Investing in the Early Years During COVID-19

Young children need comprehensive nurturing care which includes good health, adequate nutrition, early learning opportunities, responsive caregiving, and safety and security. Severe, lifelong impacts can result from deprivations during the early years if children do not have these critical inputs to ensure optimal child development.

The World Bank’s Investing in the Early Years framework (figure 1) lays out three pillars to ensure children reach their full potential:

i. Children are healthy and well-nourished, especially in the first 1,000 days
ii. Children receive early stimulation and learning opportunities
iii. Children are nurtured and protected from stress

In the following three pages, we set out specific risks that children face under each of these pillars due to the COVID-19 crisis, together with response options, potential platforms and country examples. While health and nutrition are key elements of the COVID-19 emergency response and are more likely to be addressed immediately, empowering parents to provide warm and responsive caregiving and ensuring safety and security of young children and early learning opportunities for young children is essential and risks falling through the cracks.

Figure 1: Investing in the Early Years Framework
### Early Years Pillar 1: Adequate nutrition and health for children and pregnant women

- A mother with access to good nutrition and healthcare during pregnancy supports the healthy development of her baby.
- Exclusive breastfeeding for six months and then continued breastfeeding and appropriate complementary feeding with nutritious foods supports healthy growth and development of children’s bodies and brains.
- Good hygiene practices, including hand washing and safe handling of food, are important preventive measures for child health and nutrition.
- A physically and mentally healthy caregiver helps ensure the child’s survival and overall development.

#### Risks during COVID-19

<table>
<thead>
<tr>
<th>Risk</th>
<th>Childcare and support for frontline workers</th>
<th>Health</th>
<th>Nutrition</th>
<th>Empower parents to protect their children</th>
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</thead>
<tbody>
<tr>
<td>Reduced access to basic health and nutrition services for pregnant women and young children, including promotion and support for optimal infant and young child feeding</td>
<td>Provision of temporary, targeted childcare for frontline workers that provides children with a safe and stimulating environment</td>
<td>Prioritize delivery of preventive health (including routine immunizations) to mitigate the impact of the pandemic on young children</td>
<td>Emergency food delivery, including micronutrient and ready-to-use therapeutic food supplements for pregnant women and young children</td>
<td>Support parents to recognize signs of illness, seek medical attention and promote family handwashing and hygiene, alternatives to soap and running water as needed</td>
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<td>Reduced access to key clinical nutrition services including assessment/treatment for undernutrition, including moderate and severe acute malnutrition (wasting), can exacerbate challenges to child health and nutrition due to lost income and food supply disruptions caused by the pandemic.</td>
<td>Childcare workers recognized as frontline workers themselves requiring healthcare and protection to reduce exposure to Covid-19</td>
<td>Enhance early detection and treatment of child wasting including in-patient care</td>
<td>Enhanced forecasting of critical nutrition supplies</td>
<td>Provide counseling/problem-solving to parents on optimal infant and young child feeding and care including feeding of infants and young children during illness</td>
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<td>Caregiver physical and mental health at risk.</td>
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<td>Use alternative food distribution channels to reduce likelihood of infection</td>
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<td>Reduced household incomes limiting access to food and basic utilities such as electricity, water, telecommunications etc.</td>
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<td>Cash transfers to compensate for loss of livelihoods, including suspension of conditions</td>
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#### Platforms that can be leveraged:

- **Health and nutrition platforms** to ensure continuity of nutrition and health services and provide messaging to parents.
- **Engage the private sector** by drawing on informal workers including food processors and food vendors to reach low income communities.
- **Online platforms and social media** to provide information (e.g., Guidance to mothers to continue breastfeeding).
- **Cash transfer programs** to share messaging to parents on nutrition and handwashing. Consider increasing amounts of existing transfers to ensure food security as households lose income and salaries.
- **Radio and cell phones** to message parents on health and nutrition. Particularly good in areas with low bandwidth.
- **Information campaigns** can integrate messaging related to young children into existing campaigns on COVID-19.

#### Country and program examples, you can click on to find more information:

- [Ecuador texting for nutrition](#)
- [Peru approach to halving stunting rates (includes strong information campaign)](#)
- [Mexico online platform for sharing information on COVID-19](#)
# Early Years Pillar #2: Early stimulation, learning support and opportunities to learn through play

- Opportunities to learn and play with parents and siblings from birth also support growth and development.
- Access to quality ECE provides children with the building blocks for future success in school and helps develop socio-emotional and cognitive skills. This is especially true for vulnerable children.

