

ARNEC CASE STUDY

Migrant workers and their young children during COVID-19

MOBILE CRECHES, INDIA



ABOUT MOBILE CRECHES

Mobile Creches is a non-profit non-government organisation (NGO) based in India. The key focus of Mobile Creches' work has been supporting migrant worker families with young children by establishing workplace-based early childhood education and care (ECEC) centres for children aged birth to six years. Mobile Creches was established in 1969 when the first creche was built and has since evolved to impact the lives of close to one million children to date through the establishment of ECEC services. Currently, its ECEC services are operational in eight states of India through direct services, training and capacity building of educators, and strengthening state capacities to run and scale up creches in vulnerable urban locations to support childcare for women working in informal sectors. Mobile Creches partners with early childhood development (ECD) networks, NGOs, academics, local communities, and women's groups to advocate the importance of ECD to government agencies. They engage in regular dialogue with government agencies and industry to inform policy change and effective legislations through legal, programmatic, and institutional structures.

EXECUTIVE SUMMARY RESPONSE TO COVID-19 PROGRAM

Mobile Creches' COVID-19 response program was developed in response to the high rates of income loss and exacerbated poverty levels experienced by migrant workers and their children across construction site and urban slum communities where Mobile Creche efforts were focused. The framework for the response program was built upon the organisation's previous work in providing centre-based ECCD programs for children of migrant workers at construction site communities in urban centres in India. The COVID-19 response program included a multifaceted approach dedicated to the distribution of nutritional resources to entire communities through a food distribution program, the adaptation of the educational curriculum and a parent development program for remote use within the home learning environment, and government advocacy for children at the worksites. When the second wave of COVID-19 impacted communities, the focus of the program shifted to the provision of emergency medical help and relief to the most disadvantaged children and families. The food distribution program resulted in the formation of partnerships between Mobile Creches and nutrition-focused NGOs to supply resources to targeted communities. The remote-learning program consisted of thrice weekly five-to-ten-minute phone calls between creche workers and families, with the sharing of home learning activities, a check-in on family welfare through psychosocial support, and the sharing of COVID-19 information. Socioemotional wellbeing was also focused upon as part of the intervention through parents. Advocacy work encompassed the amplified need for support for ECD during and after the pandemic, with recommended actions to inform policy and national plans.

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KEY PROGRAM FEATURES

Mobile Creches' COVID-19 response program built upon the organisations' previous work in providing centre-based early childhood care and development (ECCD) programs for children of migrant workers at construction sites in urban centres in India.

Due to national lockdowns in March 2020, Mobile Creches developed a multifaceted high-intensity COVID-19 response program which included:

1. Response to Hunger: Distribution of food to entire communities
2. Adaptation of the educational curriculum (used by creches) and the Parent Development Program (PDP) for remote use within the home learning environment
3. Advocacy work to support children at the worksites

Key to the successful distribution of resources during the program was the development of a tracking system in which the organisation could assess the number of people migrating away from, remaining, or arriving at the worksite communities. This system also tracked the work status of community members, the wages they earned, their resources and food supplies, the health status of children and pregnant women, and domestic abuse within the community. This information was collected by frontline workers and office staff that possessed the technical skills to create and maintain a structured system of gathering and monitoring this information.

In April 2021, the second wave of the COVID-19 pandemic hit India. This saw an organisation-wide shift in focus towards the provision of emergency medical help and relief to the most disadvantaged children and families with whom they are still connected, particularly those diagnosed with the COVID-19 virus. On this occasion, across all construction sites and urban locations, Mobile Creches adapted the core Early Childhood Development (ECD) model to meet survival, development, and protection needs of young children during the pandemic.

PROGRAM RATIONALE

The COVID-19 pandemic had an immense impact on migrant workers and their children due to worksite closures. This exacerbated pre-existing fragilities within these communities and increased familial poverty.

Food provision for families at risk of hunger and starvation was initially prioritised in response to the high rates of income loss and migration back to home states reported by ground creche personnel. Follow-up dialogue with ground level creche personnel, resulted in the response being extended to include support for children within the home learning environment

and higher-level advocacy work (detailed below). This response targeted both the migrant families accessing the creches, as well as the whole community ensuring equitable and targeted support.

