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## TECHNICAL NOTE

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# The Reopening and Continuity of Childcare and Early Learning Services: A priority for the Latin America and Caribbean region

In many Latin American and Caribbean countries, there are concerns about the closure of early childhood care centres, including preschools, due to the SARS-CoV2 or COVID-19 pandemic, which has spread throughout the region.

Data show that by 14 April 2021, the SARS-CoV-2 virus had caused 26,708,013 cumulative COVID-19 cases, including 843,963 deaths, in the Americas region (excluding Canada and the United States of America).<sup>1</sup> Regarding the indirect impacts of the novel coronavirus, various reports highlight the effects of COVID-19 on a population's mental health,<sup>2,3,4</sup> and point out that these effects will persist and possibly increase in the

near future. Furthermore, the pandemic has affected the delivery of basic social services.<sup>5</sup> This is the case for primary health care, particularly maternal and child health services,<sup>6,7</sup> as well as services for the chronically ill of all ages, for mental health problems,<sup>8</sup> and for more complex medical needs.<sup>9</sup>

The COVID-19 pandemic has short- and long-term negative consequences for early childhood development.<sup>10</sup> Most of these effects result from virus mitigation and contagion prevention strategies, including physical distancing measures and the closure of childcare and early learning centres. These closures have resulted in limited contact between service providers and families. The closures have also led young children to miss out on opportunities to experience rich and sustained social interactions that promote growth, development, emotional regulation, and learning.<sup>11 12</sup>

<sup>13</sup> These interactions occur between peers and are

supported by educators, who, together with parents and caregivers, help children to realize their full potential through early learning strategies based on free play and movement.

Additionally, the closure of childcare and early learning centres jeopardizes children's access to critical services such as the provision of varied, nutritionally balanced and quality food;<sup>14</sup> the delivery of routine immunization;<sup>15</sup> and the early detection and notification of risks for children, with referral to specialists and other complementary services where necessary. Early childhood care centres and early childhood education programmes often act as protective environments for children (and other family members) living in family contexts where there is physical or emotional violence or neglect. Furthermore, these centres and programmes enable the timely identification of situations involving violence or neglect.<sup>16</sup>



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At the same time, the interruption to early childhood services has meant that parents and other primary caregivers have had to assume all aspects of their young children's care, development and learning support, while continuing to go to work or to work remotely to make a living. This leads to tensions in households,<sup>17</sup> with women most affected by the change in circumstances.<sup>18</sup> Besides being overburdened with domestic work – due to the unequal distribution of gender roles – women usually provide most of the care for elderly or sick family members, while also carrying a disproportionate share of childcare responsibilities. In some cases, women have had to leave their jobs to take on these additional childcare tasks at home during the pandemic.

Consequently, women's work has become more precarious, causing an impact on family income and, ultimately, leading to heightened social inequalities across the Latin America and Caribbean region.<sup>19</sup> Caregivers, including front-line workers and those who care for children and dependent or sick individuals, require care and support services. Reopening early childhood care centres will therefore not only benefit the young children themselves but it will also mitigate the impact of the COVID-19 crisis on the women and girls who have been caring for them.

Front-line workers in critical positions have frequently been forced to leave their children alone or to separate completely from them, leaving them in the care of other

people so as to hold onto their jobs. In this sense, early childhood care and learning centres are key services to ensure proper social progress and families' economic reactivation and to prevent mental health problems among primary caregivers, who in this region are most often women.

One of the most concerning aspects of the COVID-19 crisis in some families relates to young children's increased screen time. The World Health Organization (WHO) had already issued recommendations on this subject in 2019.<sup>20</sup> Given families' increased burdens in the context of the pandemic, however, technological devices have been one of the most popular resources to keep children calm, and online content is often accessed without supervision.<sup>21</sup>

Governments and early childhood public and private service providers have responded by reaching out to families, through home visits and digital or remote strategies, to maintain contact and provide support, insofar as possible, for young children's health and development.<sup>22</sup> These efforts fail, however, to replace all components of the comprehensive care provided by early childhood care and learning centres. Furthermore, these responses are insufficient and may heighten inequalities in early childhood development in the region, given unequal access to digital services and problems related to the quality of services provided in emergency conditions.

