ARNEC
Asia-Pacific Regional Network for Early Childhood

INTEGRATION REPORT

Documentation of Good ECD Practices and Innovations in the Context of COVID-19

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EXECUTIVE SUMMARY

This project involved review and analysis of ten case studies of early childhood care and development (ECCD) programs that were developed or adapted to respond to the impacts of the COVID-19 pandemic across seven Asia-Pacific Regional Network for Early Childhood (ARNEC) partner countries.

Analysis of programs prioritised responsive caregiving, early learning, and playful parenting, which is aligned with the guidelines of the World Health Organisation (WHO) Nurturing Care Framework (NCF). The NCF logic model and guiding principles provided the primary lens through which case studies were reviewed.

The overarching aim of this report is to provide information relevant to programs and practices within the Asia-Pacific region, making this information easily accessible to both practitioners and policy makers. This sharing of practices and resources supports advocacy for early child development (ECD) and nurturing care in the region.

Secondary aims included: (1) investigating how ARNEC and its partners, or other organisations and government bodies, responded to meet ECD needs during the COVID-19 pandemic at local, regional, and national levels; (2) detailing how such programs and initiatives could be distilled to inform future responses and adaptations in the context of increasing social and environmental volatility within the region; (3) documenting the implementation and impact of these programs and initiatives to illustrate their potential viability for practitioners in other contexts; and (4) outlining key policy messages that showcase the relevance of the work for incorporation or adaptation within different jurisdictions.

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Acronyms

ARNEC	Asia-Pacific Regional Network for Early Childhood
ECCD	Early Childhood Care and Development
ECD	Early Childhood Development
ECE	Early Childhood Education
FAO	Food and Agriculture Organisation
NCF	Nurturing Care Framework
NGO	Nongovernmental organisation
OECD	Organisation for Economic Co-operation and Development
STC	Save the Children
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organization

Glossary of key terms

Asia-Pacific region:
The part of the world near the western Pacific Ocean, generally including East Asia, Oceania, the Russian Far East, South Asia, and Southeast Asia.

COVID-19 pandemic:
A global pandemic of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). First emerged in December 2019 and spread throughout the globe, resulting in more than 270 million cases and 5.3 million deaths as of December 2021.

Early childhood development (ECD):
Refers to changes in a young child's physical development, as well as social, emotional, behaviour, thinking and communication skills. All areas are interconnected. This is the period within which the foundations for learning, health and behaviour are established.

Early years:
Typically refers to the period between birth to 5 years. May encompass young children up to 8 years old in some instances.

Home-learning environment:
The combination of everything a child and family does – including the spaces they have access to – that affect their development and learning within their home.

Nurturing care:
The World Health Organisation refers to nurturing care as "a stable environment created by parents and other caregivers that ensures children's good health and nutrition, protects them from threats, and gives young children opportunities for early learning, through interactions that are emotionally supportive and responsive."

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COVID-19 in the Asia-Pacific

On 11 March 2020, the World Health Organisation (WHO) declared COVID-19 as a global pandemic, the highest level of alarm, triggering a global emergency response (WHO, 2020). Since then, the COVID-19 pandemic has brought about multidimensional disruptions to global structures, affecting the lives of hundreds of millions of children and families (Save the Children [STC], 2021). As a result, swift government-led responses to this global emergency were crucial across the Asia-Pacific.

Initial responses were focused on the protection of lives and the prevention of the spread of disease. Many countries in this region were well prepared to respond to the management of natural disaster responses, with pre-existing mechanisms in place to act rapidly across health and welfare sectors (UNESCO & UNICEF, 2021a). These actions, however, were highly disparate both between and amongst South Asia, East Asia, South-East Asia, and Pacific regions (UNESCO & UNICEF, 2021a). Countries that swiftly enforced national lockdowns and boarder closures, including Cambodia and Vietnam, managed to keep infection rates and deaths low, whereas countries with higher population densities, such as Singapore and India, experienced greater difficulty in controlling the spread of the virus (UNESCO & UNICEF, 2021b; UNESCO & UNICEF, 2021c).

By April 2020, over 50% of the global population was in lockdown with most Asia-Pacific countries enforcing widespread lockdowns on schools and early childhood education (ECE) services, businesses, industry, and retail sectors (STC, 2021). These closures gave rise to economic impacts experienced on international, national, community, and household levels. Responses to these economic effects were disproportionately inequitable for those already experiencing higher levels of socioeconomic vulnerability and marginalisation (STC, 2021). While many Asia-Pacific Governments attempted swift action to mobilise social protection systems, many of the fiscal support packages and social protection payments that were distributed did not reach those experiencing the most vulnerability, including undocumented migrant workers and women employed in informal work (UNESCO & UNICEF, 2021a).

An often overlooked group impacted by the pandemic was children. The devastation of the COVID-19 pandemic may have severe and lasting impacts for children due to the closure of educational facilities, losses in familial livelihoods, and disrupted access to crucial health services including childhood vaccinations and health checks (STC, 2021; UNICEF & UNESCO, 2021a).

Early Childhood Development (ECD) in the Asia-Pacific Prior to COVID-19 Pandemic

Prior to COVID-19, more than 131 million young children in the Asia-Pacific region were at risk of not reaching their developmental potential (Beteille et al., 2020; UNICEF, 2021). Despite a declining trend in these numbers over the past decade, five out of ten countries with the highest numbers of children at developmental risk are situated within the Asia-Pacific, namely China, India, Bangladesh, Philippines, and Indonesia.

Evidence has shown that infant and child mortality rates reflect the general effects of economic, social, and environmental conditions on the health of mothers and their children, as well as the overall development and wellbeing of a population and the effectiveness of health systems (OECD, 2019). Prior to the COVID-19 pandemic, infant and child mortality rates across the Asia-Pacific had roughly halved between 2000-2016. However, large disparities between countries with more advanced economies and lower-income countries are still present (OECD, 2019).

The need to promote a high-quality dietary intake, including micronutrients, is paramount in supporting early childhood development (Bhutta et al., 2017). Poor diet and malnutrition within early childhood was an ongoing problem throughout the Asia-Pacific prior to the COVID-19 pandemic. While trends in the prevalence of stunting

and wasting in young children in the Asia-Pacific indicate some progress towards 2030 targets of the United Nations Sustainable Development Goals, levels remain excessively high in many countries (FAO, UNICEF, WFP, & WHO, 2021). In 2019, an estimated 74.5 million children under the age of five years across the Asia-Pacific region experienced stunting and a total of 31.5 million suffered from wasting due to undernourishment. Of these, over 75% of children experiencing stunting and 80% of children experiencing wasting resided in South Asia (FAO, UNICEF, WFP & WHO, 2021). The potential for these proportions to increase as a result of COVID-19 is an ongoing concern.

Learning poverty – defined as being unable to read and understand a simple text by age 10 – is one current measure used for the identification of educational impacts of developmental risk experienced in early childhood (Kaga & Bang, 2021; Lu et al., 2016). Children are identified as experiencing learning poverty when they cannot read and understand a simple age-appropriate text by ten years of age. Levels of learning poverty are highly varied across the Asia-Pacific, ranging from less than 3% of children in Vietnam, Japan, and Singapore, to over a third of children in Indonesia and Mongolia, over half in Cambodia, India, and Bangladesh, and over 90% in Afghanistan (World Bank, 2019). Early childhood experience of poverty, malnutrition, and mental ill-health place children at increased risk of developmental delays and have been the target of interventions within the Asia-Pacific prior to COVID-19.

Correspondingly, prioritisation of and access to ECE in the Asia-Pacific is similarly varied with many governments within this region not prioritising political and budgetary support for ECE. On average, public spending on education, including early childhood, primary and secondary education, is around 4% of GDP with large cross-national variation, from over 7% spending in Bhutan to less than 2% in Bangladesh and Cambodia (OECD, 2019). Prior to the pandemic in 2020, school attendance rates in many countries sat below targets set for the United Nations Sustainable Development Goals 2030 (UNESCO & UNICEF, 2021b; UNESCO & UNIFEC, 2021c), with country variation ranging from over 70% in Vietnam and Mongolia, to under 40% in India, under 30% in Bangladesh, Philippines, Myanmar, and Cambodia, and less than 10% in Bhutan and Afghanistan (UNICEF & Countdown to 2030, 2020.)

By seeking to understand best practice using the NCF for ECD we can form a better understanding of the impacts of the COVID-19 pandemic on children across the Asia-Pacific and the potential protective factors that ECCD programs served. This understanding can be used to inform future directions for policy reform and ECCD developments across the region.

The Nurturing Care Framework

The Nurturing Care Framework (NCF) for ECD was developed by WHO, UNICEF and the World Bank Group in collaboration with the Partnership for Maternal Newborn and Child Health, the Early Childhood Development Action Network, and others. The framework provides an evidence-based and clearly structured template for supporting the holistic development of children from pregnancy to age three but is also aligned with older children's needs in the prior-to-school period. The aims of the NCF address the needs of children through inspiring multiple sectors to work in new and collaborative ways with clearly defined goals to provide children with nurturing care (WHO, United Nations Children's Fund, World Bank Group, 2018). The NCF is a consensus model and, as such, has tremendous potential to inform national and international ECCD policy throughout the region.

Nurturing care encompasses a set of five interrelated components including: (1) good health, (2) adequate nutrition, (3) security and safety, (4) opportunities for early learning, and (5) responsive caregiving. The NCF for ECD urges policymakers and stakeholders to consider actions in relation to the needs of children within familial and community contexts. This report draws upon this framework for the analysis and review of the ECCD programs. Additionally, this framework was used to interpret the potential policy implications from these programs through an examination of the inputs and outputs of each program in relation to the five components of nurturing care.

