

# COVID-19 and ECD programmes: Risks, opportunities and mitigation strategies in the South African context

## INTRODUCTION

The COVID-19 pandemic presents unprecedented challenges for essential basic services across South Africa. ECD programmes play a central role in ensuring that children, particularly vulnerable children, are able to access important basic rights. These include the rights to health, nutrition, learning, development and play, as set out in the UN Convention on the Rights of the Child. In addition, the Children's Act gives effect to the constitutional rights of children, including, 'that the best interests of a child are of paramount importance in every matter concerning the child.' There is no exemption from the Children's Act under the current emergency regulations. This means that the best interests of children continue to be the touchstone for all decision-making at policy and operational levels.

Considerations relating to containing the spread of COVID-19 and protecting people's health, need to be balanced with a range of factors relating to the rights and welfare of children. Low and middle-income countries like South Africa, have a different socio-economic context to high-income countries. In particular, the compensatory inputs required on the part of parents to provide children with appropriate learning and development opportunities when ECD programmes are closed, are much harder to deliver in resource-constrained communities. This is likely to mean that for poorer communities, re-opening of ECD programmes will play a particularly important role in ensuring that vulnerable children can access basic rights.

ECD programmes also perform a childcare function, and are therefore part of the fabric of the South African economy. Steps to re-open sectors of the economy, must necessarily address the childcare needs of workers who rely on ECD programmes for the safe care of their children. In addition, ECD programmes provide employment for many women, enabling them to generate an income for themselves and their families.

These factors relating to the wider well-being of children, parents and communities, must be balanced with the current availability of COVID-19 testing and contact tracing, with the latest national and local epidemiology of COVID-19, and with the emerging evidence around the role that children play in transmission of the virus.

The government's focus has rightly been on containing the spread of COVID-19 and protecting people's health. In the weeks ahead, these considerations will need to be balanced with a wider range of factors concerning the rights and welfare of children. This briefing provides an overview of the risks and opportunities under two different ECD re-opening scenarios (June re-opening versus September or later) and then triangulates these with the possible mitigation strategies. On the basis of this analysis, a set of guiding principles is proposed.

It should be recognised that there is no path available that will eliminate all potential risk and harm to children and their families. However, there *are* paths available that, by identifying lower-order and higher-order risks, can reduce and manage the overall risk burden to better reflect the best interests of the child. This briefing is a contribution to the conversation that needs to be had between government, civil society, ECD providers and parents, to help us reach a shared understanding of what that path might look like.

A risk-based approach to ECD programme re-opening balances five main factors:

1. reducing and managing COVID-19 transmission in the community
2. maximising the health, nutrition, psychosocial, learning and developmental opportunities of all children (and minimising potential harm/deficits)
3. supporting the economy (and therefore jobs and livelihoods) through the provision of childcare
4. recognising contextual realities (e.g. in many communities, ECD programmes are likely to operate 'beneath the radar' in any case, in response to parental needs)
5. ensuring the future sustainability of the ECD sector and sufficient supply of ECD places after the pandemic

## SCENARIO: ECD PROGRAMMES ARE CLOSED UNTIL SEPTEMBER OR LATER

### RISKS

#### **Malnutrition**

Many children receive their only nutritious meal of the day at an ECD programme. The food delivery mechanisms under COVID-19 relief measures have been suboptimal to date in reaching the most vulnerable children and families. South Africa already has high levels of stunting, with around one quarter of young children affected. Stunting is associated not only with impaired physical development and ill health, but also with impaired cognitive development. Continuing closure of ECD programmes could therefore deny vulnerable children access to nutrition in a way that causes significant and long-term harm.

#### **Developmental harm to children**

ECD programmes foster young children's learning and development in many ways and across the domains of physical, language, cognitive, emotional and social skills. Gains and deficits accrue rapidly at this age. Parents have highly variable resources and skills for providing compensatory inputs at home. Poor children unable to attend ECD programmes for a prolonged period are therefore likely to suffer substantial detriment to their learning and development, with consequential impacts on their later health, educational and socio-emotional outcomes.

