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Young Children and the Pandemic



UNICEF Early Childhood COVID-19 Response in East Asia and Pacific

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UNICEF Early Childhood COVID-19 Response
in East Asia and Pacific



CONTENTS



| | |
|--|----|
| INTRODUCTION..... | 5 |
| IMPACT OF COVID-19 PANDEMIC ON THE DEVELOPMENT OF YOUNG CHILDREN..... | 7 |
| HOW IS UNICEF SUPPORTING EARLY CHILDHOOD DEVELOPMENT IN THE REGION IN THE CONTEXT OF COVID-19?..... | 15 |
| PRIORITIES IN SUPPORTING EARLY CHILDHOOD DEVELOPMENT DURING THE COVID-19 PANDEMIC..... | 19 |
| ANNEX: UNICEF COUNTRY OFFICE EARLY CHILDHOOD DEVELOPMENT INITIATIVES IN EAST ASIA AND THE PACIFIC..... | 23 |
| REFERENCES..... | 36 |



INTRODUCTION

The COVID-19 pandemic has brought about massive disruptive changes and is a threat across multiple sectors that are essential to children's optimal development. The responses to contain its spread have hampered access to programmes and services that promote nurturing care for children. In the East Asia and Pacific region, the pandemic responses brought service provision geared towards young children to a standstill in many of the 27 countries supported by UNICEF programmes, upending lives and threatening the health and development of more than 150 million children younger than 5 years (UNICEF, 2019).

The period of a child's life between conception and the start of school represents a critical and singular window of opportunity to shape the development of a child's brain (UNICEF, 2017). At this crucial time, brain connections form at an immense speed, giving shape and depth to children's cognitive, emotional and social development – influencing their capacity to learn, to solve problems and to relate to others. This ultimately has a significant impact on their adult lives, affecting their ability to earn a living and contribute to their societies (UNICEF, 2017).

COVID-19 threatens this precious opportunity for children in early childhood to develop healthy brains and lives. To reach their full potential, children need the five interrelated and indivisible components of nurturing care: good health, adequate nutrition, security and safety, responsive caregiving and opportunities for learning (UNICEF, World Bank and WHO, 2018). The pandemic responses have disrupted health services and jeopardized families' access to life-saving health and nutrition services. The restrictions to control the spread of the coronavirus have led to the closure of preschools and childcare centres, thus upsetting opportunities for early learning. The economic fallout of the pandemic has exacerbated unemployment and poverty, resulting in stress among parents and caregivers, increased needs for parenting and family support and fewer resources available to protect and support children's development.

Services supporting the development of young children are likely suffering more than other education levels. In particular, the increase in enrolment in early childhood development services over recent years may be reversed because many community-based childcare programmes have been forced to close due to the public health measures and financial constraints. The pandemic thus is threatening to disrupt the early childhood development workforce with lasting effect because staff without salaries might leave the profession entirely.

The disruptions caused by the pandemic responses now put at risk achievement of target 4.2 of the Sustainable Development Goal on early childhood development: By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education. Even before the pandemic, countries in South-East Asia were off track with target 4.2 and needed to accelerate progress to achieve it (UN and ESCAP, 2020).

This report summarizes the impact of the COVID-19 disruptions on early childhood development in countries across East Asia and the Pacific in terms of the five dimensions of the Nurturing Care Framework. It proposes priorities for stakeholders and policy-makers towards achieving the fourth Sustainable Development Goal, which is inclusive and equitable in nature. The report also highlights and analyses examples of UNICEF's programmatic interventions geared towards supporting the development of young children during this pandemic.





The Nurturing Care Framework for early childhood development is a context for helping children survive and thrive and to transform health and human potential. It builds on state-of-the-art evidence of how child development unfolds and the effective policies and interventions that can improve early childhood development.

UNICEF, the World Bank and the World Health Organization, in collaboration with the Partnership for Maternal, Newborn and Child Health, the Early Childhood Development Action Network and many other partners, developed the Framework to provide a road map for ensuring attainment of the Sustainable Development Goals.

To reach their full potential, children need the five interrelated and indivisible components of nurturing care: good health, adequate nutrition, security and safety, responsive caregiving and opportunities for learning.

Source: UNICEF, World Bank, and WHO, 2018.



IMPACT OF COVID-19 PANDEMIC ON THE DEVELOPMENT OF YOUNG CHILDREN

COVID-19 has put young children's development and futures at risk



More than 42 million children in the East Asia and Pacific region were at risk of not reaching their developmental potential before COVID-19.

Concerted efforts and investments by governments across the region decreased the number of children at risk of not reaching their development potential, from 55 million (40 per cent of all children) to 42 million (29 per cent of all children) between 2004 and 2010 (Lu, Black and

Richter, 2016). Although more recent estimates are not available, underlying data indicate that the positive trend has continued over the past 10 years. Despite this notable progress towards early childhood development, three of the ten countries globally still with the highest number of children at risk of not reaching their developmental potential – China, Indonesia and the Philippines – are in the East Asia and Pacific region (Lu et al., 2016).

These gains towards early childhood development are now seriously threatened. The repercussions of the pandemic have affected children's access to good health, adequate nutrition, responsive caregiving, security and safety and opportunities for early learning. The pandemic's impact on household economies and the increase in extreme poverty especially are expected to result in large increases in children at risk of not reaching their developmental potential. The greatest negative impact of the pandemic seems to have been on families already vulnerable in different aspects of their lives (those with young kids, children with disabilities, those living in rural and remote areas, low-income households, children whose first language is not the main language of instruction and linguistic minorities, children of refugees and migrants, girls especially those from poor families). The COVID-19-containment measures have exacerbated the economic insecurity of families, with many experiencing abrupt income loss and food insecurity. These losses and insecurities in turn have affected children's opportunities to develop and thrive.

The pandemic has disrupted essential health and nutrition services for young children



Between 2,500 and 13,000 children younger than 5 years could die in countries in East Asia and the Pacific per month¹ as a result of the negative economic impact of COVID-19 on households combined with constrained

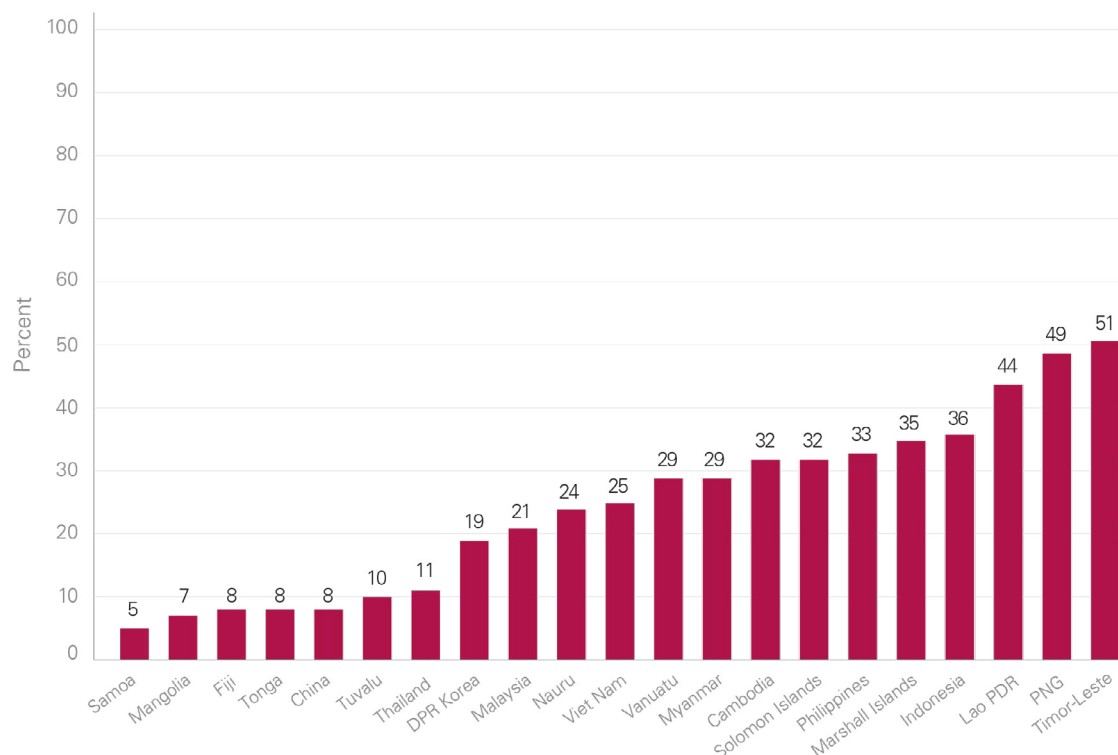
¹ The child mortality estimates for the East Asia and Pacific region are calculated based on the country-level child mortality estimates available in the supplementary appendix of Robertson et al., 2020.

access to health and nutrition services (Robertson et al., 2020). While COVID-19 resulted in serious health complications among very young children in some cases, the risk of infection of the disease and death remain limited and significantly lower than for older age groups. Within the pandemic context, young children face health and developmental risks primarily through decreased access and/or utilization of routine newborn and child health services, as well as services for maternal health. In the first 1,000 days of a child's life, the health and nutrition of the mother and that child are crucial for the child's survival and development. When households are challenged in this developmental period, children risk missing out on growth monitoring, preventive care and the timely management of acute diseases and injuries.