Impacts of COVID-19 on Early Childhood Development against the Nurturing Care Framework

GOOD HEALTH

Health has a significant impact on how children develop. Good health is associated with active exploration and learning. The COVID-19 pandemic saw widespread suspension of essential health services across the Asia-Pacific. Between 2,500 and 13,000 children were estimated to die each month across East Asia and the Pacific as a result of constrained access to health and nutrition services (STC, 2021; UNICEF, 2021). Throughout the region, child mortality rates rose in 2020 by up to 15.4% in India and 13% in Bangladesh, as access to essential services, including routine vaccinations and treatments for diseases such as pneumonia, were compromised (UNICEF, 2021; UNICEF, UNFPA, WHO, & SickKids' Centre for Global Child Health, 2021). Even prior to the COVID-19 pandemic, many children across the Asia-Pacific were missing out on essential vaccinations with almost 25% of the world's unvaccinated children living in this region leading to outbreaks of many preventable diseases, especially among poor and marginalised children (STC, 2021). For example, social restrictions and mandates in Indonesia resulted in the closure of integrated health posts leading to an increase in malnutrition and outbreaks of several pathogenic diseases amongst young children (STC, 2021). Likewise, many countries were forced to prioritise COVID-19 treatments over preventions and treatments for other diseases and health conditions, diverting available resources and health personnel to the pandemic response (STC, 2021).

Increases in mental health effects (e.g., stress and anxiety) amongst children have stemmed from social restrictions of the pandemic, including school and ECE closures and restrictions on access to public spaces (STC, 2021). Since the beginning of the pandemic children were confined, on average, to the home environment for 25 weeks across Asia. These effects have had significant negative effects on children's emotional and psychological development. A study by the University of Oxford, investigating the effects of a one-month lockdown on children's mental health, found that children aged between four- and ten years experienced feelings of unhappiness, worry, separation anxiety, and other physical stress symptoms, leading to increases in behavioural, emotional, and attention difficulties (Shum et al., 2021). It is likely that children within low-to-middle income Asia-Pacific countries who already experience comorbidities, including poverty, disease, and malnutrition, may experience exacerbated mental-ill health symptoms as a result of ongoing physical and social restrictions.

ADEQUATE NUTRITION

When a child is well nourished, they are well-placed to develop mentally, physically (motor skills) and socially. Adequate nutrition is also essential to preventing illness. The COVID-19 pandemic has seen substantial increases in the number of people living in extreme poverty throughout the Asia-Pacific region, with 167.6 million people in South Asia and 23.9 million living in East Asia and the Pacific now identified as impoverished (Kaga & Bang, 2021). As a result, families across the region are reporting substantial decreases in their ability to provide children with adequate nutrition (UNICEF, 2020). This is estimated to result in the wasting of 500,000 children across East Asia and the Pacific and 3.9 million across South Asia (Headey et al., 2020; UNICEF, 2021). Wasting and undernutrition have been associated with an increased prevalence of anaemia and stunting often resulting in life-long health impacts for sufferers (UNICEF, 2020). As a result of pandemic restrictions and lockdowns enforced, essential nutrition services have been disrupted, with the number of children receiving treatment for malnutrition falling dramatically. Within Bangladesh and Nepal, these numbers fell by almost 80% (UNICEF, 2020). A further compounding effect on these levels of malnutrition was the closure of schools and ECE services, where prior to COVID-19 millions of children were reliant on feeding programs supplied by these institutions (UNICEF, 2021).

RESPONSIVE CAREGIVING

Affectionate and responsive caregiving, imparted through communication and play, is critical to a child's development. Outbreaks of pathogenic disease such as the COVID-19 pandemic have been shown to increase the prevalence of severe anxiety and depressive symptoms among parents, leading to increased incidence of stress disorders, post-traumatic stress disorder, anxiety disorders, and depression amongst children (de Araujo et al., 2020). This places children at risk of developmental delays and health problems that can lead to adult level maladjustment (STC, 2021). Parents faced increasing stress and mental ill-health during the COVID-19 pandemic across the Asia-Pacific due to the ongoing uncertainties surrounding health, employment, and education (UNICEF, 2021). Families already at risk of experiencing mental ill-health, including parents of young children, mothers, and those with pre-existing conditions, faced heightened risk from social isolation, employment instability, and closures of ECE and schools (UNICEF, 2021). Higher levels of caregiver and parental stress during COVID-19 is strongly associated with difficulties in parent-child closeness and attachment, harsher parenting practices, and increased familial conflict (UNICEF, 2021). Repeated exposure to these stressors can result in increased cortisol levels amongst children, resulting in irreversible life-long neurological impacts (UNICEF, 2021).

Prior to the pandemic, in 54 low-middle income countries globally, around 40% of children aged between 3 and 5 years were already not receiving adequate social-emotional and cognitive stimulation from any adult within the household (UNICEF, 2020b). Lockdowns left many families in the region struggling to balance childcare and paid employment, impacting family economy, child development and safety (Gromada et al., 2020). A number of child development and safety concerns pre-dated COVID-19, with some families forced to leave children in unsafe and under stimulating environments due to the inaccessibility or poor quality of ECE (UNICEF, 2020b). During the pandemic, many additional families were forced to bring their children to work, or to leave their children with others (in the care of minors) or alone in order to remain in paid employment, which was often informal (UNICEF, 2021). More than 7 in 10 women across the Asia-Pacific are employed in informal work; while this means limited access to social protections it does translate to some form of familial income (UNICEF, 2020b). During the COVID-19 pandemic however, mothers lost this informal employment, increasing their risk of poverty, extreme poverty, and mental ill-health, leading to detrimental effects on their children's development.

OPPORTUNITIES FOR EARLY LEARNING

In the early years, skills are developed interpersonally through imitation, modelling and interactive communication. Learning is a *built-in* mechanism ensuring children's adaption to changing circumstances. The effects of the COVID-19 pandemic further exacerbated pre-existing inequalities and vulnerabilities within ECE sectors in the Asia-Pacific (Kaga & Bang, 2021). Over 93 million young children across 34 countries in the Asia-Pacific had experienced disruptions to ECE in 2020 due to widespread closures and restrictions of ECE services (Kaga & Bang, 2021). As intervention within the first 2000 days of a child's life has invaluable impacts on enhancing their developmental trajectory, these closures and disruptions may have incurred major short- and long-term impacts on both the physical and psychological development of these children (STC, 2021).

Within the Asia-Pacific region, ECE was given minimal government attention and targeted support during the pandemic (Kaga & Bang, 2021). This resulted in early childhood educators facing greater challenges than others within the education sector. Approximately 44 million ECE teachers and educators were impacted by closures to ECE services and experienced high levels of discontinuation of renumeration and changes to employment status (Kaga & Bang, 2021). Despite the majority of ECE centres across the region continuing remote education and communication with families, few ECE teachers and educators had received training on remote learning delivery prior to the pandemic (Kaga & Bang, 2021).

The greatest challenge to remote service delivery reported by ECE educators was the lack of digital resources and access to internet connectivity (Kaga & Bang, 2021). In 2019, only 44.5% of the population across the Asia-Pacific had access to the internet, with just 43.3% of these populations having access within the home environment (Kaga & Bang, 2021). In East Asia and the Pacific, 63% had mobile internet access with only 33% of the population having this access in South Asia (Kaga & Bang, 2021). As the home learning environment became crucial to children's learning during the pandemic this digital divide increased inequities in educational access for children from disadvantaged and marginalised families (Kaga & Bang, 2021; STC, 2021). These inequities in home learning for these children were further aggravated by the requirement for parents and caregivers to supervise children and take on the role of the teacher. Parents were required to sacrifice time, ensure their availability, and utilise their social capital to facilitate learning (Kaga & Bang, 2021). This was an impossible ask for families at risk of experiencing poverty and extreme poverty who were forced to continue working, often in an unofficial capacity, and were unable to access social supports (STC, 2021). As a result, children from disadvantaged families experienced greater levels of learning loss and risks to their safety and security.

SECURITY AND SAFETY

Young children need safety and security, inclusive of safe drinking water and sanitation, as well as safe play spaces in rural and urban areas. It is also important to prevent child abuse, neglect, pollution, family violence, and harsh punishment, to ensure the best outcomes for young children. High numbers of children lost parents and caregivers to the COVID-19 pandemic, leaving many children destitute and without parental care, placing their safety and security at risk (UNICEF, 2021). Similarly, due to the closures of schools and ECE settings across the Asia-Pacific, many children were left unsupervised within the home environment while parents were forced to work. The COVID-19 pandemic also saw an unacceptable increase in violence against children (STC, 2021). In the pre-pandemic era over one billion children worldwide between the ages of two and seventeen experienced sexual, physical, or emotional abuse each year (Bhatia et al., 2020). According to the World Health Organisation, this number has increased dramatically during the pandemic (Bhatia et al., 2020). This has been attributed to two factors: (1) parental loss of income and financial pressures increasing parental stress levels and the likelihood of inflicting violence on children, and (2) the increased presence of children in homes with caregivers already prone to violence (STC, 2021).

Child protection within this region was an already underfunded sector (STC, 2021). Despite 89% of countries globally committing to multisectoral action to end violence against children, only 20% of countries have funded plans to achieve this outcome (STC, 2021). During the pandemic, the Philippines government reported that the incidence of online child sexual abuse had more than tripled under a three-month lockdown (STC, 2021). This may be due to children spending more time online, increasing their exposure to exploitation (STC, 2021). Similarly, the reported instances of domestic violence nearly doubled. Within 11 days of the lockdown in India the government led child-helpline received more than 92,000 calls on child violence and abuse (STC, 2021). During the pandemic, gendered violence has drastically increased with girls comprising 90% of children in online abuse materials (STC, 2021).

