



ARNEC

Asia-Pacific Regional Network
for Early Childhood



A survey on

Perspectives on the
impact of COVID-19 on
young children and early
childhood development
in the Asia-Pacific region

Views of the ECD community

June 2020 | Available in the ARNEC website

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Acronyms

ARNEC	Asia-Pacific Regional Network for Early Childhood
BOD	Board of Directors
COP	Community of Practice
COVID	Corona Virus Disease
ECD	Early Childhood Development
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

From ARNEC

The full report is available in the ARNEC website at <https://arnec.net>. Sharing this report to your networks of advocates, policy makers, and practitioners is encouraged to help broaden our partnerships for equitable, sustainable and resilient ECD post-COVID-19.

Disregard earlier versions of the survey results. This report is final and should be the sole reference for the ARNEC survey on the impact of COVID-19 on young children and ECD in the Asia-Pacific region.

Country-level reports will also be made available in the website for selected countries where participation in the survey is significant.

Introduction

COVID-19 has presented people all over the world with many challenges. The Asia-Pacific Regional Network for Early Childhood (ARNEC) commissioned a survey to get insights and share experiences on the situation of children and the status of early childhood development (ECD) as a result of COVID-19 and the resulting containment and risk mitigation measures being implemented in countries in Asia-Pacific region.

The survey is targeted at the ECD community (e.g. policymakers, ministries and government agencies, civil society organisations/non-governmental organisations, foundations, donors, the academe, practitioners, and advocates, among others), who are involved in the ECD sector encompassing services for children between 0-8 years old, such as, but not limited to health, nutrition, responsive caregiving, early learning, and safety and security, either at the policy, program, or activity levels.

ARNEC believes that the views of the ECD community are important in amplifying the role of ECD in the multi-sectoral and whole-of-society response to the COVID-19 pandemic and the findings of the study will be used to develop context-specific advocacies and interventions for young children and their families and caregivers at the sub-regional and regional levels.

Background and limitations

The survey consisted of 18 close-ended and open-ended questions to solicit for quantitative and qualitative insights. It asked respondents the factors that contributed most to the stress faced by families, the levels of stress faced by families, coping abilities of families, levels of adversity faced by young children, impact of COVID-19 on young children, their families and ECD as well as the priority issues that should be addressed. It also included qualitative questions as to the impact of COVID-19 on specific categories of young children and their families, such as those considered poor, living in informal settlements and in rural areas, and with migrant family workers, and those who might be excluded on the basis of gender, disability, ethnicity, faith and language.

The online survey was conducted between 17 April 2020 and 16 May 2020. It was sent out to ARNEC's members who then disseminated the survey further to their local contacts within the early childhood sector. The target was to get at least 30 surveys from each country in the Asia-Pacific region. A number of follow-ups were made to solicit for more responses.

At the end of the collection period, a total of 684 completed responses were collected from 30 countries. There were 414 responses from South Asia, 246 responses from Southeast Asia and 24 responses from other parts of the Asia-Pacific region. Due to the low count of responses in other sub-regions, only South Asia and Southeast Asia subregions are highlighted in the analysis.

Only countries with a least 10 responses are included in the cross-country analysis. Countries with at least 30 responses will have their own country report for the analyses to be significant. Seven countries had more than 30 responses each. The countries with the most responses were Bhutan, the Philippines and India.

The survey was only available in the English language, thus there were some limitations in reaching out to respondents who may not be able to respond in English. In addition, participation was voluntary. Another limitation was connectivity; the survey was only able to reach respondents who had access to technology. All these limitations were considered in the research design and had to be accepted as part of the social realities at the time of the survey during the pandemic.

Profile of respondents

Most respondents come from government agencies and early childhood institutions (e.g. preschools) as can be seen in Figure 1. About 37% of respondents are educators and 15% of them hold top management or director roles in their organisations (see Figure 2).

Figure 1: Type of organisations represented by respondents

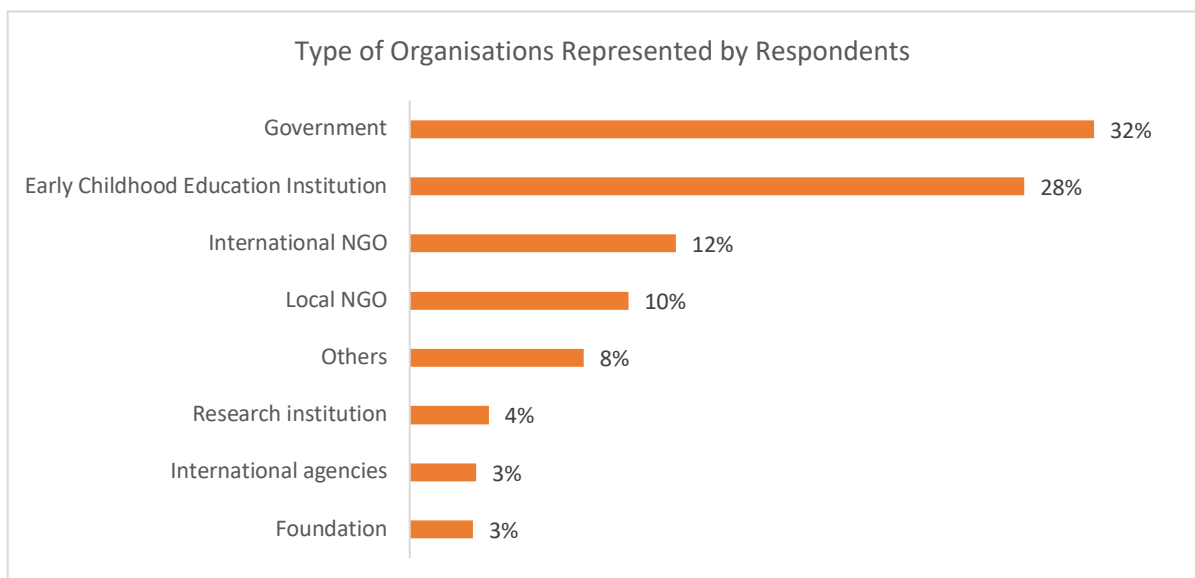
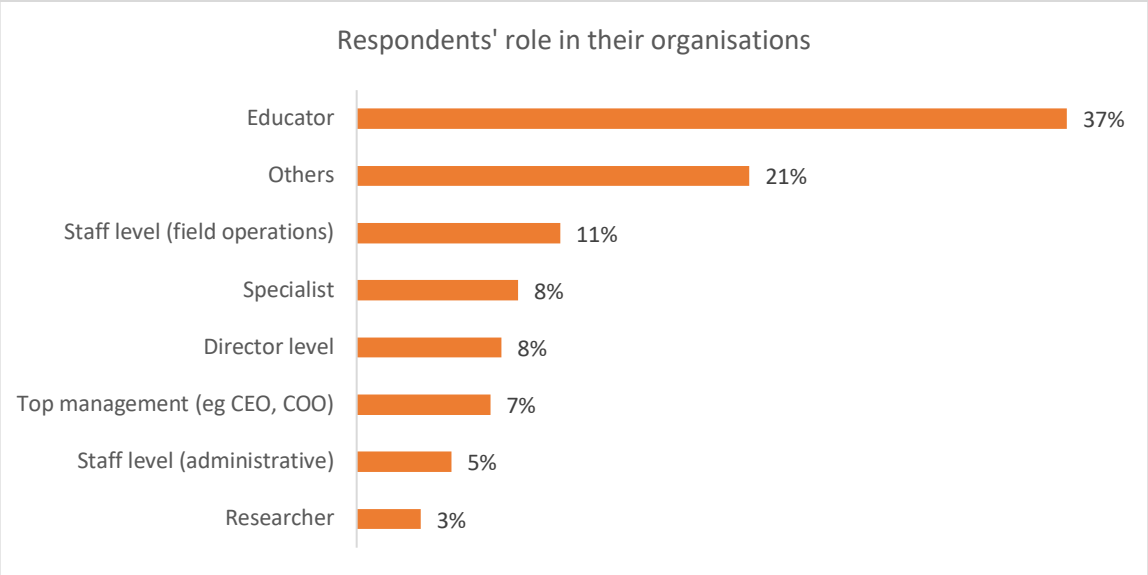