Countries in South-East Asia reported more than 50 per cent of health services disrupted, on average, due to the pandemic responses (WHO, 2020). These disruptions have severely impacted children's access to vital health services and threatened the recent progress towards children's good health. Reports from countries across the region indicate that the limited operability of health services along with the fear of contracting COVID-19 while accessing health facilities decreased access and utilization of needed maternal and child health services. Maternal health is crucial for a child's survival, health and development (NSCDC, 2020; Okwaraji and Edmond, 2012; Rutherford, Mulholland and Hill, 2010). In Viet Nam, the number of pregnant women accessing antenatal care dropped by 20 per cent and maternal deliveries at health facilities declined by between 5 per cent and 15 per cent in 2020 (UN, 2020c). In the Philippines also in 2020, pregnant women received fewer check-ups than before the pandemic: Only 61 per cent of pregnant women were on track to receive the recommended four antenatal check-ups before giving birth, compared with 99 per cent prior to the pandemic (UNICEF, 2020d). Access and utilization of health services for routine services and for illness treatment decreased across the region in 2020: In Viet Nam, the number of children younger than 5 years visiting community health centres dropped by 48 per cent (UN, 2020c). And again in the Philippines, an estimated 14 per cent of children younger than 5 years became sick during the lockdown, but of them, only an estimated 62 per cent visited a health centre (UNICEF, 2020d). In Mongolia, 42 per cent of children with chronic medical needs did not get their regular medical check-up after onset of the pandemic (UNICEF, 2020c). Immunization is one of the most successful public health interventions and crucial for protecting children's health. But due to the pandemic, about half of all countries globally have reported partial routine immunization disruptions for both health facilities and mobile services (WHO, 2020). In Indonesia, for instance, 80 per cent of immunization services were suspended in 2020 (UNICEF, forthcoming).

More than 22 million children in East Asia and the Pacific were undernourished before COVID-19. This situation was more pronounced for poorer households after onset of the pandemic, increasing children's risk of morbidity and mortality and decreasing children's chances to reach their full development potential (UNICEF, WHO and World Bank, 2020). Across the region, around 11 per cent of children were stunted and 4 per cent were wasted before the pandemic (UNICEF, WHO and World Bank, 2020). Stunted children suffer impaired growth and development, while wasted children are at acute risk of death if not treated properly. Stunting is the result of chronic or recurrent undernutrition, usually associated with poverty, poor maternal health and nutrition, frequent illness and/or inappropriate feeding and care in early life (Development Initiatives, 2020). Stunting in early life, particularly in the first 1,000 days between conception and a child's second birthday, has adverse functional consequences on a child and is irreversible. Some of the consequences include poor cognition and educational performance, low adult wages, lost productivity and, when accompanied by excessive weight gain later in childhood, an increased risk of nutrition-related chronic diseases in adult life. Wasting often indicates recent and severe weight loss, although it can also persist for a long time. It usually occurs when a child has not had food of adequate quality and quantity and/or has had frequent or prolonged illness.

Figure 1: Child stunting rate (younger than 5 years) in countries in East Asia and the Pacific before the pandemic



Source: Author's depiction based on UNICEF, 2019.

Many children are not able to have their nutritional needs fulfilled due to the economic impact of the pandemic on families. This could result in an additional 500,000 children wasted across the region.²

The containment responses are negatively impacting children's nutrition due to the adverse impacts on household economies, such as decreased expenditure on food and nutrition and the disruption of curative nutrition services. Across the region, families reportedly have had to decrease the frequency and quality of meals in response to incomes negatively impacted by the economic fallout of COVID-19. In Indonesia, more than 50 per cent of households reported in 2020 not being able to meet their family's nutritional needs (World Vision, 2020). Coping mechanisms included resorting to less preferred food (76 per cent), eating less (65 per cent), reduced meal frequency (57 per cent) and reducing the variety of children's food (52 per cent) (UNICEF, forthcoming). In the Philippines, 26 per cent of survey respondents in 2020 reported limiting portion sizes at meal times; more than 20 per cent reduced the number of meals eaten in a day; and more than 35 per cent had reduced the variety of food eaten in a day more than once in the previous week (IPA, 2020). Similar adjustments to food consumption were reported from most countries in the region with available data, including Malaysia, Papua New Guinea and Timor-Leste (UN, 2020b; UNICEF and UNFPA, 2020a; World Bank, 2020).

More than 50 million children across the region who normally rely on meals in preschool or kindergarten for a reliable source of daily nutrition were missing out on the school feeding

at the height of the pandemic due to the quarantine measures and school closures (WFP, 2020). This compounded the negative effect of the pandemic's economic impacts on children's nutrition, further affecting their nutritional status and their ability to develop and learn. In Indonesia for example, the PROGAS school feeding programme was suspended due to the pandemic, negatively affecting access to nutrition to more than 100,000 at-risk children (UNICEF, forthcoming).

² The wasting estimates for the East Asia and Pacific region are calculated based on the country-level wasting estimates (moderate scenario) available in the supplementary appendix of Osendarp et al., 2020.

Life-saving curative nutrition services to respond to malnutrition in children have been disrupted in many countries globally and across the region. The combined effect of decreased affordability and availability of adequate nutritious foods at the household level with decreased access and utilization of essential health and nutrition services threaten gains made in child survival and development across the region. It also threatens children's right to good health and adequate nutrition. In Viet Nam for example, growth monitoring of children younger than 5 years was suspended in 2020. In Mongolia, a dramatic decrease was observed in the provision of infant and young child feeding counselling after onset of the pandemic (UN, 2020c; UNICEF, 2020b).

The pandemic has suspended children's access to early learning



More than six in ten young children (64 per cent) in the region were not attending any form of early childhood education programme before COVID-19 (UNICEF, 2017). That deprivation was already decreasing their chances to develop the critical skills they need to succeed in school and later in life.

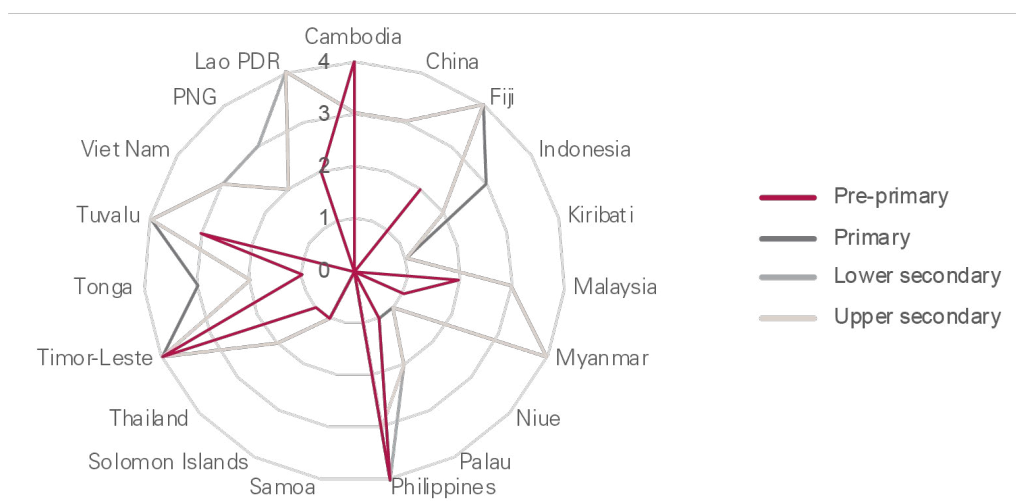
At the height of the pandemic, at least 7 million children across the region were not able to continue their pre-primary education due to the closure of all pre-primary schools, kindergartens and childcare centres.³ In most countries, pre-primary education was closed at the same time or earlier than higher-level schools but not prioritized for reopening like the higher-level schools.

