

RESEARCH BRIEF  
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# Case Studies of Programmes to Promote and Protect Nurturing Care during the COVID-19 Pandemic

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## BACKGROUND AND RATIONALE

Globally, during the COVID-19 pandemic there have been disruptions to initiatives, services and programmes that promote and protect nurturing care for young children. While necessary to reduce transmission of SARS-CoV-2, strategies such as complete or partial lockdown, physical distancing measures, and school and childcare closures, have made it increasingly difficult to reach children and caregivers. At the same time, the social and economic ramifications of the pandemic have put families in even greater need of parenting and family support. Our rapid evidence review shows striking similarities in how three pillars of nurturing care - parental mental health and responsive caregiving, support for children's learning, and children's safety and security - have been disrupted during the COVID-19 pandemic. Many young children have had limited access to distance learning during school closure, outdoor play has been restricted, and safety nets for the identification and reporting of child abuse and neglect have been disrupted.<sup>1</sup>

In response to the COVID-19 crisis, many organizations have adapted both content and delivery of existing programmes to continue to reach and meet the needs of families during this difficult time. This Case Study Report, prepared in partnership with World Health Organization (WHO) and the LEGO Foundation, describes the implementation experiences and emerging lessons of COVID-19 response strategies of seven programmes that prioritize nurturing care and early childhood development (ECD) in their work.<sup>2</sup> We selected cases with an aim to include a wide range of geographic contexts and programmes that address at least one of three components of nurturing care: responsive caregiving, opportunities for early learning, and safety and security. Selected programmes are unique in that they continued to provide adapted ECD services during a time when many other initiatives were suspended. Findings are drawn from a desk review and in-depth interviews with programme staff and partners.

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1 FHI 360; *The Impact of COVID-19 on Nurturing Care Practices and Conditions: Rapid Review of the Evidence*. Submitted to WHO and LEGO Foundation. November, 2020.

2 FHI360 gratefully acknowledges the guidance and technical oversight of Diego Adame of the LEGO Foundation, as well as the technical contributions of Vanessa Cavallera, Bernadette Daelmans and Tarun Dua of the World Health Organization in the conceptualization and completion of this study.

## KEY FINDINGS

### Shifting Needs, and the Priority Conundrum

Most case study programmes swiftly adapted to pandemic conditions and several conducted in-depth needs assessments early in the pandemic to understand how lockdown measures affected the caregivers, children and families they serve. Across contexts, corroborating with the rapid review results, caregivers were experiencing increased mental stress, loss of livelihoods and financial hardship, difficulties accessing healthcare and medication, and food insecurity. This scenario presents a priority conundrum for ECD programmes, which focused on child protection, responsive caregiving, and/or early learning support before the COVID-19 pandemic. In the early needs assessments, social protection mechanisms for enhanced food security and immediate medical needs emerged as the most urgent and highest priorities. Because of these shifting family needs, ECD programme staff and funders re-evaluated their programmatic priorities and responded in innovative ways. They were acutely aware that parents and caregivers were unlikely to benefit from responsive caregiving, playful parenting, and other programming if their basic needs were not met. In general, case study programmes focused on three emerging priorities during the COVID-19 pandemic:

1. Responding to social protection for immediate health/nutrition needs (either directly or through referral to government aid or other community-based organizations);
2. Supporting caregiver and parent mental health and psychosocial needs through provision of social support and/or stress-reducing activities; and
3. Strategies to promote positive parent-child interactions and, in some cases, playful parenting-related activities.

### How are Programmes Responding to COVID-19

While each programme responded differently to address the specific needs of their communities, several common strategies emerged. First, 6 out of 7 programmes adapted at least part of their programming for digital delivery via Zoom. Second, instant messaging applications for mobile devices (e.g. WhatsApp and Viber) are common because they are free and widely available, support multimedia sharing, offer low data usage, and facilitate two-way communication. However, levels of engagement are context-dependent. While WhatsApp parenting groups worked well in some settings, some beneficiaries had concerns regarding the security of their personal information in shared groups. The table below outlines each programme's response to the COVID-19 pandemic.



