



Juzoor for Health and Social Development

COVID-19 and Early Childhood Development (ECD) in the State of Palestine

"Don't let children be the hidden victims of COVID-19 pandemic"
- Henrietta Fore
UNICEF Executive Director

The aim of this policy paper is to contribute to private and public advocacy efforts by providing information about the impact of COVID-19 on ECD and the situation of ECD during the COVID-19 pandemic and the lockdown, to inform policy and decision makers and other duty bearers, donors and civil society stakeholders. This is one out of a series of ongoing policy papers published by Juzoor that assess the impacts and risks that coronavirus has on the State of Palestine and recommendations to address these challenges. This is part of Juzoor's contribution towards policy dialogue during the COVID-19 pandemic.

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1 PALESTINIAN CHILDREN: THE POLITICAL AND SOCIO-ECONOMIC CONTEXT AND COVID-19

The state of Palestine shares with the rest of the Arab world a significant number of vulnerable children and one which will have its challenges compounded by the flare of COVID-19¹. Socio-economic conditions have been steadily deteriorating in the last couple of years in the occupied State of Palestine. Poverty and unemployment rates have been rising steadily with **29.2%** of Palestinians were living below the poverty line in 2017 (**53%** in the Gaza Strip (GS), **14%** in the West Bank (WB) and **34%** in the GS suffering from deep poverty and **6%** in the WB). The number of children living in households with consumption poverty was **645,000** in 2017, equivalent to **31%** of children (**14 %** in the WB and **53%** in the GS²).

Unemployment rates in Palestine prior to COVID-19 were already high: **32.4%** across the State of Palestine (**53.7%** in the GS, one of the highest rates in the world, with unemployment reaching **60%** of youth in the GS and where **80%** of the population relies on humanitarian assistance). **2.5 million** people including more than 1 million children are in need of humanitarian assistance³. Almost one-third of Palestinian families live below the poverty line (a monthly income of less than **\$640**⁴). Due to extremely difficult political, social and economic situation affecting the people of the city, East Jerusalem is the place to host alone, **95,000** children living in chronic poverty⁵.

The most vulnerable are children in the early stage of life, namely preschoolers who are at an age their cognitive, social, emotional, and physical abilities are developing at the highest speed and intensity. As proved through scientific evidence, the first **1,000** days of life are the most critical for the children in achieving their full developmental potential. Malnutrition, infections and poor stimulation at this age results in severe physical and developmental disorders.

From the population of **3 million** Palestinians in the WB and **2 million** in the GS, Children 0-8 years comprise **800,000** and make up **17%**⁶. Children under five years of age, make up **14%** of the Palestinian population with only **34%** attending early childhood care and education programs. The mortality rate of infants 0-11 months is **18 per 1000 live births** (**17** WB, **20** GS). The under 5 mortality rate is **22 per 1000 live births** (**20** WB, **24** GS). Only $\frac{1}{4}$ of children 3-4 years old attend ECD programs, $\frac{1}{4}$ under 5 suffer anemia while all suffer Vitamin A deficiency and $\frac{2}{3}$ of children under 5 suffer Zinc deficiency⁷.

1 ANECD Statement in Response to COVID-19. May 18, 2020

2 Ola Awad. Data Collection and Statistics In Realizing the Rights of Children In www.thisweekinpalestine.org

3 UNICEF. Children in the State of Palestine. www.unicef.org. November 2018

4 According to PCBS

5 ANERA Early Childhood Development in the West Bank and Gaza. www.anera.org ECD-Report-West_Bank -Gaza

6 National Strategy for Early Childhood Development and Intervention in the State of Palestine for the period 2017-2022.

7 UNICEF. Children in the State of Palestine. www.unicef.org. November 2018

Only **46%** are benefiting from or exposed to any development-stimulating activities at all and 96% are being violently disciplined, leading to important deficits in their social and emotional development. Inequality for a child's development exists on many different levels in Palestine especially in the areas of nutrition (stunting affects **12%** of children) and development activities and education⁸.

A large percentage of Palestinian children reside in precarious and insecure conditions in low income families in villages and camps on the WB and the GS already disadvantaged in terms of space and other amenities and subject to various challenges as a result of occupation, political violence, mobility restrictions, over crowdedness, poverty and trauma compromising their development. They face challenges of daily obstacles imposed by occupation from the moment they take their first breath and their quality of life is compromised by economic, political, social conditions around them. Around half a million children in Palestine require humanitarian assistance to access quality education⁹.

Settlements, checkpoints and movement restrictions are a source of stress and fear to children going to and coming from school in high-risk locations. Constant exposure to conflict, economic hardship, and increased poverty, all contribute towards the acceptance of violence as a social norm, which adversely affects children. Violence is also common in the home and in schools. About 89% of children are subjected to psychological aggression and **74%** to physical punishment in the family. Children in schools are subjected to psychological violence (e.g. verbal insults, non-physical bullying) as well as physical violence (e.g. corporal punishment, physical bullying) and sexual violence¹⁰.