Fewer than half of the countries in the region provided alternative means for pre-primary education after the closures began (UNICEF, UNESCO and World Bank, 2020). Similar to reopening, pre-primary education was accorded less attention and priority for the establishment of alternative modes (paper, radio, television and online) of delivery during the closure of centres. Few countries established alternative policies for pre-primary education the way they did for other levels of education. And countries offering alternative modes for the delivery of pre-primary education usually provided fewer modes than they did for higher levels of education. While countries provided on average 1.4 options (paper, radio, television and online) for pre-primary education, they provided 2.6 options for primary and lower-secondary education (UNICEF et al., 2020). And for young children who had access, support by pre-primary teachers trained in the delivery of remote teaching and learning was often not available with repercussions on the quality and effectiveness of distance learning programmes (Nugroho et al., 2020).

The most vulnerable children have been the least likely to access remote pre-primary alternatives. The pandemic exacerbated the learning inequities among learners through the closure of kindergartens and childcare centres as a result of unequal access to learning materials at home, most notably to online learning. In countries of the East Asia and Pacific region, only 20 per cent of children of the poorest quintile had access to the internet before the pandemic, compared with 90 per cent of the children of the richest quintile (UNICEF and ITU, 2020). The disruption of pre-primary education and childcare opportunities has extensively affected the most vulnerable households (Nugroho et al., 2020). After onset of the pandemic, parents or guardians relying on childcare while they worked often had to face the difficult choice of leaving their children alone or giving up their work, with repercussion on the household economy.

³ Author's calculation based on available Multiple Indicator Cluster Survey data for Cambodia, Democratic People's Republic of Korea, Indonesia, Lao People's Democratic Republic, Malaysia, Marshall Islands, Mongolia, Myanmar, Thailand, Timor-Leste and Viet Nam.

Figure 2: Number of distance learning options (paper, radio, television, online) established, by level of education (pre-primary, primary, lower secondary and upper secondary) in countries in East Asia and the Pacific after onset of the pandemic restrictions.



Source: Author's depiction based on UNICEF, UNESCO and World Bank, 2020.

Teachers in kindergartens and childcare centres are equally affected by the pandemic.

The pandemic restrictions have presented teachers with job insecurity and challenges in reconciling their work and family commitments, stress and mental health issues. A regional survey of pre-primary teachers conducted by UNESCO and UNICEF revealed that 7 per cent of respondents were approached by their employer to consider leaving or terminating their contract, and 49 per cent of respondents indicated that their salary was not secure, even under a social security scheme. They had to rely on other income sources to sustain their living during school closures. Additionally, teachers faced challenges managing online and remote teaching and learning. Most pre-primary teachers had to deliver distance learning without any prior training or guidance. Only 20 per cent of the survey respondents had prior training on delivering distance learning (UNESCO, 2021).

Pre-primary education prepares children for further education and helps reduce social inequalities in educational achievement. In the absence of mitigating measures, the disruption of opportunities for early learning risks jeopardizing young children's preparedness for school, learning and later life.

The COVID-19 restrictions have put a heavy burden on families and parenting

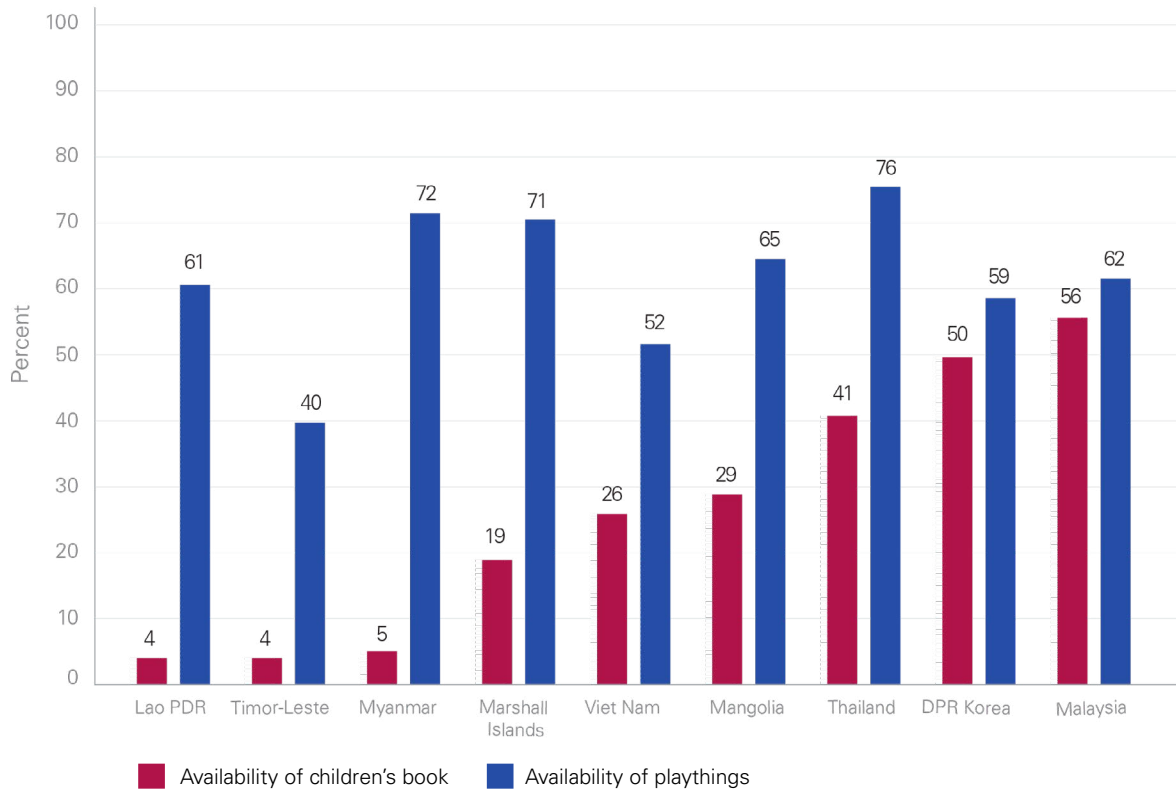


Beyond providing security and safety through supervision, parents or guardians are critical for facilitating early experiences through the provision of nurturing, responsive and stimulating interactions that positively and permanently strengthen children's ability to learn. These interactions can affect brain functioning for life (UNICEF, 2017). Children's books and playthings in the home facilitate learning experiences. While slightly more

than 60 per cent of children on average in 2019 in countries with available data had access to playthings at home, only 40 per cent of children in Timor-Leste and 52 per cent of children in Viet Nam had access to toys at home. Around every fourth child on average in countries with available data in the region had access to children's books for early learning in 2019. The rate was even lower in some countries: Less than 5 per cent of children in the Lao People's Democratic Republic, Myanmar and Timor-Leste had books at home suitable for early learning (UNICEF, 2019). Worryingly, more than one in ten young children (12 per cent)

in countries in the region with available data were left without adequate supervision at least once in a given a week.⁴ The pandemic restrictions increased the burdens on parenting. Without stimulating age-appropriate resources in many homes, the burdens and the impact on children can intensify.

Figure 3: Children with age-appropriate books and playthings at home in select countries in East Asia and Pacific before COVID-19 (percentage)



Source: Author's depiction based on UNICEF, 2019.

Due to the lockdowns and other movement restrictions, COVID-19 also resulted in lack of opportunities for children to interact and play with peers and adults other than parents, which are crucial for children's development. Play and regular physical activity are essential because they contribute to the cognitive, physical, social and emotional development and well-being of children (Ginsburg, Committee on Communications and CPACFH, 2007; Timmons, Naylor and Pfeiffer, 2007). Research and data on play during the COVID-19 lockdowns and gradual reopening are limited for the region. But international studies have found reduced physical activity and outdoor play and more sedentary behaviour and screen time among children (Schmidt et al., 2020; Tulchin-Francis et al., 2021). In several reports, parents expressed concern over excessive screen time among young children (Geddes and Marsh, 2021; Richtel, 2021; Schmidt et al., 2020).

COVID-19 is affecting the mental health of parents, with implications for responsive caregiving and parenting. The ongoing uncertainty caused by COVID-19 regarding health, education and the economy is rendering immense pressure on parents and guardians. Families with young children, mothers and people with pre-existing mental health conditions face heightened risk for stress and poor mental health as a result of the social isolation, employment instability and school and childcare centre closures imposed by the pandemic. In the absence

⁴ Author's calculation based on UNICEF, 2019.

of accessible childcare options, parents are forced to choose between work or the care of their children. Or they leave the children with others or even alone, with repercussions on the household economy and child safety and development. In Mongolia, for example, more than 20 per cent of families in a 2020 survey reported having to limit work obligations to care for their children, including their resignation from work or the reduction of working hours. Some families also reported leaving their children unaccompanied and at risk, with 11 per cent leaving children with other minors and 2 per cent leaving young children alone (UNICEF, 2020c).