Programme/ Organization	Country	Intended beneficiaries	Programme focus	Key interventions during COVID-19
<b>Associazione 21 Luglio</b>	<b>Italy</b>	Roma and migrant families residing in emergency housing settlements	Social protection and food security, support for early learning	<ul style="list-style-type: none"> <li>• Social assistance hotline</li> <li>• Fairytale hotline for children</li> <li>• Distribution of ‘baby packages’</li> <li>• Mothers’ support groups (WhatsApp/ Zoom)</li> <li>• Repurposed outdoor garden for safe/ distanced play and seminars</li> </ul>
<b>Ummeed Child Development Center</b>	<b>India</b>	Children with developmental disabilities and their caregivers, community health workers (CHW)	Direct clinical services, caregiver and CHW mental health, support for early learning	<ul style="list-style-type: none"> <li>• Shifted all in-person programming online (Zoom, WhatsApp)</li> <li>• Developed three new training courses for CHWs (Zoom) on mental health support for CHWs and caregivers and Promoting ECD in challenging times</li> </ul>
<b>Nobody’s Perfect Parenting programme</b>	<b>Canada</b>	Parents of children 0-5y (young, single, socially isolated, low income/ education)	Parental mental health, positive parenting, support for early learning	<ul style="list-style-type: none"> <li>• Shifted in-person facilitator training and parenting groups online (Zoom)</li> </ul>
<b>Kangaroo Foundation</b>	<b>Colombia</b>	Premature and low birthweight newborns and their caregivers	Kangaroo Care	<ul style="list-style-type: none"> <li>• Hospital-based programme; protected KMC per WHO guidelines</li> <li>• Individual rooms for COVID+ mothers; separate NICU for COVID+ babies</li> <li>• Blended model for ambulatory visits (in-person + Zoom)</li> </ul>
<b>International Rescue Committee (Ahlan Simsim Programme)</b>	<b>Jordan</b>	Families affected by conflict and displacement	Support for early learning	<ul style="list-style-type: none"> <li>• WhatsApp messaging: COVID-19 info, psychosocial support, ECD content</li> <li>• Trained facilitators to deliver one-on-one telephone-based school readiness programme to caregivers</li> <li>• Distributed mass media ECD content</li> </ul>
<b>Parenting for Lifelong Health (MaPa)</b>	<b>Philippines</b>	Families of children 0-18y	Prevention of violence against children through positive parenting	<ul style="list-style-type: none"> <li>• Parenting tip sheets, booklets, webinars, radio segments, Facebook, SMS texts</li> <li>• “eMaPa” parenting programme delivered via Viber or Facebook Messenger groups (under development)</li> <li>• One-on-one counseling in hospital child protection units</li> <li>• Additional content added on COVID-19 information and playful parenting</li> </ul>
<b>PATH</b>	<b>Mozambique</b>	Caregivers of young children, including children with disabilities	Positive/playful parenting, support for early learning	<ul style="list-style-type: none"> <li>• Outdoor, distanced training for providers and CHWs</li> <li>• Home visits with safety protocols</li> <li>• Video &amp; radio segments and podcast</li> <li>• Radio listening sessions in health facility waiting rooms</li> <li>• New printed materials related to COVID-19 and child disability</li> </ul>

## How Are Programmes Adapting to the Physical Distancing Measures Imposed by the COVID-19 Pandemic?

While each programme responded differently to address families' specific needs in their communities, several common strategies emerged. First, 6 out of 7 programmes adapted at least part of their programming for digital delivery via Zoom. Second, instant messaging applications for mobile devices (e.g., WhatsApp and Viber) are standard because they are free and widely available, support multimedia sharing, offer low data usage, and facilitate two-way communication. Programme staff reported that these approaches

were generally effective at establishing and building connections among parents and caregivers during lockdown periods. However, levels of engagement were context-dependent. For example, while WhatsApp parenting and social support groups worked well in some settings, residents of refugee camps in Jordan had concerns regarding their personal information in shared groups. Additional programme adaptations included one-on-one telephone-based school readiness sessions for caregivers, and mass media ECD messaging via social media platforms, podcasts, radio, and television programmes.

## Shifting to Remote Programme Delivery: Facilitators and Challenges

Many of the emerging lessons to date are context-specific. However, there were several common facilitators and challenges associated with the shift from in-person to remote (digital/internet, telephone, radio, etc.) programme delivery:

### Common facilitators

- Flexibility among staff and donors
- Risk-taking and having an innovative mindset
- Continuous pilot testing and adaptation
- Effective, motivated leadership team
- Advocacy skills
- Ability to identify/generate resources
- Strong community partnerships
- Leveraging local contextual knowledge

### Common barriers

- Low computer/internet literacy
- Inequitable access to technology (smartphones, secure internet connection, airtime)
- Competing childcare/household demands
- Difficulties engaging participants online
- Difficulties integrating play
- Difficulties assessing body language online
- Lack of physical contact with children

Perceived challenges in delivering remote programming often related to technical difficulties, poor access, and connection issues. There were also initial challenges in building rapport, the flow of conversation, and discomfort sharing personal information on digital platforms. In addition, most programme staff reported that promoting playful parenting and play more generally is challenging to implement digitally.

