social protection programs to help vulnerable and poor families mitigate the loss of livelihoods, which include subsidies for those with disabilities or allowances for families with children under the age of five. A few countries tied cash transfer programs to promote basic social services and good parenting practices, and others strengthened domestic violence prevention efforts via safe shelters or hotlines. Early childhood-focused messages were incorporated in several national media campaigns to amplify the messages of child protection, learning continuity, positive care and family welfare.

**Vulnerable children.** A cross-sectoral theme that arose throughout the survey findings was young children from marginalized households being most at risk. Vulnerable groups, such as children in rural and economically disadvantaged areas, children with disabilities, ethnic minorities, refugees and displaced populations, have disproportionately suffered regarding educational access, health and nutrition benefits and social protection outreach during the COVID-19 crisis. For example, indigenous children in El Salvador do not have access to the learning supplies to conduct remote learning, children with disabilities in the Philippines are unable to use rehabilitation centers and heightened levels of instability in Mozambican refugee settings have increased acts of violence against children.

The survey findings reveal that in response to the ongoing COVID-19 pandemic, despite the slow start and challenges many countries faced in providing high-quality and access to remote early childhood development initiatives, countries around the world have taken unprecedented steps in the physical, cognitive, linguistic and socio-emotional development of young children to mitigate the negative impact of COVID-19. Organizations around the world, such as the World Bank, have offered both technical and financial support to assist countries in identifying and implementing a range of innovative interventions to protect early childhood development. The pandemic has emphasized the relevance of strengthening coordination among agencies, integrating innovation, strengthening technology for program implementation and developing initiatives across sectors to better support families with young children.

## 1. Introduction

**The coronavirus disease (COVID-19) has created a global catastrophe and has impacted the lives of people in unprecedented ways.** Evidence from prior epidemics and crises suggest that young children and their families are disproportionately at risk; children suffer from both immediate and long-term adverse impacts particularly when the shocks occur during the early years of development. Unless efforts are undertaken to mitigate the pandemic's repercussions, young children will likely suffer lifelong consequences if they do not receive responsive care, adequate nutrition and consistent health and education services. Without provision of these needs and services, the window in which children experience substantial development growth will be missed which will subsequently affect human capital attainment for generations to come.

The measures that have been implemented to reduce the pandemic's impact on Early Childhood Development (ECD) have been insufficient. As health systems strain to focus on addressing the pandemic, routine and essential health care services for families have been disrupted, especially in low- and middle-income countries (LMICs) (Wilhelm and Helleringer, 2019). Protective confinement measures, social distancing and closure of schools and childcare facilities compound the risk of poor nutrition among children and increase their exposure to domestic violence, anxiety and stress. The resulting economic shock that many families are facing in the wake of the pandemic are also factors increasing food insecurity, poverty and financial difficulties. While many of these plights are directly tied to COVID, even before the start of the crisis many children across the globe were already living in extreme poverty, without access to learning opportunities and missing out on essential health and social services. As countries continue to make efforts to combat the pandemic and reopen services, it remains crucial that young children are not left behind.

## 2. Methodology

**This report will examine cross-country and -sectoral data collected by the World Bank's Early Years Fellows.** In consultation with government officials, World Bank country teams and various stakeholders at the country level, the Fellows developed and disseminated a survey covering the three most important sectors for ECD: (1) Education and Learning; (2) Health and Nutrition; and (3) Social Protection (see Annex 1 for the full survey questionnaire). The survey had 13 open-ended and 34 closed-ended questions which were designed to gather information on the impact of the pandemic on children between the ages of zero to eight and the respective country responses. Data was collected throughout October 2020 in reference to the starting period, March 2020, when the WHO declared the COVID-19 pandemic.

The survey was conducted in 26 countries across the regions of Sub-Saharan Africa, Middle East and North Africa, East Asia and Pacific, Latin America, South Asia and Europe. Countries covered by the data collection process were Brazil, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, China, Democratic Republic Congo (DRC), Republic of Congo, Egypt, El Salvador, Ethiopia, Gambia, Ghana, Jordan, Madagascar, Mali, Morocco, Mozambique, North Macedonia, Pakistan, Philippines, Rwanda, São Tomé and Príncipe, Tunisia and Uganda.

Given the rapidly evolving nature of the COVID-19 pandemic and the imperfect information available, this study is by no means comprehensive, and the findings should be viewed as preliminary. Additional follow-up investigations need to be conducted to better monitor the continued impact of

the pandemic and the effectiveness of country responses. Nonetheless, the survey results reported here aim to shed light on how developing countries have been dealing with the crisis from the perspective of the early years. The following sections look at the impact of the pandemic and the consequences of COVID-19 on young children, share findings of country level responses, highlight World Bank emergency response programs and propose key takeaways and future areas of opportunities across the three main ECD sectors: (1) Education and Learning; (2) Health and Nutrition; (3) and Social Protection. The report also shares findings from the survey that utilized a cross-sectoral approach to understand the implications of the pandemic on marginalized young children and concludes with high-level recommendations on the future direction of the ECD sector.

**Box 1.** This report is led by the World Bank’s Early Years Fellows. The Fellows, a group of 25 individuals working in 34 countries, work with the World Bank and governments to help build capacity and scale-up investments in Early Childhood Development. They work in five regions (Sub-Saharan Africa, Middle East and North Africa, East Asia and Pacific, Latin America, South Asia and Europe) and focus on the sectors of education, health, nutrition and social protection.

### 3. Education and Learning

#### 3.1 Consequences of COVID on Young Children related to Education and Learning

##### *The Pandemic’s Impact on the Education Sector*

**The COVID-19 pandemic has become a global education crisis and has impacted education systems at all levels.** It has led to school closures in nearly every country in the world, impacting 90 percent of the world’s children and youth (United Nations, 2020). When pre-primary services closed, the crisis revealed that most education systems were fragile and ill-prepared to ensure that young children continue learning. Despite countries rapid shifts to distance learning, particularly for older age groups, many education systems were unequipped to support remote learning efforts for young children. However, as the crisis unfolded, many countries have been working to expand learning access to include early childhood education (ECE) in order to provide equal opportunities at all levels.

Unfortunately, distance learning efforts are still not reaching all young children and the pandemic now threatens to widen the learning crisis that existed well before. Children in vulnerable and marginalized groups who already face multiple challenges in accessing or remaining in school are particularly disadvantaged when it comes to alternate forms of learning during COVID-19. Existing inequities, such as socio-economic status or access to resources, will only continue to widen as the most deprived children face the brunt of the pandemic’s consequences. While it is too soon to calculate the overarching impact of the crisis, according to some predictions, between 42 and 66 million children, and possibly more, could fall into extreme poverty because of COVID-19 (UNSDG, 2020a). This is in addition to the estimated 386 million children already in extreme poverty as reported in 2019 (UNSDG, 2020a). Efforts to reach young children need to be organized in a way that ensures that those who are most at risk remain a priority within the response.

Many young children also face the risk of not being able to return to school once schools reopen. The United Nations (2020) estimates that approximately 24 million learners globally, from pre-primary to university level, are at risk of not returning to school following the COVID-19 education disruptions; five million of whom are young children between the ages of zero and eight. Again, this is in addition to the pre-pandemic estimate of almost 260 million children already out of school (United Nations, 2020). Prioritizing all learners must remain a key focus as schools reopen to full capacity. However,

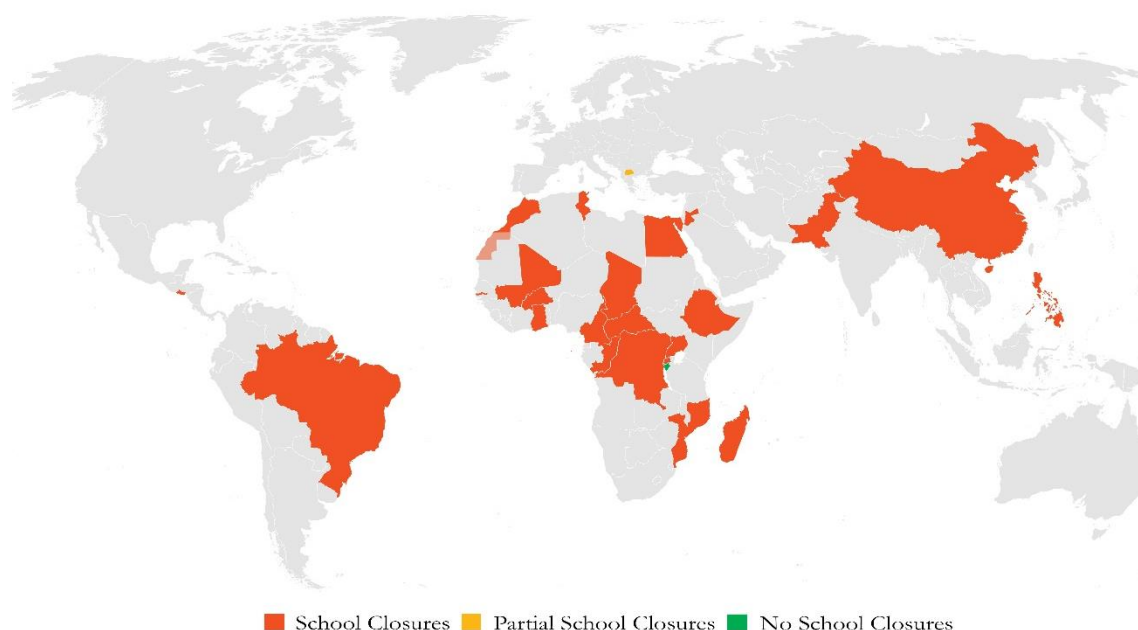


experiences from past shocks and crises, such as the Ebola crisis, reveal how hard this task can be. It can be anticipated that the longer children stay out of school, the less likely they are to return – unless serious and appropriate measures are taken immediately.

### *School Closures Amid COVID-19*

**The pandemic has led to school closures for children under the age of eight in almost all countries surveyed.** One country, North Macedonia, closed schools only for children under six but not for children between the ages of six and eight. Burundi is the only country that has kept schools open for the duration of the pandemic (see Map 1).

Map 1. School Closures during COVID-19 for Young Children



*Source:* Early Years Fellows COVID-19 Survey, 2020

**Full school closures:** Brazil, El Salvador, Burkina Faso, São Tomé and Príncipe, Rwanda, China, Philippines, Jordan, Morocco, Central African Republic, Gambia, Mali, DRC, Republic of Congo, Cameroon, Ghana, Ethiopia, Mozambique, Uganda, Pakistan, Egypt, Chad, Tunisia, Madagascar

**Partial school closures:** North Macedonia (0-6)

**No school closures:** Burundi

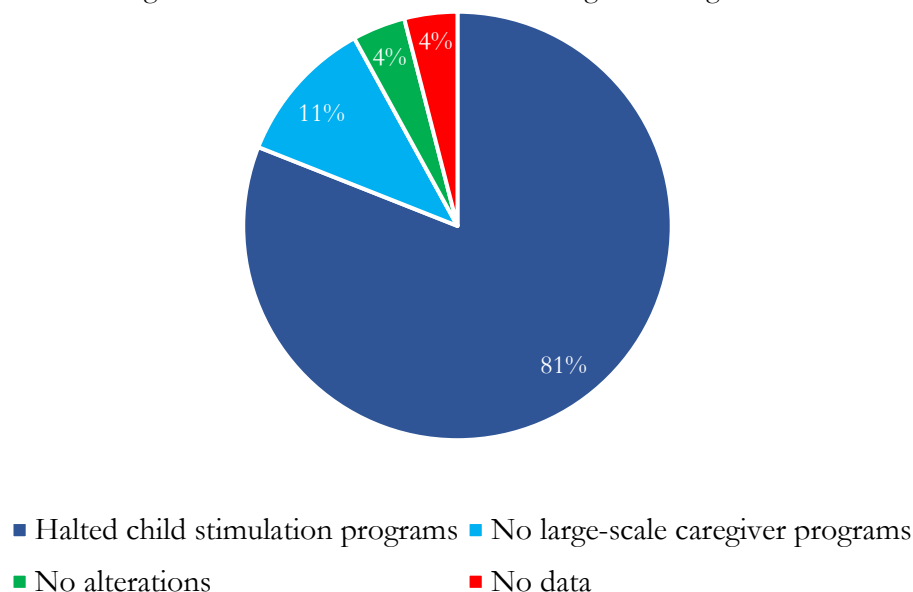
There is still limited evidence available of how the pandemic has lowered enrollment rates for children in the early years and what would be the scale of learning losses, especially for children in vulnerable circumstances. However, as a result of these school closures, low enrollment rates and learning losses are expected to be higher among younger children based on the assumption that this age group has limited ability to independently utilize remote-learning tools (World Bank, 2020b). However, there is still limited evidence available of how the pandemic has lowered enrollment rates for children in the early years and what would be the scale of learning losses, especially for children in vulnerable circumstances. For example, in Morocco, given that early childhood education is not compulsory, parents showed a greater tendency to opt out of enrolling their children in the new school year. In Tunisia, the Ministry of Women's Affairs recorded low enrolment rates in the fall of 2020 for children aged three to five in early childhood institutions due to fears of COVID-19 contamination. In Egypt,

children may leave school to participate in income generating activities to help their families who have faced economic hardships (UNICEF Egypt, 2020). Although enrollment data is not yet available, it could be assumed that this will heavily affect children from rural areas and economically disadvantaged backgrounds. Based on pre-COVID evidence, 72 percent of children aged three to five living in rural areas and 83 percent of children aged three to five from the poorest families were not benefiting from ECE programs (UNICEF, 2020). This access gap is likely to widen.

### *Parenting Programs that Support Early Learning*

**Parenting programs, child stimulation and nurturing care programs for young children were affected in most countries surveyed due to restrictions on group gatherings and other social distancing measures.** For example, in Burkina Faso, the closing of nurseries and kindergartens meant that young children no longer had access to ECD programs. In Madagascar, community centers closed or limited home visitations which affected ongoing child stimulation and parenting programs. The results alternated between partial or complete halting of child stimulation programs which includes home visits, group meetings and other forms of support programs (see Figure 1).

Figure 1. Child Stimulation and Nurturing Care Programs



Source: Early Years Fellows COVID-19 Survey, 2020

**Halted child stimulation programs:** Brazil, El Salvador, North Macedonia, Egypt, Jordan, Morocco, Burkina Faso, Central African Republic, Mali, Republic of Congo, DRC, São Tomé and Príncipe, Cameroon, Ghana, Ethiopia, Madagascar, Mozambique, Rwanda, Uganda, Pakistan, Philippines

**No large-scale care giver programs:** China, Gambia, Chad

**No alterations:** Burundi

**No data:** Tunisia

### *Child-Centered Services Delivered through Schools*

**Families rely on schools for more than just an education.** As schools closed so did many of the accompanying services that families relied on. In many countries, schools also provide meals, health

services, social net assistances and day-care centers for very young children (see Table 1). Without these services, families have faced differing challenges when it comes to finding alternate solutions. In countries where services were adjusted, see below, a more detailed explanation is included in the following section on country responses.