## WHAT DOES SCIENCE TELL US ABOUT COVID-19 TRANSMISSION AMONG YOUNG CHILDREN?

**1.** Children under 8 years of age are least affected by the pandemic.<sup>23</sup> In this age group, SARS-CoV-2 infection causes fewer symptoms or occurs asymptotically. Few COVID-19 cases develop into serious illness or atypical presentations, and deaths are also rare, particularly among children under 12 months.

**2.** Transmissibility is higher among symptomatic cases, since a greater presence of symptoms in a person means a greater concentration of the virus in secretions, which increases the risk of transmission. Most infections in children under 8 years of age are asymptomatic, hence transmission risk is low.

**3.** Transmission of the virus occurs primarily among individuals of a similar age. This is the case at all ages and particularly in those under 14 years and over 65 years of age. Transmissibility is highly dependent on physical contact and can be reduced with the use of protective measures. In early childhood care centres and preschools in high-income countries, it has been found that child-to-adult transmission and adult-to-child transmission is possible but occurs at a very low rate; transmission between adults is more frequent. Adult-to-adult transmission risk rests in part upon adults' compliance with prevention norms and protective measures.

**4.** Following up on contacts of a COVID-19 case in an early childhood care centre or preschool is much easier than in the community, as health and hygiene issues are commonly included in everyday practices in these environments, and so biosafety protocols are easier to implement. Likewise, where compliance with measures that promote interaction in closed groups ('bubbles') is observed, it is easy to identify cases and contacts, follow up on them and provide proper care. Health authorities play a key role in this process.<sup>24</sup>

In Chile, an analysis was conducted based on a survey answered by 1,499 directors of preschool education centres that reopened in 2020 (and which had available information). This concluded that children are not vectors of transmission in their communities:

- According to the surveyed directors, only 7.28 per cent of the centres that reopened in 2020 experienced a confirmed case of COVID-19 among its community members.
- The directors pointed out that individuals who tested positive for COVID-19 following the reopening reported being infected outside the centre and did not transmit the virus in the education community, reflecting the effectiveness of the protocols applied during this period of reopening.

**Source:** Centro de Investigación Avanzada en Educación de la Universidad de Chile, *Nota técnica: Aprendizajes a partir de la Experiencias de la Reapertura en los Establecimientos de Educación Parvularia en el contexto de la Pandemia*, CIAE and Subsecretaría de Educación, [n.p.], January 2021.

**5.** It is encouraging that on 31 December 2020, WHO endorsed the emergency use of COVID-19 vaccines, which were at an advanced stage of development at that time. Shortly after, governments across the globe approved their emergency use. This provides favourable circumstances for control of the pandemic. Throughout the world, vaccination schemes have prioritized at-risk groups, health personnel and workers in jobs that are highly relevant to national development. Early childhood and preschool workers are a special group that should be considered for vaccination as a priority.

### Considering:

- Transmissibility of SARS-CoV-2 among children under 8 years of age is low;
- the risk of infection can be managed by observing hygiene measures, following sanitary protocols and, potentially, vaccinating adults;
- early childhood care centres, including preschools, are critical to guarantee children’s comprehensive development, particularly in contexts of vulnerability.

UNICEF makes an urgent call to governments and public and private service providers in the Latin America and Caribbean region to take all necessary measures for the safe reopening of early childhood care centres and preschools. To this end, UNICEF has prepared the [Guidelines for Reopening of Comprehensive Early Childhood Care and Education Services in Times of COVID-19](#).

However, when measures restricting in-person attendance persist, UNICEF highlights the need for improved access to internet and mobile phone services to enable the provision of remote learning opportunities. Additionally, it is important to strengthen the implementation of programmes and strategies that ensure learning continuity for children, especially for those in situations of extreme vulnerability, with special educational needs or living in isolated or rural areas.

When conditions are favourable for reopening, UNICEF recommends that learning recovery strategies be considered, together with emotional containment and support measures, to lessen the impact of the pandemic on children who have been unable to access remote learning and support opportunities.

Science is clear in pointing out that caring for and supporting young children’s development is an essential duty for governments, which can ensure the future of nations.

It is important to note that knowledge about SARS-CoV-2 transmission and the effects of COVID-19 is continuously evolving. As such, it is necessary to update guidance as new evidence becomes available.

This technical note is an evidence synthesis based on the following journal articles:

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## NOTES

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- 23 This technical note focuses on children under 8 years of age and is aligned with General Comment No. 7 of the Committee on the Rights of the Child. In general, however, the evidence regarding COVID-19 in younger children encompasses children up to 10 years of age, sometimes with some age subgroups.
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