In the case of parents seeing their livelihoods impacted by the pandemic, the uncertainty and anxieties can negatively affect their parenting and caregiving. Across countries, parents have reported increased stress and anxiety in the course of the pandemic. In Malaysia, for example, 66 per cent of households reported stress as a result of the pandemic. The main reason for their increased level of stress was financial concerns and worries. Mothers and especially female-headed households reported even higher levels of stress (UNICEF and UNFPA, 2020a). In Malaysia, 80 per cent of female-headed households reported increased levels of stress, compared with 66 per cent of male-headed households (UNICEF and UNFPA, 2020a). Although fathers have been more engaged at home, significant disparities in men's overall contribution to childcaring remain while mothers try to juggle demands at home and at work (Ruxton and Burrell, 2020). Studies indicate that higher levels of caregiver stress and worsening mental health during the pandemic is associated with lower parent-child closeness, harsher parenting attitudes and increased parent-child conflict (Alonzo, Popescu and Zubaroglu Loannides, 2021; Gadermann et al., 2021). Repeated exposure to stress in families can cause increased levels of cortisol in children's vulnerable and developing brains, which can negatively affect them with irreversible long-term impacts.

The COVID-19 restrictions have increased cases of violence against children and related child protection concerns. Globally, 80 per cent of children aged 2–4 years in 74 low- and middle-income countries experienced violent discipline (including physical punishment and/or psychological aggression) from parents in the month preceding a 2017 survey (UNICEF, 2017). Initial reports of UNICEF country offices confirmed children's increased risk of witnessing and/or experiencing violence, abuse and neglect during extended lockdowns and shelter-in-place measures. These same situations also mean less access to persons of confidence, for example, in pre-schools or child protection services. These persons are likely to learn of abusive situations at home.

The pandemic has severely impacted household economies



More than 26 million children younger than 5 years old across the region were living in extreme poverty before COVID-19.⁵ That situation was already increasing their likelihood of poor educational, social and health outcomes, at least compared with children born in non-poor households.

⁵ Author's calculation based on UNICEF, 2020a and UNICEF, 2019.

An additional 2 million children younger than 5 years across the region were at acute risk of suddenly falling into poverty by the end of 2020 as a direct result of the economic rifts caused by the COVID-19-containment responses.⁶ Any portion of that estimation that did indeed plummet into poverty threatens to reverse decades of improvements in child poverty across the region. Again, all this poses an immediate and long-term risk to children’s development. This increase in child poverty directly links to the negative impact of COVID-19 caused by the prolonged lockdowns’ disruptive effects on economies and businesses. The World Bank (2021) forecasted a 4.3 per cent shrink in the world economy for 2021 – the deepest global recession since the Second World War. While some countries in the region, like China and Viet Nam, may have largely averted economic fallout from the pandemic, the economic crisis in other countries is projected to be substantial. Economic contraction, for example, is projected for the Philippines, at negative 8 per cent growth, while it is negative 19 per cent for Fiji (World Bank, 2021). The economic crisis is having and will continue to have severe repercussions on household economic status, childcaring and children’s development. In Timor-Leste, for example, 23 per cent, or almost one in every four households, had at least one person who lost their job in 2020 because of the COVID-19-containment measures (UN, 2020b). While the situation seems to have improved in many countries after the initial strict lockdown measures, with the easing of restrictions and the establishment of new social protection programmes, not all families have been able to bounce back. In Malaysia, for example, overall unemployment remained high by the end of 2020, with one in two of all adults not working (UNICEF and UNFPA, 2020b).

The impact of COVID-19 on household finances has been substantial. A majority of households in countries with available data have indicated that their economic situation was negatively affected by the COVID-19-containment measures, in many cases substantially. In Indonesia, for example, 90 per cent of respondents in a World Vision (2020) survey reported their source of income was affected by COVID-19, and 70 per cent said it was severely affected. As many as 35 per cent of the respondents experienced a decrease in income by 50–75 per cent, and 24 per cent of the respondents reported the highest severity, with a decrease in income exceeding 75 per cent. In the Philippines, more than 80 per cent of households surveyed experienced a decrease in their household income, with every fourth household totally losing their source of income (UNDP, 2020). In Timor-Leste, more than half (57 per cent) of all households were functioning without incoming revenue as of July 2020 (UN, 2020b). Surveyed households were pessimistic about the future and expected their financial situation to further worsen.

Households facing disadvantages before COVID-19 have been disproportionately at a higher risk of being negatively affected by the pandemic responses. Surveys conducted in the Philippines and Papua New Guinea found that households already economically disadvantaged before COVID-19 were disproportionately negatively affected by the pandemic-induced economic crisis (UNICEF, 2020d; World Bank, 2020). In Indonesia, the share of minority groups experiencing financial difficulties is bigger when compared with the general population, at 40 per cent versus 34 per cent (UNICEF, forthcoming). Similarly, in Malaysia, two in three households headed by a woman experienced income reduction between May and September 2020, compared with one in two for all households (UNICEF and UNFPA, 2020b).

⁶ *ibid.*



HOW IS UNICEF SUPPORTING EARLY CHILDHOOD DEVELOPMENT IN THE REGION IN THE CONTEXT OF COVID-19?

UNICEF in East Asia and the Pacific continues to help young children in these pandemic times develop to their full potential by supporting governments to provide continuity of early childhood development services. UNICEF country offices across the region are implementing early childhood development interventions to ensure that young children have access to holistic interventions that respond to their essential needs throughout their first eight years of life. Many efforts are focused on (a) supporting flexible and innovative ways to deliver early childhood development interventions to families in each priority sector; (b) keeping parents, caregivers and communities informed on developments through communication for development interventions; and (c) providing technical support to advance integrated services and approaches in early childhood development delivery services.

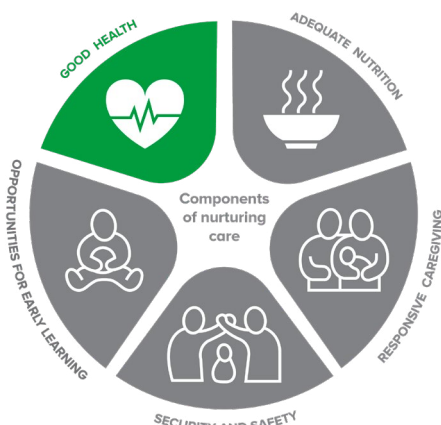
On 05 November 2020, Namphung Bunthorn, 5, attends pre-school in Borkeo District, Rattanakiri, Cambodia.

During the pandemic, UNICEF supported the government in the continuation of early learning through the establishment of distance learning and the safe reopening and operations of pre-schools, including the nationwide provision of basic hygiene supplies.



UNICEF country office initiatives to safeguard the good health of young children

In the health sector, UNICEF country offices implemented targeted interventions to ensure the health and well-being of young children and their caregivers in light of the pandemic-related interruptions in health services.

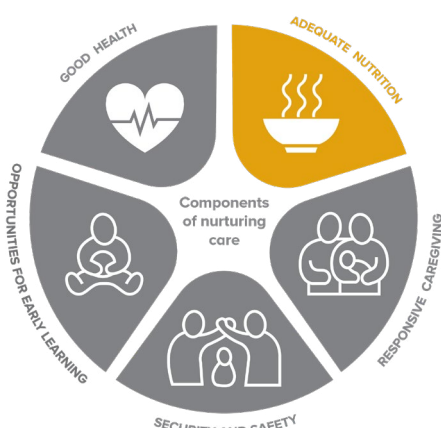


For example, UNICEF in East Asia and the Pacific provided:

- Support for maternal and child health services through household visits, particularly in the most marginalized communities.
- Training on infection prevention and control in the context of COVID-19 for maternal and newborn child health professionals.
- Dissemination of health and well-being messages.
- Support for the continuity and catch-up of vaccination programmes.

GOOD HEALTH

In nutrition, UNICEF country offices supported interventions that work towards ensuring adequate nutrition for young children to ensure optimal child development and health.



For example, UNICEF in East Asia and the Pacific offered:

- Establishment of alternative modes of counselling on infant and young child feeding, such as online, phone-based or through household visits.
- Messaging on adequate nutrition that was integrated within COVID-19 awareness campaigns.
- Scaled-up links with social protection programmes to ensure the affordability of nutritious foods.
- Support for the continuity of curative nutrition programmes to treat malnutrition.

ADEQUATE NUTRITION

UNICEF’s programming helped to nurture household and enabling environments for young children through support to families and caregivers. UNICEF provided training and guidance on responsive caregiving and awareness-raising on the importance of positive social interactions to stimulate connections in young children’s brains. These programmes also included attention to caregivers’ mental health and stress management.