GOALS OF THE PROGRAM

Mobile Creches' overarching mission was to work directly with children of migrant women working in informal employment (e.g., farmhands, fishermen, weavers). Mobile Creches' allegiance to this mission guided their COVID-19 emergency response to support children experiencing the most vulnerability during the pandemic. Key objectives of the response program were to:

1. Ensure the provision of nutrition kits to children and families (containing basic food provisions)
2. Continue to support ECCD through supporting parents in the home learning environment
3. Promote awareness of the heightened level of need (advocacy including alerting government about communities lacking basic provisions)

PROGRAM DEVELOPMENT AND STRUCTURE

The organisational team consisted of 110 staff members (this included data entry specialists, HR personnel, administration, and senior management). Integrated staffing groups were assembled to oversee and manage program implementation for each worksite community. Responsibilities, such as communicating with community leaders, suppliers or construction workers, were divided amongst these groups. These groups were given responsibility for different zones, and were responsible for tracking required needs across centres in their respective zones.

To ensure effective implementation, the program was highly dependent on the work of volunteers and frontline workers (i.e., creche personnel and mothers), community leaders, construction workers, and food delivery personnel.

Creche personnel, who completed 12 days of preservice training and 24 days of in-service training, consisted of:

- Creche workers (for children aged birth to three)
- Balwadi workers/creche educators (for children aged three to five)
- Bridge course workers/creche educators (for children aged five to eight)
- Creche Managers
- Field Supervisors (provide supportive supervision, community development, linkages with government schemes)

Food Distribution Program resulted in new partnerships between Mobile Creches, targeted

communities and nutrition focused NGOs. These connections were utilised to create a network where the nutrition focused NGOs could supply resources to the targeted communities.

Remote Learning Program consisted of minimum thrice weekly five- to ten-minute discussions between frontline workers and families, with five activities shared that could be implemented within the home learning environment from the developed curriculum. These calls also provided an opportunity to check in with family welfare, their food situation and share COVID-19 information. WhatsApp (messaging service) was also utilised to connect with families and in some locations, community leaders formed small family groups to share messages through a common phone connection. The focus was on emotional safety for children, hence a socioemotional learning intervention was also implemented along with the remote learning program. Key messages regarding child emotional safety were delivered to the parents along with the activities.

Advocacy Work was targeted toward Mobile Creches' partners, donors, media, and government and focused on the amplified need for support for ECD during the pandemic, including working in partnership with external organisations to recommend actions to inform policy and national action plans.

Commencing April 2021, when the second wave of COVID-19 hit India, Mobile Creches began tracking the health of children and families and supporting them during medical emergencies requiring hospitalisation, during home treatments, diagnostic tests, providing oxygen cylinders, supporting teleconsultations with health professionals, and linking them to local services. Frontline workers connected daily with families suffering from COVID-19 and creches were converted into isolation centres during this time. In July 2021, Child-Friendly Spaces (small spaces such as a shed) were developed within labour camps where children could be taken care of by trained caregivers/helpers from the community. Mobile Creches field workers underwent training on child-friendly spaces in June, so that their mothers could return to the workforce. This was less successful than anticipated due to rainy weather and subsequent centre access issues (e.g., open drains, overflowing water tanks, open wiring). Gradually, centre premises were able to be used to care for children in small groups with COVID-19 precautions.

CONTENT

Food Distribution Program

- In 2020, Mobile Creches distributed survival kits to children and families which included atta, rice, dal, salt, sugar, tea, soya granules, oil, sanitary napkins,

soaps, and powders. Children under six years were provided with additional milk, murmura, glucose powder, and biscuits

- In 2021, they distributed survival kits as well as COVID-19 management kits which included 10 masks each for children and adults, five litres of sanitiser, a thermometer, and an oximeter

Remote Learning Program

- Parents received a thrice weekly five-to-ten-minute call from creche educators to discuss activities that can be implemented within the home environment to support learning and ECD, support family wellbeing, and foster positive interactions within daily routines, as well as share COVID-19 prevention and precaution messages
- Parents also had the option to receive WhatsApp messages or gather in small groups with community leaders to share messages through a common phone connection

Advocacy Work

- The development of position papers that recommended actions
- Webinars to partners (i.e., ARNEC and the HCL Foundation) to highlight the situation of children and migrant workers during the pandemic and why there needs to be a focus on ECD during this time
- Collaboration with health and education networks and forums to advocate for child needs during the pandemic
- Working with the Alliance for Right to ECD and submitting a statement to policy makers which identified the urgent needs of migrant worker women and their children
- Collaboration with several child rights groups to develop a policy brief on child rights during COVID-19
- Collaboration with the alliance conducted an evidence-based assessment of the effect of lockdown on children under 6 years, pregnant, and lactating women