Methodology

In recognition of the various challenges facing children in the Asia-Pacific region, and the organisations responding to these challenges, this project reported on ten case studies to synthesise lessons from the COVID-19 pandemic in responding to the acute stressors placed on early child development. The purpose of each case study was to respond to the impacts of the COVID-19 pandemic across the region. While programs were analysed following a bespoke methodology and analytic model (summarised in Figure 1), the analytic approach prioritised responsive caregiving, early learning, and playful parenting, in alignment with the guidelines articulated in the NCF (WHO, UNICEF & World Bank Group, 2018).

Case studies selection

ARNEC selected ten cases from partners based on the diversity of program foci for young children and their caregivers, geographical representation, potential for regional learning and advocacy, and the emphasis on good practices and innovations to support early childhood development and nurturing care during the imposition of prolonged lockdowns in many countries in the Asia-Pacific region in 2020. Most of these cases were presented during the ARNEC webinar series on ECD and COVID-19 between April and July in 2020. Written consent was obtained by ARNEC, prior to partners and program owners' participation. All case studies were from low- and middle-income countries, which were impacted more profoundly by COVID-19 when compared with high-income countries in the Asia-Pacific region.

Information gathering and synthesis

Information gathering, synthesis and analysis focused on existing initiatives and subsequent learnings of ten COVID-19 response programs within the Asian-Pacific region. The initiatives focused on supportive and innovative practices for ECD and family well-being during the pandemic. An overview of the ten case studies is presented in Table 1. A conceptual overview of the methodology and analytic approach is presented in Figure 1. The data collection process was conducted in several stages and involved:

a. Information gathering
b. Semi-structured interviews with partner organisations
c. Documentation analysis
d. Nurturing Care Framework mapping
e. Identification of future implementation considerations, evidence-base and policy considerations
f. ARNEC partner organisation feedback on final drafts (including guided cross-checking of content)
g. Feedback and ratification by ARNEC Expert Advisory Committee

The project team included six Early Start researchers, with extensive experience and diverse expertise in ECD and ECE led data collection (see Appendix A for Early Start team information), in consultation with ARNEC and its partners. Prior to the onset of information gathering, the Early Start team conducted several project planning meetings, some including ARNEC representatives, to develop well-structured and reliable information collection processes (e.g., timelines, information gathering protocols, team responsibilities). These initial processes were captured within the *Inception Report: Development of knowledge products to support early child development (ECD) and nurturing care (NC) based on resources accrued during and in response to the COVID-19 pandemic* (available upon request). The Early Start team took a systematic approach to document analysis and analysis of the qualitative data collected through the interviews to ensure accurate reporting of the case studies. This process was conducted over a ten-week period (Oct-Dec 2021), followed by a thorough cross check process by ARNEC and its partners.

Due to the strict timeline of the project, Early Start had to ensure that partner organisations were not overburdened. Partner organisations partook in interviews, follow-up questions. and the *feedback on final draft* process (i.e., a guided review of the case report). Early Start worked around the availability of ARNECs partners and included all available program documentations to safeguard rapid and reliable analytic processes.

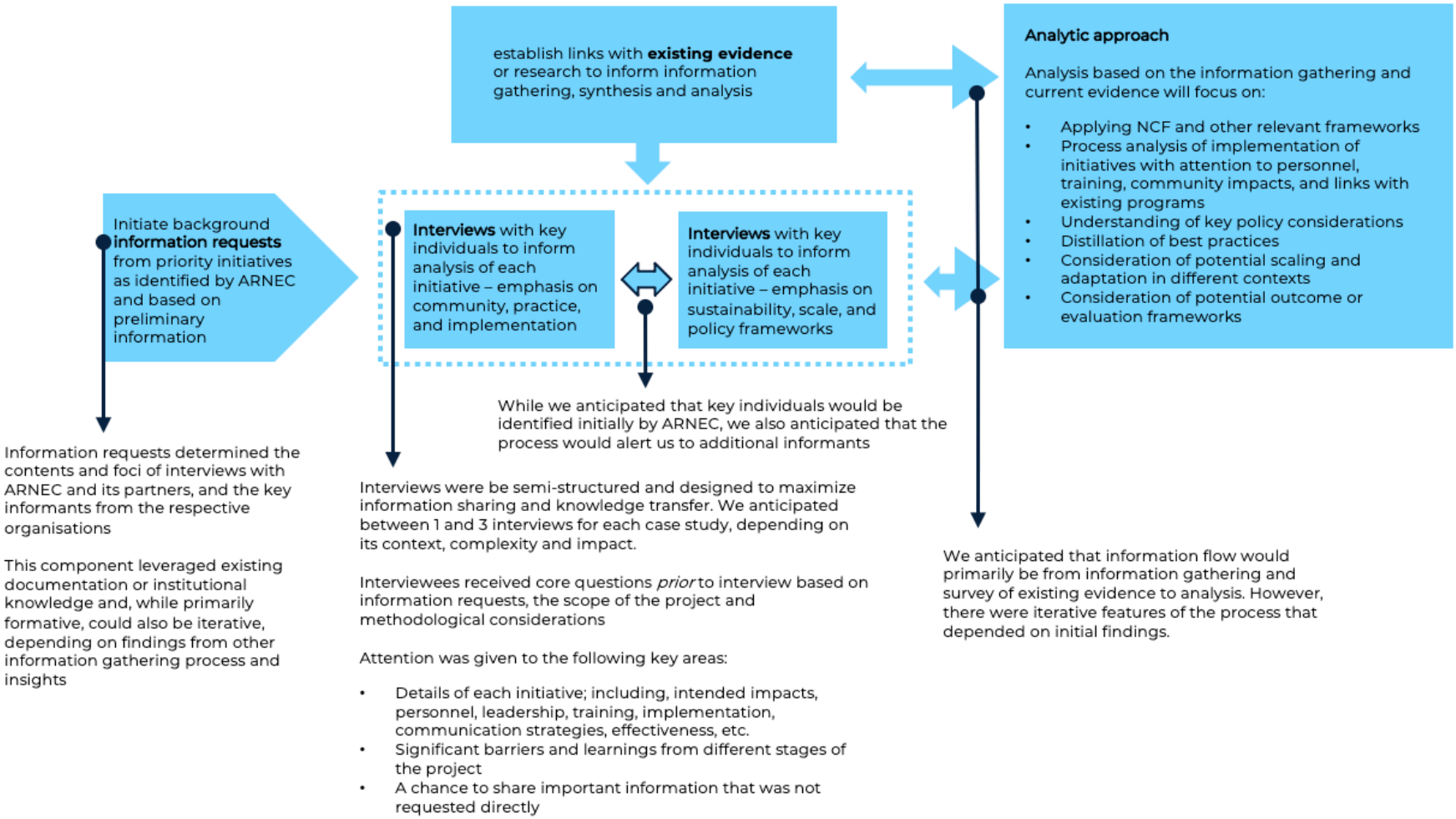

Figure 1. *Methodology and Analytic Approach for Case Studies*

Table 1: Case overview

Case no.	Program	Organisation	Country
1	**Parents and community involvement in COVID-19 ECCD programs**	Ministry of Education, Youth and Sports	Cambodia
2	**Home-based Early Childhood Care & Development (ECCD) program**	ECCD Council	Philippines
3	**Promoting parents/caregivers' psychosocial support to ensure the well-being of children during COVID-19: Ibu Anak Tangguh Kota Bogor project**	ChildFund	Indonesia
4	**Pashe Achhi: Standing beside children, caregivers, and front liners in refugee communities during COVID-19**	BRAC University - Institute of Educational Development	Bangladesh
5	**iMulat parenting app: Leveraging technology in low resource settings**	Save the Children Country Office	Philippines
6	**The role of play in engaging young children and their families during COVID-19: Karona Thoda Masti Thodi Padhai**	Pratham Education Foundation	India
7	**Migrant workers and their young children during COVID-19**	Mobile Creches	India
8	**Children, disability and COVID-19**	UMMEED	India
9	**Gender transformative early childhood care and development project**	Plan International	Bangladesh
10	**Distance learning approaches for young children: The case of Vietnam**	OneSky for all children	Vietnam

a. Information gathering

Initial background information for each case study was provided by ARNEC. This included webinar presentations and, in some instances, documentation regarding the COVID-19 response programs. Based on this preliminary information, a project- and purpose-specific data gathering protocol was developed to ensure all cases were examined thoroughly. The background information gathering process for each case extracted information on the program description, rationale, design and principles, implementation processes and practices, participation and engagement, personnel and supporting structures, funding, impacts, outcomes, and future directions.

b. Semi-structured interviews with partner organisations

Interviews with key individuals were conducted to inform analysis of each initiative with an emphasis on community, practice, implementation, sustainability, scale, and policy frameworks. Interviews were semi-structured and designed to maximise information sharing and knowledge transfer by ARNECs partner organisations. The initial document analysis stage determined the content and foci of the interviews for each of the key informants from the respective organisations. This leveraged existing documentation or institutional knowledge, referenced the NCF and

was also expected to lead to additional information gathering, documentation, and insight. Each interview had a similar structure (presented in Appendix B), where attention was given to (1) program description and roles, (2) program delivery, (3) program development, content, and facilitation, (4) program engagement, (5) program learnings, and (6) other considerations. A set of questions were developed for each case and were provided to partner organisations prior to interviews supporting transparency and preparedness of the interview, as well as minimising burden on partner organisations.