#### **Psychosocial harm to children**

Poverty, substance abuse, toxic stress, ill health and child abuse make many homes unsafe or even harmful settings for young children. Organisations supporting victims of child abuse and gender-based violence have reported a surge in cases since lockdown began in South Africa. Attendance at an ECD programme provides some relief from these types of home environments and helps children to build resilience. Requiring children to remain in their homes should not therefore be viewed as a neutral alternative to ECD programme attendance in all cases. Prolonged and unrelieved periods at home is likely to inflict significant psychosocial harm on some vulnerable children.

#### **Lockdown non-compliance and infection risk**

It is generally assumed that COVID-19 infection rates can be better controlled if children and their families are shielded from group situations and required to spend most of their time at home. However, this approach does not account for the cramped and substandard housing conditions of many families in South Africa. It is not humane to require families of four or five to remain in a space sometimes no larger than 8 square metres for most of the day. Furthermore, there is evidence that parents in poor communities are responding to the perceived unreasonableness of this requirement by allowing their children to play outside, and that this is resulting in children playing with each other without physical distancing or hygiene standards being adhered to.

#### **Inappropriate childcare**

Parents who work in re-opened sectors are facing two options: They must either find alternative childcare, or not go to work. Parents are likely to prioritise generating an income so that they can feed and care for their families. It is probable therefore, that while ECD programmes remain closed, many children will be placed in alternative childcare. There are two key problems with this. Firstly,

that these alternative childcare arrangements will be ECD programmes in everything but name and so will be unlawful. Secondly, that many of the arrangements are likely to be inappropriate, not provide the type of environment that is conducive to child development, and potentially put children at risk.

It is also probable that both in response to demand and in order to make a living, ECD practitioners will re-open their programmes 'beneath the radar'. However, because they will hide their activities, there will not be an opportunity to support and monitor safe practices, in terms of managing the COVID-19 infection risk.

### **Disproportionate job losses for parents**

Parents who have no alternative childcare options, will risk losing their job. In other words, it is likely that unless government puts forward a comprehensive childcare solution in parallel with plans to re-open the economy, parents will be disproportionately affected by unemployment and loss of income. This in turn means that children will be disproportionately affected by falling household incomes.

### **Contraction of ECD sector – reduced demand**

Parents who have lost their jobs will no longer need childcare and are unlikely to be able to afford fees. This means that when ECD programmes are permitted to re-open some programmes might no longer be financially viable because they have effectively lost their 'customer' base. (See also the report '*The Plight of the ECD Workforce*', jointly developed by Ilifa Labantwana, SmartStart, BRIDGE, Nelson Mandela Foundation, National ECD Alliance, and the South African Congress for ECD, April 2020.)

### **Contraction of ECD sector – loss of ECD workforce**

If the re-opening of ECD programmes is delayed beyond the re-opening of other sectors, it seems probable that many ECD practitioners will leave the profession and seek alternative employment. In the long-run therefore, many ECD programmes could close and a substantial loss of ECD places will mean a consequential reduction in access for children.

### **Unequal effects**

In terms of each of the problems and risks above, it should be noted that these will not be spread evenly across the population. Families living in poorer communities who are already managing multiple deprivations, will be disproportionately affected.

In addition, because of their historic exclusion from the registration and funding systems, non-centre based ECD programmes and ECD centres serving poor, rural and informal housing areas are likely to be worse affected than suburban ECD centres serving wealthier families. These ECD programmes provide an essential and much-valued service to under-resourced communities but are in a particularly precarious position.

## **ADVANTAGES AND OPPORTUNITIES**

### **Reduced COVID-19 infection risk**

For many children, particularly those in good housing, the infection risk is likely to be lower if they are shielded from group contact during the peak of the infection over the next few months. This is

particularly the case if they attend large ECD centres, where significant numbers of parents and children travel to and congregate in one venue.