Table 1. Consequences on Child-Centered Services Delivered through Schools



School related services	Countries where the program was suspended	Countries where the program was adjusted
School meals	North Macedonia, Tunisia, Cameroon, Ghana, Ethiopia, Mozambique, China, Mali, Central African Republic	Brazil, El Salvador, Burkina Faso, Gambia, São Tomé and Príncipe, Philippines
Health Services (Immunizations, Supplementation, Growth Monitoring, Deworming, Vision Screening)	Burkina Faso, Gambia, Cameroon, China	Madagascar, Uganda, Ghana
Social net assistance – school attendance and health monitoring conditionalities	El Salvador (transfers for school attendance)	Egypt, North Macedonia, El Salvador (school supplies and uniforms in-kind transfer), Philippines
ECCE services and other Services	Cameroon	Philippines, Uganda

Source: Early Years Fellows COVID-19 Survey, 2020

### *Funding for Early Childhood Education*

**ECE funding was reduced in more than a third of the countries surveyed as an effect of COVID-19.** For instance, in countries such as North Macedonia and Brazil, ECE funding cuts were made in order to reallocate funding to other COVID-related shocks. In Brazil, predictions estimate that COVID-related tax cuts to the *Manutenção e Desenvolvimento do Ensino* (Maintenance and Development of Education) will cause state and municipal school networks to lose as little as R\$ 13 billion and as much as R\$ 40 billion (approximately US\$ 25 billion and US\$ 76 billion), translating into an annual per student loss of US\$65 to US\$197 (Todos Pela Educação and Instituto Unibanco, 2020). In eight countries, ECE witnessed an increase in the funding earmarked (see Table 2). In some cases, such as in Pakistan, the increase in ECE funding was part of an overall increase in their education system. This increase in funding, approximately 8 percent, will go towards a streamlined curriculum, standards, national examinations and new school buildings at all levels (MM News, 2020).

Table 2. COVID-19's Impact on ECE Funding

<p><b>Reduced</b></p> 	Unaffected	<p><b>Increased</b></p> 
Brazil, North Macedonia, Morocco, Central African Republic, Gambia, Mali, Chad, São Tomé and Príncipe, Cameroon, Uganda	Egypt, Tunisia, Burundi, Ghana, Ethiopia, Mozambique, China	El Salvador, Jordan, Republic of Congo, DRC, Madagascar, Rwanda, Pakistan, Philippines

Source: Early Years Fellows COVID-19 Survey, 2020

Even before the pandemic, education spending in most of the countries surveyed was below the expected four percent of their gross domestic product (GDP) to be able to achieve SDG4 (UNESCO, 2017). As a result of COVID-19, the education financing gap for LMICs is now expected to increase by a third to US\$200 billion (UNICEF ESARO, 2020). Even though funding shortfalls are evident across all education levels, pre-primary education appears to be the most neglected. Per child yearly spending on pre-primary education is approximately US\$4 in low-income countries compared to US\$45 in upper-middle-income countries. In Eastern and Southern Africa, on average countries spend less than two percent of their education budget on pre-primary education, which is eight percent lower than the targeted international consensus of 10 percent (UNICEF ESARO, 2020). In this context, there is a real risk that pre-primary education will be hit the hardest by the pandemic if countries do not include ECE as part of their education spending priorities.

### 3.2 Country Responses to COVID-19 related to Education and Learning

**Surveyed countries reported that children in the early years, zero to eight years old, have been more affected than older children since the onset of the pandemic.** Younger children have faced lower enrollment rates and lower chances of being targeted by age-appropriate learning opportunities. Below we present an overview in terms of what the 26 surveyed countries have been doing to implement distance learning, the differences in response between the public and private sector, as well as the different modalities that countries consider for the reopening of schools.

#### *Distance Learning Efforts*

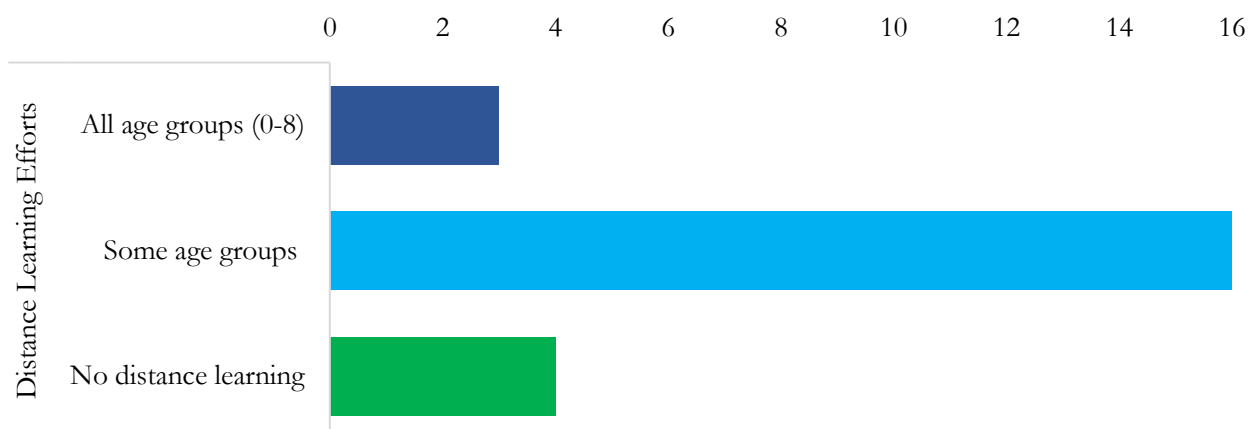
**The pandemic has highlighted disparities that exist for children in rural, remote and low-income households with respect to the availability of materials and tools to facilitate distance learning.** Many vulnerable families' lack connectivity or devices (radio, computer, internet or television). As a result, some of these children have not benefitted from the strategies of remote education. In Tunisia, 61 percent of households participating in a national phone survey in May 2020 indicated that their children had not engaged in any educational activity in the week prior, of which 33 percent of those families cited no remote learning possibilities as the main reason (Kokas et al., 2020). Differences in available hardware for internet access also affect how the internet can be used; in Brazil, while 99 percent of households use a mobile phone to access the internet, only 48 percent have a desktop (Brazilian Institute of Geography and Statistics, 2020).

Distance learning efforts have been introduced for children aged zero to eight in only seven of the surveyed countries. In more than half of the countries, distance learning efforts have been introduced for certain age groups, but not for all (see Figure 2). Results show that only eight countries have programs for children below three years of age and 15 countries have efforts directed towards four- and five-year-olds whereas 22 countries have programs for six- to eight-year-olds.<sup>1</sup> In this respect, children from lower age groups tend to be excluded from distance learning efforts in many countries.

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<sup>1</sup> Distance learning efforts in Egypt constituted a reorganization of materials that already existed within the government's online learning portal.

Figure 2. Distance Learning Coverage for Young Children  
Number of Countries



Source: Early Years Fellows COVID-19 Survey, 2020

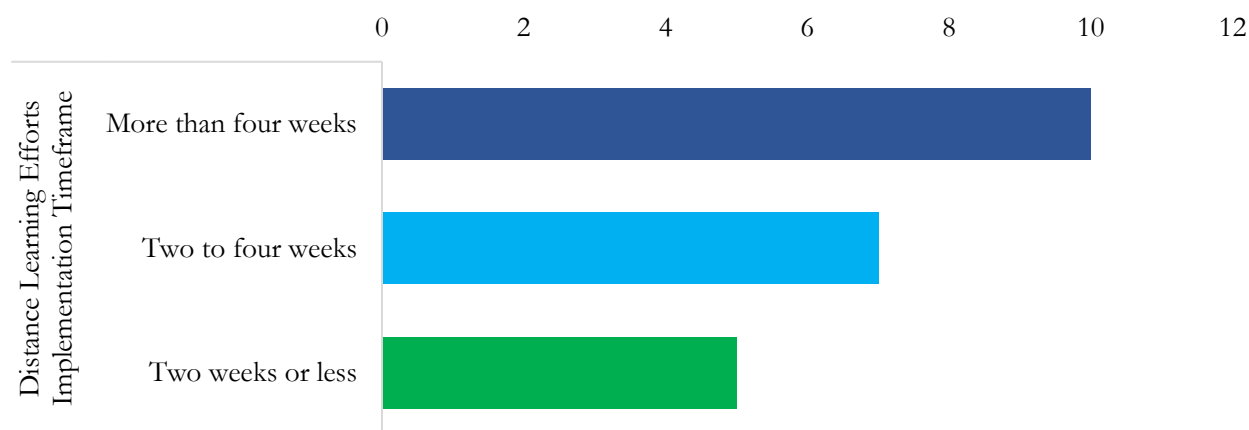
**All age groups (0-8):** Brazil, El Salvador, São Tomé and Príncipe, Rwanda, DRC, China, Philippines, Burkina Faso

**Some age groups:** North Macedonia (4-5; 6-8), Egypt (4-8), Jordan (6-8), Morocco (4-5; 6-8), Burundi (6-8), Central African Republic (6-8), Gambia (4-5; 6-8), Mali (4-5; 6-8), Republic of Congo (6-8), Cameroon (6-8), Ghana (6-8), Ethiopia (6-8), Mozambique (6-8), Uganda (4-5; 6-8), Pakistan (4-5; 6-8)

**No distance learning:** Tunisia, Chad, Madagascar

Most countries rapidly shifted to distance learning once schools closed. To mitigate large losses in learning, five countries had distance learning programs operational in less than two weeks and an additional eight countries between two to four weeks. The remaining countries moved slower and became operational more than four weeks after schools closed (see Figure 3).

Figure 3. Implementation Timeline of Distance Learning Efforts  
Number of Countries



Source: Early Years Fellows COVID-19 Survey, 2020

**Two weeks or less:** El Salvador, Egypt, Morocco, Gambia, Ethiopia

**Two to four weeks:** North Macedonia, Jordan, Mali, São Tomé and Príncipe, Mozambique, Rwanda, Pakistan, China

**More than four weeks:** Brazil, Uganda, Burundi, Burkina Faso, Central African Republic, Republic of Congo, DRC, Cameroon, Ghana, Madagascar










**Most countries used several different modes of access to reduce learning disruption for ECE.**

This multi-modal approach employed in many countries highlights the necessity to have multiple approaches to reach different groups of learners based on accessibility within a given setting. For instance, in El Salvador, in addition to implementing a national platform with material that could be delivered via various modalities (TV, multimedia and teacher communities), a set of orientation guidelines were made available to teachers and parents, and educational videos were distributed via TV, YouTube and Facebook. Additionally, a national call center was set up to provide support to teachers and parents in the delivery of educational activities.

The three most predominant ways of learning delivery for young children during COVID-19 are TV, radio and online learning. More than 90 percent of all surveyed countries used at least one of them. Many countries also use messaging apps, mobile phones and printed learning packages to reach out to children and parents. In many countries, distance learning programs were a joint effort between governments and non-governmental actors (see Figure 4). In North Macedonia, the government has worked closely with UNICEF to create the Eduino digital platform to enhance learning for pre-primary and primary school children. In other instances, non-governmental actors have provided additional modes of distance learning to supplement those provided by governments. This is the case for one fifth of all distance learning programs. In Ethiopia, Save the Children is operating a camel library so children in remote locations can continue to access books and learn. The 21 camels carry 200 storybooks at a time and are currently supporting 22,000 children across 33 villages (Save the Children, 2020). In Burkina Faso, the Institute for Training and Specialization of Early Childhood Personnel has been distributing recordings of radio broadcasts on ECD on USB keys which are being shared with caregivers at day-care centers.

Table 3. Forms of Distance Learning Delivery by Government and Non-Government Actors

	✓ Government   ✓ Non-Government   ✓✓ Joint Effort						
							
Country	TV classroom	Radio programs	Online learning	Social media	Messaging app	Mobile phone	Printed learning package
Brazil	✓✓		✓✓	✓	✓		
El Salvador	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓
N. Macedonia	✓✓		✓✓				✓✓
Egypt			✓				
Jordan	✓		✓				
Morocco	✓		✓✓	✓	✓	✓	
Tunisia							
Burkina Faso			✓		✓	✓	✓
Burundi							
Central African Republic		✓✓			✓✓	✓✓	

Chad							
Gambia	✓✓	✓✓	✓✓		✓		
Mali	✓	✓			✓		✓
Rep. of Congo	✓	✓					✓
DRC	✓✓	✓✓					
São Tomé and Príncipe	✓✓	✓✓					✓✓
Cameroon	✓✓	✓✓	✓✓				
Ghana	✓	✓	✓✓		✓	✓	✓
Ethiopia		✓	✓		✓✓	✓✓	✓
Madagascar							
Mozambique	✓✓	✓					✓
Rwanda	✓✓	✓✓	✓		✓	✓	
Uganda	✓	✓✓				✓	✓
Pakistan	✓✓	✓✓	✓✓	✓	✓✓	✓✓	✓✓
China	✓✓		✓✓		✓✓	✓✓	
Philippines	✓	✓	✓			✓	✓
Total	18	15	16	4	12	12	12

Source: Early Years Fellows COVID-19 Survey, 2020

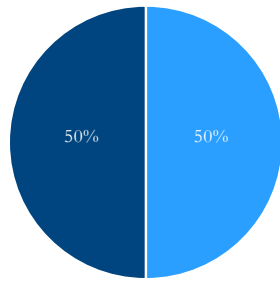
Almost all surveyed countries have a national platform to deliver distance learning. However, out of these 19 countries with e-learning national platforms, only 14 of them have included learning content for the early years. Except for Pakistan, which as a utilization rate of 31 percent, none of the countries have publicly available information on their utilization (Gallup, 2020). In this respect, there is little evidence about the extent to which these national e-learning platforms are being used by children, making assessments of relevance difficult. Additionally, out of the 15 countries where national e-learning platforms for ECE are available, only six of them have guidance or training for teachers or school principals for the delivery of remote teaching.

### *Parenting Programs that Support Early Learning*

**Alternative delivery methods of learning continuity and early stimulation services were present in several countries.** Child stimulation campaigns on radio and TV were activated in Cameroon, Rwanda and the Republic of Congo. In Uganda, Rwanda, Pakistan and the Philippines, home visits by child development workers were used to train parents on child stimulation protocols. In Brazil, DRC and Ghana, text and social media messages as well as printed materials and pre-recorded content were created to reach parents. In El Salvador, family circle programs were carried out digitally using social media networks. In order to provide additional assistance for parents, half of the countries surveyed had channels in place for teachers and parents to communicate and, of those, almost all created a communication strategy to facilitate this interaction (see Figure 4).