Low income levels compounded by insecurities resulting from the political climate and the outbreak of COVID-19 profoundly impact the welfare of the Palestinians particularly children.

8 What's Early Childhood Development Like in Palestine, February 25, 2019 by Daniela Philipp.blogs.iadb.org

9 OCHA. Humanitarian Needs Overview, Occupied Palestinian Territories. 2018.

10 UNICEF. Multiple Indicator Survey. 2014.

2 EARLY CHILDHOOD DEVELOPMENT SECTOR IN PALESTINE FACTS AND CHALLENGES

The ECD sector entails nutritional, health, educational, emotional, cognitive and social aspects. It encompasses child protection, social welfare and social protection and ECD program aimed at meeting the development needs of young children.

The first five years of life, and more specifically, the first 1,000 days are considered the most important in terms of developments they constitute the foundation for attaining cognitive, social, emotional, and physical potential. The early years influence and shape an adult's cognitive, intellectual, and emotional capabilities whereby numerous challenges in adult years can be rooted in and traced back to deficiencies in early childhood¹¹.

According to the national ECD strategy, early childhood refers to the first six full years or **72** months in the life of a child, from gestation up to the child's sixth year. In the first stage from pregnancy to 4 years is where the responsibility to the child rests on the family and health and social protection services. The second stage (**4-6 years**) is the stage of opportunities for the child to explore and learn. The third stage (**6-8 years**) is when the child transitions to school increasingly self reliant and confident requiring respect and empowerment to express himself/herself¹².

The public system for early childhood institutions is in its starting phase of formation through partnership between ministries of health, education and social development. Available ECD institutions, namely nurseries and preschools in Palestine are mostly private, follow their own ECD approaches and curriculum and are only available to a limited number of families¹³. Nearly **20%** of the population is under the age of **5**. From the **1,132 preschools** in Palestine, there are only few that are run through the public governmental sector and the rest are run by the private and the non-profit sector. **54%** of children aged **3-5** attend early childhood education programs in Palestine¹⁴, offered in nurseries and kindergartens¹⁵.

11 World Bank Invests US\$9 Million in Palestinian Early Childhood Development

12 National Strategy for Early Childhood Development and Intervention in the State of Palestine for the period 2017-2022.

13 What's Early Childhood Development Like in Palestine, February 25, 2019 by Daniela Philipp.blogs.iadb.org

14 According to the Population, Housing and Establishment Census of 2017,PCBS

15 As defined in the national strategy 2017-2022, Kindergartens are educational institutions that care for children in the age group 4-6 years before entering the school, providing them with education and care in a systematic and structured way based on early childhood philosophies and principles. They are two types according to affiliation – classes offering a one-year program as applied in the government system (KG grade) and private kindergartens offering two-year education prior to entering to grade 1. Nursery refers to any suitable place designated to receive, accommodate and care for children, which is licensed according to the provisions of this regulation, excluding the so-called home-based nursery.

In 2017, the “National Strategy for Early Childhood Development and Intervention”, was endorsed. The Strategy prioritizes holistic approaches to the development of young children from pregnancy until the age of five. In its attempts to confront challenges facing the ECD sector and commitment towards ECD and Early Childhood Interventions (ECI), many tools to improve ECD and ECI outcomes have already been tackled/developed including: Setting up ECD Working Group and national committee, development of training modules and curricula on ECD, screening and monitoring, guide for developmental behavioral scales, educational materials for parents and educators, supervision checklists and training amongst others.

The Palestinian Ministry of Education (MoE) has been working towards establishing a national ECD curriculum framework; creating and implementing new national standards for licensing preschools based on the physical condition of the school; and institutionalizing regular inspections and quality assurance guidance for ECD institutions.

Despite these achievements, many challenges remain, under volatile and uncertain political circumstances and inadequate financial and human resources to make all of the improvements that are vital to promoting ECD. Other challenges include: low enrollment, inadequate facilities, inappropriate learning methods, limited parental involvement, poor quality of preschool programs, inexperienced teachers and poor quality of available preschool programs and a high children to teacher ratio form critical barriers hindering efforts to advance ECD programming in Palestine¹⁶.

Health sector challenges include shortage of specialized staff, such as psychosocial workers, pediatric neurologist, and speech therapists. There is need for quality capacity training for health service providers on issues related to ECD. There is also need for cross-sector collaboration and networking among all stakeholders, including local communities and parents. More advocacy and awareness-raising activities to transmit knowledge on the importance of early learning activities and positive parenting for a child's development is highly needed at the level of policy makers and program people¹⁷.

Several Palestinian Non-Governmental Organizations (NGOs) and international organizations¹⁸ provide support to early childhood institutions. Like most institutions, the local NGOs working in the social sector in ECD, are highly dependent on donor support. Support is unpredictable although enhanced fundraising and coalition building strategies may be helping institutions in their fundraising strategies.