### **Vulnerable parents and caregivers shielded**

In poor communities, many children are cared for by grandparents or by someone with a pre-existing health condition. These caregivers are particularly vulnerable to COVID-19 and minimising their children's exposure to infection (which they bring home) in turn protects them and ensures they are able to continue to fulfil the caregiving role.

### **Fewer conditions/requirements at re-opening**

If ECD programmes re-open when the peak of infections has passed, fewer conditions will need to be in place. This will enable continuity with current provision, in terms of both programme parameters (opening hours, group size) and programme content and activities. This will be less unsettling for children and easier to manage for ECD practitioners.

## **MITIGATION STRATEGIES**

There are a number of strategies which could help to mitigate the risks of delayed ECD re-opening:

1. Government could distribute monthly home-learning toolkits/packs to targeted communities while ECD programmes remain closed.
2. Government could improve systems to ensure the reliable distribution of food relief to the most vulnerable families.
3. With careful measures in place, ECD practitioners could be encouraged and resourced to visit families at home, providing resources for home learning and information on public health.
4. When ECD programmes are permitted to re-open, 6-month re-start grants could be made available for all ECD modalities in poor areas, to help prevent closures and to facilitate attendance of children whose parents can no longer afford fees.
5. Provincial government could put in place systems to urgently expediate registration and subsidy applications for all ECD modalities in poor areas, to support programme sustainability after re-opening, and to facilitate attendance of children whose parents can no longer afford fees.

## SCENARIO: ECD PROGRAMMES RE-OPEN IN JUNE

### RISKS

#### **COVID-19 infection rates**

Under this scenario, ECD programmes would be re-opening while COVID-19 infection rates are still high. This increases the risk that programmes would act as significant infection nodes within their communities. This risk would be particularly high for large ECD programmes and ECD centres, where many children and parents travel to and congregate in one venue.

In poor communities, many children are cared by grandparents or by someone with a pre-existing health condition. These caregivers are particularly vulnerable to COVID-19, and if they succumb to the illness it could be catastrophic for the children who they care for, potentially creating a new generation of orphaned children.

#### **Non-conducive ECD environments**

If ECD programmes re-opened while COVID-19 infection rates were still high, then stringent physical distancing and new hygiene and safety measures would need to be in place. This is likely to be confusing and upsetting for young children. It also increases the likelihood of stressed ECD practitioners feeling justified in the use of harsh methods to enforce measures, causing further distress for children and undermining the socio-emotional benefits of children returning to ECD programmes.

#### **Non-compliance with health and safety requirements**

Practical constraints such as limited space and lack of access to protective equipment and materials such as masks, running water and hand sanitiser, could result in non-compliance with physical distancing and with hygiene and safety measures. Monitoring consistent compliance is not likely to be feasible, particularly among independent ECD programmes.

#### **Constrained curriculum**

It is likely to be difficult for ECD practitioners to ensure adherence to physical distancing and new hygiene and safety measures while also implementing the normal range of play and learning activities. This could mean that there is a very limited range of activities for children to do, undermining the developmental and learning benefits of children returning to ECD programmes.

#### **New programme parameters limit childcare role and cause conflict**

Programme adaptations, such as rotating smaller groups or reduced enrolment, could meet with resistance from parents and cause conflict within communities. These types of adaptations would also reduce the ability of ECD programmes to meet the childcare needs of parents.

#### **Resistance from ECD practitioners**

ECD practitioners could themselves be reluctant to re-open while COVID-19 infection rates are still high, either because they do not wish to be exposed to an unacceptable level of risk or because they do not want to risk onward infections in their programmes.

## **Challenges for home-based programmes**

Many ECD programmes in poor communities are run from people's homes. However, it is possible that adults who were previously at work and older children who were previously at school would now be present in the space where the programme is run. This not only has practical implications for the programme, but also increases child protection risks.