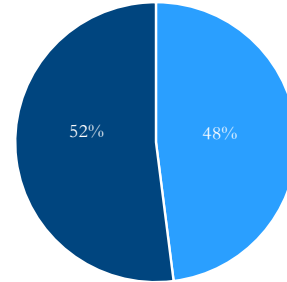
Figure 4. Communications with Parents during the Pandemic

Teacher and family communication channel



- Countries that have planned this measure
- Countries that did not implement this measure

Communication campaigns for parents

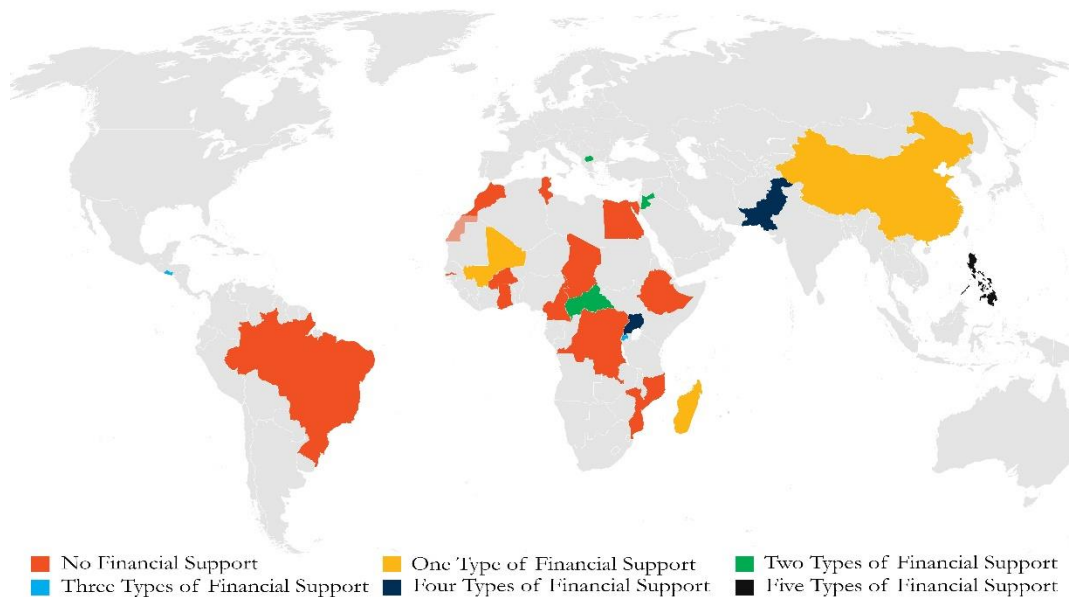


- Countries that have planned this measure
- Countries that did not implement this measure

Source: Early Years Fellows COVID-19 Survey, 2020

To ensure continued learning efforts at home, the government provided several types of financial assistance to families. Some countries provided families more than one type of financial support and some countries did not provide any. The four main types of financial support to families were 1) printed learning packages, 2) ICT connectivity, 3) learning and play materials and 4) ICT devices (see Map 2). For example, in Jordan, the government provided two types of support, ICT devices (such as computers, tablets or smart phones), of which 300,000 were distributed to families in lower socioeconomic brackets and ICT connectivity, allowing access to the online education platforms free of data charges between 8am and 4pm daily. In Pakistan, the government provided all four types of support in partnership with different organizations. For example, the World Bank's COVID Response, Recovery and Resilience in Education Project is distributing learning and reading materials, tablets and supporting materials for parents in hard-to-reach areas. The government is also working with telecommunication companies to ensure provincial provision of low-cost internet for education specific services.

Map 2. Number of Financial Support for Learning Continuity



Source: Early Years Fellows COVID-19 Survey, 2020

**No financial support:** Brazil, Egypt, Morocco, Tunisia, Burkina Faso, Chad, Gambia, Republic of Congo, DRC, Cameroon, Ghana, Ethiopia, Mozambique

**One type of financial support:** Mali, São Tomé and Príncipe, Madagascar, China

**Two types of financial support:** North Macedonia, Jordan, Central African Republic

**Three types of financial support:** El Salvador, Rwanda

**Four types of financial support:** Uganda, Pakistan

**Five types of financial support:** Philippines

### *Child-Centered Services Delivered through Schools*

**School closures greatly affected the health, nutrition and social protection services delivered through school.** As mentioned in the previous section, school meals and feeding were either suspended or adjusted to take-home rations. Supplemental feeding programs in public day-cares in the Philippines were adjusted and delivered to children's homes. In Brazil and El Salvador, food kits were also delivered to children's homes with informational forms on each enrolled child's nutrition needs and the supplies duration. In Rwanda, Gambia and São Tomé and Príncipe, in lieu of school meals, take-home rations for vulnerable children were distributed. Health services that included immunizations, supplementation, growth monitoring and deworming campaigns were suspended at the school level in most of the countries surveyed. In Madagascar, Ghana and Uganda, health services were adjusted and delivered at the community level instead of at the school level. Consequences on other services delivered through schools has also varied. In Cameroon, temporal childcare centers at schools were closed. Early childhood care and education trainings to parents and caregivers in the Philippines were instead delivered digitally. In Uganda, Violence Against Children awareness sessions were adapted to be aired as child protection messages over radio and TV.

### *Differences between Public and Private Providers*

**Both the public and private sector provided education-related assistance.** However, in 11 countries, the private sector moved more quickly than the public sector in terms of responsiveness and efficiency. In general, the targeted audience for the private sector were families already electronically connected who had the digital tools, such as computers, in place to follow distance learning courses. Whereas the public sector mainly offered TV and radio-based solutions. As a result of the pandemic and school closures, in Tunisia, Chad, Rwanda, Cameroon and Jordan, many private educators have been laid off or seen salary reductions. In several countries, there has been an enrollment shift from the private to the public sector with parents unwilling to continue paying tuition fees when no scheduled school reopening is in sight. For example, in Jordan, private educators reported a decrease in income as students left the private sector and transitioned to public schools.

### *The Reopening Phase*

**At the time of data collection, October 2020, 18 countries had decided to reopen schools, with most countries planning to reopen all education cycles at the same time.** All countries have outlined reopening protocols, except for Burundi because schools never closed. In almost all cases, the reopening protocols include information and measures on hygiene, social distancing, disinfecting and procedures for COVID-19 cases. Training for prevention, training for mental health and action plans are less commonly outlined in reopening protocols (see Table 4).

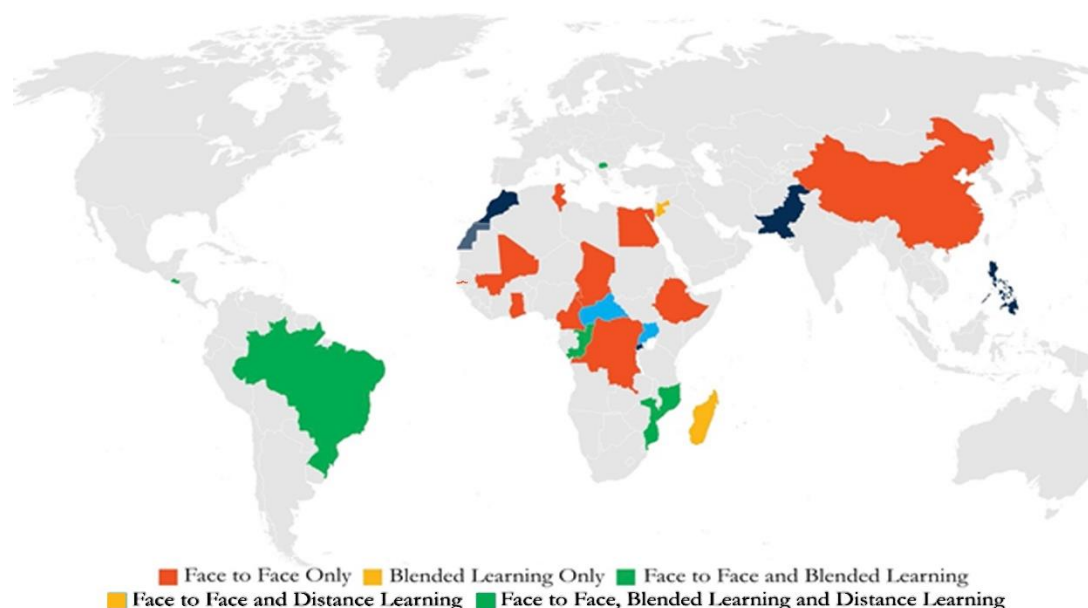
Table 4. School Opening Protocols<sup>2</sup>

Type of protocol	Number of countries	Percentage
Hygiene / soap	25	100
Social distancing	24	96
Disinfecting and cleaning	25	100
Procedures for cases	23	92
Training for prevention	15	60
Training for mental health	12	48
Action plan	17	68

Source: Early Years Fellows COVID-19 Survey, 2020

The preferred scenario for reopening is face-to-face (see Map 4). Nine countries planned to reopen schools face-to-face only, while six countries have made the choice to offer all three options (face-to-face, distance learning and blended learning) as schools and families decide on the safest option for them dependent on the region's response to the COVID outbreak.

Map 3. Types of Reopening



Source: Early Years Fellows COVID-19 Survey, 2020

**Face-to-face reopening:** Tunisia, Chad, Mali, DRC, Cameroon, Ghana, Ethiopia, China

**Blended learning only:** Jordan, São Tomé and Príncipe, Madagascar

**Face-to-face and blended learning:** Brazil, El Salvador, North Macedonia, Egypt, Republic of Congo, Mozambique

**Face-to-face and distance learning:** Central African Republic, Uganda

**Face-to-face, blended learning, and distance learning:** Philippines, Pakistan, Rwanda, Gambia, Burkina Faso, Morocco

<sup>2</sup> Burundi not considered for calculations.



### 3.3 World Bank Responses to COVID-19 related to Education and Learning

**Since the beginning of the pandemic, the World Bank has taken action to support developing countries strengthen their COVID-19 response through various means.** The World Bank created the COVID-19 Fast-Track Facility to accelerate the development of projects and provide additional funding, US\$160 billion of which US\$50 billion is International Development Association (IDA), to address health, economic and social shocks (World Bank, 2020b). In addition to operational responses, World Bank teams have also supported country governments to identify needs and design appropriate and adequate responses. Projects that have included education in the early years are implementing activities to strengthen policy, train teachers, provide distance learning, support parents at home and prepare schools for safe reopening (see Annex 2 for a list of projects). For instance, the Uganda COVID-19 Emergency Education Response Project supports the development of a curriculum-based home learning materials package, as well as a caregiver guide to support play-based learning and engage parents in key age-appropriate activities at home. The Read@Home initiative aims to get books and learning materials into the homes of hard-to-reach families. In North Macedonia, Read@Home distributed books to 40,000 children ages three to 12 years living in low-income families, covering the entire poorest ten percent of the population.

Additionally, the World Bank's Early Learning Partnership Trust Fund launched an emergency funding round to support ECD – early learning, health, nutrition and social protection – within the COVID-19 response. A total of 28 high-quality grants, worth US\$1.1 million, were approved and are expected to reach 19 million parents and 19.3 million young children. Twelve of the countries surveyed in this report have received grants, of which eight are focusing on early learning and education (see Annex 3 for a list of the grants and countries). Main activities include guidance for school reopening, development of distance learning and attainment opportunities, distribution of learning and play materials, training for teachers and parental education.

### 3.4 Key Takeaways and Opportunity Areas related to Education and Learning

**COVID-19 has presented a unique opportunity to rebuild, rethink and redevelop resilient education systems that uplift stronger ECE programs for young children worldwide.** This includes revisiting curricula to adopt play-based approaches, leveraging technology infrastructure to embrace blended learning and distance learning and developing strategies to meet the needs of all learners, including marginalized children. Since young children were largely excluded from initial distance learning efforts, countries need to rethink existing learning modalities and adapt them to emergency situations that go beyond COVID-19 shutdowns. These include alternative audio-visual materials through radio, TV and social media.

- **Countries need to continue ensuring that distance learning efforts are diverse and flexible enough to target even the most marginalized children.** This includes developing and making printed learning and activity packages available in areas where access to technology or media is a challenge because of limited internet coverage or frequent power outages.
- **Parental support is crucial to ensure the success of distance learning efforts and should continue to be part of resilient ECE systems beyond COVID-19.** Taking into consideration the limited amount of time parents might have to spend at home with their children, parenting support in distance learning settings should foster more effective

communication between educators and parents and the roles that they both play within a child's education.

- **Countries are responsible for protecting both the level and quality of public financing to ECE and, over time, increase investing in the early years of schooling.** As pre-primary services begin to reopen, it will be critical to allocate additional funding and ensure that ECE is considered a top government spending priority.
- **Moving towards a safe reopening of schools is urgently needed.** Countries should use the period of school closure to plan for adequate sanitary protocols, social distance practices, differentiating teaching and re-enrollment campaigns. While reopening ECE settings may seem like a daunting undertaking, if done correctly, it can ensure that the learning loss associated with school closures is reduced or possibly even reversed.

## 4. Health and Nutrition

### 4.1 Consequences of COVID-19 on Young Children related to Health and Nutrition

#### *The Pandemic's Impact on the Health and Nutrition Sectors*

**The COVID-19 pandemic is a global health challenge.** It has overwhelmed many health systems around the world, affecting the delivery, utilization and coverage of routine and essential health and nutrition services (Barden-O'Fallon et al., 2015; McQuilkin et al., 2017; Meyer et al., 2018; Sochas, Channon, and Nam, 2017). By July 2020, a World Health Organization (WHO) pulse survey tracking the continuity of essential health services during the COVID-19 pandemic reported 90 percent disruptions of essential health services in respondent countries across five regions (WHO, 2020a). These disruptions included interrupted vaccination schedules and management of malnutrition. Regular reproductive, maternal, newborn, child health and nutrition (RMNCH) interventions delivered through campaigns (such as vaccinations, vitamin A supplementation and deworming) are also being paused or reduced at scale (Fore et al., 2020; WHO, 2020b). However, delays in scheduling routine and elective health services is also exasperating the problem; families may choose to not go in out of fear of contracting the virus or because of movement restrictions or economic pressure. Even in the absence of infection or symptoms, these delayed antenatal, postnatal and preventive care could have both short- and long-term ramifications for children's health, nutrition and well-being. The health and risk of undernutrition in pregnant women and young children could increase dramatically, leading to adverse outcomes including preterm birth, low birth weight, small-for-gestational-age newborns and wasting in children. One study projecting the estimated additional maternal and child deaths across 118 LMICs that would occur as a result of COVID-19-induced healthcare reductions, speculated, in the study's most severe scenario, an additional 56,000 maternal and 1,150,000 child deaths in a six-month period (Robertson et al., 2020).

Global trends suggest that young children are less susceptible to the virus than teenagers and adults; and when they are infected, tend to be asymptomatic and develop the disease less severely (Dong et al., 2020; Viner et al., 2020; Zimmermann and Curtis, 2020). In the few countries that have registered child deaths from COVID-19, the deaths can generally be linked to other health problems. Although early evidence suggests that infections in children may have other health impacts, much remains to be learned (Riphagen et al., 2020). Moreover, studies to date show that while there is less spread among children under ten years than in older children, the role of children in the transmission of COVID-19 is not yet fully understood (Goldstein et al., 2020; Ludvigsson, 2020). There is some evidence that

COVID-19 infections could negatively affect pregnant mothers and may lead to premature births or infection passing to infants; however, these are based on limited information and are still inconclusive (Savasi et al., 2020). The few newborns that have been infected are presumed to have caught COVID-19 from infected caregivers passing on the virus through close contact rather than transmission from mother to unborn child or through breastfeeding. Whether pregnant women with COVID-19 are at increased risk of adverse pregnancy outcomes also remains to be seen (Chen et al., 2020a; Chen et al., 2020b; WHO, 2020a).