RESPONSIVE CAREGIVING



For example, UNICEF in East Asia and the Pacific supported:

- Dissemination of parenting and caregiving advice in the context of COVID-19 through online resources, television and radio.
- Establishment of innovative ways to support positive parenting, for example, through interactive chatbots.

To further safeguard the security, safety and well-being of young children during the pandemic, UNICEF worked with governments and their partners to respond to the economic impacts by providing technical support on systems that provide financial and in-kind assistance to the most at-risk families. Responsive caregiving programmes also included important guidance.

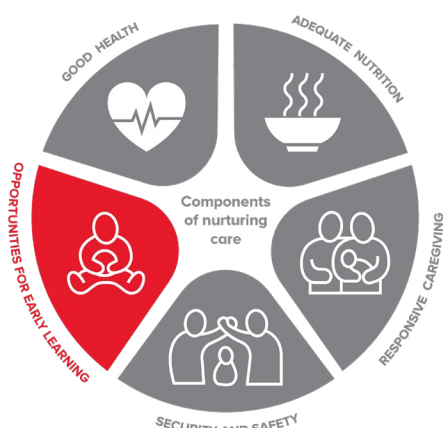
SECURITY AND SAFETY



For example, UNICEF in East Asia and the Pacific supported:

- Assessments of the impact of COVID-19 on parents and young children.
- Establishment and scale-up of cash or in-kind transfers to parents and young children.
- Strengthening child protection monitoring and response mechanisms.
- Implementation of awareness campaigns on child protection risks and responses.

In support of education and learning outcomes, UNICEF country offices implemented initiatives for positive early learning in the home environment through early stimulation and social games. UNICEF also worked to ensure the continuity of centre- and school-based services wherever possible.



For example, UNICEF in East Asia and the Pacific supported:

- Guidance for parents towards enabling their children to learn at home.
- Distribution of early childhood development supplies to kindergartens, early childhood development centres and households.
- Establishment of alternative modes of early learning, such as online and through television and radio programming.
- Early childhood development print, TV and online materials that integrated COVID-19 awareness and mitigation measures.
- Integration of early learning messages in health awareness initiatives.
- Provision of water, sanitation and hygiene supplies to kindergartens and early childhood development centres to support the safe reopening and operations.

OPPORTUNITIES FOR EARLY LEARNING



PRIORITIES IN SUPPORTING EARLY CHILDHOOD DEVELOPMENT DURING THE COVID-19 PANDEMIC

Young children are particularly vulnerable to the impacts of the COVID-19 pandemic. However, this crisis presents opportunity to strengthen government commitments in achieving the fourth Sustainable Development Goal, which is inclusive and equitable in nature. The following themes and messages provide guidance and direction to UNICEF early childhood development teams and partners.



Promote integrated, multiple-sector and coordinated COVID-19 responses in early childhood development to ensure that children's holistic needs are met.

Effective early childhood development programming requires integrated and coordinated efforts across the social sectors. It is vital that all existing platforms are mobilized to support children and their families in a holistic way.

Potential actions:

- Leverage health and nutrition platforms as well as risk communication and community engagement initiatives to deliver messages on parenting, early stimulation, violence prevention, mental health and psychosocial support.
- Integrate early learning and stimulation provisions into all COVID-19 sector-response plans.
- Target communication programmes that integrate holistic early childhood development messages to national stakeholders, communities, families and caregivers.
- Provide hygiene protocols, additional early childhood development support and referral mechanisms via education platforms.
- Use social protection platforms to promote early childhood development information and resources.



Provide extra support and make adaptations to prioritize vulnerable and disadvantaged children and their families.

It is critical to manage the increasing inequities and exclusion brought on by the COVID-19-containment measures by prioritizing and making appropriate modifications to support the most disadvantaged children and families. The pandemic has exacerbated the economic and food insecurity of families. Hence, there is an urgent need to scale up and expand social protection mechanisms.

Potential actions:

- Ensure that communication and public health campaigns are accessible in multiple formats (radio, phones, WhatsApp or common text messaging apps, internet, social media, television) and to children with different abilities and language backgrounds.
- Ensure that alternative and remote-based early childhood education learning platforms reach disadvantaged children, such as through no-tech or low-tech approaches, including home learning materials.
- Provide alternative delivery modes for complementary services, such as for the school feeding that has been interrupted due to the closure of kindergartens and early childhood education centres.
- Expand cash or in-kind transfer or other social safety net initiatives horizontally and vertically to help households cope.
- Train social welfare staff and front-line workers on COVID-19-related child protection and mental health detection and issues.
- Promote proper handwashing hygiene and ensure accessibility to appropriate supplies among children of low-income households.



Engage parents and caregivers across sectoral platforms.

The COVID-19-containment measures have put immense pressure on parents and caregivers, especially in the most vulnerable households, as a result of halted or inaccessible programmes and services, such as childcare and preschool closures. Mental health and stress management messaging and support systems are critical for caregivers of young children. Platforms across sectors should be leveraged to reach and support parents.

Potential actions:

- Integrate parenting, coping and early childhood development messaging into COVID-19 public health information campaigns.
- Provide mental health and related sources to support parents in providing nurturing care for children, especially those with disabilities.
- Facilitate reliable emergency childcare arrangements for parents.

- Ensure continuity of health and nutrition support services for pregnant mothers.
- Ensure that women and children experiencing domestic violence are aware of different options and resources.
- Support teachers who face job insecurity and stress in managing remote learning.



Prioritize quality continuous early childhood education through online and remote options.

More needs to be done to provide continuous early learning opportunities to young children in the event that early childhood education settings remain closed. This includes continued support to education ministries on the safe reopening of early childhood education settings so that children are able to access much needed emotional support, play and learning opportunities.

Potential actions:

- Integrate protocols for COVID-19 prevention and hygiene into early childhood education reopening plans while maintaining child-friendly and developmentally appropriate practices.
- Train and provide support to early childhood education leaders, teachers and staff on the safe reopening of early childhood education settings. Implement accelerated learning programmes for young children, including mental health and psychosocial support.
- Ensure that extra support is given towards vulnerable and excluded children who were unable to follow online learning during school closures, including mental health and psychosocial support.
- Make adaptations for remote learning delivery to children while continuing to train the early childhood education workforce to manage remote learning.
- Advocate for the recommended benchmark of 10 per cent of education budgets to be allocated towards early childhood education to ensure continuous provision of quality early learning opportunities.

Evidence cited in this report highlights the need to strengthen all available strategies. The COVID-19 pandemic cannot be allowed to further interrupt the momentum of early childhood development and progress across the five core components of nurturing care, especially for the most vulnerable families and children who live with extreme deprivations.



On 02 July 2020, Sudarmini and her baby Putri, 11 months, are seen during a home visit by nurse Rina Widyaningsih in Sidorejo village, Central Java province, Indonesia. During the pandemic UNICEF supported local authorities in ensuring the good health and adequate nutrition of young children and their mothers through the provision of essential health, nutrition and immunization services as well as key information on COVID-19.





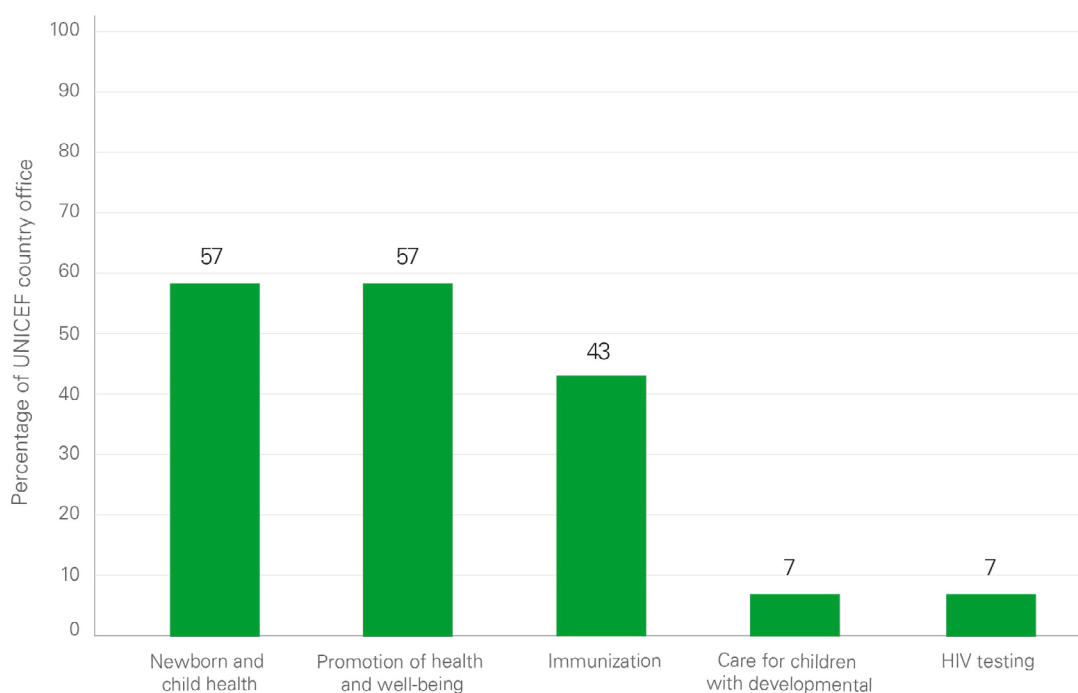
ANNEX: UNICEF COUNTRY OFFICE EARLY CHILDHOOD DEVELOPMENT INITIATIVES IN EAST ASIA AND THE PACIFIC



UNICEF country office initiatives to safeguard the good health of young children

COVID-19 continues to threaten the progress in child and maternal health through its detrimental effects on the delivery of maternal and child health services in countries throughout the region. To reduce these risks to mothers and their children, 13 UNICEF country offices in the East Asia and Pacific region implemented interventions targeting the health needs of mothers, newborn babies and young children (see Figure 4).