Interviews were conducted by at least two members of the Early Start team. Interviews lasted between 45 minutes and 1 hour. Half of the interviews were completed with one key informant from the partner organisation, the other five interviews were conducted in groups ranging from two to nine participants from the partner organisation. Extensive notes were kept by the researchers, and Zoom videos were recorded and transcribed for analysis.

c. Documentation Analysis

The Early Start team conducted a thorough examination of all additional documentation that was shared by the informants as a follow-up to the interviews. The analytical approach implemented by Early Start was informed by the Nurturing Care Framework and other relevant frameworks (e.g., Sustainable Development Goals), existing precedent (i.e., practice and evidence), a view to identify and specify best practices, and sustainability and transferability of insights and practices.

All data, including initial data, interview findings and additional documentation were analysed using a study specific data gathering protocol and spreadsheet. The data were used to develop an overview table for each of the case studies, which was used to capture each case study according to key program criteria. This included key program features, program rationale, goals of the program, program structure and development, training and support, duration and intensity, funding, partnerships, content, impacts and outcomes, evaluation, facilitators and barriers, lessons learned, links to the WHO Nurturing Care Framework outcomes, and links to other resources. A template and structure for this table, including intended content, is presented in Appendix C.

d. Nurturing Care Framework mapping

The Nurturing Care Framework was used as a guide to the collection of information, distillation of knowledge, and communication of messages. The NCF logic model (see Figure 1) and guiding principles (WHO, UNICEF & World Bank Group, 2018, p. 26) provided a thoughtful and thorough starting point for the Early Start team's approach and informed the process of data analysis.

The NCF inputs, outputs, and outcomes highlighted the ways in which the unique features of the NCF logic model were used to inform information gathering and the development of the case studies. More specifically, after the documentation analysis, all data was used to map against the NCF logic model components as follows:

- NCF inputs explored enabling environments, policies, and systems that underpinned responsive action. This included exploration of thinking on leadership, personnel, engagement, and surveillance.
- NCF outputs examined how strategies and initiatives were planned for, operationalised, and linked to outputs in the service of ECD outcomes. This focused on practice, delivery, and engagement.
- NCF outcomes provided a clear mapping of strategies and initiatives to ECD outcomes and impacts. This provided information of effectiveness, monitoring and evaluation (as available).

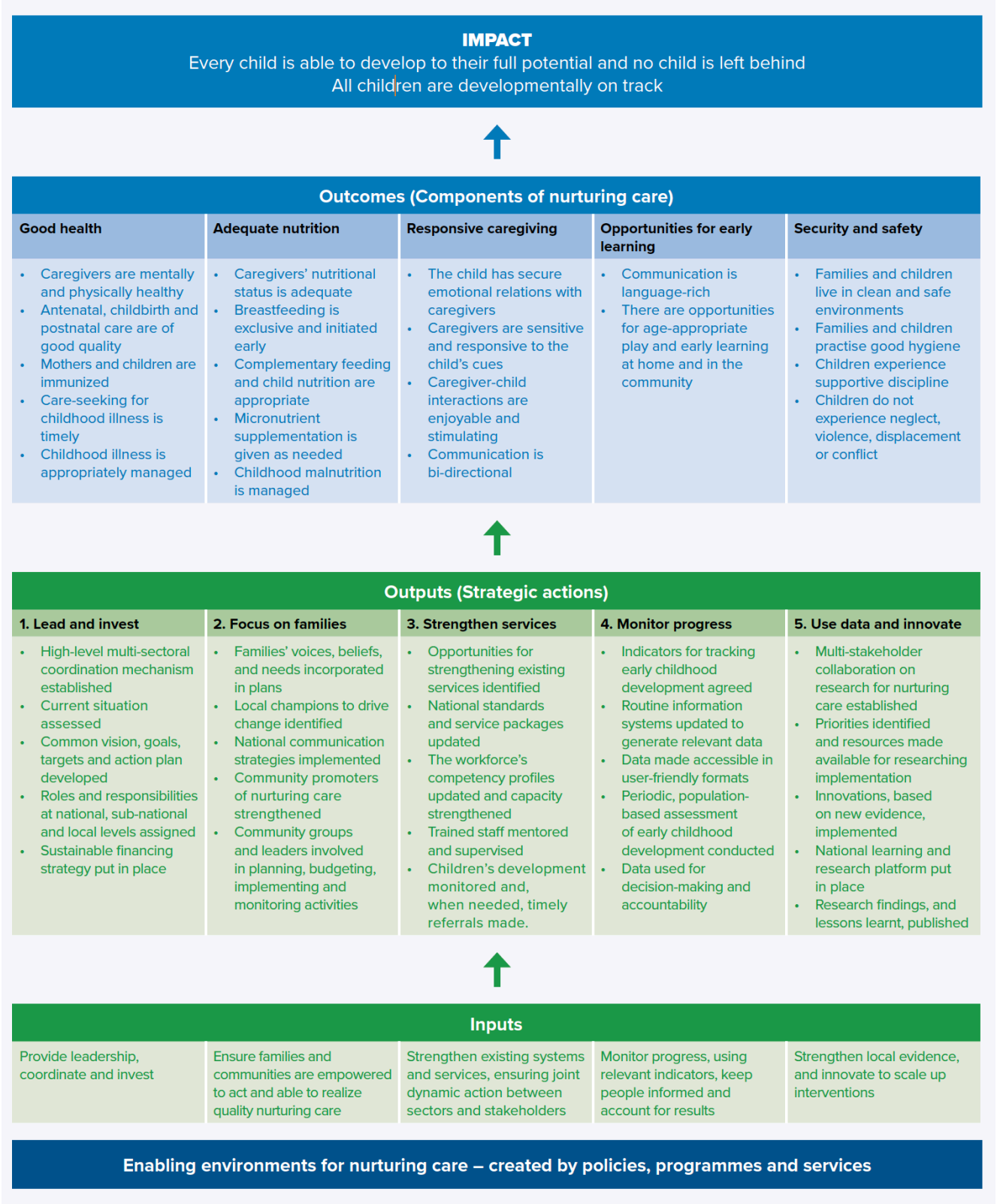

Figure 2: *Nurturing Care Framework Logic Model (WHO, UNICEF & World Bank Group, 2018)*

e. Stakeholder considerations & future research, evidence-based and policy considerations

The Early Start team mapped the program content, initiatives and processes against the roles, responsibilities and actions identified within the Nurturing Care Framework. In addition, the team determined what key changes were required for future implementation based on the lessons learned and future directions of the programs.

Existing evidence and research was drawn upon to inform the information gathering process and analyse the respective programs within each case study. This process framed the evidentiary context across the cases and was used to highlight strengths and weaknesses to inform future development work. A list of policy areas was identified (e.g., remote engagement; use of technology), and discussed in terms of what policymakers could do to support program implementation and fidelity.

f./g. ARNEC and partner organisation validation checks

After the initial completion of the case study reports, several steps were taken to ensure the reliability and validity of the reports created by the Early Start team. A three-phase process was adopted which included: (1) the distribution of a unique list of follow-up questions per case, (2) consultancy and review of the documentation by ARNEC for each case, and (3) cross-checking of information and review of documentation by partner organisations.

Strengths-based perspectives

For many families across the Asia-Pacific region, the pandemic exacerbated and magnified the lack of quality opportunities to support early childhood learning and development, particularly in communities already experiencing vulnerability. Each of the initiatives or programs showcased in this report prioritised the potential of the home learning environment, positioning parents – primarily mothers – as key to ensuring children continued to experience rich play-based developmental opportunities and good health outcomes. The Early Start team implemented a strengths-based approach in evaluating each of the initiatives or programs, identifying the inherent facilitators and advantages of each case study.

Findings

Overarching themes

There were common themes and strengths identified across the cases. These included:

- the use of technology to support connections and sharing of information
- remote engagement and motivation to reach and support many families
- prioritisation of the home-learning environment to support children's daily learning at home
- leveraging pre-existing programs and workforce to ensure high-quality practices and outcomes
- empowerment of community leaders to create leadership and ownership
- inbuilt flexibility and responsiveness of program to listen to participants and assess the environment
- partnerships to create uniform and learning opportunities between organisations
- measurement and tracking systems to support familial input and show effectiveness of the program

Use of technology

Digital and mobile technologies were the cornerstone of most approaches presented in these case studies. Digital and mobile technologies offered a readily accessible means to engage with relevant (arguably, critical) content for parents, caregivers, and educators alike, and became an important mechanism for maintaining connections. For instance, OneSky (Case 10, p. 2) devised a distance learning approach to support caregiving communities in China and Vietnam. Their digital learning platform, 1BigFamily, was expansive, including in-depth information, activities,

discussion forums, expert Q&As, and other resources for Early Childhood Care and Development (ECCD) educators, children, and families.

Organisations sought to ensure their programs were as wide-reaching as possible, noting that the digital divide was an impediment for many vulnerable families. Where stable internet access was sparse or non-existent, and/or smart phones were less common, organisations opted for engagement via frequent phone calls (e.g., BRAC Bangladesh's Pashe Acchi Program – Case 4, p.3) or through shared technology initiatives (Pratham Education Foundation, India – Case 6, p.2).

Remote engagement and motivation

The COVID-19 pandemic has necessitated a focus on remote engagement, across various fields including ECCD. Limited resources within the home necessitated innovative remote engagement activities, including strategies to keep families motivated and engaged. Approaches varied from mobile apps (e.g., iMulat, Save the Children Philippines – Case 5, p.3) to online learning and counselling sessions (e.g., Pratham Education Foundation, India – Case 6, p.3); each ensuring a well-rounded approach inclusive not only of COVID-19 related public health advice but also play/activity suggestions, nutrition and health information, and strategies to support wellbeing among parents and caregivers.