TRAINING & SUPPORT

The remote learning program was adapted from elements of an existing curriculum used within ECEC settings and the Parent Development Program (PDP) (weekly sessions conducted by creche personnel to build nurturing care practices and ECD knowledge in fathers and mothers through practice-based modules). Mobile Creches created an audio-visual resource bank and stand-alone modules on Responsive Parenting and COVID-19 Awareness and Prevention protocols. Mobile Creches

distributed the learnings and resources through a regular, online training method for all partners across India.

Mobile Creches collaborated with external ECD NGOs throughout the adaption of the remote curriculum, sharing activities, audio files, and other resources. This created a learning community where resources, key learnings, and best practices from programs were shared throughout the implementation of this program. Modules surrounding psychosocial support, COVID-19 prevention, positive discipline, and abuse prevention were also added.

Mobile Creches developed a virtual training program to train frontline workers in facilitation and background knowledge of the Remote Learning Program.

In June 2021, all Mobile Creche field workers participated in training on facilitating child friendly spaces.

DURATION & INTENSITY

The program targeted migrant workers (particularly women) and their children within worksite communities and urban slums. Frontline personnel contacted families on a weekly basis during the first wave of the pandemic, and then on a daily and/or needs basis during the second wave. The program has continued to run for the duration of the COVID-19 pandemic, with varying levels of focus and intensity (e.g., daily and weekly contact) based on the context of the pandemic and the needs of the families. For example, in 2021, the focus of the program shifted to high intensity community health support as the second wave of COVID-19 hit communities throughout India, with staff communicating with families daily.

FUNDING

Funding for this response program was sought from a combination of existing and new donors and donor organisations which helped to quickly fund the emergency response through relocation or provision of new funds. Mobile Creches also accessed unique funding sources.

PARTNERSHIPS

Prior to the COVID-19 pandemic, the success of Mobile Creches' programs and initiatives was reliant on the "mosaic of partnerships" established with community leaders, community-based organisations, corporate partners, Neenv Dehli FORCES, civil society organisations, the construction industry, and government agencies and departments (e.g., Jammu and Kamir state departments). These partnerships were heavily drawn upon during the COVID-19 response.

The established relationships between creche personnel and communities facilitated communication and consistent sharing of information to keep the

organisation up-to-date on the needs of individual communities. The established relationships between the organisation and existing donors facilitated a quick response through the prompt conversion of grants and/or additional funding. The creation of a collaborative learning community with other ECD NGOs enabled resources and professional knowledge to be shared. Partnerships with construction and food delivery personnel were perceived to provide the highest level of support for the successful implementation of the programs through provision of vital nutritional resources and child friendly supervised spaces for children.

During this period, Mobile Creches had the opportunity to strengthen state partnerships with Haryana, Delhi and the Karnataka Government. Mobile Creches provided technical support to operationalise quality anganwadi creches run and managed by the government, addressing needs identified with women returning to the workforce post-pandemic.

IMPACTS & OUTCOMES

Key impacts and outcomes after the first wave of COVID-19 (March 2020-April 2021):

- The tracking system helped to map over 24,000 households across nine states and union territories, in 51 construction labour camps and 23 urban slums
- The Food Distribution Program supplied 92,800 kilograms of food as well as supplying over 21,000 hygiene kits to households alongside partner organisations and special nutrition to 4,569 children under the age of six years
- The Remote Learning Program reached 494 families and 739 children across 12 construction sites and eight urban slums
- Twenty-three training sessions were conducted for the ECD workforce with over 100 creche workers and three partner organisations trained
- The success of the virtual training approach resulted in the government approaching the organisation to ask for assistance in remotely training their personnel in holding virtual sessions with families within their own government run ECEC services
- Parents expressed their delight in knowing that their creche personnel were supporting them and their children. Parents identified that they looked forward to the calls and described increases in their capacity to spend quality time engaged with their children, connecting them to experiences of their own childhood days
- Fathers were also reported to be spending more time engaged in play with their children as well

as engaging in communication with their creche personnel

- The provision of nutritional resources resulted in families feeling more secure and staying longer at the worksites rather than migrating back to home states and communities