Figure 2: Respondents' role in their organisations



Findings

Finding 1: Perspectives on pandemic-induced stress

More than 50% of ECD respondents in the Asia-Pacific region assess families as under pandemic induced stress (stressed and very much stressed). Respondents from Pakistan, Bangladesh, India and the Philippines assess families as the worst off, with over 70% of respondents assessing families to be under significant stress.

More than 50% of ECD respondents in the Asia-Pacific region assess families in their respective countries to be feeling stressed or very stressed due to circumstances arising from COVID-19. Only a small percentage of respondents assess families as feeling not stressed at all (see Table 1). Pakistan, Bangladesh, India and the Philippines have over 70% of respondents assessing families to be under heightened level of stress (stressed and very stressed). Brunei and Vietnam, on the other hand, have the lowest percentage of respondents assessing families to be stressed and very stressed.

Figure 3: ECD respondents' assessment of families' stress levels

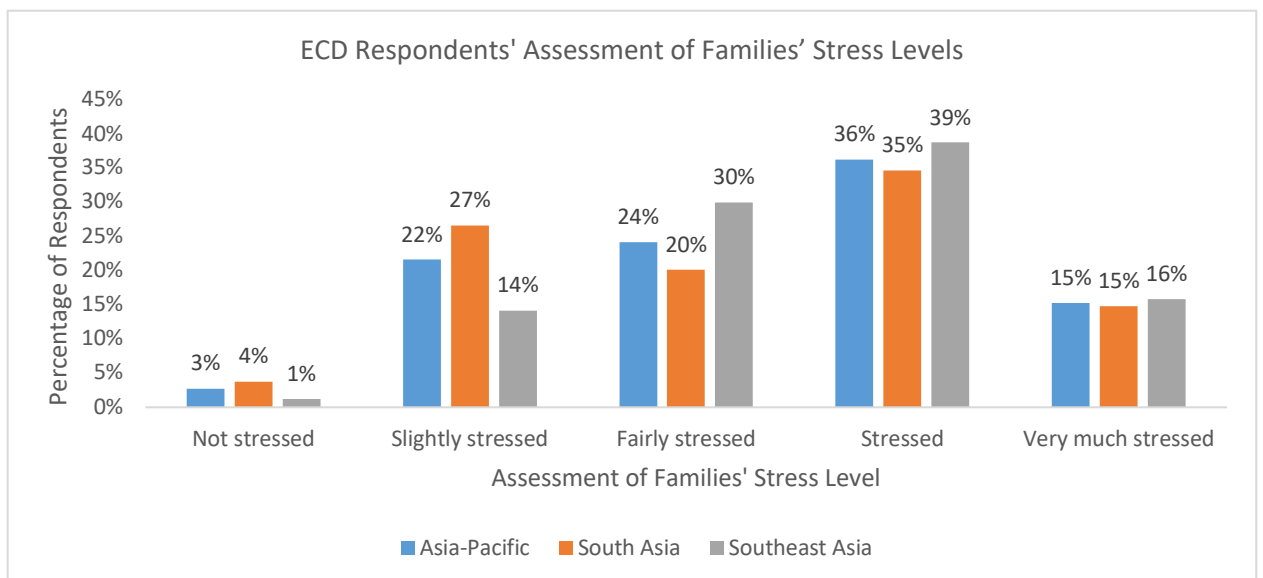


Table 1: Percentage of ECD respondents assessing families at the various stress levels

Region	Not stressed	Slightly stressed	Fairly stressed	Stressed	Very much stressed
Asia-Pacific	3%	22%	24%	36%	15%
South Asia	4%	27%	20%	35%	15%
Southeast Asia	1%	14%	30%	39%	16%

Country	Not stressed	Slightly stressed	Fairly Stressed	Stressed	Very much Stressed
Bangladesh	0%	2%	20%	59%	20%
Bhutan	6%	38%	17%	31%	8%
Brunei Darussalam	10%	20%	60%	10%	0%
Cambodia	0%	14%	29%	43%	14%
India	0%	9%	18%	35%	38%
Indonesia	3%	13%	45%	35%	3%
Malaysia	0%	0%	33%	42%	25%
Nepal	0%	20%	34%	34%	11%
Pakistan	0%	5%	15%	45%	35%
Philippines	0%	9%	15%	47%	28%
Singapore	0%	26%	40%	31%	3%
Sri Lanka	0%	17%	50%	25%	8%
Viet Nam	6%	35%	41%	18%	0%

There is a need to investigate further the magnitude of families severely affected by COVID-19 at the country level to inform policy and program responses and post-pandemic ECD transitions. ARNEC will explore a follow-up research on this.

Finding 2: Perspectives on coping with stress

Over 50% of respondents in Asia-Pacific region assess families to be facing challenges in coping under the heightened stress. Respondents from Pakistan, India and Bangladesh assess families to have difficulty coping while those from Bhutan and Brunei assess families to be coping relatively well.

With the heightened levels of stress experienced by the families in the pandemic, over 50% of the respondents in the Asia-Pacific region assess families to have difficulty coping.¹ Pakistan, India and Bangladesh are the three countries which have highest percentages of respondents assessing families to have challenges in coping with the stress they are facing. Respondents from Bhutan and Brunei on the other hand, assess families to be coping relatively well.

