Programmatic Guidance: Early Child Development during the COVID-19 Pandemic

The COVID-19 pandemic is disrupting the lives of children and putting the world’s most vulnerable children at even higher risk. During the pandemic and in its wake, infants and young children may experience heightened levels of physical or emotional maltreatment, neglect, violence, mental or psychological distress, stalled educational progress, child labor, separation from caregivers, and social exclusion.

All young children require the basic components of nurturing and responsive care. Evidence shows that collectively, these conditions promote physical, emotional, social, and cognitive development and well-being, and strengthen the resilience of young children coping with stress and adversity. The continuity of routine services for the youngest children— notably vaccines and sick baby care — must be ensured and ensured safely for both providers and the families they serve.

It is important for those working with vulnerable children to stay informed about the increased safeguarding risks that occur during an emergency and when families, caregivers, and communities are under stress. During the COVID-19 pandemic, it is critical to ensure the conditions for vulnerable children to survive and thrive.

Additional risks for vulnerable children from COVID-19

Vulnerable children and families face increased risks from the COVID-19 pandemic and its effects. For families that are directly affected by COVID-19, uncertainty, fear, and stigma may cause children emotional distress. Other impacts of the disease include social isolation, lost or reduced household income, and separation of the family.

Closures of schools and child care centers, as well as isolation at home, will add stressors to households and may interrupt optimal child development. The disruption of school and daycare-based learning, play, and nutrition will severely affect families with fewer resources. This includes families experiencing homelessness, low-income or ethnic minority families, and families of children with disabilities, where options for distance learning or home-schooling may out of reach.

Migrant children and children on the move, including refugees and those who have been internally displaced, face risk factors like unstable living conditions; language and cultural barriers to accessing information and support; underlying trauma; and lack of access or legal barriers to healthcare and other services. These additional challenges magnify the impact of COVID-19, especially for unaccompanied children or children at risk of family separation. These children are at increased risk of being placed in institutional care if family strengthening and family-based alternative care are not made available.

Household and community quarantine measures can lead to tensions within the family, resulting in increased parental frustration and corporal punishment during a time when increased obstacles to reporting physical violence may leave children doubly vulnerable. The illness or death of caregivers can be traumatic for children and also reduce supervision, family protection, and responsive caregiving.
Loss of household income due to death or illness of a caregiver, as well as restrictions on movements outside of the home, also increase the likelihood of child labor and institutionalization, alongside loss of social-emotional support and cognitive stimulation.

Further, given the prevalence of underlying health conditions such as HIV infection, poor nutrition, and limited access to quality health services, mortality rates may be much higher in low income areas. Spiking mortality rates could lead to desperation and civil unrest. And as COVID-19 spreads rapidly within households and communities, loss of caregivers and community members, and resulting trauma, are likely to compound unless mitigation and support are offered. In addition, utilization of the health system for critical lifesaving interventions such as pediatric AIDS treatment and routine immunizations could drop precipitously if appropriate measures are not taken.

**Programmatic Recommendations:**

The Thrive Coalition has developed the following recommendations for those implementing Early Childhood Development programs as the U.S. government and global community continue to address this crisis.

- **Continuity of existing child-focused programming:** Nurturing care for early childhood development programs strengthen health systems, enhance social protection, and promote stability in vulnerable communities. We caution against diverting funds from current programs supporting young children and their families. It is critical to continue programs promoting early childhood development, including: health services, nutrition, clean water and sanitation, psychosocial support, education, and protection from violence, exploitation, abuse, and neglect, including support for early childhood development and child protection workers who carry out this programming. The provision of personal protective equipment for the work force providing essential services for families of young children will prove vital in enabling the continuity of these services during the pandemic. Every effort should be made to prevent family separation and the placement of children in institutions.

- **Flexibility of programming to respond to COVID-19:** Programs should be supported to modify project outcomes and adapt project activities to the new environment while ensuring activities align with national and public health and humanitarian standards. For example, funding typically used for transportation or home visits could be used to connect families to virtual visits; or hygiene promotion could be incorporated into existing project platforms.

- **Share accurate, accessible, and child-friendly information on COVID-19:** As a part of an overall behavior change strategy, caregivers and children should receive child-friendly, accessible, and appropriate information in local languages about the COVID-19 pandemic. These should include how to prevent infection and protect others by practicing key behaviors like handwashing at critical times, avoiding touching eyes, nose and mouth, practicing respiratory hygiene, physical distancing, and seeking timely testing and treatment.

- **Uphold key standards for child protection, including those living in residential care facilities:** All support for the COVID-19 response should ensure that actors uphold key standards as outlined in the *Sphere Handbook, Minimum Standards for Child Protection in Humanitarian Action, Technical Note: Protection of Children during the Coronavirus Pandemic, Guidance*
Note: Protection of Children During Infectious Disease Outbreaks, and INEE Minimum Standards for Education. Additional efforts should be made to support protections and care for children living in residential care facilities, on the streets, in fragile contexts, children on the move, children with disabilities, and children who have been separated from parents or caregivers, so that the COVID-19 pandemic does not become a driver for institutionalization of children.

- **Integrate mental health and psychosocial support within all early childhood development interventions:** With the additional stressors of crisis, it is critical to protect children’s emotional wellbeing as much as their physical safety. As children feel vulnerable and overwhelmed, programs should support caregivers to provide a sense of safety and security, as well as early trauma-informed interventions that promote social and cognitive development. Children of all ages rely on their primary caregivers for sensitive and responsive caregiving to support their development and provide a sense of safety and security and to help them make sense of traumatic events. Interventions that help caregivers prioritize their own mental and physical health and manage their own well-being and stress levels in this time are also critical.

- **Enhance distance learning opportunities for children whose education has been disrupted by the COVID-19 outbreak:** High- and low-tech education programs that offer distance learning opportunities through self-directed study materials; SMS; interactive radio, podcast, or television instruction; and online instruction can help children continue their education, connect with their peers, and retain a sense of normalcy. The programs must ensure that all children, including girls, children with disabilities, children living in poverty, and other marginalized groups benefit from distance learning while their schools are closed.

- **Increase efforts to prevent and address violence against children:** Children are at an increased risk of violence due to factors like confinement indoors and increased anxiety and stress within the household. Steps must be taken to ensure that reporting mechanisms and protective services, including a strong social service workforce, are still readily available and can provide psychosocial support to children. The disruption of school and work routines can increase household stress and put children at risk for experiencing neglect or violence. Parents and caregivers should receive support for self-care and positive discipline to minimize the use of corporal punishment.

**Additional resources:**

- Alliance for Child Protection: [Protection of Children During Coronavirus Pandemic](https://www.allianceforchildprotection.org/coronavirus)
- Parenting for Lifelong Health: [COVID-19 24/7 Resources](https://www.parentingfordetachment.org/coronavirus/coronavirus-24-7-resources)
- Amal Alliance: [COVID-19 Activity Worksheets](https://www.amalalliance.org/coronavirus)
The Thrive Coalition is a community of over 50 organizations and individuals dedicated to addressing U.S. government support for global early childhood development.