## **ADVANTAGES AND OPPORTUNITIES**

### **COVID-19 infection management**

As discussed above, families living in cramped and substandard housing are likely to allow their children to play outside in shared spaces despite the new regulations. The answer to this is not to use force to apply the rules, as this risks inflicting further trauma on suffering families. Instead a compassionate understanding of divergences in circumstances could help to shape a contextually appropriate response, which recognises the potential of ECD programmes to contribute to infection control. In this sense, in some communities and with the right conditions in place, ECD programmes can be part of the solution in terms of managing infection risk.

### **Nutrition**

Early re-opening of ECD programmes would enable poor children, in particular, to benefit from the nutrition offered by programmes. It would therefore limit potential harm to the health and physical development of children who rely on this source of nutrition.

### **Child progress across developmental domains maintained**

For many children, ECD programmes are the only or main source of opportunities to build and practise their cognitive, language, socio-emotional and fine and gross motor skills. Early re-opening of programmes would ensure that children's progress is maintained and that the COVID-19 crisis does not have a long-term impact on educational and wider outcomes for vulnerable children.

### **Psychosocial benefits**

For children who live in stressed, unsafe or abusive homes, ECD programmes are an important source of respite and nurturing care. These children are likely to experience psychosocial benefits from the early re-opening of ECD programmes. Similarly, parents and caregivers might be better able to manage stressed home environments if they do not have to care for their children all day.

### **Information-sharing hubs**

ECD programmes are often at the heart of their communities. They could therefore be harnessed to play a powerful role in information-sharing and peer education during a critical period in the pandemic – sharing important public health information and helping to counter fake news. This is particularly true of ECD programmes that already participate in a network or forum through which information and resources could be cascaded.

### **Supporting the economy**

For parents, returning to work requires childcare. Therefore, managed and safe childcare solutions must be an integral part of any comprehensive economic plan. Already under Risk Levels 4 and 5, many designated workers are back at work but do not have access to safe, developmentally appropriate childcare. In this sense, ECD programmes will play a critical role in restoring economic activity in South Africa.

## MITIGATION STRATEGIES

There are a number of strategies which could help to mitigate the risks of ECD programmes re-opening soon:

1. The government could use a differentiated approach which recognises that certain ECD modalities potentially carry lower infection risks. Under this approach, non-centre based modalities such as playgroups, mobile programmes, day mothers and toy libraries, which either have small groups or are part-time, would be favoured.
2. Clear guidance relating to physical distancing and hygiene measures, as well as programme parameters (e.g. size, duration), could be put in place. Self-certification of compliance could be required before re-opening. Social workers, environmental health practitioners and other designated personnel could then do follow-up monitoring visits and provide support where needed.
3. Government could undertake direct communication with parents via ECD programmes to describe the measures that must be in place, in order to encourage parental co-operation, provide reassurance and to facilitate a degree of community monitoring.
4. Appropriate personal protective equipment could be distributed by government along with a resource toolkit (e.g. posters on handwashing and responding to COVID-19 symptoms).
5. Unlike schools, *permission* to re-open ECD programmes would not need to be *an instruction* to re-open. An enabling and non-prescriptive approach would enable ECD programmes to open where there is high demand/need, and to remain closed or use an adapted approach (e.g. home visiting) where risks and/or demographic factors are different.
6. Government could issue guidelines and content on early learning curriculum activities that can be delivered safely while maintaining physical distancing and hygiene requirements.
7. Governments and/or non-profit organisations could provide public health materials for sharing in the community, to enable ECD programmes to play a useful and proactive role in helping communities to contain COVID-19 transmission.
8. Government could establish their own expert advisory panel to advise them on managing risk over time.



## GUIDING PRINCIPLES FOR RE-OPENING ECD PROGRAMMES

The following overarching guiding principles are proposed to inform the planning and implementation of re-opening ECD programmes.

**1. A balanced approach**

Measures should be anchored in the need to strike the right balance between ensuring the development, learning and wellbeing of young children, supporting the economy, and protecting the health and safety of the wider community.