The pandemic's consequences on children's access to nutritious food is due to both demand and supply side shocks to the food sector. On the demand side, income reductions coupled with increased food prices may disproportionately affect poor households, who were already spending more than 50 percent of their total income on food even before the pandemic (Lozano-Gracia and Young, 2014). The reduction in income may affect diet quality rather than total calories, as affected households are more likely to reduce their food cost by reducing their consumption of nutritious food: fruits, vegetables and animal-source products (Tamru, Kalle, and Minten, 2020). On the supply side, movement restrictions will disproportionately affect LMICs as food production in these countries tend to be more labor intensive compared to that of high-income countries. Before the COVID-19 pandemic, an estimated 45 million (7 percent) children under five years old were moderately or severely wasted, while 149 million (22 percent) were stunted<sup>3</sup> (UNICEF, WHO, and the World Bank, 2021). The shock from the pandemic has derailed the world's 2025 global target to reduce the prevalence of wasting to five percent or less and reduce the prevalence of stunting by 40 percent. In LMICs, recent analyses suggest that there could be a 14 percent increase in the prevalence of moderate or severe wasting among children under five due to recent country losses in GNI per capita (Headey et al., 2020). This would translate to an additional seven million children estimated with wasting (Headey et al., 2020; Robertson et al., 2020).

The duration of the COVID-19 pandemic is still unknown, and the disruptions of health services alongside worsening economic and food systems could be catastrophic for child malnutrition. Without immediate action, millions of young children who survive these deficits will suffer the consequences of poor school performance and, in the future, low adult productivity (Almond, 2006; Finch et al., 2019; Rosales-Rueda, 2018).

#### *Provision of Essential Health and Nutrition Services during COVID-19*

**Access to health care and nutrition services for women and children have been affected by the pandemic's lockdowns and restrictions in 20 out of 26 countries.** However, all countries in the study reported several effects of the pandemic on maternal and child health and nutrition services. Fear of contracting COVID-19 also limits patients' opportunities and willingness to seek a consultation, especially for routine services. Parents and caregivers avoided going to health facilities even with imposed safety measures, many just restricting the number of people allowed in at a time. Routine nutrition-specific interventions, such as the delivery of nutrition in emergencies, was hampered by the need for social distancing. As resources shifted to pandemic response, such as healthcare workers reassigned from essential services and primary health, community health workers taken off community health services, and select hospitals designated for COVID-19 cases, pressure heightened on the remaining hospitals to deliver essential services.

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<sup>3</sup> A child is classified as wasted if his/her weight-for-height is less than two standard deviation below the median of the WHO growth chart. A child is classified as stunted if his/her height-for-age is less than two standard deviation below the median of the WHO growth chart.

Country-specific analyses show declines in utilization of health care services such as preventative services, routine immunization of children, antenatal care and other reproductive health care services. In Morocco, reductions in the utilization of vaccination services declined by 36 percent for households with children. There was also a 30 percent decline for females needing prenatal and postnatal visits and a 34 percent decline in reproductive health services (High Commission for Planning, 2020). In Mali, between May 2019 and May 2020, there was a 13 to 16 percent reduction antenatal care attendance. The number of vaccinations for children also fell by 27 percent in April 2020 and by 24 percent in May 2020. Mozambique also reported reductions in the coverage of several essential health services. Initial antenatal consultations were nine percent lower in April 2020 than in April 2019. Over the same period, first consultations for sick children decreased by 23 percent. While the number of Mozambican children completely vaccinated in March 2020 was 13 percent more than the previous year, by the following month the number had dropped by 21 percentage points. The National Health Commission of China reported that the quantity of health services used in March 2020 was operating at a 60 percent capacity compared to March 2019 (State Council of the People's Republic of China, 2020). In the Philippines, the World Bank High Frequency Monitoring Survey for households conducted in August 2020 found that one in three households who needed medical support were not able to obtain it, with lack of financial resources and fear of contracting the virus cited as the main reasons for not seeking care (Piza et al., 2020).

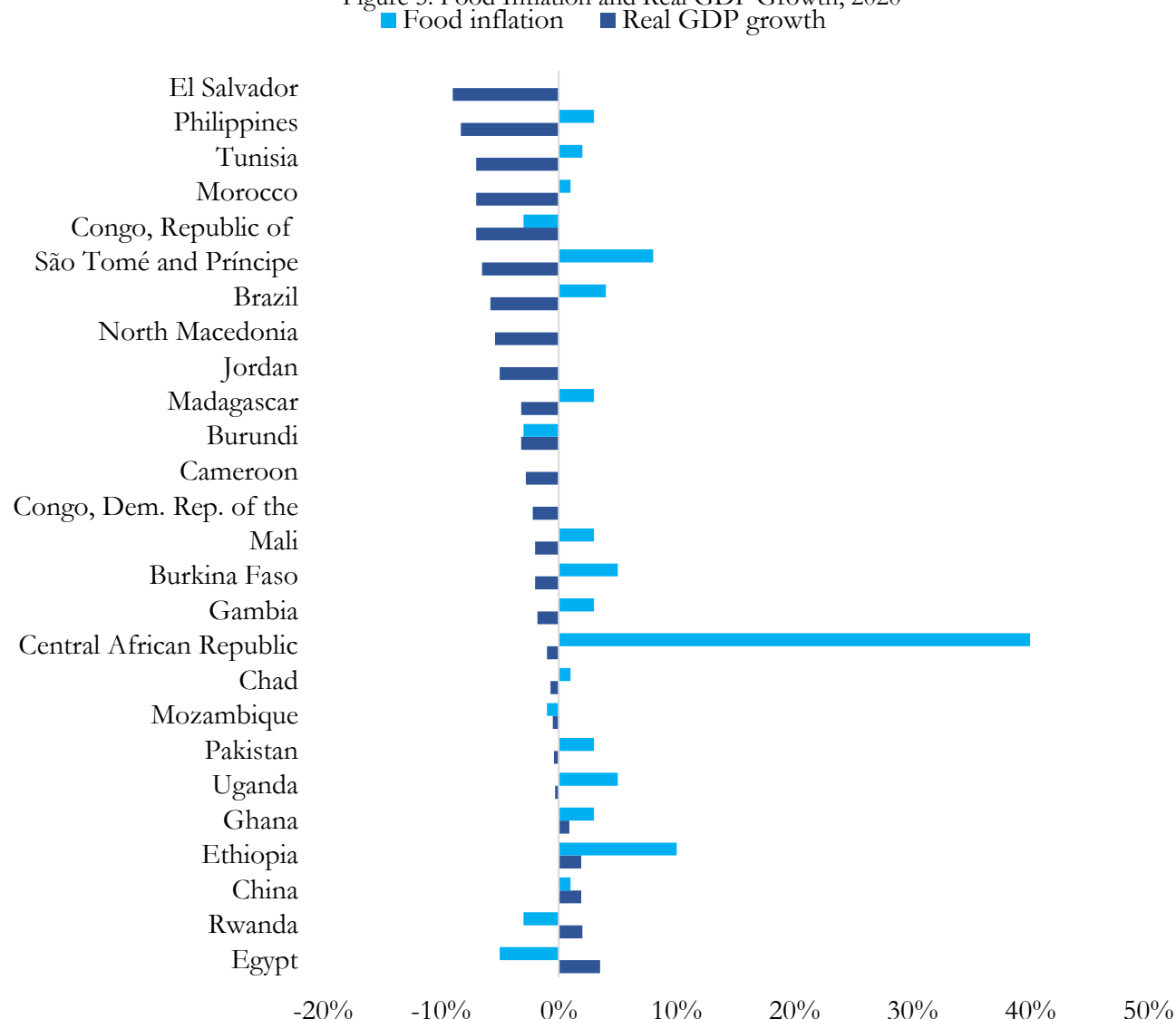
### *Access to Food*

**Results from the survey showed that the consequences of the pandemic on food security varies across countries.** Less than 20 percent of the countries surveyed experienced positive GDP growth, and more than 30 percent experienced more than five percent reductions in real GDP growth (International Monetary Fund, 2020) (see Figure 5). El Salvador experienced the largest reduction in real GDP, at nine percent. From April to September 2020, 17 of the 26 countries surveyed experienced an increase in food prices (see Table 4). Food prices in the Central African Republic increased at an alarming rate of 40 percent within six months. While most countries experienced smaller fluctuations, when compared to the Central African Republic, almost all surveyed countries experienced an increase in food prices greater than one percent.<sup>4</sup> Ethiopia, Burkina Faso and São Tomé and Príncipe all saw food prices rise more than five percent.

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<sup>4</sup> The central banks typically target two percent annual inflation.

Figure 5. Food Inflation and Real GDP Growth, 2020<sup>5</sup>



Source: Early Years Fellows COVID-19 Survey, 2020 and the International Monetary Fund, 2020

Reduction in income and increase in food prices can cause a large number of children and mothers to be food insecure. In Ethiopia, the government estimated that the pandemic will lead to 24 million people to be food insecure, around 24 percent of the country's total population (Federal Democratic Republic of Ethiopia, 2020). In Burkina Faso, a recent nutrition survey estimated that 631,787 children under five and 128,672 pregnant and lactating women will be at risk of acute malnutrition in 2021 (Integrated Food Security Phase Classification, 2020). Finally, in Kenya and Uganda, households reduced their consumption of fruits by 30 percent compared to before the pandemic (Kansiime et al., 2020).








<sup>5</sup> Note: Food Inflation is calculated using the changes in Food and Non-Alcoholic Beverages Index from April to September 2020.



## 4.2 Country Responses to COVID-19 related to Health and Nutrition

**Governments and non-governmental agencies have adapted several strategies in order to continue providing essential health and nutrition services, while reducing the risk of COVID-19 transmission** (see Table 5). The COVID-19 pandemic revitalized telemedicine in various methods, from text messages to voice calls to online video consultations and have been used by both public and private health providers. In São Tomé and Príncipe, crowded hospitals introduced mobile clinics to enforce safety measures such as social distancing. Door-to-door immunization strategies in Burkina Faso, delivery of medicines to patients' homes in Ghana and Jordan, and external consultations and home visits were adopted for traditionally facility-based services in Rwanda and the Philippines. In Ethiopia and Mozambique, childcare screenings were incorporated into community campaigns to conduct COVID-19 outreach. Media outreach in Pakistan included psychosocial support, health, nutrition and gender messaging, and outreach in El Salvador promoted outpatient milk donations, such as in collection centers and human milk banks.

Table 5. Countries' Strategies in Delivering Health and Nutrition Services during the COVID-19 Pandemic

	Innovative ways of delivering health and nutrition services				Provider		
							
Country	Text Messages	Voice Messages	Home visits and deliveries	Facility walk-ins	Private	Public	Donor
Brazil	✓	✓				✓	
El Salvador	✓	✓	✓	✓	✓	✓	✓
N. Macedonia	✓					✓	
Egypt	✓	✓			✓	✓	
Jordan							
Morocco							
Tunisia							
Burkina Faso	✓	✓	✓	✓		✓	
Burundi							
Central African Republic							
Chad							
Gambia	✓						
Mali							
Rep. of Congo							
DRC							
São Tomé and Príncipe							
Cameroon						✓	
Ghana	✓	✓	✓	✓	✓	✓	✓
Ethiopia			✓			✓	
Madagascar							
Mozambique			✓			✓	✓
Rwanda			✓	✓		✓	

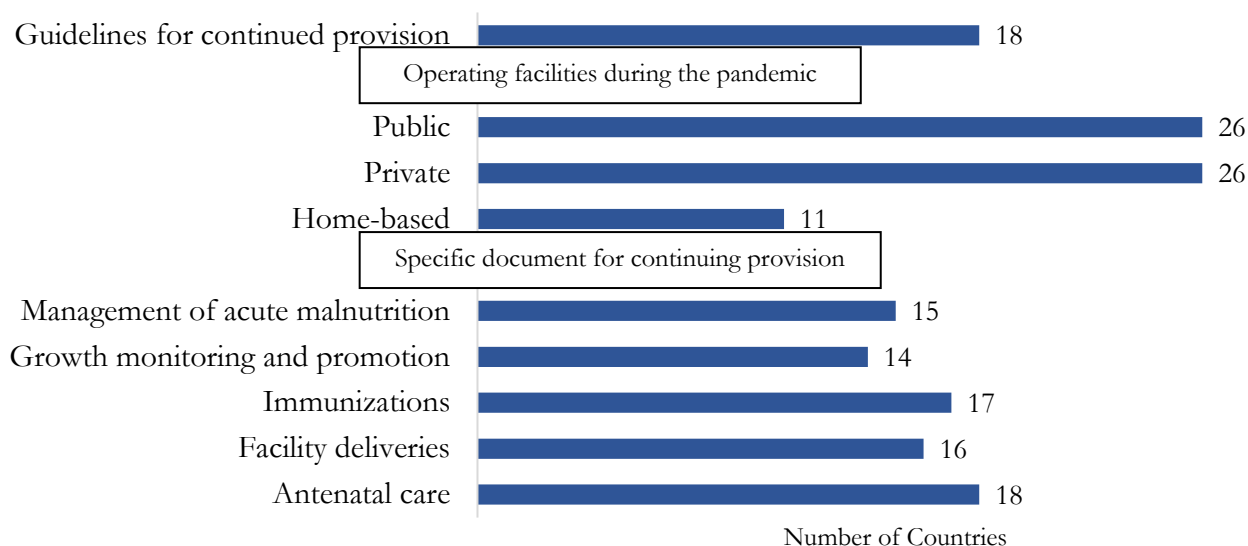
Uganda	✓		✓	✓		✓	✓
Pakistan	✓	✓			✓		✓
China	✓	✓		✓	✓	✓	
Philippines	✓		✓		✓	✓	✓
Total	11	7	8	6	6	13	6

Source: Early Years Fellows COVID-19 Survey, 2020

### *Essential Health and Nutrition Services during COVID-19*

**The resulting nationwide quarantines brought about restrictions in the mobility of healthcare workers as well as patients.** The survey collected information on the availability of essential healthcare services during the pandemic (see Figure 6). Approximately 70 percent of the surveyed countries issued national policies or released official documents to ensure essential health services were maintained throughout the pandemic. Even in countries that did not issue official announcements to ensure service delivery in the pandemic, public and private facilities continued providing maternal and child health services and allowed home-based health services. Mali, Mozambique and Rwanda reported that community-based health services also continued to be provided.

Figure 6. Ensuring Provision of Essential Health Care and Nutrition Services During COVID-19



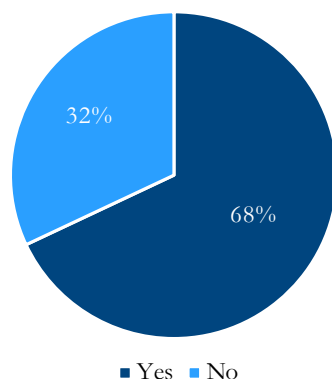
Source: Early Years Fellows COVID-19 Survey, 2020

### *Strategies to Improve Food Access*

**Millions of children are suffering from chronic food deprivation at the most crucial time in their growth and development stage.** Such a disruption could lead to severe health consequences, such as stunted growth. To mitigate this, countries have set up different types of allowances to improve child health and ensure that the most vulnerable can achieve food security. For example, Rwanda has come up with initiatives to improve household nutrition including the distribution of boxes of ready-to-use therapeutic milk to treat severe children acute malnutrition. Uganda introduced door-to-door food distribution, with special attention to pregnant women. Whereas in Pakistan, a food distribution program was developed as part of its COVID-19 response strategy, primarily supporting pregnant and lactating women and children under five years of age suffering from

moderate acute malnutrition. Around 68 percent of countries surveyed initiated or modified food programs as a result of the pandemic to provide adequate food supply and security (see Figure 7). The most common form of support was distributing food, or distributing vouchers or cash to purchase food, although not necessarily specifically targeting children or pregnant women.