Key impacts and outcomes after the second wave of COVID-19 (from April 2021):

- Supported over 10,000 households across 12 states and union territories
- Distributed 8,624 survival kits (food and hygiene materials), 4,710 COVID management kits, and 967 nutrition kits (for children under six years)
- Due to the impacts of the wet season and the unavailability of spaces at some locations, the child-friendly spaces initiative was not deemed successful

EVALUATION

Prior to the Remote Learning Program, Mobile Creches carried out an assessment of familial access to technology in April 2020 and found that less than 30% had access to a smartphone. The decision was made to base the remote delivery model on basic phones, as the assessment found most families had access to a basic phone.

Weekly informal conversations with children and families through creche personnel to check in and gain feedback on programs (nutrition and remote learning).

Collection of data from tracking systems (phone and online modes) to calculate the total number of health and nutritional resources distributed, and children, families, and communities reached.

FACILITATORS & BARRIERS

Facilitators to the success of the program included:

- An internal, supportive, professional culture within the organisation, with all levels working together to ensure the best outcomes for communities
- Allocation of roles and site-focused working groups on an organisation level
- Existing experience in advocacy work to communicate the needs of communities to higher levels including government agencies
- Existing experience in securing funding and fundraising (supported through developed relationships with donors/donor organisations)

Barriers to program implementation included:






- The time taken for approval to come through from some donors as well as the time spent negotiating with these donors often resulted in responses being actioned prior to donor approval/obtainment of funds

- Difficulties in persuading some donors to support sites outside of cities/regions they were involved in previously
- Initial technical difficulties such as sharing map locations with suppliers; however, this was facilitated through close collaboration with ground level community personnel to support and monitor deliveries

FUTURE DIRECTIONS

Future directions built from key learnings and program outcomes include:

- Continuation of advocacy efforts for the establishment of additional mobile creches across the country in migrant worksite communities
- Resumption of face-to-face group monitoring services, online child health checks, and monthly ECEC centre visits with health professionals
- Continuation of awareness promotion regarding ongoing consequences of the COVID-19 pandemic for migrant families (particularly women and children) in worksite and slum communities
- Ongoing collaboration with ECD NGOs to develop a bank of resources, educational content, and knowledge
- Utilisation of virtual training tools to scale Mobile Creches to distant regions including tea plantations, and the agricultural sector
- Inclusion of more parental development/responsive parenting programs
- Increasing the focus on psychosocial and emotional development within the ECEC curriculum as the COVID-19 crisis has highlighted the importance of including these components to best support child and family mental wellbeing
- Supporting migrant families, particularly women, to register for government support
- Conducting a further nutritional review in coming months to inform future planning and provision of resources within the program
- Enhancing efforts to influence policy and bring about structural reforms that were highlighted by the pandemic through ground level work with communities and partnerships with like-minded networks

LINKS TO THE WHO NURTURING CARE FRAMEWORK OUTCOMES	
	Parental awareness and understanding of child development and provision of COVID-19 management kits.
	Provision of nutritional kits to children and families.
	Support for responsive parenting practices within the home learning environment.
	Empowering families to foster learning within the home environment through provision of curriculum informed activities.
	Safe, supervised spaces for children and support for positive parenting practices.

LINKS TO OTHER RESOURCES

- Mobile Creches. (2020). Mobile Creches COVID-19 Response Report. https://84d629ab-3c72-4a2c-b038-8bf9fe4f27ff.filesusr.com/ugd/57f05d_daf39034aacf4f28807d7a324cdf919f.pdf
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Mapping to Nurturing Care Framework (NCF)

NURTURING CARE – OUTPUTS (STRATEGIC ACTIONS)

The NCF suggests five strategic actions for a program to align with best practice:



1. LEAD AND INVEST

- The program adopted a multi-level organisation structure with clear role descriptions for the Mobile Creche personnel, community leaders, creche educators, frontline personnel (e.g., construction workers and food delivery services), and parents.
- There was a well-developed program plan with a clearly articulated mission and objectives based off an assessment of the current situation in each community and an evaluation of the required resources for intervention.
- Mobile Creches advocated for policy change and development to support migrant worker families and their children's access to early childhood education (ECE) and ECCD.
- Preparing a long-term financial strategy to support the continued outcomes of the COVID-19 response is required. This may be achieved in collaboration with donor partners.