One such example was Plan International Bangladesh's hybrid model of remote and home-based delivery (Case 9 - p.4). Recognising the need to disseminate information remotely and broadly, they partnered with the Sesame Workshop Bangladesh to develop and distribute audio-visual content and establish partnerships with South Asia Partnership Bangladesh and SUROVI to implement remote, home-based learning components of their program.

Prioritisation of the home-learning environment

With ECCD facilities closed for over 20 months in some Asia-Pacific regions, and many families lacking safe outdoor play spaces, the home-learning environment became more important than ever for young children and families. Organisations sought to optimise learning and development in the home through a variety of mechanisms. This included: leveraging social media platforms, such as WhatsApp, for communication (e.g., Pratham Education Foundation, India – Case 6, p.4); creating video, radio, and poster materials (e.g., MoEYS, Cambodia – Case 1, p.4); or creating structured parent support sessions (e.g., ECCD Council, Philippines – Case 2, p.3) for delivery in the community or home context. Further to this, many initiatives recognised that family/parent-child interaction was critical to successful implementation of home learning programs, and this was reflected in many of the cooperative, play-based activities shared with families either via apps, online learning programs, phone calls, or other media.

Leveraging pre-existing programs and workforce

Most case studies involved harnessing pre-existing expertise and/or programs, and a pre-existing workforce, in supporting children and families during the COVID-19 pandemic. This provided a solid foundation for content and programs, and meant that many organisations were able to tap into existing connections and communities where they had previously established trust. Importantly, organisational contacts recognised the need to contextualise resources and programming to a crisis context. This involved revising content and resources, providing additional training to key personnel, and trialling innovative approaches to engagement where in-person options were no longer viable.

One example was ChildFund Indonesia's Ibu Anak Tangguh Kota Bogo program (Case 3, p.3), which was adapted to include an online component in response to restrictions on face-to-face delivery. The program itself included a stronger emphasis on parent wellbeing, recognising that the pandemic had resulted in a significant increase in stressors for parents and caregivers.

Empowerment of community leaders

The COVID-19 pandemic and resulting restrictions signalled an elevated need to consider and value the voices of community leaders. In developing programs to support children and families during the pandemic, organisations looked to community leaders not only to source valuable contextual information, but also to empower communities to take part in initiatives designed to benefit as many families as possible. This empowerment of community leadership and responsibility appeared to be a key facilitator in project success across the case studies.

Local community leadership was evident in Pratham Education Foundations' Karona: Thoda Masti Thodi Padhai program (Case 6, p.4), which followed a community-centric model placing mothers at the centre of teaching their children. Group leaders were motivated to share resources via weekly meetings, ensuring mothers were equipped with activities and information to support mother-child interactions and ECD. Further, content and messaging were customised to each individual community, demonstrating Pratham Education Foundation's commitment to a truly community-centric approach.

Inbuilt flexibility and responsiveness of program

With varying community needs, schooling options, and resource availability, flexibility and responsiveness were required to ensure ECD-focused programs met the needs of families and children during the COVID-19 pandemic. In many Asia-Pacific countries, the second wave of COVID-19 had a devastating impact and necessitated a rapid response. For the Mobile Creches' program (Case 7, p.4) which supported migrant workers in India, the second wave of COVID-19 shifted the focus of their program to the provision of emergency medical help and relief for the most disadvantaged children and families. The food distribution program resulted in the formation of new partnerships between Mobile Creches and nutrition-focused NGOs to supply resources to vulnerable communities. Their remote-learning program (consisting of weekly phone calls between creche workers and families) also remained, recognising the need to monitor family welfare and share important COVID-19 information.

Flexibility and responsiveness also extended to the workers involved in supporting children and families in the Asia-Pacific region. Across most case studies, workers were provided with additional resources and/or training to support their professional learning and their capacity to respond to the evolving needs of families and children in their communities.

Partnerships

Program leaders recognised the need to partner with other organisations and ministries during the COVID-19 pandemic. Reducing *siloed* approaches served to ensure consistency in messaging, while supporting the ability to capitalise on existing resources and avoid burnout of key personnel. The focus on partnerships also ensured a more holistic approach to family support and sometimes brought together both education and health initiatives. This was evident in Cambodia, where the Ministry of Education, Youth, and Sport (MoEYS; Case 1, p.3) developed a new program to support the continuation of children's learning across the five areas of their national preschool curriculum framework during the pandemic. They noted that the program's success was contingent on collaborative efforts across government departments, and with development organisations (e.g., Plan International, Save the Children, UNICEF). The program was developed through multi-sectoral collaborations across ministry departments and development planners, as well as connections with preschool sector professionals. Partnership approaches such as this helped to promote a continuum of care for children and families.

Measurement/tracking systems

Given the recency of the pandemic, many of the programs described in this report are either pilot programs or in the early stages of dissemination. Measurement and tracking systems are therefore preliminary. Inbuilt mechanisms for feedback were nonetheless a critical component of most programs. As noted previously, organisations worked closely and responsively with communities to ensure the programs met community needs; remaining vigilant to changing needs. Further to this, mechanisms were sometimes put in place to ensure family

input as the programs evolved. Program facilitators gathered information on usage, efficacy, and suggestions for improvement through a range of strategies including regular phone calls, discussion forums, or face-to-face discussions (where it was safe to do so). Importantly, the empowerment and inclusion of the family voice was prioritised across many of the programs presented here.

For example, the COVID-19 response program implanted by UMMEED India (Case 8, p.5) – focusing on children with disabilities – was reviewed as part of a five-year impact study. Focus group discussions with caregivers and community health workers began in mid-2021. This presented opportunities to prioritise and highlight the lived experience of caregivers, compare pre-COVID-19 programs and approaches to programs that were developed/altered in response to the COVID-19 pandemic, and gain insight into necessary improvements in program delivery.

Facilitators and barriers to program implementation

Table 2 highlights the most common facilitators and barriers to program implementation across the ten case studies featured in this report.

Table 2: Facilitators and barriers to program implementation

Common Facilitators	Common Barriers
Multi-sectoral and multi-agency collaboration	Instability of internet networks and limited access to appropriate technology for some families
Pre-existing programs and frameworks	Lack of interaction with children's peers
Parenting groups encouraged parents to support one another	Frustration observed among workers, parents, and children as the pandemic changed the way people work and interact
Pre-existing staff with existing community connections, including community contextualisation/ownership	In some instances, parents and facilitators were resistant to home-based approach, instead believing children learn only through formal schooling
Flexibility of program modality (between face-to-face and online) depending on community exposure to active cases of COVID-19	Implementation was a challenge for some parents due to competing responsibilities
Pre-existing funding	

Relation to Nurturing Care Framework

All overarching themes outlined were linked to the strategic actions (SA) and outputs of the NCF. This, as well as a brief description of how this was accomplished, is presented Table 3. Table 3 outlines these links and draws a comparison of how program structure, content, and delivery connect to the outputs of the NCF.

Table 3: Program relation to Nurturing Care Framework

Theme	Strategic Action (SA)	Output	How was this accomplished
Use of technology	SA 1: Lead and Invest	Current Situation Assessed	• Planning for program delivery was reliant on assessment of community/household infrastructure • Often conducted through surveys, feedback from families/communities, tracking systems
	SA 3: Strengthen Services	Opportunities for strengthening community services identified	• Existing workforce leveraged and trained in use of technology-based delivery • Technology used to build upon current programs (new method of delivery)
	SA 5: Use data and innovate	Innovations based on new evidence implemented	• Technology adopted in response to evolving evidence base • Programs shared experiences with technology to scale up interventions/program delivery
Remote engagement/ motivation	SA 1: Lead and Invest	Current Situation Assessed	• Identified local beliefs, complexities, practices, strengths, and resources, which were used to inform program content and delivery
	SA 2: Focus on Families	Families' voices, beliefs, and needs incorporated into plans	• Strength-based and community-driven approaches to empower families and increase belonging, engagement, and motivation • Challenges around ECD were made visible to families and communities to inspire them to take action
	SA3: Strengthen Services	Opportunities for strengthening community services identified	• Remote program content drew upon integration of systems (i.e., education, health, child protection)
	SA 5: Use data and innovate	Priorities identified and resources made available for researching implementation	• Remote engagement tailored to local contexts with potential to be scaled up • Innovative delivery approaches built local evidence of best practice for remote engagement
Prioritisation of home learning environment	SA 1: Lead and Invest	Common vision, goals, targets, and action plan developed	• Programs coordinated plans of action based on goals and targets to build the capacity of the home learning environment
	SA 2: Focus on Families	Community promoters of nurturing care strengthened	• Families were empowered to implement nurturing care practices within the home learning environment with focus on parental mental health • Families built knowledge on the importance of ECD for long term outcomes for their children