Figure 7. Percent of countries with policies or programs to improve food access



Source: Early Years Fellows COVID-19 Survey, 2020

Although few countries have initiated supply-side policies to support the food sector, notable practices were initiated in Ethiopia, Egypt and China to support farmers in food production and food logistics. In Ethiopia, the government supported farmers by providing desert locust response support, agricultural inputs, fast-cycle crop seeds and animal feed, as well as an animal health campaign to support safe food production (Federal Democratic Republic of Ethiopia, 2020). In Egypt, import contracts were expanded early on in the pandemic and the government postponed debt payment by farmers for six months. The country also extended the moratorium on the tax law on agricultural land for a period of two years. In China, the government supported the establishment of emergency food processing companies, supply outlets, distribution centers and storage and transportation companies. The government also operated 9,206 centers to closely monitor food prices.

To support vulnerable households unable to earn an income due to movement restrictions, governments initiated direct food distribution programs. The *Vatsy Tsinjo* program, a presidential program, in Madagascar allocated a budget of US\$10 million, to provide a food package worth AR 64,000 (~ US\$16.83) per household, supporting families who could not work in Antananarivo, Toamasina, Fianarantsoa and Moramanga due to lockdowns. The package consisted of rice, dry grains, sugar, salt, flour, oil, one water purifier and one bar of soap. The government also provided the *Tsena Mora* (Cheap Grocery Shop) market, which provides half-price rice and cooking oil to poor households across five regions, benefiting 571,500 people between March and April 2020. In El Salvador, there were Solidarity Baskets delivered to each family in their home during the quarantine period. The Ehsaas Emergency Cash program in Pakistan, launched April 2020, provided economic hardship stipends to vulnerable families suffering from food insecurity. The Program's budget, PKR 144 billion or approximately US\$0.89 billion, covers 12 million families, providing PKR 12,000 or approximately US\$75 per family. In Egypt, the price of flour and bran were fixed at EGP 3600 (~US\$228.40) per ton to control the price of bread. In the Philippines, the provision of hot meals usually provided in the day-care centers, kindergartens and primary schools was replaced by food products that were either delivered to households or picked up by the child's parents (Philippines News Agency, 2020).

#### 4.3 World Bank Responses to COVID 19 related to Health and Nutrition

**The World Bank's response towards health focused on access to essential health and nutrition services, immunizations and strengthening of the health system.** For instance, additional financing to the Mozambique Primary Healthcare Strengthening Project is supporting the government to enhance coverage, access and quality of primary healthcare services which includes a Nutrition Intervention Package for children under the age of two living in underserved areas. In Pakistan, the Securing Human Investments to Foster Transformation project aims to increase immunization rates for children younger than 24 months by 17 percentage points by year 2023. Additionally, several countries like Tunisia, Uganda and Ghana have launched projects to help prevent, detect and respond to COVID-19, as well as strengthen national systems for public health preparedness (see Annex 2 for full list of projects). Of the countries surveyed, there is one Early Learning Partnership grant focused on health and nutrition, Madagascar's Scaling Lipid-based Nutrient Supplements (LNS) project, aims to improve the quality of ECD services for infants and young children by creating standard operating protocols for LNS delivery and distributions and by strengthening community monitoring for LNS and ECD outcomes (see Annex 3 for full list).

#### 4.4 Key Takeaways and Opportunity Areas related to Health and Nutrition

**Without access to healthcare systems, because of overwhelmed facilities, mortality and morbidity rates from preventable and treatable conditions will increase.** While COVID-19 mortality rates are low for young children, symptoms of the infection overlap with the leading causes of deaths in children under five years old (such as diarrhoea or pneumonia). It is important to ensure the continuity of essential reproductive, maternal, newborn and child health services delivered through integrated primary care.

- **To prevent indirect mortality and morbidity when health services are disrupted, countries should identify essential health services that will be prioritized as the outbreak is brought under control and restrictive public health measures are eased.** These should target services that experienced substantial reductions in coverage and utilization such as essential prevention and treatment services for communicable diseases, reproductive health services and management of emergency health conditions for restoration and catch-up campaigns.
- **Until adaptations in service delivery are reversed, where feasible, remote delivery of health services is still most appropriate and safe.** Telemedicine solutions via online video calls or text messages and mobile clinics can be used to support families when routine visits are limited. This can include counselling about responsive caregiving and nutrition, and monitoring of children's nutritional status as well as assessment of caregivers' mental health and provision of necessary psychosocial support. In health facilities, establishing safe and effective patient flow remains critical at all levels of care.
- **Countries should frequently assess the risks of implementing or delaying mass vaccination campaigns, versus potentially aggravating COVID-19 transmission.** Vaccine stocks and supplies should be monitored closely until resumption of full services is safely possible. The disruptions in immunization services, however brief, increases the risk of outbreaks of vaccine-preventable diseases (such as polio, measles, cholera, typhoid, influenza and yellow fever). Strategies to engage communities through public health messaging and

communication campaigns can ensure that the concerns of the population are addressed and people are encouraged and feel safe to seek vaccination services.

**The immediate effects of COVID-19 induced disruptions in the food supply are likely already increasing acute malnutrition.** The full ramifications on childhood malnutrition may only be observed over the next few years; however, it is vital to act now, particularly in countries with previously high malnutrition rates now facing increased levels food insecurity from the economic crisis. Without swift response to prevent children from sliding into stunting, the long-term consequences of increased maternal and child malnutrition along with mortality rates include global human capital and economic losses.

- **Rising food prices, reduction in income and movement restrictions may exacerbate maternal and child undernutrition.** Recent estimates suggest that reductions in income coupled with rising food prices pushed a large number of children and pregnant women to be food insecure. Rapid assessment also found that poor households are substituting nutrient-rich foods with staple foods in response to the pandemic. Given that children from poor households have a higher risk of undernutrition, policies to ensure food access is important.
- **Governments can support food access through both demand and supply side policies.** Examples of demand side policies include social protection programs such as cash transfers or direct food distribution to the vulnerable population. Supply-side policies include providing agriculture inputs, expanding the import contract and supporting food logistics. Frequent monitoring of food prices across the country is also important to understand regions of acute food shortages.
- **As the world learns to live with COVID-19, nutrition could be positioned as a way of strengthening the immune system** so that people can be better protected, and can more appropriately respond to treatments, including the anticipated COVID-19 vaccine. Ongoing COVID-19 response measures could double as opportunities to address other health and wellbeing priorities such as malnutrition prevention and management. For example, contact tracing could be exploited for nutrition surveillance and protection. The widespread adaptation of digital technology and different forms of telemedicine may be explored for nutrition training and counselling to advise parents and caregivers.

## 5. Social Protection

### 5.1 Consequences of COVID-19 on Young Children related to Social Protection

#### *The Pandemic's Impact on the Social Protection Sector*

**The COVID-19 pandemic is impoverishing the poor and exacerbating inequality by magnifying deprivations.** To avoid the persistence of negative consequences of the COVID-19 outbreak and to prevent the amplification of the developmental gaps between rich and poor children, it is imperative to ensure sustainable delivery of early interventions in support of parents and children.

With many childcare and early education facilities closed, children are deprived of early cognitive and social stimulation beyond their homes. Economically distressful situations place high levels of pressure on families as they strive to meet their children's needs (Holt, Buckley, and Whelan, 2008). As social



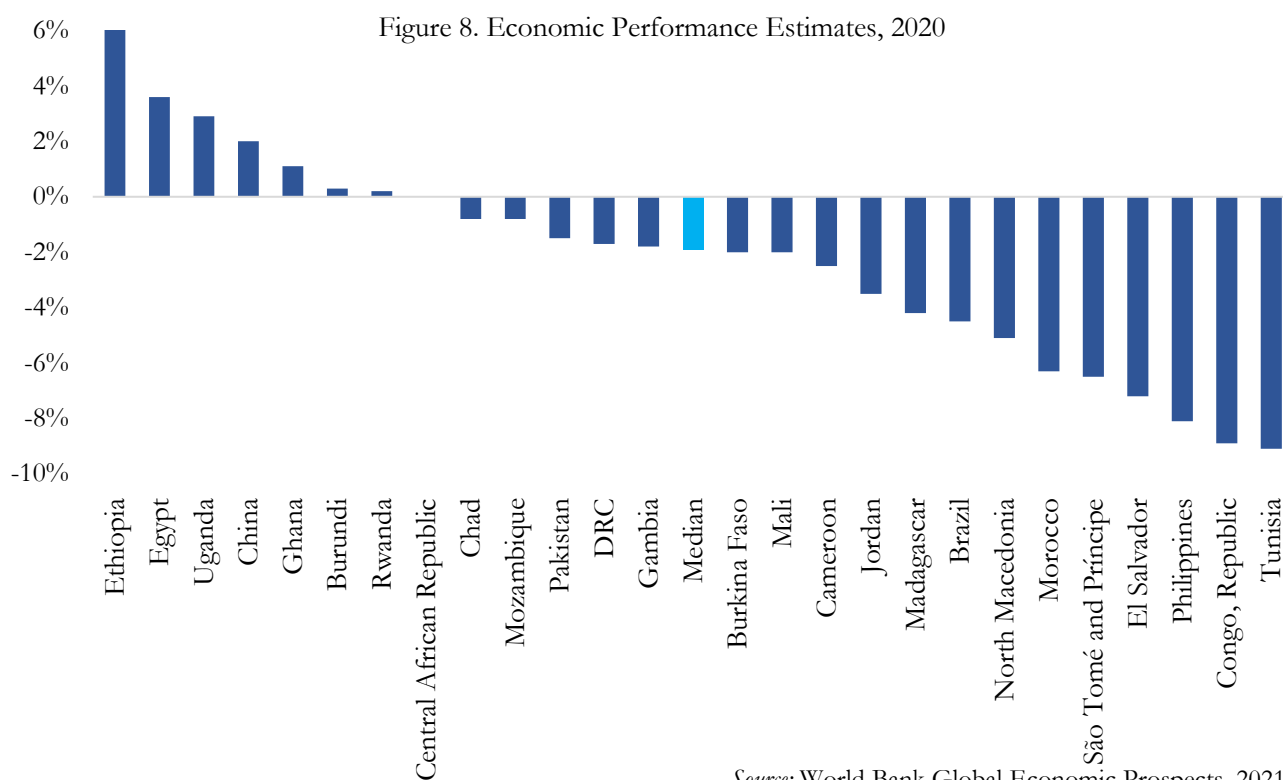
isolation increased so did sources of stress as families spent more time at home engaged in intense contact and without existing support networks (van Gelder et al., 2020).

As a result of the social distancing, isolation and closing of several services to halt the spread of COVID-19, children and women are under a higher risk of neglect. Women and children are more particularly vulnerable to extreme cases of physical, emotional, sexual and domestic abuse (National Academies of Sciences, Engineering, and Medicine, 2016). Not only are children directly suffering from heightened acts of domestic violence but, with increased stress levels, parenting quality under these conditions often deteriorates (Holt, Buckley, and Whelan, 2008). Lockdown measures have also reduced opportunities to provide support for adults, child protection services and access to the justice system.

With school closures, the responsibility of arranging care and providing stimulation during school hours now falls on the family. In many countries, increased levels of stress or little time to dedicate to supporting their children's education means that parents are unable to properly support their children's education which may widen any existing gaps that children face (Cunha and Heckman, 2007; Doyle et al., 2009).

### *Country Level Impact*

**The shocks resulting from the COVID-19 pandemic have caused extreme economic contraction in many countries around the world.** The World Bank's global economic estimates of GDP performance from 2020 display that the majority of the surveyed countries suffered negative growth as a result of the pandemic. Of the countries surveyed, Tunisia, Republic of Congo, Philippines, El Salvador and São Tomé and Príncipe experienced the largest GDP decreases (see Figure 8). The median GDP of the surveyed countries was approximately negative two percent, indicating that most countries were negatively affected.



**Decreases in labor market conditions are linked to an increase in volatile behavior which includes intrahousehold conflict, domestic violence and child abuse** (van Gelder et al., 2020). Data on domestic violence was collected in only 34 percent of the surveyed countries. However, even during pre-COVID times, data collection on domestic violence and child protection is low; only 21 percent of countries worldwide have national action plans in place that are fully funded and able to monitor prevention effects (UNICEF and WHO, 2020). A Social Protection Network in the Philippines, Bantay Bata, reported a 200 percent increase in calls during the lockdown on child abuse and other child-related concerns, such as custody issues, psychosocial support and first aid (Council for the Welfare of Children, 2020). Between 2019 and 2020, Brazil registered a four percent rise in emergency calls about domestic violence. Over the same period, there was an increase of one percent in intentional female homicides and one percent increase in cases registered under female homicides (Brazilian Forum of Public Security, 2020). North Macedonia also reported an increase in family violence, rising 45 percent in April and May 2020 from the previous year. The government estimates that children compose nearly 10 percent of the victims (Petreski et al., 2020). In Tunisia, helplines and shelters for survivors of violence reported an increase in calls for help and requests for emergency shelter. Between March 23<sup>rd</sup> and May 31<sup>st</sup>, calls about domestic violence were nine times higher than usual over the same period in 2019 (United Nations Entity for Gender Equality and the Empowerment of Women, 2020). Almost all countries surveyed had no collected data on supervision for young children (see Table 6).

Table 6. Monitoring of Under-5 with No Supervision and on Domestic Violence

Data Collection	Country
Children under five with no supervision	China
Monitoring on domestic violence	Brazil, Egypt, El Salvador, Ethiopia, Ghana, North Macedonia, Philippines, Tunisia, Uganda

Source: Early Years Fellows COVID-19 Survey, 2020

### *Affected Preventive Measures*

**Measures to curb the pandemic have disrupted the delivery of prevention and control measures that are essential to the well-being of children and families, leaving many at risk.** Morocco, the Philippines, Rwanda and Uganda have seen the birth registration process derailed. Since a birth certificate is evidence of legal identity and the basis on establishing nationality, such disruptions put children at risk of being stateless and less able to secure protection from violence and exploitation. Similarly, several countries such as Burkina Faso, China and Ethiopia, have witnessed the suspension of non-essential services such as child-focused social services, including home-visiting programs that play a vital role in helping vulnerable parents foster healthy relationships and environments for their children. In Cameroon, Egypt and El Salvador, systems to report child abuse, neglect and child protection have been disrupted. Countries such as the Central African Republic, Chad, Ghana and Jordan have also experienced disruption in the access of cash transfers, child grants and social safety nets for children and parents because of government declining revenues. These constraints, combined with income loss, put many vulnerable families at risk of not having access to nutritious food, regular health care, ECE services and falling into extreme poverty.