2. FOCUS ON FAMILIES

- The primary focus of COVID-19 response program was to support migrant worker families directly through provision of survival nutrition kits and COVID-19 emergency kits as well as supporting home learning activities and responsive parenting practices that enhance parent-child relationships and the quality of the home learning environment.
- Families, creche workers, and community members provided regular, informal feedback on the experiences and program implementation, which afforded opportunity for program amendments responsive to community needs. Their voices and perspectives were included within advocacy material and response and annual reports.
- Communities were empowered and supported through partnerships with local community services and personnel including creche workers, food distributors, community leaders, e.g., creche workers and food distribution personnel became the drivers of change for children's development.
- Community leaders took on roles of advocating for nurturing care within their communities.

3. STRENGTHEN SERVICES

- The Mobile Creches COVID-19 response program was based on previously implemented ECCD and parent support programs and, in the future, could strengthen those existing programs with the home learning components and virtual training models.
- Protocols were in place to train and supervise all participants (e.g., creche workers trained and closely supported by organisational personnel), to ensure good quality of practices and experiences for everyone.
- Training models reached beyond the organisation to other ECE and ECCD organisations to ensure services responding to COVID-19 were of quality.
- New partnerships were formed with ECCD and nutritional organisations to strengthen communities.



4. MONITOR PROGRESS

- Progress was monitored based upon parental and community feedback.
- Periodic population-based assessment of community engagement/needs was conducted through a well-structured tracking system that enabled frontline workers to collect quality data to inform program decisions and target responses to community needs.



5. USE DATA AND INNOVATE

- Data and resources have been shared with and through partnerships, such as ARNEC, to support an international platform for early learning and research regarding effective practices in response to the pandemic.
- Communities of practice and networks were formed and integrated across domains of ECCD e.g., nutrition, ECE, and construction organisations.



NURTURING CARE – OUTCOMES

To reach children’s full potential of adequate early development, the NCF identifies five components of nurturing care, including good health, adequate nutrition, responsive caregiving, opportunities for early learning, and security and safety.



Stakeholder experiences and considerations for future implementation

Stakeholders from Education, Health and Nutrition, and Social and Child Protection sectors recognised that this program:

- Ensured primary caregivers and young children have access to good-quality health and nutrition services
- Made health and nutrition services more supportive of nurturing care
- Increased outreach to families and children with the greatest risk of sub-optimal development
- Collaborated with other sectors to ensure a continuum of nurturing care
- Reinforced the importance of education/play in the home environment, in the early years
- Ensured good health practices, hygiene and nutrition in the home environment
- Ensured primary caregivers had the means to engage in early childhood activities with their child in the home environment

- Integrated children with additional needs and reached the most vulnerable
- Shielded families and children from poverty
- Protected children from maltreatment and family dissolution

Community contact and advocacy was a core feature of Mobile Creches' COVID-19 response. The success of the program underscores the continued need to advocate for remote/online support, as an accompaniment to face-to-face monitoring services and centre visits. Ongoing collaborations with ECCD NGOs will ensure continued refinement and development of resources, education content and knowledge.

Further, the program has potential to expand its reach to other regions, including the agricultural sector. As the program grows, and further evaluations are undertaken, it is noted that an increased focus on psychosocial and emotional development will best support child and family mental health into the future.

Links to research base and previous evidence

- The Mobile Creches COVID-19 remote learning program empowered families to engage in developmentally stimulating and play-based experiences with their children within the home learning environment, with a strong focus on supporting ECCD. Research demonstrates that adopting a child development narrative to build parental capacity is more effective than one orientated around effective parenting practices (L'Hote et al., 2018). By focusing attention on development this narrative prevents the view that parenting is innate, which can often encourage a sense that nothing can be done to improve parenting practices. Similarly, people are less likely to interpret messages around child development as giving intrusive parenting advice.
- Evidence highlights that the achievement of positive developmental outcomes for children experiencing socio-economic disadvantage is strongly associated with the richness of the home learning environment within early childhood (Boonk et al., 2017; Lehl et al., 2020; Melhuish et al., 2008; Zhang et al., 2021). Rich home learning environments are characterised by positive and responsive parent-child interactions that are both interest and play-based (Lehl et al., 2019).
- Targeted interventions and programs that focus on supporting child development through the home learning environment enhance parental knowledge of ECCD and their capacity and motivation to provide stimulating activities and experiences and engage in play-based learning alongside their child through responsive parenting practices (Jeong et al., 2018; List et al., 2021; Shah et al., 2019; Tu et al., 2021).
- Mobile Creches' remote learning program utilised a tele-modality whereby parents were engaged in conversations with ECEC personnel to discuss enriching home activities and experiences to support positive developmental outcomes. This is a relatively new approach and is often used to increase communication with families within home-visitation or other face-to-face parenting interventions. A small body of evidence has begun to explore the potentials of this modality as a supplementary aspect to face-to-face interventions with findings indicating increases in maternal responsiveness, consistency of use of program parenting strategies, and improvements in child behaviour as well as decreases in maternal depression and stress (Burke et al., 2017; Carter et al., 2013).