Families missed opportunities to see playful and responsive caregiver-child interaction modeled in-person during parenting groups. Despite these challenges, programmes found ways to improve interactive engagement, facilitate sharing between parents and caregivers, and integrate play during virtual sessions. Key learnings are summarized on the next page.

## KEY LEARNINGS



### Implementation

- Programmes used multiple platforms to engage with families from a distance (e.g., WhatsApp, Viber, Facebook Messenger, Zoom, radio, podcasts, and telephone calls). Collecting rapid feedback from caregivers helped to determine the most appropriate platform(s) in each context, taking cultural preferences and privacy concerns into account.
- Ensuring the required technology (e.g., smartphones, tablets, internet connection, audiovisual capabilities) is in place was an important first step. Some programmes implemented strategies to improve accessibility to digital tools, such as providing tablets, earphones, and airtime ahead of time.
- Following a ‘hierarchy of connectivity’ protocol: Zoom was offered as the go-to (ideal) platform, then a WhatsApp video call if Zoom failed, and finally, a phone call if the first two options were not possible. By reviewing this ‘hierarchy’ protocol ahead of the sessions, participants knew what to expect and could move efficiently between media if needed.
- Sharing links to related videos and other multimedia content before digital sessions helped to generate discussion and make the sessions more efficient.
- Setting participant expectations through stand-alone introductory sessions was critical. Introductory sessions also provided an opportunity to instruct participants on how to use the technology platform, which saved time during group sessions.
- Having multiple facilitators present during Zoom calls helped to ensure that group sessions ran smoothly.
- Shortening sessions to accommodate caregivers’ competing household/time demands; holding shorter, more frequent sessions worked best across contexts.
- Using engaging strategies like role-play and live scenario demonstrations to illustrate parenting techniques and stress reduction skills during Zoom sessions; in some cases these were pre-recorded and sent to participants before the sessions.



### New approaches

- Using social media channels to connect parents to each other outside of the planned sessions (though closed Facebook groups, for example)
- Using chat boxes and collaborative tools like Google’s Jamboard during virtual group sessions helped to reinforce learning and increase participant engagement
- Engaging children in digital sessions using Zoom’s ‘spotlight’ feature to highlight the primary active speaker for all participants

## KEY LEARNINGS CONT.

- Encouraging caregivers to send photos/videos of playful parenting and parent-child interactions via WhatsApp for remote feedback and coaching
  - Conducting anonymous conference calls to facilitate sharing and learning between caregivers; this was useful if families had privacy concerns
  - Running digital ‘fun clubs’ (cooking, singing, dancing, poetry) to foster social networks among caregivers
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### Incorporating play

- Live simulations or role-playing via Zoom as opposed to lecturing
  - A ‘fairy tale hotline’ for caregivers and children to call during lockdown
  - Encouraging caregivers to use common household items to engage children in play
  - Group brainstorming on how to use existing toys in new and creative ways
  - Setting up scavenger hunts in the home
  - Involving children in playful ‘energizers’ during group sessions on Zoom
  - Encouraging free play during Zoom calls
  - Distributing activity workbooks/play kits before Zoom sessions to use as a parent-child activity
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### Content

- Developed new content to address caregivers’ and frontline health workers’ mental wellbeing
- Delivered messaging about the benefits of playful parenting and how it can help children to become more resilient during times of crisis
- Improved the relevance of ECD messaging by linking the content directly to caregivers’ immediate situation (e.g. in the Philippines, parenting simulations focused on real-life situations encountered during the COVID-19 lockdown).
- Delivered simplified key messages to maximize time during virtual sessions.