**2. The best interests of the child**

Promoting the best interests of the child requires that, when they re-open, ECD programmes implement child-friendly and developmentally appropriate practices. For example, helping children to stay a safe distance apart should not prevent social engagement, hands-on learning, child-centred play and physical movement.

**3. A unique sector**

ECD programme provision and attendance are non-compulsory. In this important sense, ECD programmes are quite different to schools. A privately provided ECD programme cannot be required to re-open. At the same time, a parent or caregiver can choose not to send their child to an ECD programme that has re-opened. This is an important flexibility within the system which allows for local responsiveness.

**4. Take the scare out of protecting children**

Actions to keep children safe are essential but an ECD programme should not be a strict and regimented place. More than ever, children will need a caring, secure, happy and stimulating environment. Re-opening ECD programmes should therefore focus on bringing children back to some level of normalcy and routine.

**5. Rules that reflect evidence**

New requirements and standards should have a basis in the evidence. It is difficult for ECD programmes to take on board and implement a long list of new rules. This means it is all the more important to restrict new standards to those that are known to make a difference.

**6. Respect for South Africa's diverse ECD contexts**

Children attend many different types of ECD programmes, and it is estimated that at least one-third of programmes are run from private homes. Children in poor communities are more likely to attend home and community-based ECD programmes. For new measures to be meaningful and consistently implemented, it is important that they respect these diverse contexts and reflect the reality on the ground.

**7. Partnership with parents and caregivers**

Parents and caregivers have an essential role to play – in screening their children and household each day, making decisions that are in their child's best interests, and supporting ECD programmes to put in place appropriate health and safety measures.

Parents and caregivers will also have understandable anxieties about their own and children's safety. Good communication between ECD programmes and parents and caregivers is therefore particularly important at this time.

**8. COVID-19 information-sharing**

ECD programmes can play an important role in efforts to control the spread of COVID-19. Government can harness their community networks to share information about the disease, its potential transmission and public health measures.

**9. Recognising South Africa's realities**

It is generally assumed that COVID-19 transmission can be better controlled if children and their families are shielded from group situations. However, this approach does not account for the cramped and substandard housing conditions of many families in South Africa. In addition, poverty, substance abuse, toxic stress, ill health and child abuse make many homes unsafe or even harmful settings for young children. Requiring children to remain in their homes should not therefore always be viewed as a neutral alternative to ECD programme attendance. ECD programmes have a role to play in helping to create safe, nurturing and properly managed environments in which children can spend their time.

**10. Effective resourcing**

Many ECD programmes operate in severely resource-constrained environments. Government therefore must recognise its responsibility to make additional resources available to ensure that all ECD programmes, without discrimination, have the equipment and materials to implement all new measures and standards.