16 ANERA Early Childhood Development in the West Bank and Gaza. www.anera.org. ECD-Report-West_Bank -Gaza

17 What's Early Childhood Development Like in Palestine, February 25, 2019 by Daniela Philipp. blogs.iadb.org

18 UNICEF, Save the Children, ANERA, Catholic Relief, OXFAM, World Vision, Defense for Children International (DCI), CARE, UNFPA and others

Palestinian pre-school education falls under the responsibility of the MoE and nurseries fall under the authority of the Ministry of Social Development (MoSD previously (MoSA)). The non-profit sector runs almost all preschools whereby most private schools have preschool classes. UNRWA schools do not provide preschool education and hence, ECD services within the refugee camps are operated through local CBOs and usually are poorly resourced and attended. There are acute shortages for preschools and needed kindergarten space leading to low enrollment and associated parental challenges, especially within the period of diminishing extended family structure.

Quality in preschool education is not guaranteed. Only about **13%** of preschool and kindergarten caregivers are educated or qualified in ECD or child care field. The qualifications of teachers range from Tawjihi to a first degree in education-preschool education and lack of other employment options remains the motive for enrollment in ECD care for most of ECD care givers and preschool educators.

Teachers receive trainings organized by local NGOs¹⁹, as well as by the MoE on curriculum development, methods of teaching and learning and teaching materials. Financing and tuition fees in preschools vary per type of school affiliation. School infrastructure in many preschools is problematic as most are housed in rented buildings not initially built as schools and thus lack recreational, safety and basic pre-school facilities.

The overall delivery of educational, social and health services to Palestinian children is faced with numerous challenges including, inadequacy of qualified resources, shortage of databases on child protection and disability programs, lack of fee waiver scheme for preschools, noncompliance with child safety guidelines, lack of specialized curricula amongst others.

In regards to nurseries and in addition to all mentioned above, lack of owners awareness on the importance of licensure to provide services, lack of operating manuals, lack of oversight amongst others. In regards to kindergartens in specific, low enrollment rates, poor coordination amongst providers, unavailability of compulsory and free preschooling, lack of national body to coordinate and regulate sector amongst others²⁰.

Despite calls for “inclusive school education” accommodating children with special needs is problematic since most preschools do not have the infrastructure or capacity to accommodate special needs students. The focus on ECI is important to the Palestinian Government. It is of utmost importance to have measures to facilitate early recognition of children at risk and with developmental delays early on so as to introduce services that will enable them to catch up with their peers and prevent life-long disabilities and exclusion in many cases.

¹⁹ Such as the Early Childhood Resource Centre (ECRC), the Child Development center at An Najah University, the Child center at Al Quds University and through formal local university programs among others

²⁰ National Strategy for Early Childhood Development and Intervention in the State of Palestine for the period 2017-2022.

There are social and health programs in Palestine that target children with disabilities and their families. Only recently however we see early detection tools in place to identify children with development delays that enable early interventions. With developmental delays being recognized late, often only when the child enters the ECD institution or even school, there is a need to develop the criteria, means and tools for assessing and monitoring physical and social environment within the host ECD or educational institutions.

Currently, inclusion forms a significant challenge for ECD and education in Palestine. Children with minor disabilities are accepted but not those with more severe disabilities and with few exceptions, Palestinian schools are not ready in terms of physical and social environment, capacity of care givers and acceptance attitude of school community for inclusion of children with developmental disorders and/or autism²¹.

There is a substantial need for developing and expanding preschool education²² for a population that is increasingly conscious of its importance for readiness for primary schooling.

3 THE EFFECTS OF COVID-19 ON ECD

Children worldwide are 'not the face of the pandemic but risk being amongst its biggest victims²³.' Children are affected by the infection with the virus, bear the burden of the impacts of the socioeconomic measures countering transmission of the virus and are likely in the longer term suffer from the delayed implementation of sustainable development goals pertaining to child development, health and education. As a consequence, children will fall into poverty, undergo a learning crisis and face threats to child survival, health and safety²⁴.

Medium and longer term impact of COVID-19 on children is yet to be seen with the most vulnerable expected to be the hardest hit. Although the number of children infected by COVID-19 is relatively small compared to other population age groups forming only about **2%** of total infected, yet the pandemic is expected to have impact on their lives especially with the extended conditions of lock-down and its impact on psychosocial aspects in light of the far reaching impact on the economy jeopardizing the socio-economic well beings of families including children.

21 Paula Malan. Child Rights in Early Childhood Education. This Week In Palestine

22 This is supported in the State of Palestine's National Policy Agenda 2017-2022-National Policy and Policy Interventions under National Priority 8 on improving early childhood and preschool education

23 United Nations. Policy Brief. The Impact of COVID-19 on Children .15 April 2020

24 Ibid

Parents lost jobs²⁵, and or have been unable to go back to a job, while nurseries and preschools and schools have shut down. Many families with low income were forced into quarantine with a break in income for many who depend on daily pay with not much financial support making it hard to provide for the family and or to comply with protective health advice.

