Thato is one of about 40 million pre-schoolers who have had to stay home because of country lockdowns placing their early education and readiness for primary school at risk. The COVID-19 virus knows no borders or boundaries. By April of this year 188 countries worldwide had closed down all education services as their governments launched national lockdowns attempting to curb the spread of the pandemic.

It is about six months since the virus was first detected in Africa. Since then it has made its way into every country across the continent. While the current infection rate stands at over one million people, WHO tells us there is good news, the rate of transmission shows signs of slowing down. But the fight is not yet over. WHO Regional Director for Africa Dr Matshidiso Moeti, says that for our continent “curbing COVID-19 is a marathon and not a sprint”, infection patterns have followed a somewhat different trajectory from other parts of the world with multiple outbreaks each with their own infection patterns and peaks requiring responses at community level.

As lockdowns and stay at home orders have been put in place to protect people and healthcare systems, governments continue to find ways to keep their economies ticking and to protect all citizens especially the poor, informal workers, women and children. Harvard Business Review suggests the biggest challenge we face right now is finding a balance between preventing the damage inflicted by the pandemic and the destruction that comes with severe economic contraction. With the spread of the virus slowing across the world countries are trying to find the efficient and safe ways to re-open and reboot their economies.

The situation is dynamic, keep up to date with new and emerging evidence

For those of us who work early childhood development decisions about re-opening, how to do so safely and how to overcome the economic burdens of an already fragile sector, loom large. As much as we might choose a science-led response, evidence about COVID-19 and children is still emerging. What we do know is that young children can become ill with the coronavirus disease.

“I feel worried and sad. I miss my friends and learning every day,” five year old Thato told me when I asked him how he felt about his ECD centre being closed because of COVID-19. His mother said at first she had enjoyed being home with him but then began to feel the stresses of reduced earnings, the struggle to put food on the table and needing to get back to work without childcare.
Indications are that most do not become severely sick and some show no symptoms at all. However, children with underlying conditions are at a higher risk of serious illness. Also, recent data shows that paediatric inflammatory multisystem syndrome or PIMS, a very rare condition in children, may be related to exposure to the virus (John Hopkins Children’s Centre, Covid-19 Updates; Mayo Clinic, COVID-19 Update, COVID-19 in babies and children; WHO).

For economies to open fully, families need childcare. Without childcare parents cannot work. But parents themselves may have feelings of anxiety about sending their children back into ECD centres and might opt not to do so given the many uncertainties. Timing is crucial. “Too early and the public health is in danger, longer than necessary and the learning loss will continue to aggravate,” notes Mr Borhene Chakroun, Director of the Division of Policies and Lifelong Learning Systems at UNESCO.

Weighing it up: health risks, the socio-economic fallout and children’s development

As we think about reopening ECD centres, we need to weigh big issues like containing the spread of COVID-19, protecting health and socio-economic wellbeing and the development rights of young children, against each other. The virus and the health risks still exist. There is no vaccine and no cure. There is no clear answer to how best to balance these competing needs and risks.

On the one hand, the data suggests that young children are more likely to spread the virus than adults. Opening safely isn’t just about the actions taken by ECD centres, it is also about how much virus is circulating in the community affecting the likelihood that children and staff will bring it into the preschool environment. According to the World Economic Forum this is the single biggest reason to delay the re-opening of preschools and schools. In study released this month, they show why responses to school closures because of COVID-19 in developing countries in particular should take into account the strong possibility that children will spread the virus within their households. They argue that this is a much stronger possibility for children in Africa who are 10% more likely than their European or USA counterparts to live in multi-age households.

On the other hand, ECD programmes provide young children with the care and stimulation they need to grow and thrive. Not re-opening ECD centres can seriously jeopardise the development and learning of young children in the same low and middle-income countries. Here, the inputs parents need to make to ensure their children keep learning at home while ECD programmes are closed, are much harder to deliver. In addition, in the absence of care, what happens to children when parents return to work? A group of South African paediatricians estimate that without the reinstatement of children’s services over a million young children from disadvantaged single parent households between 0 and 15 will be left home alone increasing risks of neglect, abuse, anxiety and learning gaps. Similarly, international research on prior pandemics and disasters highlight that consequences for children especially during early childhood when brain architecture is rapidly developing and highly sensitive to environmental adversity can last a lifetime.