## ECD programme re-opening: Risk analysis of different scenarios

Scenario 1: Re-opening from earlier date (June)		Scenario 2: Variable opening in line with govt Risk Levels 1-5		Scenario 3: Re-opening from later date (Sept)	
Risks/problems	Advantages/opportunities	Risks/problems	Advantages/opportunities	Risks/problems	Advantages/opportunities
ECDs act as significant infection nodes, as rates of transmission still high.	All children have regular nutrition. (Harm to child health from lockdown limited)	ECD opening (at Level 3 or below) does not align with parents' childcare needs for work.	Reduced infection risk as re-opening aligns with current infection status of province/district.	Children (particularly in poor communities) forced to stay in environments which are less safe (in terms of COVID-19 infection control) than ECDs.	Reduced infection risk as children, parents and practitioners shielded from group contact.
Practitioners use harsh methods to maintain physical distancing and other requirements.	All children have regular and appropriate fine motor and gross motor development opportunities. (Harm to physical development from lockdown limited)	Where ECD opening does not align with parents' work opening, parents a) leave children in inappropriate care, with range of risks for children, or b) lose their job.	Some children have regular nutrition. (At ECDs that have re-opened)	Potentially substantial (6 months+) detriment to children's physical/health development, resulting from loss of nutrition provided by ECD programme.	Clarity, simplicity and consistency for ECD providers and parents.
Children confused and upset by physical distancing requirements, and constant disciplining to maintain.	All children have regular and appropriate stimulation and interaction. (Harm to child cognitive/ language/ socio-emotional devt from lockdown limited)	ECDs operate 'beneath the radar' to meet parent need / demand - difficult to regulate/monitor, so infection risk less controlled.	Some children have regular and appropriate physical development opportunities. (At ECDs that have re-opened)	Potentially substantial (6 months+) detriment to children's cognitive/ language/ socio-emotional/ fine and gross motor development.	Fewer conditions/requirements imposed on ECDs at re-opening - less challenging to 'police'.
Practitioners do not comply with hygiene and safety reqs, increasing risk to children, families and communities.	All children have increased protection from stressed/ unsafe/ abusive home environments. (Psycho-social harm from lockdown limited)	Complex communication and confusion among providers and parents re risk level status results in non-compliance.	Some children have regular and appropriate stimulation. (At ECDs that have re-opened)	Potentially substantial psycho-social harm to children who are forced to stay in increasingly stressed/unsafe/ abusive home environments.	Fewer conditions/requirements imposed on ECDs at re-opening - easier to implement normal curriculum.
Key play/learning/devt activities cannot be delivered while maintaining physical distancing requirements.	All children have increased protection from stressed/ unsafe/ abusive home environments. (Psycho-social harm from lockdown limited)	Densely populated areas where many vulnerable children live likely to re-open more slowly.	Some children have increased protection from unsafe/abusive home environments. (At ECDs that have re-opened)	All detriments suffered MOST by POOREST children who a) have fewer compensatory inputs in home setting, b) most likely to be in stressed homes.	
Smaller/part-time groups necessary to meet physical distancing requirements but a) not adhered to because of parent resistance and/or b) causes community conflict.	ECDs act as information-sharing hubs on public health and social support (i.e. form part of solution).	Many children suffer risks and detriments associated with delayed re-opening including health, cognitive, language and psycho-social harm.	Some ECDs able to act as information-sharing hubs on public health and social support when open.	Parents who can return to work forced to use inappropriate childcare, with risks for children.	

Scenario 1: Re-opening from earlier date (June)		Scenario 2: Variable opening in line with govt Risk Levels 1-5		Scenario 3: Re-opening from later date (Sept)	
Risks/problems	Advantages/opportunities	Risks/problems	Advantages/opportunities	Risks/problems	Advantages/opportunities
Smaller/part-time groups necessary to meet physical distancing requirements limit programmes' ability to meet the childcare needs of all parents who were previously served.	Parents in stressed home environments have support/relief.	Risks and detriments associated with delayed re-opening are unevenly spread and result in increased inequalities.	ECDs able to share resources for home-learning when open, in anticipation of return to higher risk level.	Parents cannot return to work because they have no childcare, and so lose job -> households with children disproportionately affected by unemployment and loss of income.	
ECD practitioners perceive themselves to be exposed to unacceptable level of risk and do not re-open.	ECDs provide safer spaces in terms of infection control than home environments.	Difficult for ECDs to perform consistent role in public health and social support.	Some children able to be in safer spaces (in terms of infection control) than their home environment.	Job losses -> reduction in demand for ECD -> ECD closures and loss of access.	
Complete shut-down of ECDs occurs again further down the line because infections not effectively controlled.	ECD contributes to / enables re-opening of economy and return to work.	Frustration/opposition from ECD providers and parents at differential treatment (by comparison to other areas).		For next 6 months, ECDs operate 'beneath the radar' to meet parent demand - difficult to regulate/ monitor, so infection risk less controlled.	
For home-based programmes, family members who are not working and children who have not returned to school now in home space -> practical problems and increased child protection risks.	Clarity, simplicity and consistency for ECD providers and parents.	Parents equate need for ECD with need for childcare - do not prioritise attendance for early learning and developmental benefits.		Many ECD practitioners leave profession for fields that have re-opened sooner in order to generate income -> ECD closures and loss of access after crisis.	
		In most affected areas (e.g. which stay at Level 4 or 5), ECD practitioners leave profession for fields that have re-opened in order to generate income -> ECD closures and loss of access after crisis.		Longer term damage to status of profession/sector, resulting from being treated as of secondary importance during significant crisis.	
		Where programmes re-open, see also first column under Scenario 1.			