The reduction in income increases stress and mental health and psycho-social challenges for the care givers and children. High stress, poverty, fear and associated disturbance of economic and social protection around the child will have an impact on children's growth and development including. While have not been fully studied in Palestine, neglect, violence, the adoption of negative coping strategies, poor nutrition, lack of access to basic health care and social protection services and child exploitation have been reported in studies from other countries like the eastern Asia region²⁶. When families are in dire financial situation, domestic abuse may surface or may intensify further putting children at risk²⁷.

Efforts need to be in placed to minimize long term detrimental effects by instituting or scaling up measures in support of children whose families' income is insecure and require further social protection they urgently need²⁸.

Early on in the outbreak of the COVID-19 pandemic, the State of Palestine declared a state of emergency on March 5th, 2020. This was renewed for subsequent periods of **30** days, extended for additional **5** months to date. Preventive and precautionary measures were instituted including movement restrictions, quarantine, and social distancing. While early on in March only a scant number of cases have been reported in the State of Palestine, the surge in May reached over **500** with a spike in June reaching close to **3,000** and around **15,000** in early August with near **95** reported deaths and soaring afterwards.

There has been fear that the spread would further jeopardize the health systems stability²⁹ with its limited human and material resources to accommodate increasing numbers including the management of critically ill people. Aside from the limited number of professionals trained to deal with the virus, there has also been shortage of essential self-protecting equipment as well as appropriate quarantine sites in the various governorates. Complexity of the situation was exacerbated with lack of compliance with guidelines and protective measures by large percentage of the population. The limitations in services and lack of compliance with protective measures will invariably affect all the population including children.

All educational and training facilities have been closed, including kindergartens /preschools and schools since the March 6th 2020 to date. Distance learning has been adopted and followed by the MoE replacing formal face to face and in classroom teaching and learning.

25 Current unemployment rates have soared with lockdowns and further exacerbated the situation of high unemployment and increased the numbers of poor families and those requiring assistance to reach over 120,000 families

26 Study from ARNEC

27 World Vision -COVID-19 places millions of children at risk in fragile & displacement contexts FRIDAY, APRIL 24,2020 Nathan McGibney

28 26 March 2020 – Global coronavirus is a devastating blow to children in poverty by Yolande Wright and Luke Harman, Save the Children

29 Potential to overwhelm health systems in low and middle income countries and undermine previous developments in child survival, health and nutrition. Disruptions worldwide are seen in immunization services threatening outbreaks of diseases. Nutrition programs are disrupted or suspended etc In statement by Henrietta Fore. April 9th 2020. <https://www.unicef.org/press-releases>

The MoSD has taken further decisions in line with the lock-down and to ensure maximum protection under the circumstances. These decisions, along with other decisions and directives by the MoE, are meant to influence the situation of children, particularly in relation to protection, education, entertainment, recreation, leisure, and rehabilitation –and other facility-based services- for children with disabilities.

The end of June's and early July's spike in COVID-19 infected cases in Palestine and the uncertainty over the course of the infection in the coming months increases uncertainty over the reopening of preschools and schools. Prolonged absence from education may have grave consequences and child protection risks and requires planning and readiness by caretakers and the education system. Cash transfer to poor families especially single headed families may be interrupted given the financial crisis facing the State of Palestine.

Palestinian children affected by conflict and violence are prone to Mental-Health and Psycho-Social (MHPSS) challenges. The outbreak and spread of COVID-19 further complicates a volatile environment creating new risks for Palestinians in general and children in particular. It has put strain on a stretched formal and informal child related systems³⁰.

Psycho social strain on children is a likely effect of COVID-19 on early childhood. Effects may result from significant changes in household income with reduced meal consumption and lack of nutrient diversity, lock-down and quarantine in densely populated areas which lack space and with privacy limitations. This includes protection threats, physical and sexual violence, limited access to services and health risks. The hardest hit by extended school closures are the marginalized children: those living in vulnerable areas including Gaza, Area C, adjacent to the Annexation Wall engulfing Jerusalem, children with physical and mental disabilities, Bedouin children and children in refugee camps.

Also, prolonged home confinement, isolation and movement restrictions may expose children to increased physical and psychological violence, including sexual abuse and exploitation, or force children to stay in homes that are overcrowded and lack minimum healthy living conditions. As a result, high levels of stress and anxiety have added a new group of invisible at-risk children who are at increased risk of experiencing and observing physical, psychological and sexual violence and neglect at home. Domestic violence and abuse against children is increasing in different forms as well as abuse through enforcing lock-down decisions³¹.

Formal and informal child protection systems and services offered through local and by /with support of international organizations were significantly affected now and will further be affected in the immediate and long-term with further suspension or interruption of essential services and programs.