Figure 4: ECD respondents' assessment of coping abilities of families

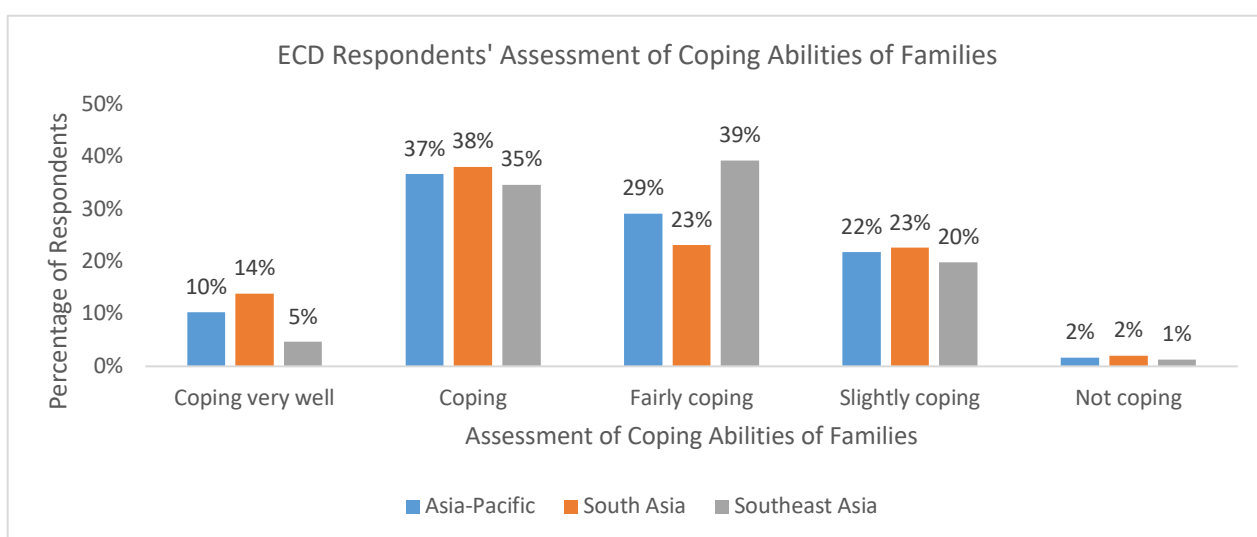


Table 2: Percentage of ECD respondents assessing families with the various coping abilities

Region	Coping very well	Coping	Fairly coping	Slightly coping	Not coping
Asia-Pacific	10%	37%	29%	22%	2%
South Asia	14%	38%	23%	23%	2%
Southeast Asia	5%	35%	39%	20%	1%

¹ Includes not coping, slightly coping and fairly coping.

Country	Coping very well	Coping	Fairly coping	Slightly Coping	Not coping
Bangladesh	0%	23%	30%	48%	0%
Bhutan	21%	47%	19%	12%	1%
Brunei Darussalam	20%	40%	30%	10%	0%
Cambodia	0%	7%	71%	21%	0%
India	2%	19%	32%	45%	2%
Indonesia	3%	14%	45%	34%	3%
Malaysia	4%	28%	44%	20%	4%
Nepal	8%	43%	22%	19%	8%
Pakistan	6%	11%	33%	50%	0%
Philippines	2%	40%	35%	23%	0%
Singapore	3%	58%	33%	6%	0%
Sri Lanka	8%	33%	33%	25%	0%
Viet Nam	13%	44%	38%	6%	0%

Finding 3: Perspectives on reasons for family stress

Income losses, school/ECD centre closures and prolonged home stay are top reasons for family stress in the Asia-Pacific region. Food insecurity is also significantly contributing to stress for families in India, Philippines and Bangladesh.

The top factors contributing to the level of stress experienced by the families in the Asia-Pacific region are work stoppage/loss of income/limited savings (78%), ECD centres closures (67%), prolonged home stay (57%), disrupted routine (36%) and higher childcare burden at home (33%). Other factors include inadequate food, difficulty to access healthcare and inadequate response from social welfare services (see Figure 5).

Figure 5: Factors contributing to family stress

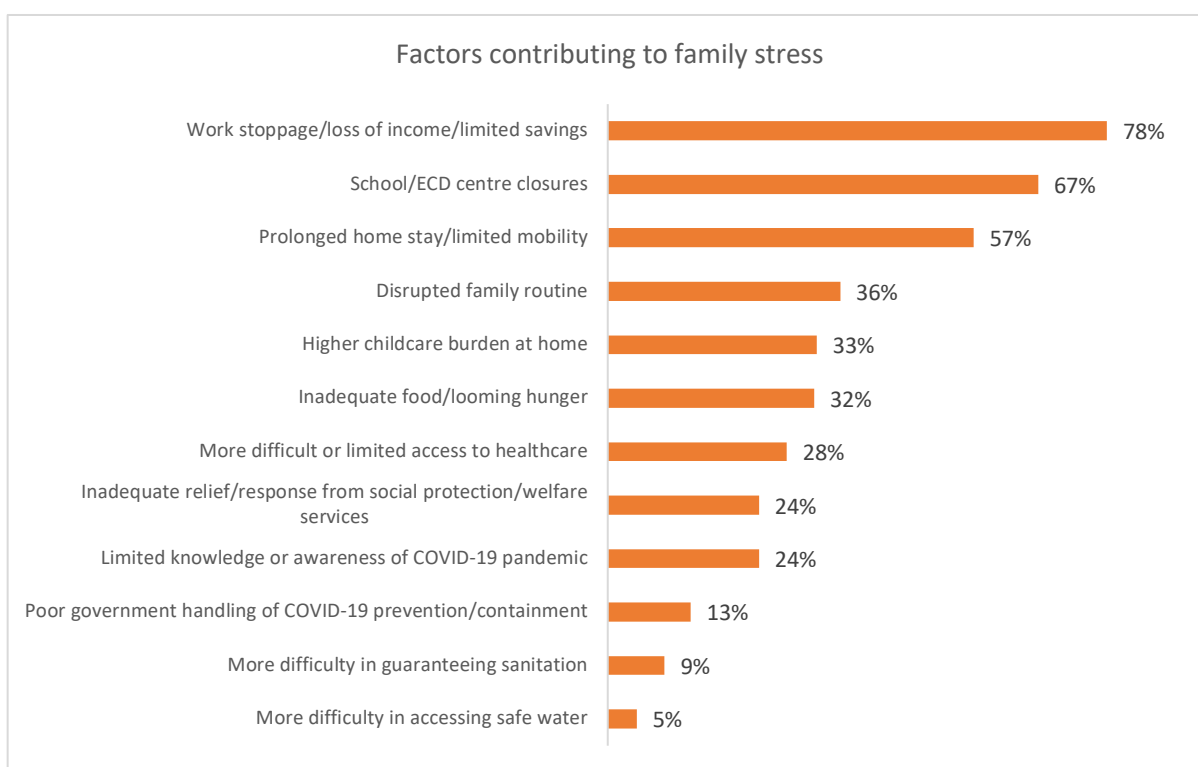


Table 3: Factors contributing to family stress, by country

Country*	BG	BT	BN	KH	IN	ID	MY	NP	PK	PH	SG	LK	VN
Inadequate relief/response from social protection/welfare services	41%	15%	0%	43%	40%	10%	11%	38%	10%	46%	3%	23%	12%
More difficulty in guaranteeing sanitation	2%	18%	10%	7%	7%	3%	7%	0%	5%	2%	0%	8%	6%
Inadequate food/looming hunger	59%	10%	10%	29%	84%	26%	22%	38%	30%	65%	9%	38%	6%
Higher childcare burden at home	12%	38%	60%	50%	29%	52%	63%	22%	25%	9%	54%	38%	47%
Poor government handling of COVID-19 prevention/containment	34%	4%	0%	7%	9%	32%	0%	35%	20%	26%	3%	0%	0%
Limited knowledge or awareness of COVID-19 pandemic	41%	27%	10%	43%	27%	16%	7%	24%	25%	18%	9%	23%	0%
More difficulty in accessing safe water	2%	11%	0%	0%	2%	3%	0%	0%	0%	0%	0%	0%	0%
More difficult or limited access to healthcare	59%	16%	10%	29%	40%	35%	19%	54%	45%	40%	6%	23%	24%
School/ECD centre closures	56%	78%	100%	86%	42%	52%	93%	76%	55%	45%	74%	77%	94%
Work stoppage/loss of income/limited savings	90%	66%	50%	71%	96%	77%	96%	65%	85%	91%	77%	92%	100%
Prolonged home stay/limited mobility	56%	56%	60%	21%	49%	58%	63%	68%	55%	53%	89%	54%	82%
Disrupted family routine	20%	28%	60%	36%	27%	58%	59%	32%	40%	34%	86%	46%	59%