Figure 4: Activities among UNICEF country offices in East Asia and the Pacific to promote good health



Source: Author's calculation based on situation reports by UNICEF country offices in the East Asia and Pacific Region.



Supporting continuity of health services for newborns and young children

Cambodia
China
Indonesia
Lao PDR
Mongolia
Papua New Guinea
Timor-Leste
Viet Nam⁷



- In **Cambodia**, UNICEF supported the continuation of essential health care services in UNICEF-supported facilities, reaching more than 4,000 pregnant women and more than 40,000 children younger than 5 years.
- In **Mongolia**, UNICEF provided access to antenatal check-ups to more than 13,000 pregnant women and reached more than 23,000 children through household visits by local medical professionals.
- In **Timor-Leste**, UNICEF conducted nationwide trainings on infection prevention and control in the context of maternal, newborn and child health for doctors, nurses and midwives from referral hospitals and community health centres.
- In **Viet Nam**, UNICEF provided 1,400 pregnant women in 51 UNICEF-supported and expanded communes with access to quality antenatal care. Around 350 women and infants living in isolated areas received access to care and counselling at home through local health workers. UNICEF developed temporary guidelines for the management of pregnant mothers and children with COVID-19.

Promotion of health and well-being of young children

Cambodia
China
Lao PDR
Mongolia
Myanmar
Pacific countries
Thailand
Timor-Leste



- In **China**, UNICEF disseminated health education messages and supported the provision of psychosocial support for children and caregivers through its existing network of Child-Friendly Spaces and community-based Barefoot Social Workers.
- In **Myanmar**, UNICEF conducted infection prevention and control training on COVID-19, maternal and child health and nutrition for health staff responsible for mobilizing communities on COVID-19 prevention measures, maternal and child health and nutrition, targeting pregnant and lactating mothers. UNICEF also developed LED billboard messaging on handwashing, social distancing, wearing masks, staying at home and maternal and child health care and nutrition in the time of COVID-19.

⁷ These country examples do not provide a comprehensive summary of all UNICEF country office initiatives but summarize selected initiatives only.

Supporting continuity of immunization services for mothers and young children

Cambodia
Democratic People's
Republic of Korea
Lao PDR
Myanmar
Papua New Guinea
Philippines



- In **Myanmar**, UNICEF supported the resumption of immunization services and the catch-up outreach for unimmunized children, reaching more than 2,000 children in humanitarian programme areas. UNICEF coordinated with the Ministry of Health and Sports and other health and nutrition partners on the response for a measles outbreak.
- In the **Philippines**, UNICEF monitored service continuity, post-training support and redistribution of Department of Health-procured immunization supplies in several provinces and supported the measles, rubella and oral polio supplemental immunization campaign. Messages on COVID-19 prevention actions were integrated in all activities for parents and caregivers of children eligible for immunization.

Care for children with developmental difficulties or disabilities

Philippines



- In the **Philippines**, UNICEF developed a webinar series on Caring for the Caregivers and Experiences of Siblings of Children with Disabilities During COVID-19 and Other Emergencies to empower caregivers and families of children with disabilities in responding to the pandemic challenges.

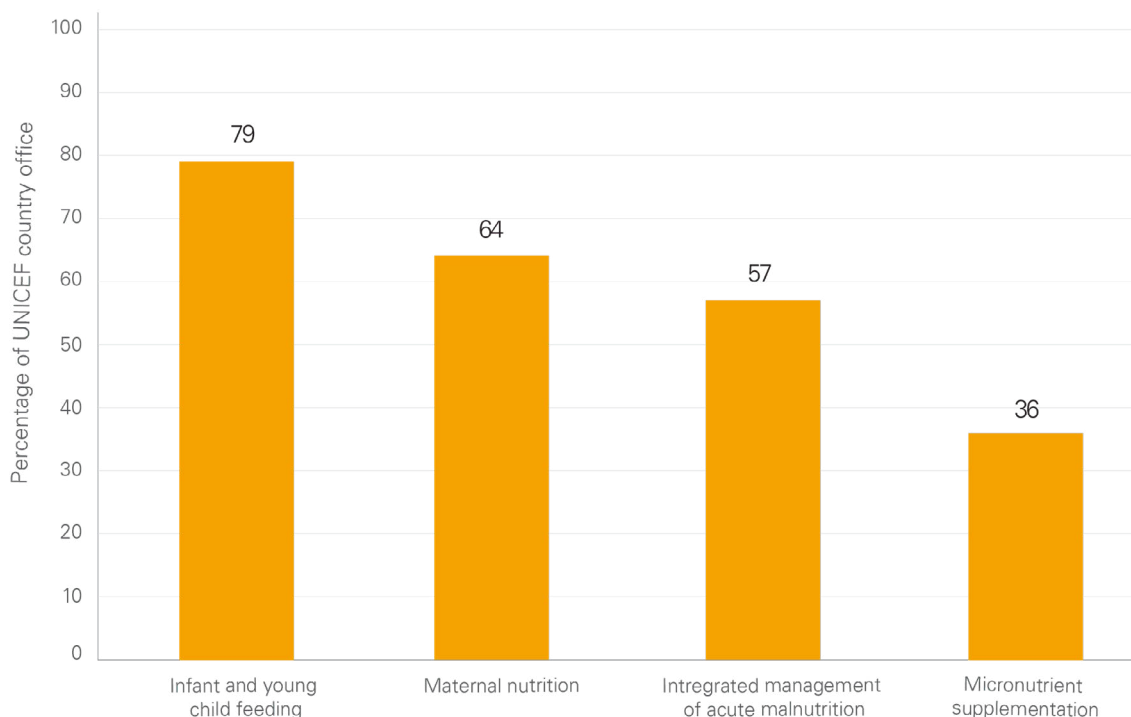


ADEQUATE NUTRITION

UNICEF country office initiatives to ensure the adequate nutrition for children

Across the East Asia and Pacific region, 12 UNICEF country offices supported specific interventions to ensure that preventive and curative nutrition services are maintained for young children during the pandemic so as to ensure optimal child development and health (see Figure 5).

Figure 5: Activities among UNICEF country offices in East Asia and the Pacific to promote adequate nutrition



Source: Author's calculation based on situation reports by UNICEF country offices in East Asia and the Pacific.

Supporting infant and young child feeding

Cambodia
Indonesia
Lao PDR
Malaysia
Mongolia
Myanmar
Pacific countries
Philippines
Papua New Guinea
Timor-Leste
Viet Nam

- In **Indonesia**, UNICEF supported the continuous dissemination of messages on nutrition, healthy diets and essential nutrition services through various media channels, highlighting the importance of optimal breastfeeding practices and how a quality child's diet boosts their immune system.
- In **Mongolia**, UNICEF supported a counselling service on infant and young child feeding in five provinces and six districts and conducted online trainings for medical professionals in infant and young child feeding and the management of malnutrition.
- In **Pacific countries**, UNICEF supported the promotion of healthy diets (including breastfeeding and complementary feeding) through mass and social media messages.



- In **Papua New Guinea**, UNICEF conducted nutrition training focused on the preparation of front-line workers to (a) provide information and support to caregivers and pregnant and lactating women on how to protect themselves, their infants and other children from COVID-19 and (b) to safely provide essential nutrition services within their catchment population.
- In the **Philippines**, UNICEF developed a complementary feeding messages campaign called Barangay Nanay Series, bringing together experts, practitioners, caregivers and influencers to talk about infant and young child feeding through online platforms and community radio stations.
- In **Timor-Leste**, UNICEF supported the development of the first infant and young child feeding counselling cards contextualized to the country context and disseminated with nutrition messages through community radio.