Redirecting of funding to areas perceived more urgent or priority under the demands of COVID-19, decreasing, restricting, postponing or canceling of services including health and sanitation, food security, education, care for children with disability and developmental disorders including autism and chronically ill and social protection programming can have long-term and irreparable impacts on children health, survival, and development³².

³⁰ The rights of children amid COVID-19 Joint guidance note by United Nations Human Rights oPt, the Ministry of Social Development, UNICEF, and

³¹ the Independent Commission for Human Rights

UN Inter-Agency Working Group on Violence against Children. April 2020

³² World Vision -COVID-19 places millions of children at risk in fragile & displacement contexts FRIDAY, APRIL 24,2020 Nathan McGibney

Efforts must be made to maintain essential services through alternative delivery options and or provide additional services in response to the increased demand.

Although, the full extent of the effects of COVID-19 on the nutritional status of children is not known, including those suffering from wasting and micro-nutrient deficiencies, it is to be assumed that malnourished children are at a higher risk of COVID-19 related complications. The nutritional status of Pregnant and Lactating Women (PLW), highly vulnerable children and children living with disabilities is expected to deteriorate further in the coming months due to the socio-economic impact of COVID-19.

4 IMPACT OF COVID-19 ON ECD/PALESTINE

In line with the global interest to highlight the impact of the pandemic on children and mitigate negative impact on this highly at risk group, and acknowledging the importance of stakeholders' role in defining gaps and formulating responses during situations of emergency, a rapid assessment/survey on the WB/Palestine³³ was conducted to assess impact, define gaps and provide opportunities/recommendations for better response³⁴.

The survey aimed to collect data on how early childhood centers, care providers, and teachers are responding to the strains of the pandemic and understand the needs of the ECD service providers and learn how to support them.

The main objectives of this rapid assessment were to:

- 1-Assess the impact of the COVID-19 lock-down on ECD and children's wellbeing and services
- 2-Provide recommendations in regards to ECD care and services from a decision maker perspective.
- 3-Provide policy recommendations for improved ECD services within the crisis situation trying to achieve the goals of leaving no one behind.

The survey responds to the call for promoting children's understanding of what is happening around them and supporting them and their caregivers to adequately respond to health, psychosocial and services needs of children within the times of crisis. Namely, mitigating the child's feelings of fear, frustration and worry and better awareness of their rights in the aftermath of the pandemic³⁵. Results also confirm global analysis of the impact of COVID-19 on children's well-being.

33 Impact of COVID-19 on early childhood development, the story of Palestine: Results from parents, service providers and policy-makers. In coordination between the Palestinian Child Institute at An Najah University and Juzoor..

34 The Survey undertook a mixed-method-qualitative and quantitative data collection comprising three components. Two structured questionnaires and one focus group discussion (FGD) were conducted on 1) parents of children enrolled in ECD centers, 2) ECD service providers and 3) policy makers working in the domain of ECD. A convenient sample included 102 parents with children aged 0 to 5 years old, residing in the WBe interviewed by telephone by trained researchers using a structured questionnaire including socio-demographic questions, how the lockdown has impacted families lives in general, how the lockdown has affected their children's behaviors and wellbeing, and how the lockdown has impacted their access to ECD services as well as their adjustment to distance learning.

35 The rights of children amid COVID-19. Joint guidance note by United Nations Human Rights oPt, the Ministry of Social Development, UNICEF, and the Independent Commission for Human Rights

The rapid assessment/survey included a section on parents 'interviews³⁶, which reflected the following results:

Impact of COVID-19 lockdown on Parents' life in general:

24% took time off work to care for children and **5%** reported their financial situation got worse parents with lack of sufficient income to keep their children enrolled in ECD centers, **68.3%** reported difficulties to pay for basic expenses and a third had to reduce amount of food and size of meals. **77.5%** reported that the pandemic and lockdown drastically disrupted their families 'lives, **42.2%** reported tensions between them and their spouse; while **28.4%** reported their relationship with their spouse as a result of lockdown negatively impacted their children.

Effect of the lockdown on children's' daily lives, behaviors, and general well-being:

Over **50%** of parents reported that their child has become more hyperactive compared to before the lockdown. **39.2%** noticed their child's concentration has improved in general while **15.7%** reported their child's concentration got worse. **41.2%** reported a change in their child's cognitive development.

Over half of the interviewees reported they have become concerned about their child's social, emotional, and cognitive behavior since the beginning of the lockdown and school closures. **40%** reported difficulty in dealing with their children compared to before the lockdown. **37%** reported their children showed major signs of anxiety and fear and reported their child has been screaming more often compared to before the lockdown. **20.6%** reported their child has become much less socially connected than before.

On children's activities compared to before the lockdown: **50%** reported their child eating the same amount while for the other **50%** they either ate more or less, **55%** reported their child sleeping the same amount while **27%** reported their child was sleeping more. **52%** reported their child was performing some kind of physical activity more often , **55%** reported their child was spending less time outside. **57%** reported their child was spending less time with friend in-person, **62%** spending less time with friends remotely, **33.3%** spending less time watching TV and using social media for educational purposes, **41%** spending less time watching TV and using social media for non-educational purposes and **33%** reported spending more time.