*Isocode of the countries are Bangladesh (BG), Bhutan (BT), Brunei Darussalam (BN), Cambodia (KH), India (IN), Indonesia (ID), Malaysia (MY), Nepal (NP), Pakistan (PK), Philippines (PH), Singapore (SG), Sri Lanka (LK) and Viet Nam (VN).

Colours approximating orange and red hues mean higher percentages of respondents selecting the factor for contributing to family stress.

Across countries, work stoppage/loss of income/limited savings is indicated as the key driver of stress. School/ECD centre closure is another significant stress driver for most of the countries, especially for Brunei, Vietnam and Malaysia. On the other hand, food insecurity is a very significant stress contributor for India, followed by the Philippines and Bangladesh. Singapore and Viet Nam are relatively food secure; it is prolonged home stay that affects families there instead.

Finding 4: Perspectives on family stress affecting children

Young children not shielded from COVID-induced family stresses.

Most young children in the families are not shielded from the stress faced by the families. About 36% of respondents from the Asia-Pacific region assess young children to be adversely affected and very much adversely affected by the family stress caused by the pandemic. Only 10% of respondents assess young children as not adversely affected (see Figure 6).

Bangladesh and India have two of the highest percentages of respondents assessing young children to be adversely affected and very much adversely affected. Young children from Bhutan, Pakistan and Brunei, on the other hand, are assessed to be faring better, with higher percentage of respondents reporting young children there as not adversely affected at all.

Figure 6: ECD respondents' assessment of adversely affected levels of young children

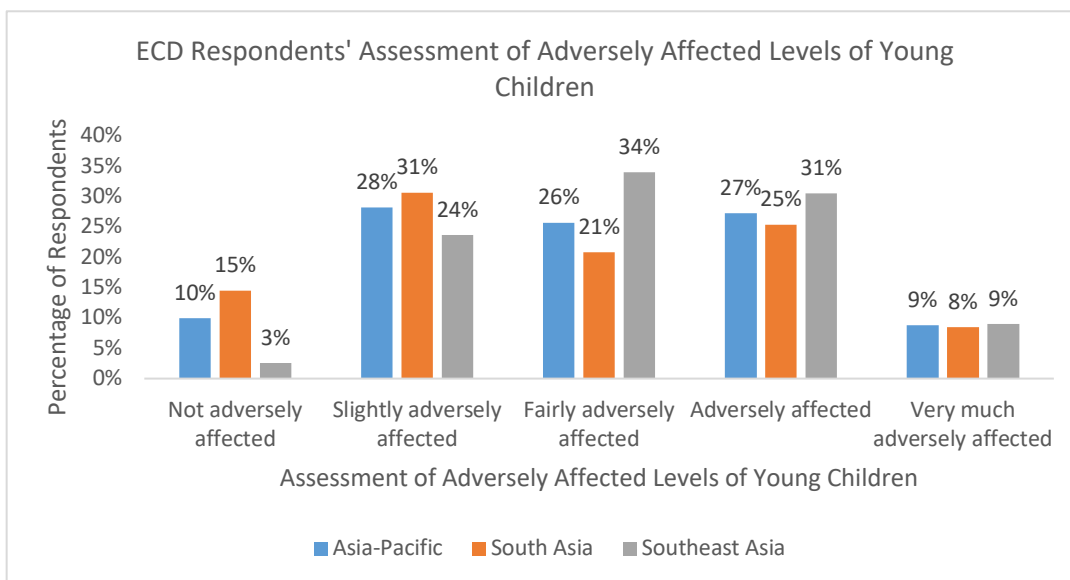


Table 4: Percentage of ECD respondents assessing how young children are adversely affected by the family stress caused by the pandemic

	Not adversely affected	Slightly adversely affected	Fairly adversely affected	Adversely affected	Very much adversely affected
Asia-Pacific	10%	28%	26%	27%	9%
South Asia	15%	31%	21%	25%	8%
Southeast Asia	3%	24%	34%	31%	9%

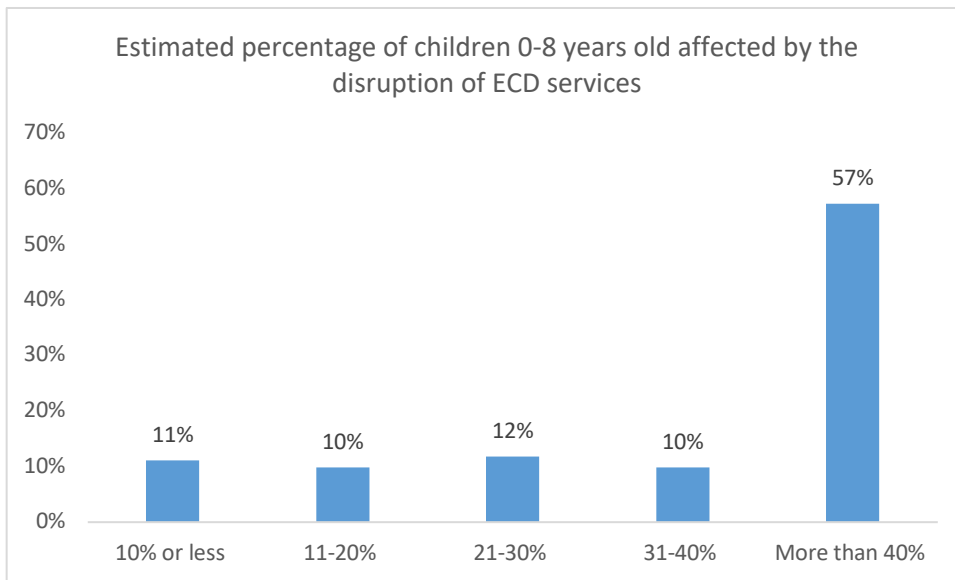
	Not adversely affected	Slightly adversely affected	Fairly adversely affected	Adversely affected	Very much adversely affected
Bangladesh	0%	12%	22%	46%	20%
Bhutan	23%	45%	16%	14%	3%
Brunei Darussalam	13%	25%	38%	25%	0%
Cambodia	0%	17%	25%	50%	8%
India	2%	11%	24%	41%	22%
Indonesia	3%	20%	33%	37%	7%
Malaysia	0%	24%	40%	24%	12%
Nepal	3%	22%	25%	44%	6%
Pakistan	16%	5%	37%	37%	5%
Philippines	1%	13%	35%	38%	12%
Singapore	3%	53%	28%	13%	3%
Sri Lanka	8%	8%	58%	8%	17%
Viet Nam	0%	47%	47%	6%	0%

Finding 5: Perspectives on children affected by ECD disruptions

More than 40% of children are affected by disrupted ECD services.