Integrated management of acute malnutrition

Cambodia
Indonesia
Lao PDR
Mongolia
Myanmar
Papua New Guinea
Philippines

- In **Cambodia**, UNICEF supported the development of a joint United Nations country road map for the prevention and treatment of wasting, prioritizing reduced incidence of low birth weight, improved child health, improved infant and young child feeding and improved treatment for children with wasting.
- In **Indonesia**, UNICEF implemented pilot studies on digital counselling and family-led mid-upper arm circumference monitoring and developed communication materials on COVID-19 prevention strategies with nutrition messages about healthy diets and essential nutrition services. UNICEF also provided intensive training and coaching on maternal and child nutrition services. In addition, the in-service training on integrated management of acute malnutrition for provincial and district government officers and health workers across all 34 provinces was completed.
- In the **Lao PDR**, UNICEF supported the Ministry of Health to finalize national guidelines and develop a national plan for scaling up treatment and prevention of malnutrition in early childhood.
- In **Myanmar**, UNICEF, in partnership with the International Food Policy Research Institute, modelled the socioeconomic impact of COVID-19 on wasting and found that an estimated 110,000 children were likely to get wasted as a result of the pandemic.



- In the **Philippines**, UNICEF conducted a rapid nutrition assessment in selected parts of the country to assess the impact of COVID-19 on nutrition. To address the bottleneck on access and coverage of services for treatment of severe acute malnutrition, UNICEF is supporting the Department of Health to model the use of simplified approaches, including the promotion of family mid-upper arm circumference monitoring, which involves training mothers to measure their children.

Maternal nutrition

Indonesia
Lao PDR
Mongolia
Myanmar
Pacific countries
Papua New Guinea
Philippines
Viet Nam



- In **Indonesia**, UNICEF developed a series of webinars for national stakeholders on such nutrition topics as stunting, nutrition in emergencies, adolescent nutrition, infant and young child feeding and maternal nutrition.
- In **Viet Nam**, UNICEF supported the provision of quality antenatal care. Examinations for pregnant women were provided by commune health clinics, including iron folic and multiple micro-nutrient supplementation and screening and treatment of severe acute malnutrition.
- Multiple country offices, including **Cambodia, Indonesia, the Lao PDR, the Philippines and Thailand** advocated with governments for the inclusion of breastfeeding women into COVID-19 vaccination prioritization matrices, based on World Health Organization recommendations.

Micronutrient supplementation

Cambodia
Myanmar
Papua New Guinea
Timor-Leste
Viet Nam



- In **Myanmar**, UNICEF provided essential nutrition services in quarantine centres, such as infant and young child feeding counselling, nutrition screening and micronutrient supplementation for pregnant and lactating mothers.
- In the **Lao PDR**, UNICEF supported the routine monitoring of nutrition services, with children aged 6–11 months receiving vitamin A, children aged 12–59 months receiving vitamin A (one round only) and pregnant women receiving iron folic acid during antenatal care.
- In **Papua New Guinea**, as part of the COVID-19 nutrition support, UNICEF provided multiple-micronutrient powder to pregnant and lactating mothers to improve the nutritional value of their diet.
- In **Timor-Leste**, UNICEF conducted orientation sessions and distributed multiple-micronutrient powder to improve the quality of complementary food to all children aged 6–23 months.



RESPONSIVE CAREGIVING

UNICEF country offices supporting parents in responsive caregiving for their young children

The COVID-19 pandemic has resulted in unprecedented stress on parents, with implications for responsive caregiving and parenting. To support parents, four UNICEF country offices in East Asia and the Pacific designed support programmes for parenting and caregiving during the pandemic.

Parenting

Malaysia
Mongolia
Philippines
Viet Nam



- In **Malaysia**, UNICEF developed interactive chatbots in RapidPro in support of positive parenting, with continuous testing and provision of feedback in close collaboration with Maestral and Oxford University.
- In **Mongolia**, UNICEF continuously disseminated a series of parenting-related advice during the COVID-19 lockdown period.
- In the **Philippines**, UNICEF reached more than 70,000 parents with messages on good parenting through online and community level platforms (including low-cost print materials, booklets, tip sheets, audio-visual resources made available via radio programmes (government and commercial channels), video (YouTube), online (Facebook and other websites) and other social media and SMS applications).
- In **Viet Nam**, UNICEF organized parenting group sessions that reached 725 parents through the Holistic Parenting programme. The parenting group sessions paved the way for increased knowledge and skills of the participants on parenting, including positive discipline, anger management and psychosocial care when feeling stressed during these challenging times.

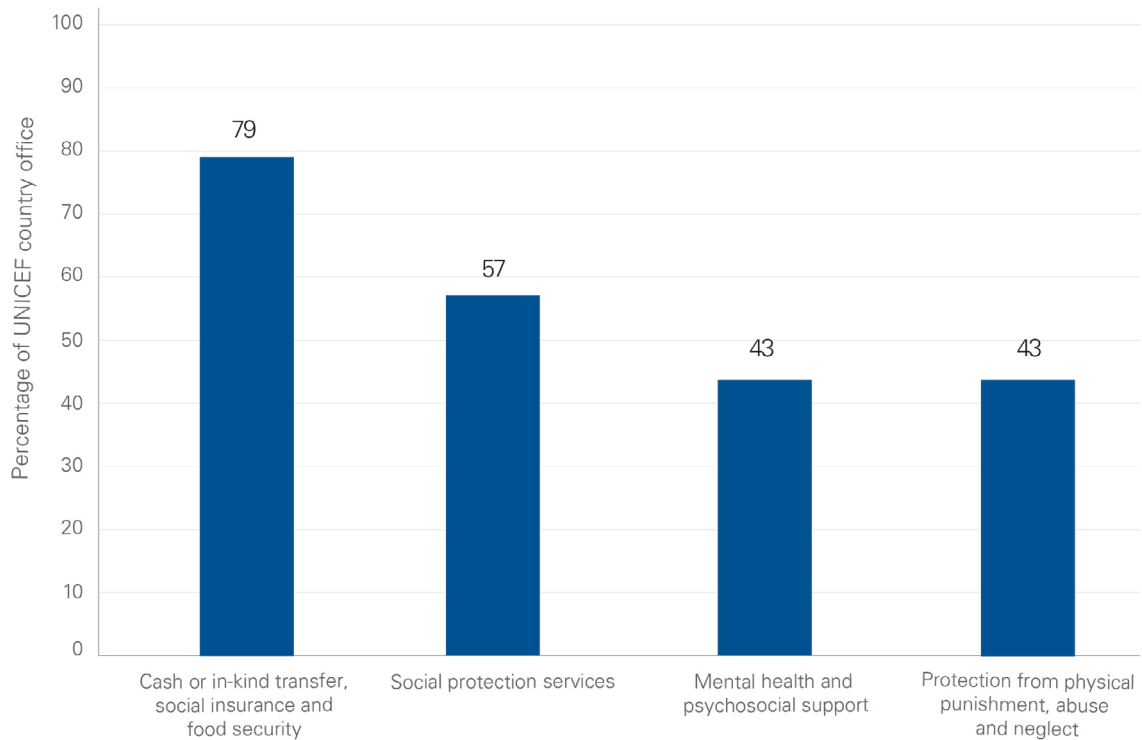


SECURITY AND SAFETY

UNICEF country office initiatives to protect the security and safety of young children

To safeguard the security, safety and well-being of young children during the pandemic, 12 UNICEF country offices in East Asia and the Pacific launched interventions (see Figure 6).

Figure 6: Activities among UNICEF country offices in East Asia and the Pacific to promote security and safety



Source: Author’s calculation based on situation reports by UNICEF country offices in East Asia and the Pacific.

Cash or in-kind transfer, social insurance and food security

Cambodia
 Indonesia
 Lao PDR
 Mongolia
 Myanmar
 Pacific countries
 Papua New Guinea
 Philippines
 Thailand
 Viet Nam

- In **Cambodia**, UNICEF conducted a survey to assess the delivery of the cash transfer programme for pregnant women and children aged up to 2 years and access barriers.
- In **Indonesia**, UNICEF assessed the socioeconomic impact of COVID-19 on households. Detailed work is ongoing to model the impact of COVID-19 on child poverty and policy responses based on existing household survey data and macroeconomic projections. UNICEF also developed guidelines for increasing coverage and benefits of unconditional cash transfers of a poverty-focused child grant programme during the pandemic. Specifically, UNICEF advocates for the expansion of the vulnerability criteria by including girls, female-headed households, older women and pregnant women.