## 5.2 Country Responses to COVID-19 related to Social Protection

**There is limited data on the extent to which the early years have benefitted from social protection responses to COVID-19.** Due to the nature of the COVID-19 virus, younger children have rarely been included in the list of at-risk populations or been the primary beneficiaries of national socioeconomic responses (UNSDG, 2020a). Most safety net programs focused on financial support to households as a whole or to individuals at risk. Moreover, most of these programs were not subject to conditionalities, a tool commonly used to encourage children's access to essential social services and promote good parenting practices. Thus, while it can be assumed that all members of targeted families benefit from national assistance, the extent to which young children receive support remains uncertain.

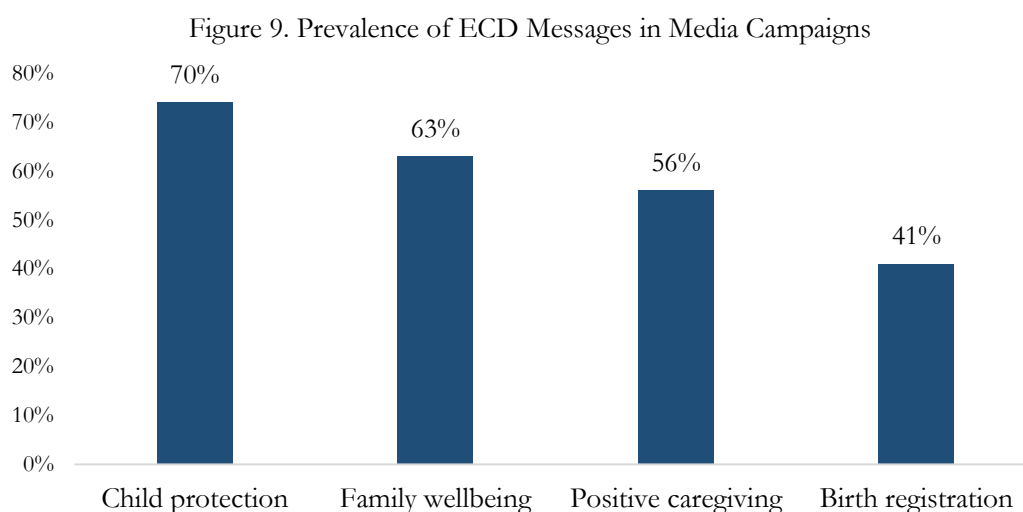
### *Programs Initiated or Adjusted and Types of Activities*

**Several countries have introduced social protection programs to help families mitigate the negative consequences of COVID-19 such as cash transfer programs or programs dedicated towards those experiencing domestic violence.** For example, North Macedonia introduced a guaranteed minimum income for poor parents of children aged zero to 10 years and removed most of the conditionalities from child allowances, thus significantly increasing their coverage. Uganda implemented a special grant for people with disabilities (PWDs) to provide them a social safety net to boost their income and employment opportunities. Rwanda launched a food distribution program, providing maize flour, rice and beans to those temporarily unemployed and those already in existing social protection programs. Tunisia has introduced and extended a family allowance for children aged zero to five from the most vulnerable and poorest families to mitigate the adverse effects of poverty and its associated risks on child development. It has also adopted accompanying measures that promote behavioral change to improve access to basic social services and to promote good parenting practices, which will help protect the human capital of vulnerable children. In addition, in response to a fivefold increase in gender-based violence, the Tunisian Ministry of Women's Affairs opened safe shelters for women and children seeking to flee violence from home as well as providing a hotline service (United Nations Entity for Gender Equality and the Empowerment of Women, 2020). As part of a broad response to mitigate the negative consequences of COVID-19, China established child protection services in the form of home visits to report and protect children suffering from abuse, neglect or lack of family custody.

#### **Box 2. *Criança Feliz* Program**

Brazil is in the process of expanding and adapting *Criança Feliz* (PCF), which is the largest home visiting program worldwide, reaching 900 thousand children from zero to three years in vulnerable households. Ultimately, the program's aim is to improve the quality of interactions that affect learning and the healthy development of the child. COVID-19 reinforced a need to incorporate innovation in the forms of technology for program delivery, monitoring and staff training. The World Bank, IDB and other partners have been supporting the government to identify possible innovative solutions given different scenarios under which the Program is executed. All families under PCF are also beneficiaries of the Conditional Cash Transfer Program, *Bolsa Família*. The latter is currently being expanded given the COVID-19 pandemic pressure on household income with support from the World Bank.

**ECD messages in government media campaigns have become a positive support for parents and children throughout the pandemic.** The most common campaigns that circulated among the 26 selected countries focused on child protection, family wellbeing, positive caregiving and birth registration (see Figure 9). Although media campaigns alone cannot guarantee a fundamental change or improvement in parental behavior, the data show that governments have been committed to promoting the well-being of children throughout the pandemic.



*Source: Early Years Fellows COVID-19 Survey, 2020*

Overall media campaigns are a complementary action towards children's and family's wellbeing. Of countries that have had birth registration halted, – Morocco, the Philippines, Rwanda and Uganda – only the Philippines does not have media campaigns promoting parents' awareness on the continuity of birth registration services. Out of the countries who reported non-essential service disruption, – Burkina Faso, China, Ethiopia, Madagascar and the Gambia – only the Gambia has reported promotion of media campaigns on positive caregiving during the COVID-19 outbreak. All three countries which reported a derailed child abuse, neglect and child protection system also had targeted media campaigns on child protection.

### 5.3 World Bank Responses to COVID-19 related to Social Protection

**The World Bank's COVID-19 response for young children's safety and protection was integrated into wider social protection programs.** Main activities that are benefiting children under eight include conditional and unconditional cash transfer programs, information campaigns, women empowerment and birth registrations (see Annex 2 for more details). For example, Pakistan's Securing Human Investments to Foster Transformation Project, though not explicitly designed to address COVID-19, is supporting a conditional cash transfer, amendments to existing labor legislation to improve working conditions for women and an increase in birth registrations. The Gambia Social Safety Net Project will complement an unconditional cash transfer program with a Social and Behavioral Change Communication campaign to encourage investments in maternal and child health and nutrition, as well as parenting and child protection. Finally, of the Early Learning Partnerships-supported grants, four of the surveyed countries developed social protection projects, notably Brazil,

Ethiopia, North Macedonia and São Tomé and Príncipe (see Annex 3 for full details of projects). In Ethiopia, the Temporary Income Support through Ethiopia's Urban Productive Safety Net Project, provided stress coping management for families with children under the age of five through targeted nutrition, hygiene and playful parenting programs and provided support to establish the delivery platforms for these messages.

#### 5.4 Key Takeaways and Opportunity Areas related to Social Protection

**Economic inequality and developmental gaps for families with young children may widen as a result of the lockdowns, isolation and income shocks.** Due to young children's dependency on their parents, social protection programs targeted at families are beneficial for children. Nonetheless, there are few recorded actions that aim to prioritize young children.

- **Despite the evidence of the rise of domestic or gender-based violence reports during periods of isolation,** countries are struggling to structure social protection programs to alleviate the violence with the limited monitoring and reporting systems and programs in place to support those who need assistance.
- **Targeted media campaigns directed towards families with young children** throughout the pandemic have incorporated evidence-based messages to address caregiver and child positive wellbeing and protection. Governments should continue to encourage and promote positive messages of support to families to provide structure and reduce stress levels during these difficult times.
- **The provision of cash transfers has helped alleviate the stresses families have faced as a result of household income shocks.** Yet there is little evidence that these provisions are enough to reduce violence at home or increase caregiver and child well-being.
- **Social protection responses should take a multisectoral approach.** Coordinated efforts with the education and health and nutrition sectors will provide the support needed to expand social protection programs, particularly for families with young children.

#### 6. Cross-Sectoral Approach to Children in Vulnerable Households

**Although the COVID-19 pandemic has affected virtually all young children, it has put those of vulnerable populations at even more risk.** Such vulnerabilities vary across household-level factors like family income and place of residence, and individual-level factors like gender and special needs. Families in this category disproportionately face poor sanitation, unhygienic or dangerous physical spaces and overcrowded housing conditions. This section highlights snapshots from the countries surveyed across the education, health and nutrition and social protection sectors. It will focus specifically on children who come from minority groups, which includes special needs, girls, indigenous groups, refugees, Internally Displaced Persons (IDPs) or those who experience extreme poverty.

## *Education*

As a result of the pandemic, Roma children in North Macedonia are overwhelmingly suffering from a lack of remote learning opportunities and access to school meals. Inequities will deepen as 90 percent of Roma community children already did not attend pre-primary regularly pre-COVID. According to the Philippines Department of Education, the enrollment figures for young children in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), the region with the poorest health, nutrition and education rates, was only 70 percent of previous year's enrollment rates (Department of Education Learner Information System, 2020). In Burkina Faso and Uganda, the learning situation for millions of internally displaced children has become more complicated because of increased closures of ECE services. In Chad, the Gambia and Pakistan, access to girls' education and learning is at a higher risk than their male counterparts, with more girls expected to not return. Several countries reported the difficulty children with disabilities and special needs are facing to be served through distance learning, reporting that they were already less likely to access quality education and to successfully progress through the system. Uganda, Ghana, Gambia, Cameroon and North Macedonia reported that children who have visual and hearing-impaired related disabilities were not catered for in radio, TV programs or with printed learning materials. In El Salvador, children of indigenous groups have had limited access to virtual tools to benefit from the remote education strategies while schools are closed.

## *Health and Nutrition*

In Ghana, food rations were provided to the most vulnerable households residing in Greater Accra and Kumasi affected by the lockdown. Due to lack of WHO funding in Uganda, food ratios were cut by 30 percent in refugee communities. Ethiopia budgeted an additional US\$582 million to reach 10 million people estimated to be food insecure and distributed food to people in isolation or quarantine centers. The São Tomé government adjusted the school feeding program and delivered 3,900 food baskets to vulnerable school children. In Chad, 82 percent of households in rural areas were affected by food insecurity, as opposed to 66 percent of urban households (World Bank, 2020a). In a survey conducted in the Philippines on children with disabilities (CWD), 48 percent reported that CWD were unable to access rehabilitation services, and 43 percent reported that CWD were unable to access mainstream health services (Council for the Welfare of Children, 2020).

## *Social Protection*

In Egypt, the pandemic has aggravated vulnerabilities of informally employed men and women resulting in heightened levels of food insecurity for families with young children. About 63 percent of the working adult population have limited access to social protection and lack the economic security to take sick leave, get treated if required or cope with lockdown measures (UNSDG, 2020b). The pandemic has also increased violence against Egyptian women, particularly women with lower levels of education and with low income (Council for the Welfare of Children, 2020). In Rio de Janeiro, Brazil, neighborhoods with a very high concentration of *favelas* (urban slums) have a COVID-19 related lethality rate of 19.5 percent, which is twice as much as neighborhoods without slums and above the municipal rate of 11.7 percent (Oswaldo Cruz Foundation, 2020). Additionally, in a survey of Ugandan refugee-hosting districts, 60 percent of respondents reported an increase in acts of sexual violence against children by peers, caregivers, and community members. Another survey in Uganda reported increased risk of underage sexual activity



and unwanted pregnancies as family members have had to look elsewhere for work (Sserwanja, Kawuki, and Kim, 2020).

## 7. Conclusion

**The results from the survey show that most governments have taken specific and innovative steps aiming to offset the resulting gaps in ECD outcomes created by the pandemic.** For instance, in the education section, governments have used TV, radio and e-learning to deliver quality learning opportunities and child stimulation services. The report also points out that the provision of early childhood distance education is limited due to the lack of teachers trained in e-learning, early learning contents and e-tech for the early years. In the health and nutrition section, countries have expanded the use of telemedicine methods in efforts to continue providing safe services, yet these digital responses tend to not reach the most disadvantaged households. Countries have also created and expanded national food security programs to ensure families have access to food. In the social protection section, governments have expanded the amount of cash transfers targeting the most vulnerable households. The study also highlights the opening of safe shelters and the launch of national media campaigns to raise awareness about adequate nutrition, learning opportunities and positive parenting education.

As examined in each of the sectors' key takeaway sections, the crisis may prove to be an opportunity to rebuild a stronger education system that better integrates ECE programs, strengthen and align health and nutritional programs that will continue to support families with young children even in the wake of the pandemic and interweave better developed monitoring and reporting social protection systems for families that are imbedded within the education, health and nutrition sectors as well. To improve the effectiveness of responses, solutions may lie in the continuation of parenting programs across all sectors. Through education and learning, parents need to be supported to access learning and play materials and encouraged to (re-)enroll their children once schools reopen. Through health and nutrition, parents need to be provided counselling on healthy eating behaviors, breastfeeding and immunization care, and be reached by emergency food delivery programs and agriculture extension programs. Through social protection, parents need to be aware of coping strategies and psychosocial support via information campaigns, have access to child grants and social safety nets and receive training on mental health issues and child protection services.

Countries need to include the most marginalised groups when designing emergency responses. Lockdowns and isolation responses do not affect the population equally. The crisis' impacts are likely to be felt the most by the poorest and most disadvantaged households. COVID-19 has highlighted the role innovation and technology can play to minimize the negative impacts and inequities on ECD outcomes across the surveyed countries. Governments should leverage innovation and technology to accelerate progress in ECD responses most notably by better targeting marginalized children with cash transfers, expanding remote ECE learning programs and improving service quality and evaluation mechanisms. Donors and the international community can also play a role in incentivising governments in scaling up COVID-19 responses to protect these groups who are often neglected in national responses.

Young children between the age of zero to eight years remain one of the most vulnerable groups impacted by the COVID-19 crisis. This report highlights multiple detrimental impacts the pandemic has had on young children, including increased child poverty, lower school enrollment, increased exposure to stress and limited access to nutritious food, healthcare and immunization service. Given

the importance of these early years, there is strong concern that the pandemic may lead to irreversible long-term human capital losses among this group. The aim of this report was to provide evidence-based insights that would serve as a basis for key stakeholders to advocate, design and implement policies that will prioritize young children in times of emergency. Looking beyond the pandemic, governments should seize the opportunity to re-imagine the way they develop policies to prioritize children's well-being. Building resilience in the early years will require stronger multi-sectoral approaches, greater use of innovation and technology and more evidence-based research.

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## ECD COVID-19 POLICY OVERVIEW

### Questionnaire

Country (region)	
EYF Fellow (title, department)	
Supervisor (title, department)	
Other contributors (title, department)	

For guidance on how to complete this questionnaire, [please follow this link to the Questionnaire Manual](#).

## EDUCATION & LEARNING

### CLOSED-ENDED QUESTIONS

1. Is ECE obligatory in your country? *(Please select one by deleting the other)* **Yes / No**

1.1. If yes, please state age group and type of center:

Age group	Type of center (e.g. Nursery/day care, Kindergarten, early primary etc.)