Besides being affected by family stress, most respondents indicated that more than 40% of children between 0-8 years old in their countries were affected by the disruption of ECD services as a result of anti-COVID-19 measures (see Figure 7).

Figure 7: Estimated percentage of children 0-8 years old affected by the disruption of ECD services



Finding 6: Perspectives on most disrupted services for children

Day care and early learning services for children from 0-8 years old are the most disrupted services for children in the Asia-Pacific region.

Across the Asia-Pacific region, services that are most disrupted were day care and early learning programmes for children from 0-8 years old. Care and special assistance for children with developmental difficulties and disabilities as well as training programs for ECD teachers/facilitators were also disrupted. Centre based health and nutrition services are also highlighted as significantly disrupted in India. Care seeking for sick children is also highlighted as significantly disrupted in Bangladesh and Cambodia.

Table 5: ECD services disrupted

Country	BG	BT	BN	KH	IN	ID	MY	NP	PK	PH	SG	LK	VN
Care and special assistance for children with developmental difficulties and disabilities	49%	28%	40%	43%	35%	45%	44%	49%	45%	42%	63%	54%	35%
Care-seeking for sick children	54%	11%	0%	57%	16%	16%	4%	32%	40%	20%	9%	31%	12%
Centre-based health and nutrition services	44%	20%	0%	21%	64%	35%	7%	32%	15%	33%	11%	15%	24%
Day-care/ECD services for children 0-3	46%	53%	90%	29%	65%	52%	85%	41%	25%	46%	60%	62%	76%
Early learning in primary school for children aged 6-8	66%	32%	90%	43%	60%	71%	67%	57%	55%	44%	46%	54%	59%
Micronutrient supplementation	5%	6%	0%	7%	15%	13%	4%	14%	5%	17%	0%	8%	6%
Play, reading and story-telling groups for caregivers and children (including toy making and community playgroups)	24%	34%	20%	0%	15%	16%	30%	14%	20%	26%	43%	31%	18%
Pre-primary education for children 4-6	66%	41%	90%	43%	69%	65%	89%	54%	60%	54%	74%	69%	71%
Programmes to diminish or mitigate the effects of domestic violence (e.g., among intimate partners and towards children)	10%	2%	0%	7%	20%	6%	7%	14%	15%	9%	6%	8%	12%
Programmes to ensure food security	29%	10%	0%	43%	40%	13%	4%	22%	5%	27%	9%	23%	0%
Provision of safe water and sanitation	2%	11%	0%	21%	5%	6%	4%	0%	0%	3%	0%	8%	0%
Responsive feeding and caregiving (including home visits)	7%	20%	0%	29%	24%	13%	7%	14%	10%	17%	3%	8%	18%
Social care services	12%	17%	0%	14%	9%	3%	7%	11%	0%	13%	3%	8%	24%
Social support from other families and the community	20%	31%	0%	29%	24%	29%	22%	38%	35%	26%	17%	38%	12%
Support for caregivers' mental health	22%	12%	0%	36%	11%	29%	19%	22%	20%	16%	23%	31%	18%
Training programs for ECD teachers/facilitators	24%	38%	50%	29%	7%	39%	48%	30%	10%	35%	29%	31%	29%

*Isocode of the countries are Bangladesh (BG), Bhutan (BT), Brunei Darussalam (BN), Cambodia (KH), India (IN), Indonesia (ID), Malaysia (MY), Nepal (NP), Pakistan (PK), Philippines (PH), Singapore (SG), Sri Lanka (LK) and Viet Nam (VN).

Note: Colours approximating orange and red hues mean high responses for levels of disruption of ECD services, based on the views of the ECD community in the region

Finding 7: Perspectives on impact on nurturing care

COVID-19 is having a significant impact on the nurturing care of young children

COVID-19 is having a significant impact on the nurturing care of young children. On the health front, not only are the young children facing risk of COVID-19 infection, but they also face difficulty in accessing basic healthcare services and experience disruption in accessing the childhood immunisation programme.

Food security is particularly challenging for young children living with poor and marginalised families as food becomes scarce and family incomes fall. Many respondents highlight hunger and reduced nutrition as the top concerns of the impact of COVID-19 on young children. This is further exacerbated by the inability to access meal programmes in schools or early learning centres.

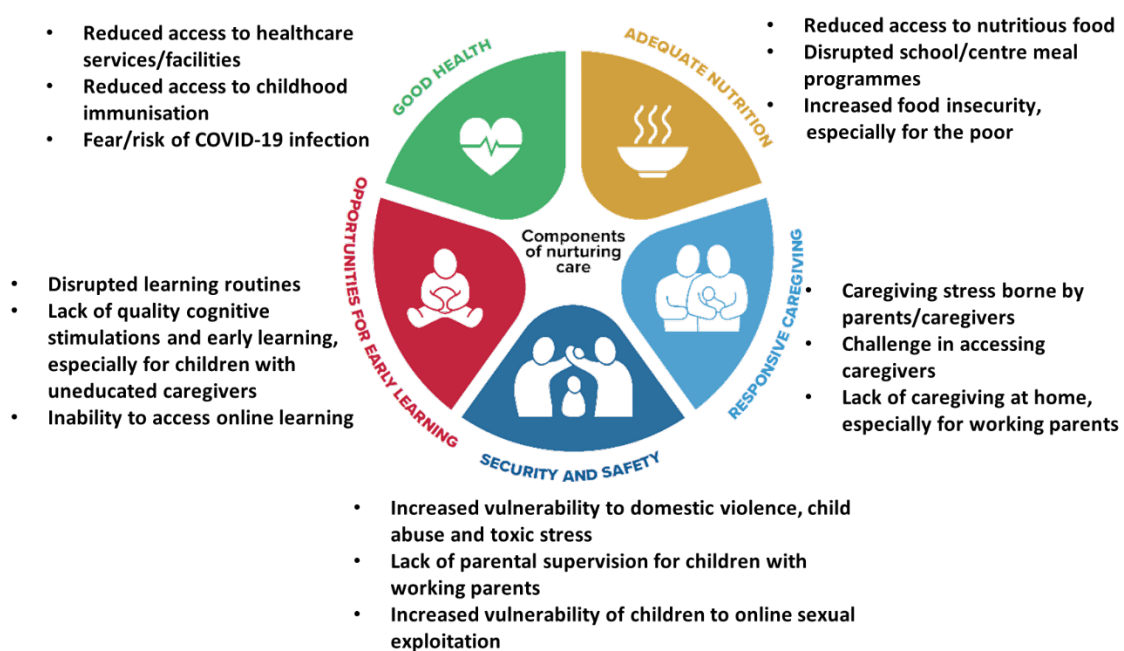
On the learning front, learning routines for young children are suddenly disrupted by the pandemic. While some young children are suddenly thrust into online learning mode, many

others from disadvantaged families are unable to access online learning due to lack of internet connectivity and/or technological equipment or support. There is less quality learning at home with ill-equipped and illiterate parents/caregivers.