Adopting a risk-based approach to re-opening ECD centres and programmes should include giving consideration to the following key factors:

1. The context including current COVID-19 evidence, reducing and managing transmission in the community.
2. Keep in place health, hygiene and safety protocols without compromising on nurturing care and learning and developmental opportunities for all children.
3. Support the economy (and therefore jobs and livelihoods) through the provision of childcare services.
4. Ensure the future sustainability of the ECD sector and sufficient supply of ECD places after the pandemic.

Opening the doors

Across the continent, governments are at various stages of addressing the re-opening of ECD centres all with a strong focus on hygienic practices to prevent infection and avoid transmission. Common to all country strategies is the understanding that reopening ECD centres as safely and quickly as possible will benefit everyone, children, parents, employers and the economy. Algeria, Cameroon and Ghana include in their preparation phase for reopening the disinfecting of all ECD buildings. The wearing of masks will be a requirement for many countries including Botswana, Equatorial Guinea, Ivory Coast, Kenya, Lesotho, Malawi, Morocco and Somalia. Benin reopened its schools in mid-May, masks are required in public spaces but because of the associated costs but children are not turned away from school for not wearing one, same for Ghana. Other measures taken across countries like Chad, DRC, Mali, Madagascar and Nigeria include implementing plans for social distancing, hand washing stations and the regular monitoring of temperatures.

UNICEF’s risk based framework and guidance to governments on assessing when and how to re-open ECD centres suggest the key guiding principles to take when making the choice include:

1. Take time to plan and prepare: don’t rush to re-open without a proper plan in place for handling learning arrangements, hygiene protocols, parental engagement and so on.
2. Take the scare out of protecting children: keep children safe but don’t turn the preschool environment into a health centre or hospital. Bring children back to ‘normalcy’ (as much as possible).
3. Ensure preschool can maintain child-friendly and developmentally appropriate practices: While social distancing is important, have a plan to keep child centred learning practices on track.
4. Establish healthy hygiene behaviours and practices among young children: Develop and practice good hygiene behaviours like hand washing, covering coughs and sneezes and avoid touching the face.
5. Capitalise on teachable moment: Help children to understand the changes in their environment. Introduce new fun ways of doing things to reduce anxiety.
6. Partner with families to ensure good transition from home confinement to preschool attendance and ensure open ongoing communication: Parents will have concerns and anxieties, ensure positive relationships, communicate well, manage drop off and pick up experiences seamlessly and provide support for learning at home.
7. Prioritise training and support for preschool educators and staff: There will be new things that teachers and staff have to do, support this with appropriate training and resources so they are well able to implement these requirements.
8. **Adopt a coordinated and integrate approach to ensure children's holistic needs are met upon return:**

COVID-19 has affected families in multiple ways. Provide holistic care and support including nutrition, health, addressing specific needs of children with disabilities and so on.

Early childhood development programmes have in many countries been recognised as an essential service without which many parents cannot return to work. It is an under-developed, underfunded sector and will need support if this is to happen with the necessary care and resilience to ensure services don't just bounce back, but do so with greater quality and increased reach. Acting collectively and decisively with national guidance, financial support and quality management is critical to the wellbeing of preschool children, their parents, teachers and staff.

Nonetheless, many parents, like Thato's mother, have had positive experiences during the ongoing crisis, in that the country lockdowns suddenly and unusually allowed them more time to nurture their children. While family connections are essential to early development, we know that as they grow older, the stimulation offered by quality early learning programmes is key for developing their readiness for schooling. Also, most mothers and fathers need to work, and therefore the increased demand for essential ECD services. While we have to navigate the challenges presented by the COVID-19 pandemic, getting ECD programmes back on track as soon as is feasible should be a priority for every country. Paying attention to how to do this in the context of the crisis, is only the first step toward a sector that is stronger, with greater quality and increased reach so that Africa can build back better and better.

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**Additional resources**


Assess your options and make the best decision for you and your children, from infants to school-age kids. Retrieved from: [https://www.mavenclinic.com/emily-oster-childcare-decision-tool/](https://www.mavenclinic.com/emily-oster-childcare-decision-tool/)