Almost all of the parent's interviewed reported they were doing some sort of activities with their children during the lockdown (reading books, playing educational games and watching educational videos with their children).

The majority of parents reported they have been much more cautious with their child regarding hygiene and social distancing measures as a result of the pandemic.

³⁶ 97.1% of respondents were females (Mothers of 52% females and 48.0 males with 57% aged 4 and 5 years old referred to in the interview).40.2% of interviewed mothers reported they had a bachelor's degree, and 35.3% of spouses did not finish high school. 47.1% residing in Palestinian villages, 40.2% in camps and 12.7% in cities. 61.8% reported they were unemployed at the time of the interview, 11.8% reported they had lost their job and 11.8% had a salary was cut as a result of the lockdown. 42.2% reported their spouse had their salary cut and 33.3% reported their spouse had lost his/her job.

Childcare and ECD services during the lockdown:

71% parents reported their child's pre-school/childcare/nursery was closed during the lockdown; **10%** reported their child was not enrolled in any ECD center.

58% reported their child's pre-school/childcare/nursery conducted online learning sessions and were communicating with enrolled children through internet sessions, phone calls and emails. Only **41%** of interviewed parents were satisfied with such communication as **47%** of parents' reported concern over their child not receiving appropriate education through virtual sessions. **35%** reported they did not feel their child has benefited from the online learning sessions and communications during the lockdown.

Results from the survey with ECD service providers reflected³⁷ the following:

Poor investment in ECD centers and staff during pandemic and lockdown:

70% of service providers reported not receiving any financial support. Only **6%** received financial assistance from the government, **8%** received guidance and assistance in management while 5% reported receiving sanitary supplies during lockdown.

78% of service providers stated they did not receive any staff training and support from the government in relation to COVID-19 and its impact on ECD. Among those that received some sort of support, (**22%**), mentioned financial assistance and supplies provided by parents of children enrolled in the centers, the local community and from local or international organizations.

Challenges faced by ECD centers as a result of the COVID-19 crisis impacting their operation:

The most common challenge faced during the lockdown was the financial one with parents' unwillingness or inability to pay fees to the centers and the centers' inability to pay full staff salaries reported by **84%** of respondents.

Other challenges faced by ECD centers were inability to cover operational costs, lack of sanitary supplies, and inability to retain staff at full capacity. **80%** lacked equipment such as computers/tablets/telephones and or lacked training and guidance/support on distance teaching and learning, and no access to reliable internet connection or no affordable data plan/internet connectivity options. While many of the above challenges are chronic ones for ECD programs, these challenges were exacerbated during the COVID-19 pandemic making it difficult for institutions and individual care givers continue their services during this difficult time.

³⁷ 52.9% of the 51 ECD service providers interviewed are for-profit private centers or schools and 29.4% are non-profit. 90% of these centers work with children between ages 3 and 6 years old. 49% of all centers were closed as a result of the lockdown; while 35% were closed and had re-opened at the time of the survey (end of June). Six centers (12%) reported they had never closed.

Disruption in the education process and /or communicating with parents:

77% of centers were closed during the lockdown but were providing education virtually to children enrolled and communicating with their parents through social media platforms, WhatsApp, telephone calls and email. However, some centers were unable to communicate with children or parents due to families' lack of access to internet, parents' unwillingness to educate their children virtually or not following up with the centers for the online sessions.

Some parents lacked technological skills to use virtual programs provided by the centers. **40%** of service providers reported their communication strategies for distance learning were negatively impacting children's education while another **40%** reported their strategies were sufficient. **47%** of the service providers reported parents were extremely unsatisfied with the distance learning and communication which they felt were ineffective.

Lack of training, distance learning and crisis management for ECD center staff:

88% reported they have not previously received training on distance teaching, crisis management or distance support for parents and children to prepare for crises or closures.

Policy makers contacted agreed that the pandemic lockdown negatively impacted ECD care and services: Almost all ECD centers were shutdown, ECD programs for parents were stopped, partner organizations with the MoSD which consisted of kindergartens were shut down and all clinical services by UNICEF and partners (early diagnosis of ECD problems or disabilities among children), that were run by the MoH or UNRWA were stopped. Policy-makers presented the following as part of the impact of COVID-19 crisis and lockdown on children's well-being:

- Children are losing on quality face-to-face interactive learning being away from ECD centers
- Families lost jobs and salaries with impact on children's health and well-being.
- Children have become more prone to weight loss/gain due to the lockdown
- Increase in domestic abuse cases for children
- Children have been prevented from playing outside and seeing friends and family and going to schools, ultimately affecting their psychosocial health
- Closure of Kindergartens had a negative effect on children as children were used to spending at least 6 hours in an environment that is ready to deal with their needs.
- While could be effective, online care and education cannot provide a good alternative to interactive and participatory learning for children. Creative and out of the box solutions need to be adopted to ensure ECD interventions yield the learning, emotional and social values on children.
- Physical and mental influence of internet, smart phones and social media on children should be taken into consideration when designing learning and care programs on line
- 5% of children who contracted the virus required intensive care. Some children already suffer from chronic diseases or disabilities. It would be more complicated if they get the virus.