Theme	Strategic Action (SA)	Output	How was this accomplished
	SA 3: Strengthen Services	Opportunities for strengthening existing services identified	• Programs strengthened the dosage effect of nurturing care interventions • Programs responded to closures of essential health and education services promoting nurturing care through focusing on the home learning environment
Tapping into existing workforce	SA 2: Focus on Families	Community promoters of nurturing care strengthened	• Existing workforce with extensive pre-existing knowledge of nurturing care were upskilled and strengthened
	SA 3: Strengthen Services	opportunities for strengthening existing services identified; trained staff mentored and supervised	• Components of nurturing care (i.e., responsive parenting; parental mental health) integrated into training for organisational and community personnel
	SA 5: Use data and innovate	National learning and research platform put in place	• Tapping into pre-existing communities of practice and formation of new communities of practice amongst multi-sectoral organisational and community personnel
Empowerment of community leaders	SA 1: Lead and Invest	Roles and responsibilities at national, sub-national, and local levels assigned High level multi-sectoral coordination mechanism established	• Assigned clear roles and responsibilities on government, organisational, and community levels to ensure clear leadership and programs were driven by community needs • Organisations and multi-sectoral collaborations focused on empowering community leaders to provide community-driven approaches
	SA 2: Focus on Families	Local champions to drive change identified Community groups and leaders involved in planning, budgeting, implementing, and monitoring activities	• Many programs utilised ground level community personnel as facilitators and advocates • Community personnel were empowered as the predominant drivers of interventions and change and, • Community personnel influenced programs through their contextualised local knowledge
	SA 3: Strengthen Services	The workforce's competency profiles updated, and capacity strengthened	• Community members trained in program facilitation to increase community strength and capacity

Theme	Strategic Action (SA)	Output	How was this accomplished
	SA 4: Monitor progress	Data made accessible in user friendly formats Periodic, population-based assessment of early childhood development conducted	• Built frontline worker capacity to collect quality data to monitor program fidelity and, • Collect data on children and families to monitor risk and protective factors for nurturing care
	SA 5: Use data and innovate	Multi-stakeholder collaboration on research for nurturing care established	• Partnerships developed between community personnel, program developers, and researchers to share local evidence, address knowledge gaps, and share good practices
Inbuilt flexibility and responsiveness of program	SA 1: Lead and Invest	Current situation assessed	• Shifts in program focus/content based upon evolving contexts (particularly due to COVID-19)
	SA 2: Focus on Families	National communication strategies implemented	• Consistent collaboration and communication between governments, organisations, ground level personnel to respond and adapt to shifting needs and priorities • Advocacy to government to influence policy and strategies based upon shifting contexts
	SA 3: Strengthen Services	Children's development monitored and when needed timely referrals made The workforce's competency profile updated, and capacity strengthened	• Flexible programs ensured children's needs were kept at the forefront of planning, programs adapted accordingly to shifting needs • Workforce provided with additional resources and training to support professional learning and capacity to respond to evolving familial and community needs
	SA 4: Monitor Progress	Data used for decision-making and accountability	• Data and feedback drawn upon to inform, adapt and respond to community needs and priorities
Partnerships	SA 1: Lead and invest	High level multi-sectoral coordination mechanism established Common vision, goals, targets, and action plan developed	• Partnerships between organisations, governments, and communities reduced siloed approaches and provided consistency of approach and, • Utilisation of existing resources (human resources, funding, existing program, frameworks) • Multi-sectoral organisation/government partnerships allowed for projects to work towards common visions and goals in line with nurturing care framework

Theme	Strategic Action (SA)	Output	How was this accomplished
	SA 2: Focus on Families	Community groups and leaders involved in planning, budgeting, implementing, and monitoring activities	• Community group and leadership involvement in partnerships allowed for shared responsibility and accountability of program processes
	SA 3: Strengthen services	Opportunities for strengthening services identified	• Existing services were strengthened through the integration of cross-sectorial partnerships • Workforce capabilities strengthened through bringing together of professional across sectors
	SA 4: Monitor Progress	Indicators for tracking early childhood development agreed	• Cross-sectoral working enabled nurturing care indicators to be embedded into systems, particularly for components with limited indicators and monitoring systems (i.e., responsive caregiving, early learning opportunities)
Measurement/ tracking systems	SA 1: Lead and invest	Current situation assessed	• Assessment of populations strengths, needs, and resources enabled targeted planning
	SA 2: Focus on Families	Families' voices, beliefs, and needs incorporated into plans	• Consistent feedback from families throughout planning, implementation, and evaluation of programs to influence ongoing implementation and future planning
	SA 4: Monitor Progress	Routine information systems updated to generate relevant data Data used for decision making and accountability	• Data was collected on (and from) children, families, and communities to ensure program fidelity and inform future planning • Tracking systems identified children and families with the most need to provide targeted support

Lessons Learned

Future Forecast

For each of the ten case studies, the interview process revealed interest in scaling programs within their respective regions, where funding and necessary supports existed. This was seen as particularly important for countries, regions, or communities with more limited access to ECE or ECD services. Future program initiatives would benefit from frameworks and processes that create opportunities for:

- rigorous program evaluation that leverages the NCF and prioritises process analysis and outcomes
- multi-sector collaboration between government, other organisations, and community
- innovative multi-modal models of content delivery and support that encompass flexible design and include both face-to-face and online components
- support of gender equity that fosters engagement from both mothers and fathers
- support for the mental health and wellbeing of parents/caregivers
- monitoring and tracking systems to support child safety and wellbeing

The complexities of effectively scaling the programs described in these case studies are not to be underestimated as many of them were highly contextually sensitive in their design and implementation and existed within distinctive funding and policy frameworks. Rushing to scale programs is potentially harmful because it can impose inappropriate approaches on communities that differ on important social, cultural, linguistic, demographic, and environmental factors. Nevertheless, there was much to be learned from the case studies that can be applied to new contexts (or expanded within existing contexts). For this to be successful, however, it will be necessary to carefully examine the feasibility of delivering each program (or its components) within different contexts, communities, and language groups, and to ensure there are adequate systems to monitor program implementation and evaluate outcomes.

Effective program evaluation – allowing for the determination of program fidelity and outcome-based measurements of effects for children, families, communities, and/or program facilitators – supports program developers to be able to share their findings and garner support from government, non-government organisations, the private sector, universities, and the media. Well-structured approaches to evaluation also allow the benefits of programs to be used effectively to support advocacy. In these respects, the NCF provides an excellent structure for evaluation, defining clear outputs and outcomes that are widely recognised and aligned with conditions that are known to benefit children and families. The common platform provided by the NCF also means that information-sharing and planning can be fostered between agencies and sectors (e.g., Ministries of Health and Education, government and non-for-profit service providers, etc.), and between jurisdictions.

Furthermore, programs that include a mechanism to assess *facilitator effectiveness*, such as facilitator Knowledge Attitudes and Perceptions (KAPs), can target future training processes and content to better support facilitator capacity, and thereby improve program delivery; a strategy is likely to increase the fidelity of programs into the future. Among interviewees in the current case studies, program leaders also frequently noted that training on remote delivery was essential for facilitators and other personnel to implement programs effectively. This need is likely to increase in the future.

Many of the interviewees described the importance of continuing multi-sectoral collaborations between organisations, government departments and agencies, and communities with the hope to build upon and form new connections to increase the scope and scale of programs. Continued efforts to integrate work across sectors (i.e., health, education, child protection) will further increase program quality and scope because it can respond better to the complex needs of families in a more holistic manner.

During the COVID-19 pandemic, organisations utilised blended program delivery approaches through integrating face-to-face (e.g., home visiting programs) and digital program delivery models. This strategy enables programs to reach larger populations, particularly in communities where in-person delivery is often unsustainable, such as geographically remote villages. Blended frameworks of delivery can include the utilisation of the existing ECCD sector to build family capacity and support for the home learning environment, which in turn will increase family engagement with ECCD programs. Such an approach could contribute towards balancing future programs to ensure greater reach and inclusivity.

To support accessibility and inclusivity for groups experiencing marginalisation or vulnerability, programs can consider multi-modal delivery approaches that can reach populations across socioeconomic and geographic groups. Offline program delivery options should also be considered in response to difficulties experienced with access to online modalities and technologies for some populations. Innovative programs described here incorporated multiple modalities, including television, radio, mobile phone, social media, and offline content to support accessibility. Many of the interviewees were committed to continuing to investigate and understand the contexts of the regions in which they work, and to determine their strengths and needs, create flexible programs, and adapt content and program delivery accordingly.

Program leaders also noted that future adaptations should focus on promoting and supporting the mental health and wellbeing of parents/caregivers, as this was identified as essential in building family capacity within the home learning environment and supporting positive outcomes for children. Some program leaders also highlighted the fact that future implementation of their programs will incorporate more active gender equity approaches through a focus on paternal engagement in responsive parenting practices, play, and interactions. This correction is needed to support more equitable approaches as many programs currently target interventions towards mothers, reinforcing gendered stereotypes that place the responsibility of parenting solely on women.

Considerations for child safety / tracking

During the COVID-19 pandemic, it was imperative to have systems in place to monitor child safety and wellbeing. Some of the programs within the case studies embedded tracking systems that recorded and monitored known risk factors for children within households and geographic locations to target responses that served as protective factors for child safety. For example, programs that monitored the incidence and risk of domestic violence, access to ECCD services, or familial income were able to provide differentiated support to families and/or communities based on the complexities experienced. This capacity for differentiation ensured that programs could be adapted to the overarching shifting needs of communities and/or regions. In the future, similar tracking systems could be developed outside of pandemic situations to monitor the shifting contexts and needs of communities and families in relation to child safety and development.

Through the key learnings and outcomes of programs, it is suggested that ECD programs that focus on parental wellbeing and positive mental health may reduce the incidence of parental stress and the subsequent consequences for child safety and wellbeing. This is particularly relevant for countries, regions, or communities with increased risk factors for parental stress, such as high or extreme poverty rates, high unemployment rates or high rates of employment within informal sectors, and low parental educational attainment.