2. Please indicate if there were any closures for ECE for the following age groups amid COVID-19:  
*(Check all that apply)*

<input type="checkbox"/>	0-3 years
<input type="checkbox"/>	4-5 years
<input type="checkbox"/>	6-8 years
<input type="checkbox"/>	No closure

3. Please indicate if your government's distance learning efforts include the following age groups:  
*(Check all that apply)*

<input type="checkbox"/>	0-3 years
<input type="checkbox"/>	4-5 years
<input type="checkbox"/>	6-8 years
<input type="checkbox"/>	Did not include any of these age group

4. Please indicate how fast distance learning efforts were put in place after closures:  
*(Check all that apply)*

<input type="checkbox"/>	2 weeks or less
<input type="checkbox"/>	2-4 weeks
<input type="checkbox"/>	More than 4 weeks

5. What forms of distance ECE delivery, if any, have been introduced and implemented by the government in your country as a response to the COVID-19 pandemic? *(Check all that apply)*



	TV classroom
	Radio programs
	Online learning
	Social media (Facebook, Twitter, etc.)
	Messaging apps (WhatsApp, Viber, FB Messenger, etc.)
	Mobile phones (SMS, phone calls, etc.)
	Printed learning packages
	Other (please specify):

6. What forms of distance ECE delivery, if any, have been introduced by non-government actors in your country as a response to the COVID-19 pandemic? *(Check all that apply)*

Service	Name of Provider (e.g. World Bank)
TV classroom	
Radio programs	
Online learning	
Social media (Facebook, Twitter etc.)	
Messaging apps (WhatsApp, Viber, FB Messenger)	
Mobile phones	
Printed learning packages	
Others (please specify)	

7. Is there a national digital platform/one-stop-shop for e-learning? **Yes / No**

*If yes, please insert URL address here:*

- 7.1. If yes, does it include learning content for the early years? **Yes / No**

- 7.2. If yes, are the following enabling conditions in place? *(Check all that apply)*

	Internet connectivity and IT infrastructure
	Household computer ownership
	Smart phone ownership

- 7.3. Are data on utilization rates of the digital platform available and shared with the public? **Yes / No**

*Please specify the percentage of utilization: \_\_\_\_\_%*

*Please insert URL address here:*

8. Has there been guidance or training deployed to teachers or school principals for the delivery of remote teaching for ECE? **Yes / No**

9. Are teachers expected to communicate with parents and children during home-schooling? **Yes / No**

10. Is there a communication campaign or platform to help parents with teaching at home? **Yes / No**

11. Is there any financial or other support offered to parents/ children to support distance learning for ECE? *(Check all that apply)*

	ICT devices (computers, tablets, smart phones etc.)
	ICT connectivity (e.g. internet subsidy)
	Printed learning packages (e.g. books)
	Learning and play materials

	Others (please specify):
--	--------------------------

12. How did COVID-19 impact funding for ECE in your country?

Reduced	Unaffected	Increased

13. Did COVID-19 impact child stimulation programs for caregivers? **Yes / No**

13.1. Please indicate in what way *(Check all that apply)*

	Home visits stopped
	Group meetings stopped
	Other (please specify):

13.2. Please indicate alternative way of delivery employed.

--

14. Please indicate if there were any re-openings

Age group	Type of service	Date of reopening

15. Is there a protocol for reopening? **Yes / No**

15.1. Please indicate if the reopening protocols address the following *(Check all that apply)*

	Hygiene / handwashing and soap
	Social Distancing
	Disinfecting and cleaning
	Procedures for suspected or confirmed cases of COVID-19
	Training to enact prevention measures maintaining age-appropriate pedagogical principles
	Training for staff on children's psychosocial and mental health needs
	Action plan to quickly adapt to future movement restrictions/remote learning

16. Please indicate if any of these types of learning have been considered for the reopening.

*(Check all that apply)*

	Face to face
	Distance learning
	Blended learning (face-to- face and another form of distance learning)

17. Please indicate the age groups that are being considered for the reopening (e.g. 0-3 years; 4-5 years etc.):

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## OPEN-ENDED QUESTIONS

1. What differences are there in the response between public and private entities amid COVID-19? (e.g. learning platform, curriculum, workforce etc.)

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2. How did COVID-19 impact different groups of children, for example were specific groups left out in the delivery response or impacted more than other children? Please explain in what way? (Please focus here on potential learning loss, enrollment and drop-out rates, learning gap and equity concerns)

Affected group	Way in which affected

3. How has COVID-19 disrupted other non-ECE related services e.g. school meals, cash transfers, health follow up etc. that were delivered through schools? How did the government/actors respond?

Affected service	Provider	Effect (discontinued, continued as normal, readjusted)	Brief description of response or mitigation measure

## HEALTH & NUTRITION

### CLOSED-ENDED QUESTIONS

18. Did the government announce any policies at the national level, to ensure that health facilities are providing maternal and child health services, including treatment of childhood illnesses (fever, diarrhea and acute respiratory infections) during the pandemic? **Yes / No / Partially**

<i>Please specify the date of the announcement:</i>
<i>Please insert URL address of the announcement:</i>

- 18.1. Which facilities are providing maternal and child health services? *(Check all that apply)*

<input type="checkbox"/>	Private
<input type="checkbox"/>	Public
<input type="checkbox"/>	Home
<input type="checkbox"/>	Other (please specify):

19. Which health and nutrition services are being delivered/provided during this pandemic? Please select all that are applicable. In addition, please specify the date of the announcement and provide us the weblink to the announcement. *(Check all that apply)*

Service	Announcement/Policy and Link
Antenatal Care	
Facility Delivery	
Immunizations	
Growth Monitoring and Promotion	
Management of Acute Malnutrition	

20. Has Access to health and nutrition services for pregnant women and children been affected given lockdowns and restrictions due to the pandemic? **Yes / No**
21. Has there been new/innovative ways of delivering essential health and nutrition services to pregnant women and children? **Yes / No**

21.1. Mention some of the innovations being used to deliver these services.

*(Check all that apply)*

<input type="checkbox"/>	Text messages
<input type="checkbox"/>	Voice messages
<input type="checkbox"/>	Household level services
<input type="checkbox"/>	Walk ins
<input type="checkbox"/>	Other (please specify):

21.2. Who are implementing these? *(Check all that apply)*

<input type="checkbox"/>	Private sector
<input type="checkbox"/>	Public sector
<input type="checkbox"/>	Donor agencies
<input type="checkbox"/>	Other (please specify):

22. Are there any new or restructured Programs and policies by the government to ensure that essential health and nutrition services are still being delivered? **Yes / No**

22.1. Please list policies and programs that have been created or modified since the pandemic specifically to ensure delivery of essential health and nutrition services for pregnant women and children.

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23. Are there any policies and programs that address food access and consumption? **Yes / No**

23.1. Please List policies and programs that have been created or modified since the pandemic specifically to address food access and consumption of families.

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24. Has the country experienced increases in food prices in the last 6 months? **Yes / No**

24.1. How much did food prices increase in the past six months (as reported in the Consumer Price Index)?

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25. Are there ongoing Media campaigns directed at parents, caregivers and children on preventative health measures for COVID-19? **Yes / No**

26. Are key health and nutrition messages (e.g. immunisations, stimulation, ANC, nutrition) integrated into national media campaigns? **Yes / No**

27. Is early stimulation integrated into the health response to COVID-19? **Yes / No**

28. Are there ongoing lending projects supported by the World Bank that involves access to drinking water and safe sanitation? **Yes / No**

28.1. If there are, could you please provide us the name of the lending project and project number?

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28.2. Did COVID-19 impact project ratings (as documented in the Operations Portal)? **Yes / No**

## OPEN-ENDED QUESTIONS

1. How are maternal and child health and nutrition services affected by the pandemic (e.g. nutrient supplementation, antenatal, delivery, postnatal care, immunizations, growth monitoring, malnutrition management)?

2. Could you list ways that are being implemented in your country to deliver these services despite social distancing/movement restrictions?

3. How is COVID-19 affecting government's ability to collect health data to monitor maternal and child health service delivery (e.g. postponing the publication of the national stunting data)?

4. Have you come across any news or data that mentioned the increased in food prices and reductions of family incomes? If so, please provide us the links to the news.

5. Could you estimate the number of children from your country who cannot access school meals?

## SOCIAL PROTECTION

### CLOSED-ENDED QUESTIONS

1. Is your country measuring the economic shock at the household level (i.e. income, employment status, other)? **Yes / No**

*If yes, please insert URL address here:*

2. Which social services have been hindered or put on hold by COVID? *(Check all that apply)*

<input type="checkbox"/>	Birth registration
<input type="checkbox"/>	Cash Transfer and/or Safety Net programs
<input type="checkbox"/>	Child-focused social services (e.g. home visitation programs, local offices, etc.)
<input type="checkbox"/>	Violence or neglect reporting mechanisms
<input type="checkbox"/>	Other (please specify):

3. Are there large-scale social services targeting caregivers or young children that have been initiated/adjusted as a result of COVID? **Yes / No**

3.1. If yes, please complete the table below:

Name of program	Type of Service	ICTs used for delivery, if any (e.g.: WhatsApp, radio)	Beneficiaries	Provider	Financing	Timeline	Link to online source


4. Do you have data that assesses how many children under-5 have not been under the supervision of an adult over 15 during confinement? **Yes / No**

*If yes, please insert URL address here:*

5. Is early protection and wellbeing integrated in national media campaigns? *(Check all that apply)*

<input type="checkbox"/>	Messages about child protection and/or child rights
<input type="checkbox"/>	Positive caregiving and/or discipline
<input type="checkbox"/>	Family wellbeing
<input type="checkbox"/>	Birth registration
<input type="checkbox"/>	Other (please specify):

6. Is there reliable data regarding the increase of domestic violence due to COVID in your country? **Yes / No**

*If yes, please insert URL address here:*

## OPEN-ENDED QUESTIONS

1. How are vulnerable populations affected by COVID-19? How are children of these population being impacted by it? *(Check and complete all that apply)*

	Vulnerable population	Which vulnerable population and how they are affected
<input type="checkbox"/>	Location / geography (e.g. rural communities, poor urban neighborhoods)	
<input type="checkbox"/>	Legal status (e.g. refugees, migrants, displaced populations)	
<input type="checkbox"/>	Race, ethnicity, culture (e.g. indigenous populations, minorities)	
<input type="checkbox"/>	Socioeconomic status (e.g. low-income families)	
<input type="checkbox"/>	Gender (e.g. women, girls)	
<input type="checkbox"/>	Individual characteristics or disabilities (e.g. orphans, children with disabilities or special needs)	
<input type="checkbox"/>	Other	

## CROSS THEMATIC QUESTIONS

1. What ECD related operations/activities of the World Bank in your country have been initiated in response to COVID-19?

Project Name	P Code	Sector	Funding amount	Main activities related to ECD	Main beneficiaries of ECD activities

2. What are some of the best practices and innovations that have been introduced with regards to ECD to respond to COVID-19 in your country? (This could include actions taken by the government, different types of organizations,

schools, efforts by individuals [parents, teachers etc.] that are working really well and that should be highlighted for other countries to potentially consider).

Project name	Lead provider	Description of the activities related to ECD	Targeted beneficiaries	Main outcomes	Main challenges related to implementation (e.g. unequal access)	Link to online source

3. What three opportunities to strengthen the preparedness and resilience of your country to address the impact of COVID-19 on ECD?

Opportunity 1	
Opportunity 2	
Opportunity 3	

4. Please use this space to share additional information that you feel is relevant in your context but has not been covered by the questionnaire.

## Annex 2. Examples of World Bank COVID-19 Emergency Projects

### World Bank Acronyms

Financing Instruments	Global Practices (GP)	Regions
ASA Advisory Services & Analytics	A&F Agriculture & Food	AFR Sub-Saharan Africa
DPF Development Policy Financing	DD Digital Development	EAP East Asia & Pacific
IPF Investment Project Financing	EDU Education	ECA Europe & Central Asia
PforR Program-for-Results Financing	FCI Finance, Competitiveness, & Innovation	LAC Latin America & the Caribbean
	GOV Governance	MENA Middle East & North Africa
	HNP Health, Nutrition, & Population	SAR South Asia
	P&E Poverty and Equity	
	SPJ Social Protection & Jobs	
	SSI Social Sustainability & Inclusion	
	URL Urban Resilience and Land	
	WAT Water	

### Education and Learning

Issue Areas	Project Examples
<b>Policy development</b>	<b>Brazil Human Capital Review</b> (ASA, EDU) will undertake an impact analysis of COVID-19 on, then discuss the determinants and policies to foster human capital in Brazil. Part of the analysis will have a focus on the early years and present policy recommendations for ECD interventions that should potentially augment the productivity of the next generation of Brazilians.
<b>Teacher training</b>	<b>São Tomé and Príncipe Girls Empowerment and Quality Education for All</b> (IPF, EDU-HNP-SPJ-WAT) will include the early years by targeting teacher professional development, notably through the upgrade and rollout of a distance learning program that includes relevant teaching materials (teachers' scripted manuals with the new curriculum guidelines). This in-service teacher training will benefit all of the 655 preschool teachers in São Tomé and Príncipe.



	<p><b>Ghana Accountability for Learning Outcomes Project AF</b> (IPF, EDU) is supporting in-service teacher training to improve teacher capacity in (i) digital literacy and the delivery of lessons through innovative platforms, (ii) inclusion, accessibility and safeguarding during school closures, (iii) crisis management, health, psychosocial wellbeing and child wellbeing in response to the COVID-19 pandemic, (iv) rapid assessment of student learning and delivery of remedial and accelerated learning for when schools reopen.</p>
Early learning through TV and radio	<p><b>Ethiopia Education COVID-19 Response Project</b> (IPF, EDU) is supporting learning during schools closures through (i) the conversion of exiting curricula to broadcast lessons over free radio and TV stations, (ii) the creation and distribution of learning packets, and (iii) information campaigns on distance learning, safety, and psychosocial support during school closure.</p> <p><b>Rwanda Quality Basic Education for Human Capital Development Project AF</b> (IPF, EDU-DD-HNP) is supporting to the implementation of remote approaches for continuous learning during COVID-19, including radio broadcasting, alternative audio-visual materials on national television and a zero-rated YouTube channel, the upload of textbooks on the Rwanda Education Board's (REB) e-learning platform, and SMS communication between the REB, teachers, and parents.</p>
Supporting children and parents at home with learning continuity	<p><b>Read@Home</b> initiative is getting books and learning materials into the homes of hard-to-reach families through the "Continuity of Learning Grant," a partnership with UNESCO and UNICEF. Over the past 6 months, the WORLD BANK has been working with governments in 10 countries, to identify existing partners, books and tools to help parents and family members support their children's learning. In North Macedonia, Read@Home is targeting 40,000 children ages three to 12 years living in families with a monthly income of less than EUR 260 (~US\$296). For the younger children (aged 3-7 years), a partnership with Think Equal and the International Step-by-Step Association (ISSA) helped identify high-quality storybooks in Turkish, Roma and Bosnian in addition to the more prevalently available Macedonian and Albanian languages. Each child receives a package of four picture books in their mother tongue with accompanying questions and activities for each book. For more information on the experience of Read@Home in North Macedonia, please see this <a href="#">blog</a>.</p> <p><b>Uganda COVID-19 Emergency Education Response Project</b> (IPF, EDU) is supporting the development of curriculum-based Home Learning materials, which will be based on the key competencies of the Early Learning framework (for ages 3 to 6), as well as a caregivers guide to support play-based learning and engage parents in key age-appropriate activities at home.</p> <p><b>Pakistan COVID-19 Response, Recovery, and Resilience in Education Project</b> (IPF, EDU-HNP) is supporting the development of sensitization campaigns for health and education to promote hygiene and COVID-19 related safety practices, education engagement and re-engagement messages (especially those targeted at parents of girls and of those at risk of dropping out), and sensitization about the socioemotional and behavioral impacts (with messaging on abuse and violence) that are associated with the COVID-19 pandemic and school closures.</p>
Preparing schools for safe reopening	<p><b>The Gambia Emergency Education COVID-19 Response</b> (IPF, EDU) is, among other activities, supporting efforts to ensure health and hygiene measures in preschools. This will include: (i) thoroughly cleaning and disinfecting schools; (ii) providing soap, hand sanitizer, and basic hand washing materials; (iii) conducting a campaign (including printed materials) which promotes good hygiene and handwashing in schools; and (iv) treating water of pre-existing school water sources where water quality is found to be unsatisfactory.</p> <p><b>Rwanda Quality Basic Education for Human Capital Development Project AF</b> (IPF, EDU-DD-HNP) is supporting safe school re-opening by supplementing schools grants to prioritize the provision of (i) soaps and hand-washing facilities adaptive to persons with disabilities, (ii) scholastic materials to offset the cost of schooling for poor households, (iii) targeted nutrition support for at least 3 months in collaboration with development partners and districts, (iv) parent and community mobilization activities to ensure that students' return to school, and (v) remedial programs for students at risk of repetition and dropping out.</p>