- In **Mongolia**, UNICEF advocated for maintaining the universality and the size of the child benefit in 2021, which required state budget allocation of 576 billion tugrug (US\$200 million) to maintain the current top-up of the child benefit in the first half of 2021. The programme helps households with children avoid negative coping strategies.
- In **Myanmar**, UNICEF supported the expansion of maternal and child cash transfers and social pension programmes vertically and horizontally to mitigate the socioeconomic impacts of the COVID-19-containment measures.

Protection from violence, abuse and neglect

Cambodia
Lao PDR
Mongolia
Papua New Guinea
Philippines
Viet Nam



- In **Cambodia**, UNICEF distributed laptops and tablets for the roll-out of the Primero digital case management system and the rigorous inspection of residential care facilities, contributing to increased capacity to respond to child protection needs during the pandemic. UNICEF also strengthened the national capacity of social workers on gender-based violence risk mitigation and victim support for effective case management, especially to respond to the needs of children and families during the pandemic.
- In **Papua New Guinea**, UNICEF produced a song calling parents and caregivers as well as children to seek help and support in the event of domestic violence and violence against children. The song provides the contact details and information on the UNICEF-supported Help Line, which provides accessible and remote mental health psychosocial support services to children. UNICEF also provided training to social welfare staff and child protection officers on child protection and case management during the pandemic.
- In the **Philippines**, UNICEF supported the establishment of satellite child protection units in Metro Manila to ensure continuity of case management of child abuse, neglect and exploitation cases. A total of 47 Violence Against Women and Children Desk Officers were trained on case management protocols compliant with COVID-19 protocols.
- In **Viet Nam**, UNICEF implemented a campaign on prevention of violence against children, especially during the pandemic.

Mental health and psychosocial support

Cambodia
China
Indonesia
Lao PDR
Mongolia
Papua New Guinea



- In **Cambodia**, UNICEF supported the delivery of mental health psychosocial support services, including phone and online counselling services.
- In **China**, UNICEF disseminated health education messages and supported the provision of psychosocial support for children and caregivers through its existing network of Child-Friendly Spaces and community-based Barefoot Social Workers.
- In **Indonesia**, UNICEF supported the radio broadcasting of an audiobook My Hero is You for mental health psychosocial support services.
- In the **Lao PDR**, UNICEF disseminated television and radio programmes on child protection, mental health psychosocial support services, online protection and prevention of sexual exploitation and abuse.
- In **Papua New Guinea**, UNICEF implemented an information campaign through two radio public service announcements and an eight-episode radio play based on the My Hero Is You children's book to fight stigma and discrimination related to COVID-19 and to strengthen the prevention of violence against children. These public service announcements and radio play highlighted violence against children prevention and mental health psychosocial support services.

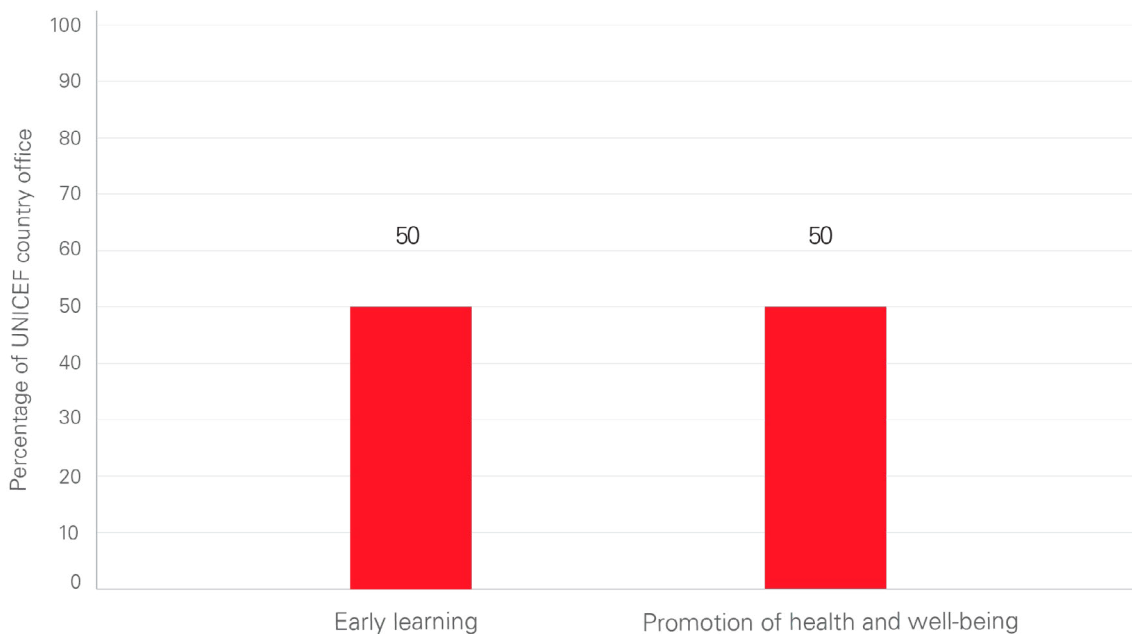


OPPORTUNITIES FOR EARLY LEARNING

UNICEF country offices initiatives to provide early opportunities for learning for young children

The disruption of opportunities for early learning caused by the COVID-19-containment measures in countries across the region risks jeopardizing young children’s preparation and preparedness for school, learning and their later life. Nine UNICEF country offices in East Asia and the Pacific implemented initiatives to support and protect early learning activities for young children during the pandemic (see Figure 7).

Figure 7: Activities among UNICEF country offices in East Asia and Pacific to promote early learning and well-being



Source: Author’s calculation based on situation reports by UNICEF country offices in East Asia and the Pacific.

Early learning

Cambodia
 China
 Indonesia
 Lao PDR
 Mongolia
 Philippines
 Timor-Leste

- In **Cambodia**, UNICEF produced and aired on radio more than 108 lessons for multilingual preschool children, in three minority languages (Kreung, Tompoun, Phnong).
- In **China**, UNICEF distributed supplies for kindergartens in Wuhan, Hubei Province, including storybooks, learning materials and outdoor play facilities. UNICEF also conducted online training courses for kindergarten teachers on creating a supportive learning environment, improving the child-friendliness of kindergartens and providing socioemotional support to children.



- In **Indonesia**, UNICEF procured and distributed 1,700 Early Childhood Development kits in two provinces.
- In the **Lao PDR**, UNICEF provided additional learning materials for children attending UNICEF-supported pre-primary classes. Community-based early childhood education centres were handed over to the Ministry of Education. The printing of textbooks and learning materials for preschool, primary and secondary students benefited more than 750,000 students, particularly in remote rural areas. UNICEF also broadcasted the early childhood development television series “My House” across different channels and online. The series was produced as part of UNICEF’s support the continuity of learning and to share COVID-19 prevention measures, such as handwashing with soap, among young children and their families. Storybooks based on the series are also produced. UNICEF risk communication and community engagement television programmes on education, child protection, health, water, sanitation and hygiene were produced in sign language and with Lao subtitles for children and people with different abilities. UNICEF is rerunning “My Village” show on the Ministry of Education’s television channel, which supports physical, cognitive, social and emotional development of all children, including children with disabilities.
- In the **Philippines**, UNICEF prepared resources for parents and caregivers to support development and early learning at home. These include benchmarks for good practices, an activity guide, supplementary assessment tools and training modules. UNICEF developed guidelines and resources for early childhood education and dissemination to the Government and other partners working on initiatives that support learning at home.
- In **Timor-Leste**, UNICEF developed television and radio programmes on distance learning for pre-primary and primary education based on the national curriculum.

Promotion of health and well-being

Cambodia
China
Indonesia
Lao PDR
Mongolia
Pacific countries
Thailand
Timor-Leste

- In **Cambodia**, UNICEF procured critical hygiene and cleaning supplies and learning materials for all community preschools, primary schools and secondary schools nationwide.
- In **China**, UNICEF distributed posters with messaging on hygiene and risk reduction practices in schools and kindergartens.
- In the **Lao PDR**, UNICEF distributed Safe School Operation Guidelines along with posters to all early childhood education centres. All early childhood education centres and pre-primary



and primary schools across the country received additional top-up grants for the purchase of soap, cleaning materials and other hygiene kits as part of the COVID-19 prevention efforts.

- In **Mongolia**, UNICEF provided nutrition supplements and essential nutrition supplies, including zinc, high-dose vitamin A supplements and food packages, to 250 children in kindergartens. UNICEF also provided financial support for local procurement of essential hygiene supplies, including soap, hand sanitizer and disinfectant, for health care facilities, schools and early childhood development centres.

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