Policy considerations

Accessing quality early childhood education and care is a difficulty faced by many migrant workers in India. Mobile Creches' COVID-19 response program was multifaceted and included distribution of nutritious food; provision of education and a Parent Development Program for remote use in the home environment; and advocacy work to support migrant communities and their children.

The successful design, development, implementation and evaluation of the program depended on several background conditions. These include, but are not limited to,

1. Use of technology

Phone calls and WhatsApp messaging were the primary means of remote communication in Mobile Creches' program. Parents received a weekly five-to-ten-minute call from creche educators to discuss activities that can be implemented within the home environment to support learning and family wellbeing, as well as share COVID-19 prevention and precaution messages. Parents also had the option to receive WhatsApp messages or gather in small groups with community leaders to share messages through a common phone connection. Equitable and sustainable learning and education programs, with potential for both remote and in-person implementation, ensure a bigger cohort of children benefit from rich ECCD support. Stable, ongoing funding is required to re-imagine education for migrant workers, bridging the digital divide to meet the needs of families in their home environment.

2. Remote community engagement

Mobile Creches' work is closely linked to migrant communities, and pre-existing community connections ensured successful implementation of their COVID-19 response program. Mobile Creches partnerships and involvement in a wider network of support services was critical to work on overlapping issues. Rapid studies, situation tracking and analysis are essential to understanding the complex needs of migrant communities. Women and children are often ignored, or seen as secondary, in relief response. Advocating for government investment in community support that meets the needs of mothers and children, as well as leveraging partnerships to support learning programs that improve access to quality education, is essential.

3. Emphasis on importance of home-learning environment

Policy decisions should be based on an evaluation of how best to target and support young children and their families in the home environment, with

significant investment in children's services required by governments to ensure maximum reach and impact, particularly during times of crisis such as the pandemic. Related to this is the importance of primary caregivers as teachers, and the recognition that their mental wellbeing ought to be supported. Mental health determines how mothers respond to, understand, and interact with their children.

4. Pre-existing programs and workforce

Existing creche personnel were able to engage with communities in novel ways (i.e., phone calls, messaging) to encourage continuous engagement and provide critical support and information. Stable, ongoing funding and a facilitative policy environment is required to continue to train and ensure supply of a suitable workforce, as well as ensuring they are equipped with up-to-date strategies that best meet the needs of young children and families in migrant worker communities.

5. Flexibility and program responsiveness

Mobile Creches' COVID-19 response was significant in its rapid response and flexibility to changing conditions, especially given the devastating second wave of COVID-19 in India, necessitating a shift in response. Mobile Creches organisational culture and partnerships with other service providers ensured that support was provided in a timely and effective fashion, ensuring best outcomes for communities. Stable, ongoing funding and effective coordination of services is critical to ensure continued support during the changing landscape of the pandemic and into the future.

6. Integrated and collaborative service partnerships

Mobile Creches' COVID-19 response program involved integrated and collaborative service partnerships between health, education, construction and government agencies and departments. In times of crisis (e.g., pandemic), there is much benefit in bringing together various industries to provide holistic support to as many communities as possible. Mobile Creches established a collaborative learning community with other ECCD NGOs, and this enabled resources and professional knowledge to be shared widely and promptly. Partnerships with construction and food industries provided a significant and essential layer of support, addressing nutritional needs and ensuring child-friendly supervised spaces for children.

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This is one of the ten case studies from ARNEC's documentation of good ECD practices and innovations in the context of COVID-19.

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