## Health and Nutrition

Issue Areas	Project Examples
Essential Health and Nutrition Services Access	<p><b>Uganda Reproductive, Maternal &amp; Child Health Services Improvement Project AF</b> (IPF, HNP). Health, Nutrition and Population Global Practice Unit (HNP). This is a US\$15 million Additional Financing project aimed at ensuring increased and continued access to essential health services for maternal, new-born, children and adolescents and as well scale up registration of births and deaths particularly in the face of COVID-19 where delivery and access to these services have been negatively affected.</p> <p><b>Rwanda Stunting Prevention and Reduction Project</b> (IPF, HNP-A&amp;F-SPJ-WAT) is a US\$55 million project. Though this project was not initiated during the COVID-19 outbreak, the project has continuously contributed to the prevention and reduction of stunting in 13 districts by ensuring the delivery of high impact health and nutrition services to children under five years with high focus on under two years through height monitoring and growth promotion and effective tracking of faltering children, early initiation and exclusive breast feeding, deworming, micronutrient supplementation; and critical nutrition and health interventions for women (i.e. four antenatal care visits, four postnatal care, iron/folic acid supplementation, postpartum family planning, counselling on child care, complementary feeding and hygiene). The project also distributed food to children under five years with a high burden of stunting at home during the COVID-19 outbreak.</p> <p><b>Mozambique Primary Healthcare Strengthening Project</b> (PforR, HNP-GOV) is an Additional Financing project of US\$90.16 million to support the government enhance coverage, access, and quality of primary health care services, including high-impact supply and demand-side interventions for children under two years with a focus on underserved areas.</p>
Immunizations	<p><b>Pakistan Securing Human Investments to Foster Transformation</b> (DPF, EDU-HNP-SPJ-URL) is supporting the increase in immunization rates for children less than 24 months of age to 81 percent in 2023. This is an approximate increase in the immunization of young children of 17 percentage points over the current baseline.</p>
Health System Preparedness for Covid-19 Response	<p><b>Egypt Supporting Egypt's Universal Health Insurance System Project</b> (IPF, HNP-GOV) is a US\$400 million project that is supporting to increase the coverage of Egypt's Universal Health Insurance System in Phase I Governorates, strengthen UHIS-related governance and institutions, and provide temporary financial protection against high out of pocket health expenditures for vulnerable populations outside Phase I Governorates.</p> <p><b>Tunisia COVID-19 Response Project</b> (IPF, HNP) is a US\$20 million project to support the Tunisian Government to improve COVID-19 detection and infection control through increasing the availability of COVID-19 equipment and supplies for the entire population which includes children.</p> <p><b>Uganda COVID-19 Response &amp; Emergency Preparedness Project</b> (IPF, HNP-SSI-WAT) is a US\$15.2 million project, supporting to prevent, detect and respond to COVID-19 and strengthen national systems for public health emergency preparedness in Uganda.</p> <p><b>Ghana COVID-19 Emergency Preparedness and Response Project</b> (IPF, HNP) is a US\$165 million project to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Ghana.</p>

## Social Protection

Issue Areas	Project Examples
Unconditional cash transfer programs	<p><b>Brazil Social Protection Reforms for Restructuring and Recovery During COVID-19</b> (ASA, SPJ) is assisting the Ministry of Citizenship in redesigning social assistance programs,</p>

	<p>including the ECD Program <i>Criança Feliz</i>, and <i>Bolsa Família</i> to assist vulnerable families to recover from the COVID-19 pandemic.</p> <p><b>Morocco COVID-19 Social Protection Emergency Response Project</b> (IPF, SPJ-HNP) is financing, among other social safety programs, the <i>Tayssir</i> cash transfer program, which aims to mitigate the consequences of the COVID-19 crisis on vulnerable households with school-aged children by supporting them with consumption, food security and nutritional status, adequate healthcare, and basic services. Tayssir has proven effective at improving school retention, but conditionalities associated with school attendance have temporarily been lifted to facilitate the program's continuous transfers. In time, this program will be replaced with the GoM's new Family Allowance program.</p>
<b>Conditional cash transfer programs</b>	<p><b>Brazil Salvador Social Multi-Sector Service Delivery Project II</b> (IPF, SPJ-EDU-HNP) is supporting the expansion of a voucher/ tuition program for ECE (<i>Pé Na Escola</i>) to increase access to high-quality ECE (especially for children ages 0–3), foster children's psychomotor and socio-development, and give mothers the opportunity to find a job.</p> <p><b>São Tomé and Príncipe Social Protection and Skills Development Project</b> (IPF, SPJ-EDU) is supporting the transition of the conditional cash transfer Needy Mothers Program to the Vulnerable Families Program, scaling up beneficiaries from 850 to 2,570. Cash transfers will be complemented by a Parental Education Program that promotes topics such as ECD and mitigation of gender-based violence.</p> <p><b>Philippines Beneficiary First Social Protection Project</b> (IPF, SPJ-EDU-FCI-HNP) is supporting the <i>Pantawid Pamilyang Pilipino</i> Program in providing cash grants to vulnerable households and promoting support for maternal and child health and nutrition. One Performance Based Condition (PBC7) will disburse US\$30 million according to the share of children in the age group of 0 to 5 years old that are monitored among all children enrolled in the Program.</p> <p><b>Pakistan Securing Human Investments to Foster Transformation</b> (DPF, EDU-HNP-SPJ-URL) is supporting the strengthening of federal and provincial safety net systems under the Ehsaas Program (notably, the <i>Waseela-e-Taleem</i> conditional cash transfer program) in order to promote education attainment, early childhood development, and maternal health.</p> <p><b>Tunisia's COVID-19 Social Protection Emergency Response Project</b> is supporting the protection of human capital of 113,000 children from most vulnerable and poor families through (i) the provision and permanent expansion of Family Allowance for children from 0-5 years and (ii) the provision of accompanying measures that promote behavioral change to improve access to basic social services and promote good parenting practices.</p>
<b>Accompanying information campaigns</b>	<p><b>The Gambia Social Safety Net Project</b> (IPF, SPJ-HNP-P&amp;E) is supporting the roll out of the <i>Nafa</i> program of unconditional cash transfers over three years in the poorest districts of The Gambia. Cash transfers will be accompanied by a Social and Behavioral Change Communication campaign to encourage investments in human capital, including maternal and child health and nutrition, parenting, and child protection.</p>
<b>Women empowerment</b>	<p><b>Pakistan Securing Human Investments to Foster Transformation</b> (DPF, EDU-HNP-SPJ-URL) is supporting the continuation of the home-based workers policy reform at the federal and provincial level along with amendments to existing labour legislation to improve working conditions for women. Proposed amendments include removing restrictions on women's working hours, regulations for provision of segregated toilets, childcare facilities on premises, and safe transport.</p>
<b>Birth registrations</b>	<p><b>Pakistan Securing Human Investments to Foster Transformation</b> (DPF, EDU-HNP-SPJ-URL) is supporting a policy reform that will help increase the percentage of children with birth registration by age five to 41 percent by 2023.</p>

### Annex 3. Full List of Early Learning Partnership Grants

**The Early Learning Partnership (ELP) Trust Fund launched an emergency funding round to help teams support ECD within the COVID-19 response.** The call was open from April 20 to June 1 to all sectors and IDA and International Bank for Reconstruction and Development (IBRD) countries. In total, 28 high-quality proposals worth US\$1.1 million, were approved (15 EDU, 6 SPJ, 2 HNP, and 6 cross-sector). The funding supports integration of early learning, health, nutrition, and social protection efforts into country responses to promote better ECD outcomes. These grants will reach 19 million parents and 19.3 million young children as direct beneficiaries and are expected to leverage an initial US\$260 million in funding in the coming year and up to US\$400 million by 2022 as grant activities are scaled in larger COVID-19 response efforts. The table below, provides details on the grant activities developed by the 12 Early Year Fellow countries featured in this report.

In response to requests from teams, the ECD Global Solutions Group developed an ECD and COVID-19 phone survey to gather data on the consequences of the pandemic on children's development, how families are coping, and the resources and support available to families. The core survey contains 38 questions, is estimated to take 15 minutes to administer, and has been developed to align with the World Bank Poverty surveys. Many teams awarded funding in this ELP funding will use the survey to monitor child and family welfare and measure uptake and effects of interventions.

Country, Region	GP	Name of Grant	Key Activities	Amount Awarded (US\$)	Estimated Beneficiaries
<b>Brazil, LAC</b>	SPJ	Adaptation of Brazil's parenting program to provide remote support	<ul style="list-style-type: none"> <li>• Support the adaptation of the <i>Criança Feliz</i> program to the COVID-19 crisis through:</li> <li>• Content design for remote parenting modality through the radio, text messages/ WhatsApp, and phone counselling</li> <li>• Adaptation of the content designed for indigenous families</li> <li>• Design of a monitoring tool for remote parenting modality</li> </ul>	\$43,000	3 million young children
<b>China (Yunnan province), EAP</b>	EDU	COVID-19 response for early childhood education in Yunnan	<ul style="list-style-type: none"> <li>• Develop a note on China's (esp. Yunnan's) supporting mechanisms for children, parents and teachers during kindergarten closure and preparation for re-opening</li> <li>• Provide technical assistance to ensure a safe and smooth transition for kindergarten re-opening</li> <li>• Organize knowledge sharing webinar(s)</li> </ul>	\$30,000	3,925 young children
<b>DRC, AFR</b>	EDU	Adapt existing Interactive Audio Instruction (IAI) modules for radio broadcast to support parents	<ul style="list-style-type: none"> <li>• Adapt six existing Interactive Audio Instruction (IAI) sessions for parents/caregivers to support ECD outcomes (developed to support ECE teachers in 2014/15 following extensive consultation with communities)</li> </ul>	\$35,000	1 million young children; 1 million parents

		of young children at home	<ul style="list-style-type: none"> <li>• Broadcast modules as part of the government's remote learning program</li> </ul>		
<b>El Salvador, LAC</b>	EDU	Caring for the children: El Salvador's response to support children's development during COVID19	<ul style="list-style-type: none"> <li>• Ensure relevant and adequate provision of pedagogical resources for ECCE remote education during the COVID19 emergency</li> <li>• Promote non-violent parental practices during emergencies: participation in an impact evaluation of a text-messaging intervention with stress coping and non-violent parenting materials</li> <li>• Complete the diagnostic of structural quality standards</li> </ul>	\$30,000	56,000 households with young children
<b>Ethiopia, AFR</b>	SPJ	Temporary income support through Ethiopia's Urban Productive Safety Net Project	<ul style="list-style-type: none"> <li>• Develop messaging for Temporary Income Support (World Bank project responding to the COVID-19 crisis) beneficiaries with children under 5 years of age on coping/stress management, nutrition, hygiene, playful parenting and early stimulation</li> <li>• Provide advice and practical help on convenient delivery platforms to deliver the messages with the government contact points where the beneficiaries collect their income support such as Banks, shops or woreda offices or job centers. In addition, social media and radio messaging will be explored</li> </ul>	\$43,000	500,000 households with young children
<b>Madagascar, AFR</b>	HNP	Scaling up LNS: Improving the quality of ECD services to infants and young children	<ul style="list-style-type: none"> <li>• Develop standard operating protocols for lipid-based nutrient supplements (LNS) delivery and distribution</li> <li>• Strengthen community monitoring system for LNS and ECD outcomes</li> </ul>	\$30,000	75,000 young children
<b>Morocco, MENA</b>	EDU	Supporting parents and educators to ensure children's well-being and learning during and after COVID-19	<ul style="list-style-type: none"> <li>• Develop guidance material for pre-schools educators</li> <li>• Support to parents via TV/radio, text messages and public awareness campaign</li> </ul>	\$50,000	1.4 million young children; 2 million parents
<b>North Macedonia, ECA</b>	EDU, SPJ	Supporting ECD during COVID-19 in North Macedonia	<ul style="list-style-type: none"> <li>• Purchase the unlimited TV rights to broadcast 98 episodes of Sesame Street for two years</li> <li>• Support the local adaptation, translation, casting, voice-overs in both Macedonian and Albanian language</li> </ul>	\$37,000	250,000 young children
<b>Pakistan, SAR</b>	EDU	Providing information and play materials to parents to	<ul style="list-style-type: none"> <li>• Develop and air public service messages on supporting children's health and wellbeing and coping strategies during COVID-19 crisis</li> </ul>	\$49,000	660,000 children to receive learning materials; ~1.3 million

		promote ECD during and beyond the COVID-19 crisis in Punjab	<ul style="list-style-type: none"> <li>• Develop and distribute educational videos on play-based learning via social media, TV and the government's online learning platform</li> <li>• Develop 20 activity cards for parents, suggesting activities that strengthen children's competencies in each of the six key development areas endorsed in the provincial curriculum for the government to distribute</li> </ul>		children to receive public service messages
<b>Republic of Congo, AFR</b>	EDU	Promoting ECD through radio and TV educational sessions for parents and young children	<ul style="list-style-type: none"> <li>• Adapt existing Interactive Audio Instruction (IAI) sessions for parents and caregivers to support ECD outcomes.</li> <li>• Broadcast modules as part of the government's remote learning program</li> </ul>	\$50,000	100,000 children; 100,000 parents
<b>São Tomé and Príncipe, AFR</b>	SPJ	Implementing ECD-sensitive shock response program for COVID-19 response	<ul style="list-style-type: none"> <li>• Develop operational guidelines and protocols to lay the foundations for institutional arrangement and coordination to prioritize households with children within COVID-19 response being prepared by World Bank and government</li> <li>• Develop communication material on ECD to be distributed to these households</li> </ul>	\$40,000	10,000 young children
<b>Uganda, AFR</b>	EDU	Parenting education and support for early learning continuity in COVID-19	<ul style="list-style-type: none"> <li>• TA to support the implementation of the Ugandan government's Parent Boost (practical ideas for parents to protect and promote three- to five-year-old children's development)</li> <li>• Broadcast parenting sessions via Radio and TV</li> </ul>	\$30,000	10,000 young children