Parents face challenges accessing their usual caregivers and are stressed giving responsive caregiving at home on a full-time basis. Caregiving quality deteriorates especially when parents are working full time.

Finally on the security and safety front, home itself is a double-edged sword. Some young children are safe and protected at home with the closure of schools, while some others face more risks to domestic violence and abuse. There are also others that lack parental supervision at home with parents juggling working from home and caregiving (see Figure 8 for a summary).

Figure 8: Impact on young children







Finding 8: Perspectives on the situation of the most vulnerable groups




Young children from marginalised families and communities bear a heavy ‘pandemic burden’.

The negative impacts on young children are further compounded by poverty, migrant status, poor living conditions, disability and special needs, and other factors such as gender, location, ethnicity, religion and language. Many respondents highlight that the young children are worse off from already disadvantaged positions prior to COVID-19. The pandemic all the

more worsened their vulnerability and isolation and reinforced conditions of inequity they disproportionately bear as a result of COVID-19. Table 6 elaborates on the impact of COVID-19 on special groups of young children and their families.

Table 6: Impact of COVID-19 on special groups of young children and their families

Impact	Type	Respondents' quotes
<ul style="list-style-type: none"> • Increased food insecurity • Reduced access to healthy food • No access to learning facilities • Worsened state • Basic needs unmet 	 <p>Families living in poverty</p>	<p><i>"Loss of income causing them to not have access to food and health care."</i></p> <p><i>"They will somehow be left out as most materials given are available online."</i></p>
<ul style="list-style-type: none"> • No/reduced access to therapy/facilities • Lack of attention/support on their special needs • No/reduced access to therapy/facilities due to closure of institutions • Neglect • Regression of skills 	 <p>Children with disability/special needs</p>	<p><i>"No access to facilities and parents are not prepared to handle them on their own."</i></p> <p><i>"Completely or largely out of attention in terms of getting services, no/poor education, exclusion and non-productivity."</i></p>
<ul style="list-style-type: none"> • Increased isolation/exclusion • Discrimination • No/reduced access to government/social and welfare support • Increased food insecurity • Reduced access to healthcare facilities • Unable to access COVID-19 information 	 <p>Families excluded on the basis of language, religion and/or ethnicity</p>	<p><i>"Discrimination of some communities for being responsible for spreading the infection will lead to their further marginalization and alienation from mainstream."</i></p> <p><i>"Particularly in the remote areas, they will be excluded from the support of the government."</i></p>
<ul style="list-style-type: none"> • Increased isolation/exclusion • Increased vulnerability to domestic violence/abuse • Food insecurity • Discriminated • Worsened state 		<p><i>"Female child may have more burden with the household work and also violence and corporal punishment for child will increased."</i></p> <p><i>"Gender-based violence exists."</i></p>

Impact	Type	Respondents' quotes
	Children excluded on the basis of gender	
<ul style="list-style-type: none"> • Higher risk of infection • Increased food insecurity • Unable to practice social distancing • Lack of sanitation • Limited access to basic services/facilities 	 <p>Children and families living in informal settlements</p>	<p><i>"Sanitation, hygiene, no space for social distancing, loss of income and opportunities."</i></p> <p><i>"Higher susceptibility to infection due to poor living conditions."</i></p>
<ul style="list-style-type: none"> • No/reduced access to learning facilities • Increased food insecurity • No/reduced access to information • No/reduced access to healthcare services • No/reduced access to basic facilities 	 <p>Children and families living in rural and remote areas</p>	<p><i>"Loss of income, inability to attend much needed early stimulation programs, lack of access to quality health care when needed."</i></p> <p><i>"Limited access to information and news result in low level of awareness of the COVID-19 pandemic."</i></p>
<ul style="list-style-type: none"> • Unsafe to travel home • Difficulty adapting to new environment at home • Increased vulnerability to domestic violence/abuse • Increased food insecurity 	 <p>Children living with migrant workers in the family</p>	<p><i>"[Disrupted]...routine of the children left behind and increased domestic violence"</i></p> <p><i>"Unemployment of migrant workers will expose children to less food, neglect."</i></p>

Finding 9: Perspectives on communication channels

Television and social media are the top two channels to reach out to young children, their families and the caregivers. Social media and online platforms are the top two channels for reaching out to policymakers.

Across the Asia-Pacific region, television and social media are the top two channels to reach out to young children, their families and the caregivers. Social media and online platforms are the top two channels for reaching out to policymakers. However, there are some exceptions.

In Nepal and Pakistan, radio is a preferred channel to reach out to the household audience. In Brunei and India, mobile application is a preferred channel; print is a popular channel in Sri Lanka and Viet Nam (see Table 7).

Table 7: Channels and platforms to reach out to households and non-households

	Household (e.g. young children, caregivers)		Non-household (e.g. policymakers)	
	1st	2nd	1st	2 nd
All	Television	Social media	Social media	Online platforms
South Asia	Television	Social media	Social media	Online platforms
Southeast Asia	Television	Social media	Social media	Online platforms
Bangladesh	Television	Social media	Online platforms	Social media
Bhutan	Television	Social media	Social media	Television
Brunei Darussalam	Online platforms	Online platforms	Social media	Mobile apps
Cambodia	Social media	Television	Social media	Online platforms
East Asia	Television	Online platforms	Online platforms	Online platforms
India	Television	Mobile apps	Online platforms	Social media
Indonesia	Television	Social media	Online platforms	Social media
Malaysia	Online platforms	Social media	Online platforms	Social media
Nepal	Radio	Television	Online platforms	Social media
Pakistan	Television	Radio	Social media	Online platforms
Philippines	Television	Social media	Social media	Online platforms
Singapore	Television	Social media	Online platforms	Social media
Sri Lanka	Television	Print	Online platforms	Print
Viet Nam	Television	Social media	Online platforms	Print

Recommendations of the ECD community

Priority action 1: Support adequate cognitive stimulation and early learning by developing resources for home-based learning, particularly for rural communities and those that have limited or no connectivity.

Priority action 2: Provide support for healthcare services including access to emergency health services, nutrition services and childhood immunization as well as education on COVID-19.

Priority action 3: Ensure that young children are safe and protected at home, particularly for those staying with abusive parents and in toxic environments.

Priority action 4: Address food insecurity and nutrition support with programmes, such as cash transfers, food, and supplements distribution, especially those living in poverty.

Priority action 5: Make childcare services available to support parents and caregivers; support caregivers' wellbeing and mental health.

Priority action 6: Have stronger focus on the most vulnerable groups including children with disabilities and special needs; families and children excluded on the basis of language, religion, gender and/or ethnicity; families of migrant workers; and those living in informal settlements as well as those in rural and remote areas.

Priority action 7: (Specifically for ARNEC) Continue to provide a network/platform for sharing of information such as innovations, case studies, success stories and learning resources on COVID-19 response and recovery.