5 THE IMPACT OF COVID-19 ON THE DEVELOPMENT OF CHILDREN WITH DISABILITY

The COVID-19 pandemic increases the vulnerability of those children already at risk including those children with disabilities and special needs. It is estimated that **3-7%** of Palestinian children have a disability with **42%** with more than one type of disability .1/4 have a speech disability, 1/4 learning and **19%** mobility³⁸.

This group is already at a disadvantage and generally requires additional support to enable them to maximize participation in society due to their special needs. They are among the most marginalized under the current pandemic³⁹. Children with disabilities face enormous difficulties under lockdown including further impediments to accessing health services and lose tremendously on benefiting from time spent with other children, and from lack of a stimulating and protective environment that is required to help them develop their potential and diminish their frailties⁴⁰. Children with disabilities are most dependent on face to face services unavailable or limited during lockdown measures and are least likely to benefit from distant learning⁴¹.

The primary and secondary impacts of COVID-19 will be experienced distinctly by children with disability due to increased pressure on formal and informal child protection systems and the potential reduction in essential services. Children with disabilities are at an increased risk of violence, neglect, and abandonment as a result of COVID-19 as households and communities struggle with deteriorating socioeconomic conditions and the countries health care system is overwhelmed with COVID-19 health care response needs⁴².

Most of the programs caring for children with special needs have come to halt during the pandemic. Not only this has led to losing the developmental gains of rehabilitation, this also threatened relapses on many children, especially those with developmental disorders and autism. The Palestinian Child Institute adopted the online rehabilitation program benefiting from already existing rehabilitation plans, eagerness of parents to cooperate and existing system for communication and follow up. Through following up more than 60 children with developmental disorders and autism, the institute could prevent relapses, achieve rehabilitation milestones on children and furthermore gain an especially important partner in the rehabilitation process (parents).

38 UNICEF .Children in the State of Palestine.www.unicef.org .November 2018.The WHO suggests the rate is even higher

39 "Drastic impact on children, particularly those of vulnerable backgrounds like those who have disabilities or come from poor families' as voiced by ECD decision makers.

40 National Strategy for Early Childhood Development and Intervention in the State of Palestine for the period 2017-2022.

41 United Nations. Policy Brief .The Impact of COVID-19 on Children .15 April 2020

42 World Vision -COVID-19 places millions of children at risk in fragile & displacement contexts FRIDAY, APRIL 24,2020 Nathan McGibney

6 RECOMMENDATIONS

The course of COVID-19 is still unpredictable. Government agencies, NGOs and international organizations were not prepared for the COVID-19 crisis nor equipped to provide quick and sufficient support assistance. The COVID-19 pandemic has compounded stressors challenging Palestinians in general and children in particular and increased their vulnerability. All should strive to uphold rights of children including in times of emergency and crisis. Responses to this pandemic must meet its unprecedented nature and aim to mitigate as much as possible its long term impact yet to unfold.

Responses to the COVID-19 pandemic must be delineated in a rights based approach ensuring meeting child rights in a non-discriminatory manner minimizing the effects of the emergency. Strategies to mitigate the economic and social impact of the COVID-19 pandemic should also include specific measures to protect children, particularly those living in poverty, living with disability and impairment and lacking access to adequate housing. This requires actions to protect, support and strengthen the early childhood workforce across health, education and social and child protection sectors⁴³, further development of early childhood health care services and making ECD an investment priority. Additionally, further quantitative and qualitative research involving children is needed to document the psycho-social impact on children.

Efforts must be coordinated in the framework of child-rights and multi-sector action whereby all child related decisions and actions are guided by the principle of the best interest of the child as in the Convention on the Rights of the Child as well as the State of Palestine's international human rights obligations. The restoration of child services as lockdown measures wind down as well as the continuity of child-centered services including preschools, schooling, child health care and psychosocial and core protection services is a priority.

Cooperation between the government and civil society organizations and private sector must be strengthened on service provision to ensure narrowing in service provision gap and for conducting/facilitating related research and documentation on COVID-19 and ECD.

Of utmost importance is the message conveyed by WHO⁴⁴. The first to governments and health authorities urging them to find ways to reintroduce other health services safely and quickly, once community transmission is under control. Second to people and communities to ensure child vaccination. This is important to prevent lag in services and delayed immunizations resulting in a flare of diseases.