## Risks during COVID-19

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| Young children who would normally be attending center-based ECE will lose learning opportunities as schools close. | **Childcare**  
- Provision of temporary, targeted childcare for frontline workers that provides children with a safe and stimulating environment (but without setting quality standards so high that they cannot be met)  
- Childcare workers recognized as frontline workers themselves requiring access to healthcare and protection measures to reduce exposure to covid-19. | **Health and nutrition platforms** used to deliver information and messaging to parents, e.g. waiting rooms, in addition to books and play materials. |
| Frontline workers (health, food, etc) will require childcare for their children as they continue to meet the needs of the population during the crisis. | **Ensure early learning is part of basic education system responses**  
- Adapt content and learning material for remote delivery to young children  
- Up-skill the existing ECE workforce through virtual learning opportunities.  
- Engage private sector schools to ensure they continue to provide learning opportunities and can be sustained without fees being paid | **Television** for educational programs, like Sesame Street, which have significant impacts on child development outcomes. |
| When schools open again, there is a risk that ECE-aged children will not re-enroll, particularly given many countries will introduce a phased re-entry into school, with ECE children entering last. | **Maximize opportunities to engage parents in early learning across sectoral platforms**  
- Provide specific support to parents to engage in early stimulation with children  
- Deliver picture books, early learning kits and play materials if risk of infection is low, piggybacking on feeding and health programs  
- Use radio, TV and mobile to reach homes with learning opportunities for children and support for parents. | **Online platforms** including attaching preschool programming to existing basic education platforms. |
| | **Once schools re-open**  
- Ensure ECE is included in mass re-enrollment campaigns  
- Provide accelerated learning programs for young children upon return to school  
- Introduce hygiene protocols when re-opening schools | **Cash transfer programs** to share messages with parents on early stimulation and distribute learning and play materials. |

**Country and program examples, you can click on to find more information:**

- [Colombia strategy for contact without infection early learning services](#)  
- [Interactive Audio Instruction in the DRC](#)  
- [Kenya, engaging parents to promote early literacy](#)  
- [United Arab Emirates, Instagram communications regarding COVID19 parenting](#)
**Early Years Pillar #3: Protection from violence and stress through positive and caring interactions with parents**

- Consistent, responsive and positive interactions between parents/caregivers and children—or early stimulation—builds resilience and potential in young children. This protective relationship shields young children from the effects of shocks.
- Protection against sources of stress, including poverty, violence, abuse, neglect and isolation enables children to grow and develop healthily even in the face of adversity.

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| In times of prolonged adversity, it is even more important to support parents with strategies for responsive caregiving to protect children from toxic stress which impedes growth and development. | **Empower parents to protect their children and themselves**  
- Help parents understand the potential of responsive caregiving to protect their children and promote healthy development (even in the face of reduced access to nutrition, health and other essential services)  
- Adapt and distribute materials for parents with (i) own stress coping strategies, (ii) non-violent parenting activities, and (ii) strategies to protect their children from toxic stress.  
- Set up hotlines and text messaging services for women and children experiencing violence and abuse  
- Ensure women and children are aware of avenues for protection from violence | **Existing health and nutrition platforms used to deliver information and messaging to parents, eg waiting rooms** |
| The economic impacts of the pandemic on households’ income will strain their capacities to invest in their children. | **Social protection**  
- Expand safety net coverage and benefit levels to address loss of livelihoods, increased costs.  
- Adapt cash transfer program design to orient the use of cash and protect human capital (e.g. suspension of conditions, behavioral communications, suspending/altering work requirements, and providing social support including food provision and childcare as a cash for work option). | **Television used to share messaging on coping, parenting strategies and avenues for protection for women and children** |
| Caregivers might get sick or called away to care for a sick relative. | **Health and community responses**  
Train/provide information to frontline workers on COVID-19 related child protection issues | **Websites and Social media used to share messaging on coping, parenting strategies and avenues for protection for women and children** |
| Caregivers’ mental health at-risk due to multiple stresses related to economic loss, illness, anxiety and fear, other during the COVID-19 crisis. | | **Mobile phones** texting, WhatsApp and call centers can be used to share messaging with parents on coping. Hotlines can be provided to women and children experiencing violence and abuse. |
| Children at higher risk of witnessing or experiencing violence, abuse or neglect, particularly in quarantine. | | **Cash transfer programs** used to share messaging to parents on coping and parenting strategies |
| **Country and program examples you can click on to find more information:**  
- Nicaragua texts to caregivers on parenting  
- Madagascar cash transfer program with parenting support  
- Mexico hotlines for women suffering from domestic violence | | **Radio used to share messaging on coping, parenting strategies and avenues for protection for women and children** |
| **Information campaigns** by integrating messaging related to parenting and coping into campaigns on COVID-19 |