Way forward for all ECD partners

The ECD community has amplified its views on the conditions of young children and their families and the status of ECD during the height of government-imposed measures to halt the spread of COVID-19 at the country level.

We need to take these views seriously, especially as we are now entering different phases of COVID transition and governments are easing up risk management measures to address serious socio-economic fallout. ECD needs to be visible, equitable, sustainable and resilient.

In response to the perspectives from the ECD community on the impact of COVID-19 on young children and their families, ARNEC calls on all partners to:

1. **Focus on family support, parenting and caregiving**, particularly recognising the critical role of responsive caregiving and that parental stress and anxiety affect children's well-being, learning, safety and security.
2. **Address equity issues in post-pandemic ECD**, particularly the impacts on young children living with poor and migrant families and those who might have been excluded on the basis of location, gender, ethnicity and language, faith, disability.
3. **Support intersectoral policy reviews and reforms** informed by evidence and lessons from the impacts of the pandemic on the ECD sector and its inter-linkages with other sectors and make the ECD sector and systems resilient.
4. **Affirm the primacy of investing in young children and protect ECD budgets** to preserve child development gains and reverse losses from the pandemic, and to forestall costs of inaction for the well-being of the youngest citizens of society.

Together we work for holistic and inclusive early childhood development, protecting our gains in the SDGs, reversing the losses as a result of the pandemic, and transforming ECD post-COVID to be equitable, sustainable and resilient.

Annex A. Technical and Explanatory Notes

On the survey background and limitations

1. *Method:* The survey was conducted online through the platform SurveyMonkey. Using the snowball approach, it was first disseminated to ARNEC's network of partners and members who then disseminated it further to their local contacts within the ECD community. Among the respondents, 44% came from ARNEC's network, 41% were not sure of their connection with ARNEC, and 15% indicated others.
2. *Limitations:* The survey was only available in the English language, thus limiting respondents to those who could read English. As it was conducted online, participation was also constrained to those with access to internet and electronic device. To gain insights on those hard to reach, more information especially from governments is needed. Advocacy from partners is also urgently needed to provide priority attention to the conditions of young children and the transition to an inclusive, resilient, equitable, and sustainable ECD at the country level.
3. *Target respondents:* ARNEC selected the ECD community in the Asia-Pacific region as the respondents for this survey because the community would be able to provide valuable insights on the impact of COVID-19 on young children and their families, including the status of ECD services, especially on the poor and marginalised families at the country level. ARNEC also wanted to amplify the voice of the ECD community during the pandemic.
4. *Overall response:* A total of 684 completed responses from the ECD community were received from 30 countries. Seventeen countries had less than 10 responses each. Six countries had between 10 to 20 responses each and seven countries had 30 responses each.
5. *Effect and treatment of large numbers:* Due to the relatively high number of responses from Bhutan and the Philippines, a separate set of sub-regional results excluding these two countries was done. This was to isolate the Bhutan and Philippines effect to the sub-regional analyses.

6. *Coding and data treatment*: Responses that had the profile section and at least four required questions answered would be considered completed responses. In cases where respondents attempted the survey more than one time, the latest response was used and the earlier response(s) was/were discarded. The qualitative data was coded to identify themes and categories in the responses. Statistical analysis was conducted on the quantitative data.
7. *Clustering of countries for sub-regional analyses*: Among the 684 responses, 414 responses were from South Asia, 246 responses were from Southeast Asia and 24 responses were from other parts of the Asia-Pacific region. Due to the small number of responses in other parts of the Asia-Pacific region, only South Asia and Southeast Asia were included in the sub-regional analysis.
8. *Descriptive analysis*: The percentages used throughout the report were calculated from the below formula.

a) *For multiple-choice questions where respondents can only choose one answer:*

E.g. - Percentage of respondents who assess families to be very much stressed

$$\text{Percentage of respondents who assess families to be very much stressed} = \frac{\text{Number of respondents who assess families to be very much stressed}}{\text{Total number of respondents who assess families from not stressed to very much stressed}}$$

b) *For checkboxes questions where respondents can choose multiple answers:*

E.g. - Percentage of respondents who choose work stoppage as contributing to family stress

$$\text{Percentage of respondents who choose work stoppage as contributing to family stress} = \frac{\text{Number of respondents who select work stoppage}}{\text{Total number of respondents}}$$

On Finding 1: Perspectives on pandemic-induced stress

1. More than 50% of ECD respondents in the Asia-Pacific region assess families as under pandemic induced stress. This appears to have resonated well in the ECD community at a time when governments imposed strict stay-at-home measures, including closure of ECD centres and schools, thereby making the family bear the full burden of childcare and development on top of work stoppage, job losses, and financial pressures. Nonetheless, this finding requires priority attention by governments and other partners at the country level to generate more information to target families under stress, especially among the poor and most vulnerable.

2. Respondents from Pakistan, Bangladesh, India and the Philippines assess families as the worst off, with over 70% of respondents assessing families to be under significant stress. The next important questions are who are under significant stress and where they are located. These require more data to ensure that policy and program interventions by governments are not only equitable, but also targeted to those who need help most.
3. Among the sub-regions, South Asia excluding Bhutan has the highest percentage of respondents assessing families to be either stressed or very much stressed (see Table 1).

Table 1: Percentage of ECD respondents assessing families at the various stress levels (by sub-regions)

	Not stressed	Slightly stressed	Fairly stressed	Stressed	Very much stressed
Asia-Pacific	2.72%	21.60%	24.17%	36.25%	15.26%
South Asia	3.77%	26.63%	20.10%	34.67%	14.82%
South Asia ex Bhutan	0.60%	10.24%	24.10%	40.36%	24.70%
Southeast Asia	1.25%	14.17%	30.00%	38.75%	15.83%
Southeast Asia ex Philippines	2.10%	17.48%	39.86%	32.87%	7.69%

4. There seems to be a pattern in the views of respondents by the organisation they are affiliated with. Local NGOs have the highest percentage of respondents assessing families to be under higher levels of stress as shown in Table 2. This might be explained by their proximity to families as their operations are usually community-based and their direct interactions with families might have influenced their perception on levels of stress families experience.

Table 2: Percentage of ECD respondents assessing families at the various stress levels (by respondents' organisation types)

	Not stressed	Slightly stressed	Fairly stressed	Stressed	Very much stressed
Government	4.85%	30.10%	17.96%	34.47%	12.62%
Early Childhood Education Institution	2.69%	28.49%	23.12%	33.87%	11.83%

	Not stressed	Slightly stressed	Fairly stressed	Stressed	Very much stressed
International NGO	0.00%	11.90%	32.14%	39.29%	16.67%
Local NGO	0.00%	7.35%	26.47%	39.71%	26.47%
All	2.72%	21.60%	24.17%	36.25%	15.26%

On Finding 2: Perspectives on coping with stress

1. More than 50% of respondents in the Asia-Pacific region assess families to be facing challenges in coping under the heightened stress. This is interlinked with Finding 1. The pandemic induced stress is causing families to have challenges coping with the situation.
2. Respondents from Pakistan, India and Bangladesh assess families having difficulty coping, while those from Bhutan and Brunei assess families to be coping relatively well. Further investigation is needed to ascertain whether or not those who were in disadvantaged position prior to COVID also have the most difficulty in coping.
3. Among the sub-regions, respondents from South Asia excluding Bhutan assess families to face more challenges in coping with 71% of them assessing families as not coping, slightly coping or fairly coping (see Table 3). This finding may need country-level validation and explanation why this is the case at the sub-region.