Policy Considerations

The current project explored ECD programs that were developed or adapted to respond to the impacts of the COVID-19 pandemic across the Asia-Pacific region. This process revealed several areas of program delivery, content, and strategy that are highlighted here for the ongoing consideration of policymakers, as well as opportunities and innovations that can inform the refinement of existing (or the creation of new) policy frameworks.

Digital landscape

The COVID-19 pandemic and resulting school closures have brought into sharp focus the need for digital and remote technologies *to support quality ECCD programs*, particularly across the Asia-Pacific region where access to quality ECCD facilities is an opportunity that is not afforded to all. It is important to recognise that such approaches are not a substitute for high-quality face-to-face ECCD programs. However, when digital and remote technologies are readily available to all children and families, this helps to provide a higher level of ECCD service across the board, while also promoting inclusive, readily accessible means to help ensure that child development is on track, and parents/caregivers are supported.

Advocating for government investment in digital infrastructure and allocation of budgets toward digital learning is crucial. Funding from a dedicated revenue source should ensure access to and continuous quality of digital offerings for families and children. This is important in areas where geographic location and transport present significant barriers to vulnerable families accessing services. Not only can digital and remote technologies offer resources and crucial information, they can also enable connection to the outside world through chat features and discussion forums. This connectedness is crucially important in times of crisis and for the ongoing needs of isolated parents, careers, or communities.

Furthermore, many families rely on ECCD facilities to access health screening, social support, and therapeutic services, further underscoring the need for government support and funding to establish and maintain digital and remote outreach, and to use such services to augment existing workforce capability and program delivery.

Community advocacy and consultation

Supporting children and families starts at the ground level, necessitating frequent and authentic community engagement. The programs explored in this report were successful because they had an existing community presence and regularly sourced feedback from community members. Often, it is community leaders who advocate for programs and motivate community members to get involved. Community consultation is important to ensure the needs of vulnerable families are met (e.g., migrant workers, refugees), and that important public health information is imparted to all.

Consistent feedback and reciprocal communication between government, stakeholders, and communities is essential. Community perspectives should be linked with sub-national and national policy dialogue, recognising the need for plurality of voices, and reflecting the principles of inclusion, self-determination, participation, and respect.

The importance of promoting home learning

The home environment emerged as the central learning environment during the COVID-19 pandemic. In consideration of the significance of the home learning environment during times of crisis, the most important step policymakers can take is to better understand the *structural* qualities (e.g., What is in the environment? What are the effective constraints of family life and work? Who is in the house?) and *process* qualities (e.g., communicative interactions, day-to-day experiences of children in their home environment, etc.) inherent to the home learning environment that are important for enhancing parent-child engagement and child outcomes. Stable, empathic caregivers are pivotal to the success of the home-learning environment. As such, the time is ripe to better understand (1) how to support parents in the home environment, and (2) how supporting parents can influence children's learning, development, and wellbeing.

Policy decisions affecting the home learning environment can be based on an evaluation of how best to support primary caregivers – including both mothers, fathers, and extended family – in the home or through the local community. Valuing the work of care is a crucial first step to address inequalities and empower primary caregivers to champion home learning, thereby preparing the future generations. The home learning environment is ripe for rigorous formative research that is sensitive to the complex contexts that have emerged during the pandemic, can highlight areas for high-impact interventions, and support future program development. Such research can support policy and resource development to build flexibility and resilience into ECCD programs within each jurisdiction.

Valuing existing programs and workforce

There exists a wealth of existing programs and initiatives designed to support children and families across the Asia-Pacific, and many countries have policy-rich contexts that allowed for adaptation to COVID-19 pandemic impacts. The existing workforce relies on learning frameworks and national goals to ensure they are meeting the needs of communities. Policymakers can ensure ongoing support of ECCD and associated initiatives, as well as regular refinement of learning frameworks and national goals to ensure existing programs and initiatives – and associated workforces – are best placed to provide care and education.

Successful implementation of programs during times of crisis also relies on training and upskilling of existing workforce to be re-deployed in cognate roles. Stable, ongoing funding and a facilitative policy environment is required to continuously train and ensure supply of a suitably qualified workforce. Further, government policy should clearly address the need for existing *program and workforce preparedness* to ensure adequate resources and support during times of crisis. An approach which anticipates future crises, as well as the need to upscale certain programs or initiatives with a suitable workforce, will ensure support is provided in a timely manner in future, uncertain circumstances. Governance bodies should also have mechanisms to provide ongoing communication and policy guidance to ECCD facilities/providers to ensure subsidy decisions are coordinated so as to best meet the needs of young children and families.

Flexibility and program responsiveness

The COVID-19 pandemic has presented various, significant challenges for families and children across the Asia-Pacific. Circumstances were regularly changing and authorities have had to adapt, which necessitated flexibility and program responsiveness. The ability to adapt was a crucial factor in the success of the projects described in this report. Against this backdrop of uncertainty and change, stable, ongoing funding was a critical factor in ensuring organisations have the capacity to address community needs promptly. The existence of relatively stable funding for programs enables more rapid identification of and responding to the needs of children who are developmentally vulnerable, and parents/caregivers who require additional psychosocial support.

A need for lead indicators and measurement of parental wellbeing and children's learning, development, and wellbeing

Evidence based policy development requires decision makers to have reasonably accurate and informative indicators or measurements concerning the outputs and outcomes of the programs. For example, without some measurement of learning and development outcomes for children who do not have access to regular ECCD services, it is not possible to know if measures designed to address inequalities and/or provide adequate home care and learning support are effective. Furthermore, as discussed in the previous section (Lessons Learned), without rigorous program evaluation, there is a risk that ineffective programs will be perpetuated and scaled to other contexts. While the process of research or high-fidelity measurement can be costly, there is increasing availability of tools to assist the existing ECCD and community sectors assess the wellbeing of children and parents, as well as tracking the development of young children and the risks they face within their environments. The integration of such tools in ongoing ECCD programs both provides a mechanism to use public funding and development funds more effectively, but also builds in a capacity to monitor impacts of significant events (such as the pandemic) more accurately in the future so that effective policy responses can be undertaken to ameliorate some of the more serious impacts on children and their families.

Conclusion

This project involved review and analysis of ten case studies of early childhood care and development (ECCD) programs that were developed or adapted to respond to the impacts of the COVID-19 pandemic across seven partner countries within the Asia-Pacific Regional Network for Early Childhood (ARNEC). In this Integration Report, the methodology was described and the key findings and learnings from these programs was presented. In undertaking this work, the World Health Organisation (WHO) Nurturing Care Framework (NCF) logic model and guiding principles provided a highly appropriate and adaptable common framework to understand how programs were effective in responding to the needs of children, their caregivers, and their communities. The approach adopted here was descriptive, designed to capture innovation and good practice amongst a range of approaches initiated under very trying conditions to lessen the more severe impacts of the pandemic on vulnerable children and families.

While it was not the role of this process to evaluate these ten programs or critique jurisdictional responses to the pandemic, it is noteworthy that the NCF and its associated guiding principles would provide an excellent framework through which different jurisdictions could understand where they have succeeded and struggled to respond to children's needs. It is also important to recognise that the case studies presented herein represent a *point-in-time view* of the ongoing pandemic context and many programs are ongoing. Nevertheless, the process of bringing these diverse experiences together was very instructive and revealed both the importance of understanding the specific contexts in which each program was implemented, as well as revealing some consistent themes that resonate across many jurisdictions. Thus, in summarising this report, we speak briefly to the need to always maintain a contextual lens, before listing a number of areas for urgent policy action and innovation that seem to be relevant to most contexts.

The importance of keeping a contextual lens

Whilst the needs of children and families are similar the world over, the specific circumstances of children and families mean that most programs (e.g., early education, community health, intervention, etc.) will only be effective if they account for the individual contexts of peoples' lives and reflect their specific needs and preferences. In bringing together these ten case studies there were numerous illustrations of how this contextual responsiveness was achieved within the diversity of contexts in which families are living. A strong emergent theme within the case studies was that of the importance of **existing relationships** between, for example, ECCD professionals and communities or families. When relationships already existed, there was a foundation for changing the program delivery and responding to community needs. Another theme to emerge was the need for **monitoring systems** within programs to ensure that they can adapt as circumstances change, which they frequently have done in the pandemic. Finally, it is important to emphasise that, to a lesser or greater extent, programs appeared to succeed when they adopted **user-centred design principles**, such as authentic community consultation, which embody the experiences and circumstances of users as they are, and do not try to make the user conform to the program constraints.

Areas for urgent policy action and innovation

1. **Digital infrastructure and strategies to provide ongoing support for ECCD** services and programs can also provide flexibility and responsiveness in times of crisis (e.g., pandemic, environmental impacts). As such, this is an area of priority policy development to support families and help *future-proof* ECCD systems.
2. Unpredictability and a need for flexibility in service and program delivery is inevitable, as the pandemic has aptly illustrated. **ECCD workforce development and funding** can incorporate learnings from the pandemic to ensure that ECCD professionals are prepared to work flexibly and collaboratively as they are typically at the front line in responding to vulnerable children and families.
3. ECCD services and programs can and should be designed to reflect various case scenarios, including distance delivery and **the need to support learning and development in the home environment**.
4. **Improved service integration** between government ministries (e.g., Health, Education) is in the interests of children, families and communities but cannot be achieved at a local level; it requires leadership and strategic planning within government in consultation with service providers and communities.