## Unexpected outcomes and opportunities

While the COVID-19 pandemic caused massive disruptions to nurturing care initiatives globally, it also led to several unexpected positive outcomes:

- **Increased opportunities to engage male caregivers.** In India, the male household head is often the only family member who owns a smartphone, which may pose difficulties reaching women – typically the primary caregivers. However, some community health workers reported that because men were at home, and not working, they had more time to engage with childcare activities and were keen to participate. Virtual delivery allowed both parents to participate in the programming.
- **Increased appreciation for the role of the primary caregiver.** In several cases, there was a perceived shift in men’s perspectives regarding women’s work. In India, for example, being ‘stuck at home’ during the lockdown enabled fathers to gain a better understanding of the household and caregiving labor that typically falls on the shoulders of women in this context.
- **Established meaningful connections with caregivers.** Despite some initial skepticism among programme staff, facilitators were able to make meaningful, lasting connections with caregivers, and reported that informal socializing could indeed happen organically online. In Canada, for example, facilitators found that many participants maintained contact through various platforms, even outside of the Nobody’s Perfect parenting groups.
- **Improved social cohesion and community trust.** In some cases, shifting programmatic priorities to address families’ immediate needs provided an opportunity to build social cohesion and community trust, especially when serving refugee and displaced families and communities. For example, 21 Luglio’s distribution of baby packages attracted new families to the



organization. By responding to community needs and engaging families in the process, 21 Luglio strengthened their visibility, and more women and children participate in ECD activities now as a result.

- **Wider programmatic reach and increased participant diversity.** Digital delivery of programme content enabled families from diverse backgrounds and rural and remote geographies to participate, expanding programme reach to previously underserved communities (for example, in rural Canada). In many cases, caregivers also appreciated the convenience and flexibility of not having to travel or secure childcare to participate and connect from their homes.
- **Online engagement was a better option for some children.** Several programme staff noted that online engagement was preferred over in-person learning for some children, for example, those with high levels of social anxiety. Conducting in-person visits in full personal protective equipment (PPE) may be potentially triggering and thus counterproductive for a child with autism, for example.
- **Increased opportunities for inter-sectoral collaboration and ECD integration.** In some contexts, the pandemic provided an opportunity

to advocate for crucial ECD content to be integrated into existing government programmes because the needs became ‘more obvious’ during this time (e.g. social-emotional learning in Jordan). In several cases, programmes collaborated with other organizations, Ministries of Education, Health and Social Development to develop and integrate content. This is expected to increase inter-sectoral collaboration and sustainability of nurturing care initiatives even beyond the pandemic.

- **Flexible programme funding.** In some cases, funders immediately granted substantial and

flexible funding in response to the COVID-19 pandemic, which helped programmes to adapt quickly during these uncertain times. Loosening or eliminating restrictions on current grants and making new grants as flexible and accessible as possible provided an opportunity to innovate and support communities on the frontlines of the COVID-19 pandemic.

- **Catalyst for quick, creative thinking.** Across diverse programmatic contexts, the COVID-19 pandemic provided a necessary ‘nudge’ for innovation, catalyzing change, and ‘out of the box’ thinking.

## IMPLICATIONS AND FUTURE RESEARCH

While the COVID-19 pandemic served as a catalyst for innovation, it also exposed inequities and widened the digital divide. Efforts to ensure equitable access to technologies that enable digital participation must be prioritized moving forward. Additionally, more work is needed to improve digital delivery of some aspects of programmes and services to create enabling environments for nurturing care, namely identifying mechanisms to identify and refer suspected cases of child neglect and maltreatment, how to “do” play during confinement, especially for low-income families who are experiencing high levels of stress and few resources for at-home learning. There is also a need for strategies, policy, and advocacy to support learning continuity for pre-school aged children, especially given that school reopening efforts have not prioritized pre-primary in many low-income countries. Lastly, findings point to the importance of addressing caregiver burden and stress to support ECD, particularly during lockdown periods when access to typical sources of social support is limited.

We recommend additional implementation research to understand which programmes and strategies work best during health emergencies, for whom, through

which mechanisms, and in which contexts. Data on programmes’ reach, impact, and cost effectiveness relative to the pre-pandemic period will be useful; formal evaluation work is already underway in some contexts. Evidence is needed to provide governments, donor institutions, and civil society actors with the information necessary to make informed, evidence-based decisions around which interventions and policy responses to prioritize, both in the current crisis and in the context of future emergencies.

While digital models undoubtedly hold promise, they cannot replace all face-to-face ECD activities, particularly among refugee groups and other socially/geographically vulnerable groups in need of increased social support. Families of children with developmental disabilities also benefit from in-person services, where they learn by observing and replicating therapist-child interactions. Consequently, most programme staff stated a preference for hybrid delivery models in the future. To ensure that emerging lessons extend beyond the COVID-19 pandemic and inform future crisis response, promising and inclusive nurturing care delivery strategies should be integrated into existing government programmes wherever possible.