Table 3: Percentage of ECD respondents assessing families with the various coping abilities (by sub-regions)

	Coping very well	Coping	Fairly coping	Slightly coping	Not coping
Asia-Pacific	10.37%	36.84%	29.26%	21.83%	1.70%
South Asia	13.92%	38.14%	23.20%	22.68%	2.06%
South Asia ex Bhutan	3.70%	25.31%	29.63%	38.27%	3.09%
Southeast Asia	4.66%	34.75%	39.41%	19.92%	1.27%
Southeast Asia ex Philippines	6.43%	31.43%	42.14%	17.86%	2.14%

4. A higher percentage of respondents affiliated with the government sector assess families to be coping well whereas a higher percentage of respondents affiliated to

international and local NGOs assess families to face challenges in coping - fairly coping, slightly coping or not coping (see Table 4). The contrast may be linked to the different types of young children and families that the organisations predominantly work with.

Table 4: Percentage of ECD respondents assessing families with the various coping abilities (by respondents' organisation types)

	Coping very well	Coping	Fairly coping	Slightly coping	Not coping
Government	18.72%	44.83%	21.18%	13.79%	1.48%
Early Childhood Education Institution	10.06%	44.69%	28.49%	14.53%	2.23%
International NGO	4.94%	23.46%	35.80%	34.57%	1.23%
Local NGO	0.00%	25.76%	37.88%	34.85%	1.52%
All	10.37%	36.84%	29.26%	21.83%	1.70%

On Finding 3: Perspectives on reasons for family stress

1. Income losses, school/ECD closures and prolonged home stay are top contributors to family stress in the Asia-Pacific region. Food insecurity is also significantly contributing to stress for families in India, the Philippines and Bangladesh. Different countries would thus need to come up with different strategies to help families cope, particularly in relation to food access.
2. Among respondents, those affiliated with early childhood education institutions also report higher childcare burden at home as a significant contributor to family stress, while those affiliated with local NGOs also select food insecurity and inadequate social welfare as significant contributors to family stress (see Table 5). The differences could again be linked to the types of young children and families that the organisations work with. It would be ideal to collect more detailed information on the contributors to family stress for the various marginalised groups to enable more targeted interventions to support them better.

Table 5: Factors contributing to family stress (by respondents' organisation types)

	Government	Early Childhood Education Institution	International NGO	Local NGO	All
Inadequate relief/response from social protection/welfare services	16%	20%	40%	41%	24%
More difficulty in guaranteeing sanitation	13%	10%	4%	7%	9%
Inadequate food/looming hunger	26%	20%	48%	61%	32%
Higher childcare burden at home	30%	41%	26%	30%	33%
Poor government handling of COVID-19 prevention/containment	7%	11%	18%	17%	13%
Limited knowledge or awareness of COVID-19 pandemic	25%	22%	24%	35%	24%
More difficulty in accessing safe water	7%	6%	1%	0%	5%
More difficult or limited access to healthcare	19%	23%	43%	35%	28%
School/ECD centre closures	66%	74%	68%	64%	67%
Work stoppage/loss of income/limited savings	72%	77%	81%	87%	78%
Prolonged home stay/limited mobility	56%	61%	61%	48%	57%
Disrupted family routine	33%	39%	35%	29%	36%

On Finding 4: Perspectives on family stress affecting children

1. Young children are not shielded from COVID-induced family stresses. About 36% of respondents from the Asia-Pacific region assess young children to be adversely affected and very much adversely affected by the family stress caused by the pandemic. Only 10% of respondents assess young children as not adversely affected. Further research is required to find out who are the young children affected so that government and the different stakeholders can come up with targeted programs to support them.
2. Among the sub-regions, South Asia (excluding Bhutan) has the highest percentage of respondents assessing young children to be adversely affected and most adversely affected (see table 6).

Table 6: Percentage of ECD respondents assessing how young children are adversely affected by the family stress caused by the pandemic (by sub-regions and countries)

	Not adversely affected	Slightly adversely affected	Fairly adversely affected	Adversely affected	Very much adversely affected
Asia-Pacific	9.94%	28.23%	25.71%	27.29%	8.83%
South Asia	14.55%	30.69%	20.90%	25.40%	8.47%
South Asia ex Bhutan	4.24%	12.73%	27.27%	40.61%	15.15%
Southeast Asia	2.59%	23.71%	34.05%	30.60%	9.05%
Southeast Asia ex Philippines	3.70%	31.11%	33.33%	25.19%	6.67%

	Not adversely affected	Slightly adversely affected	Fairly adversely affected	Adversely affected	Very much adversely affected
Bangladesh	0%	12%	22%	46%	20%
Bhutan	23%	45%	16%	14%	3%
Brunei Darussalam	13%	25%	38%	25%	0%
Cambodia	0%	17%	25%	50%	8%
India	2%	11%	24%	41%	22%
Indonesia	3%	20%	33%	37%	7%
Malaysia	0%	24%	40%	24%	12%
Nepal	3%	22%	25%	44%	6%
Pakistan	16%	5%	37%	37%	5%
Philippines	1%	13%	35%	38%	12%
Singapore	3%	53%	28%	13%	3%
Sri Lanka	8%	8%	58%	8%	17%
Viet Nam	0%	47%	47%	6%	0%

3. It is interesting to find out what measures were put in place in countries like Bhutan, Brunei and Pakistan because a significant percentage of respondents in these countries are reporting young children there as not adversely affected at all.
4. A higher percentage of respondents affiliated to international and local NGOs assess young children to be adversely and most adversely affected while a lower percentage of respondents affiliated to early childhood institutions assess young children to be adversely and most adversely affected (see Table 7).

Table 7: Percentage of ECD respondents assessing how young children are adversely affected by the family stress caused by the pandemic (by respondents' organisation types)

	Not adversely affected	Slightly adversely affected	Fairly adversely affected	Adversely affected	Very much adversely affected
Government	18.56%	30.93%	22.16%	19.59%	8.76%
Early Childhood Education Institution	12.00%	39.43%	26.29%	16.00%	6.29%
International NGO	1.22%	19.51%	26.83%	41.46%	10.98%

Local NGO	0.00%	14.06%	29.69%	42.19%	14.06%
All	9.94%	28.23%	25.71%	27.29%	8.83%

On Finding 7: Perspectives on impact on nurturing care

1. The interrelated impact of COVID-19 on the nurturing care of young children needs further investigation. It is important for example to do further research to determine the extent to which the pandemic is affecting each of the nurturing care components (health, nutrition, early learning, responsive caregiving, safety and security).

On Finding 8: Perspectives on the situation of the most vulnerable groups

1. The COVID-19 situation exacerbates the inequality that is already experienced by vulnerable groups of young children and their families. As this situation needs a different kind of response, it is important that a study be undertaken to dig deeper into the extent as to which specific vulnerable groups are affected by the pandemic both on the short and long-term.