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Appendices

Appendix A. Early Start Team Information

Professor Marc de Rosnay DPhil, Bachelor of Science (Honours)
Marc is the Professor of Child Development and Academic Director at Early Start, University of Wollongong, where he leads inter-disciplinary early childhood initiatives involving the University and community, with the goal of improving developmental, educational, and social opportunities for young children. With his colleagues at Early Start, Marc works to translate current evidence on child development and early learning into the everyday care of children and professional practices. He also currently serves as the NSW representative on the Board of the Australian Children's Education & Care Quality Authority (ACECQA)

Associate Professor Cathrine Neilsen-Hewett PhD, Bachelor of Arts (Honours)
Cathrine is the Academic Director of the Early Years at the University of Wollongong. Cathrine's early childhood professional roles have included academic director, local and state government adviser, lecturer and researcher. Cathrine is a member of the Early Childhood Development council and is an honored expert of early childhood pedagogy and practices, childhood socialization and staff training. Cathrine leads in the development, implementation and evaluation of evidence-based child development programs and Professional Development services.

Senior Professor Anthony Okely EdD (Physical & Health Education), Bachelor of Education (Honours)
Anthony is currently leading an international surveillance study of 24-hour movement behaviours in the early years (called SUNRISE) which involves 42 countries, two-thirds of which are either low- or middle-income according to the UN Human Development Index. Anthony has worked extensively with the World Health Organisation and government authorities to develop guidelines, standards, and resources for children and families.

Dr Ellie Taylor PhD, Master of Science (Research), Bachelor of Psychology (Honours)
Ellie is a Translation and Sustainability Coordinator at Early Start at the University of Wollongong. For the last 10 years, Ellie has been an active researcher on numerous projects that support child development and mental health. Ellie has worked with the World Health Organization to develop Global Standards for healthy eating and movement behaviours in early childhood education and care settings. Ellie's current research focuses on parent mental health and children's movement behaviours during times of stress.

Dr Karel Strooband PhD, Master of Science (Research), Bachelor of Education
Karel is a Project Officer at Early Start at the University of Wollongong. For the last 6 years, Karel has been an active researcher on numerous projects that support child development, while at the same time facilitating child development programs as a Health Promotion Officer. Prior to his research roles, he worked as a physical education teacher in various countries with the focus on children with additional needs. Karel has particular interest in supporting health and wellbeing of children who need it the most (e.g., children from low socio-economic backgrounds, children with a disability).

Janine Singleton Bachelor of Education – The Early Years (Honours)
Janine is a Project Officer at Early Start at the University of Wollongong. She has recently completed her Bachelor of Education - The Early Years (Honours) at the University of Wollongong and was awarded first-class Honours. Janine also has been working in the early childhood education sector for the past eight years, with a particular focus working in areas experiencing higher levels of vulnerability and socioeconomic disadvantage in rural and regional Australian communities.

Appendix B. Interview structure

Context (for Early Start team only):

I am pleased to inform you that ARNEC has selected [program], which you presented in ARNEC's COVID-19 webinar series, as one of the eight good practices in the region, which we are recommending for documentation. The objective of our good practice documentation is to recognise adaptive ECD programs and innovations for young children and caregivers and to draw lessons and insights for ECD policy, programs, and investments in the Asia-Pacific region.

Your consent to participate in this ARNEC activity will mean the opportunity to:

1. showcase what your organisation is doing well or differently for young children and ECD for governments and partners in the Asia-Pacific region to learn from;
2. recognise the role and leadership of your organisation in adjusting ECD programs to respond to the challenges and opportunities of COVID-19; and
3. build on your insights to create new knowledge in the region on adaptive ECD programs in the context of the pandemic that promote nurturing care for young children.

ARNEC is partnering with a team of academics and practitioners from the Early Start, University of Wollongong (UOW) in Australia to lead the documentation process for us. The proposed approach is to interview you (and other members of your team, as appropriate) and to generate from your organisation some data or information regarding your program.

Program Description and Role:

- When did this program commence, and for how long has it been running?
- What were/are some of the key features of the program?
- Can you provide me with further details on program content (this way we can map against components of nurturing care)? Why did you choose to focus on this particular group?
- What were your key prioritisations (specific areas of focus) in setting up the program?
- How did this program sit with existing initiatives or priorities within early childhood development (ECD) in your country?
- How do the different agencies work together in your country? Are there common goals or targets across ECD and healthcare in your country/region?

Program Delivery:

- What were some of your key considerations in determining structure and delivery of your program?
- How was the program accessed (by children and families)?
- Were there differentiated delivery/access models? If so, how were these determined?

Program Development, Content and Facilitation:

- Can you please share with us how the program came about – did you build on an existing program or was it initiated in response to COVID? (What infrastructure was already in place – how did you decide what to use i.e., social media, radio – drew on existing data re: familial access and usage?)
- What previous learnings did you draw upon to develop this program?
- Was this funded uniquely in response to COVID or as part of existing programs?
- In terms of program facilitation/running – what key personnel were involved in the development (policy/government) and delivery (on the ground)?
- Re: facilitators - Specific qualifications or professional learning prior to program implementation? (How did they develop trust in the community? Were they known to the community?)

- Did you tap into an existing workforce, or train up a new workforce (capacity/workforce development)?
- How did you position families, so they felt they had a say in the program? How did you strengthen the capacity of these vulnerable families to feel that they could have input?

Program Engagement:

- How many parents and/or children engaged in the program? Were there some groups that were more engaged than others?
- How did you track engagement/usage?

Program Learnings:

- What were some of the key facilitators/barriers to (a) program delivery, (b) program uptake, (c) funding?
- What were the direct (e.g., parent relationship with child) and indirect (e.g., children wellbeing, literacy/numeracy, attendance, growth) impacts? If you haven't looked at child outcome measures, what would you view as a measure of success of this program? (e.g., child wellbeing)
- Does your country have any national data sets around children, and can you tap into these?
- What are your future plans? What will you do with your evaluation of this program?
- What would you do differently if you were rolling out the program again?

Final Questions:

- Was there anything you wanted to add that would help us and ARNEC better understand this program?
- In about 6 months' time, who could we contact to learn more about the program and its progression?
- Is there any additional documentation or information that we should look at/ or have access to to better understand the program? (If Yes, could they please forward this documentation within one-week of the completion of the interview)

Appendix C. Case Study Reports Table Content Structure and Template

TITLE

Includes information about the lead organisation

leaders of the program, including current contacts and their roles

CASE X	COVID-19 PANDEMIC RESPONSE PROGRAM
KEY PROGRAM FEATURES	• Is it a program – does it have structure, leadership, funding, policy framework, etc. - or is it better described as a discrete project, initiative or research project • NGO, Govt, collaboration, etc.? - Who is the lead organization and what department within that organization has leadership? • Was it a preexisting program that was scaled or was it a new initiative? • What is the program/initiative? • How is the program/initiative linked to existing systems? • Target audience, saturation, and scale (high intensity [elaborate below] or light-touch/ psycho-educational, etc.)
PROGRAM RATIONALE	• Why was it set up? • Was there an evidence base, policy change or crisis point that can be clearly identified? • If established, why did they build on or prioritize that particular program? • Theory of change - how was the program intended to work
GOALS OF THE PROGRAM	• Were there clearly defined goals at the outset? • Was there a clear statement of goals/aims? • Was there a measurable aim or outcome?
PROGRAM STRUCTURE & DEVELOPMENT	• Deals with the program-as-implemented, and not the strategy or background that led to the program • Key components of the development of the program, which inform the overall structure • Program structure and development allows an external party to understand the basic elements of the program to replicate the program within a different context • Weekly, phone call, on-demand, support structures, facilitated • Personnel – facilitated or not? (link to process and motivation) - this section identifies the roles and who delivered but not how they were identified, trained or recruited • Who does the program need to work? • Who is leading the work?
CONTENT	• Design and structure of implementation • Key features of components and program content overview – manualisation? • Delivery of content • Innovation content development

CASE X	COVID-19 PANDEMIC RESPONSE PROGRAM
	• Distribution of resources (what did people actually get?)
TRAINING & SUPPORT	• What are the qualifications of facilitators? • Was there any specific training required for facilitator or other support workers? • Identification, training, and recruitment processes • Existing or bespoke resources • Links to existing practices and frameworks • Other supportive methods to support the implementation of the program
DURATION & INTENSITY	• Identify the audience of the program • Time the program has been implemented for • How many times were program elements implemented?
FUNDING	• Leveraging existing systemic funding or new funding methods. • Was there a short-fall of funding available? • Were funding issues solved post implementation?
PARTNERSHIPS	• Identify all partners and their roles • Were partnerships needed for successful implementation? • Also planned partnerships • Local radio, app developer, local government, etc.
IMPACTS & OUTCOMES	• How many people/communities were impacted? • What shifted or changes as a result of the program implementation? • Changes in participants' feelings, knowledge or experiences
EVALUATION	• Was the program evaluated? • Are there processes in place to evaluate the effectiveness of the program and its components? • What were the processes used by the implementation team or funders to ensure that there was ongoing reflection or evaluation of the program? • Formal versus informal • What was the program evaluation approach? (e.g., parent perceptions/process, measurement of developmental outcomes)
FACILITATORS & BARRIERS	• Examples of what was needed for successful implementation (e.g., technology barriers) • Key individuals or local organisation that were essential to the success of the implementation but weren't necessarily identified a priori • Key downfalls and barrier before, during and after program implementation
LESSONS LEARNED	• What would you do differently? • Future directions?

CASE X	COVID-19 PANDEMIC RESPONSE PROGRAM
	• Reflections on the content • Possibilities of scaling
LINKS TO THE WHO NURTURING CARE FRAMEWORK OUTCOMES	• Which of the 5 NCF outcome components is linked to the program? • One sentence one how this outcome link to the program (e.g., methodology, outcome measures etc.)
LINKS TO OTHER RESOURCES	• What additional resources are important to support the understanding of the program