Scenario 1: Re-opening from earlier date (June)	Scenario 2: Variable opening in line with govt Risk Levels 1-5	Scenario 3: Re-opening from later date (Sept)
<b>What conditions/measures could be put in place to make this scenario work?</b>	<b>What conditions/measures could be put in place to make this scenario work?</b>	<b>What conditions/measures could be put in place to make this scenario work?</b>
<i>Differentiated approach</i> by modality - NCB modalities (playgroups, mobile, home visiting, day mothers, toy libraries) favoured, as group sizes can be kept small and/or sessional nature helps to reduce risk.	Database of ECDs that enables real-time communications on changing risk levels.	National development and distribution of monthly home-learning toolkits for parents (for each of next 6 months).
Clear guidance relating to physical distancing and hygiene measures, as well as programme parameters (e.g. size, duration), could be put in place.	ECDs allowed to re-open at risk levels 3 or 4 (otherwise this scenario likely becomes equivalent to Scenario 3).	Support and guidelines for redeploying existing ECD practitioners as home visitors to support home learning and development (for next 6 months).
Self-certification of compliance could be required before re-opening. Social workers, environmental health practitioners and other designated personnel could then do follow-up monitoring visits and provide support where needed.	Clear guidance relating to physical distancing and hygiene measures, as well as programme parameters (e.g. size, duration), could be put in place.	6-month re-start grants for ALL types of ECDs (registered and unregistered) on re-opening, to help prevent closures and facilitate attendance of children whose parents can no longer pay fees.
<i>Enabling / non-prescriptive</i> approach would enable ECD programmes to open where high parent need/demand, but to remain closed and/or use adapted approach (e.g. home visiting) where risks and/or demographic factors are different.	Self-certification of compliance could be required before re-opening. Social workers, environmental health practitioners and other designated personnel could then do follow-up monitoring visits and provide support where needed.	Urgently expedite registration and subsidy applications for ALL types of ECDs at re-opening to support sustainability and facilitate attendance of children whose parents can no longer pay fees.
<i>Phased</i> approach would ask ECD programmes to prioritise children of certain workers - for example key workers, such as nurses.	Direct communication to parents via ECDs on conditions that they must comply with and explaining measures that must be in place in the ECD programme.	Clear guidance relating to physical distancing and hygiene measures, as well as programme parameters (e.g. size, duration), could be put in place.
Guidelines issued on types of curriculum activities that can be implemented while maintaining health and safety (so that practitioner focus is not exclusively on control).	Guidelines issued on types of curriculum activities that can be implemented while maintaining health and safety (so that practitioner focus is not exclusively on control).	Self-certification of compliance could be required before re-opening. Social workers, environmental health practitioners and other designated personnel could then do follow-up monitoring visits and provide support where needed.
Direct communication to parents via ECDs on conditions that they must comply with and explaining measures that must be in place in the ECD programme, to assist with monitoring.	Home-learning resources distributed to ECDs for onward sharing to parents, in anticipation of return to higher risk level.	Government could improve systems to ensure the reliable distribution of food relief to the most vulnerable families.
Defined ECD role (and materials) for information-sharing in the community to help contain COVID-19 transmission.		
Proactive messaging around necessity of childcare for re-opening of economy to help parents and communities understand the role of ECD in supporting livelihoods.		