Additionally, team efforts on disseminating friendly and accurate information on COVID-19 utilizing a variety of media sources keeping in mind the focus on the need for children to follow instructions and preventive measures. Simultaneously, focus on messaging which alleviates fears and feelings of uncertainty and ambiguity by both caretakers and children and that enhances the capacity of caregivers to attend for and protect children, decrease their anxiety and mitigate the negative influence of COVID-19 on psychosocial conditions.

⁴³ <https://www.earlychildhoodworkforce.org.COVID-19-Position-Statement-Early-Childhood-Workforce-Initiative>

⁴⁴ WHO Statement to the press by Dr Hans Henri P. Kluge, WHO Regional Director for Europe 30 April 2020, Copenhagen, Denmark .(message to Europe applicable to all settings)

The current need⁴⁵ is to raise awareness on how to protect children among families, kindergartens, daycares and centers upon going back to normal life as well as establishment protocols and guidelines on safety measures and crisis management for kindergartens, daycares and centers. Additionally ongoing awareness raising on deal with their children with extended periods of home stay ,on safety procedures and kinds of activities with children aimed at decreasing the time spent on the screen and promoted a healthier lifestyle.

Distance learning along with lack of laptops, internet, etc, is a major challenge among some families along with increasing domestic abuse among children during lockdowns and the lack of parent's awareness on how to promote a healthier life style and communication with children to decrease the potential of children's physical, mental and social problems. Further, lack of the current funding to support ECD care and services is an area that needs further attention.

The following are additional recommendations dealing with COVID -19 and children under 6 years. There is need to further analyze recommendations to assess cost implications and feasibility of implementation in light of priorities and numerous needs created during and expected in the aftermath of COVID-19. Compiled information on interventions instituted now and planned for the near future, by service providers, related ministries and local NGOs and international organizations may be helpful in rationalizing input with cost effectiveness and increased coverage.

For parents, caretakers, and primary caregivers

Parents and caregivers have a key role in protecting their children and promoting their health and well-being.

- ▶ It is crucial to ensure that children have access to clean water and sanitation facilities during the period of emergency, especially when confined to the home for prolonged periods.
- ▶ Maintain the psychosocial well-being of children paying attention and encouraging children to develop their self-learning capacities, and maximum use of their time on constructive and diversified activities.

For ECD settings:

Care givers in kindergartens and preschools and schools have a key role in transmitting appropriate and child friendly information on COVID-19 to alleviate children's fears and anxiety and help children understand the basic concepts of disease prevention and control to follow required precautionary measures.

The focus should be on required behaviors to minimize infection: washing hands and covering when sneezing and coughing using play, singing, dancing, puppets and dolls to make learning fun while ensuring physical distancing⁴⁶. It's also important that children can continue to learn, and that they can do so in an environment that is welcoming, respectful, inclusive, and supportive to all.

45 COVID-19 and early childhood development: Results from parents, service providers and policy-makers. In coordination between the Child Development Institute of An Najah University and Juzoor

46 How teachers can talk to children about coronavirus disease (COVID-19) –UNICEF-COVID_19 portal, Tips for having age appropriate discussions to reassure and protect children. 13 March 2020

- ▶ Pay attention to and consider seriously children's fears and concerns and answer their questions. Encourage them to express and communicate their feelings in preschool/school.
- ▶ Discuss with and encourage parents/caretakers to do the same.
- ▶ Monitor how children are washing their hands and find ways to reward them for frequent/timely hand washing.
- ▶ Inform children in a child-friendly manner and with age- appropriate language, on the effects and responses to COVID-19.
- ▶ Listen and learn from children about their experience of the current response to COVID-19.
- ▶ Adopt preschool specific protocols and guidance and make them available to teachers and caretakers. Maintain strict adherence to the safety guidance of authority sources such as the MoH, UNICEF and the WHO, namely:
 - Ensure children have access to clean water and sanitation facilities.
 - Ensure availability of sanitary gel, soap, gloves and other hygiene matters for use by children and teachers.
 - Arrange rooms, seating and play time to accommodate for physical distancing minimizing touch amongst children.
 - Frequently sanitize furniture, toys and other play tools.
 - Use play and exercises that demonstrate how germs can spread.
- ▶ Minimize time spent away from preschools and learning services and ensure- as much as possible- and with the support of parent's remote learning services with a particular focus on at-risk children.
- ▶ Conduct outreach and re-enrollment drives to ensure that no child is left without education and protection.
- ▶ Create crisis-sensitive educational activities and aids⁴⁷ that kids can benefit from (worksheets, puzzles, interactive activities etc. in cases of closure and lockdown
- ▶ Build the capacity of parents and maintain regular contact with them to support, train and enhance their role as partners in ECD.

ECD service providers mentioned the following actions and assistance needed to support ECD centers and staff towards re-opening⁴⁸:

- ▶ Implement effective and efficient safety measures and precautions to start bringing back children to the centers and raise staff awareness on safety measures.
- ▶ Provide proper hygiene and sterilization equipment to children, parents' and staff on a regular basis.
- ▶ Educational materials and training for children, parents and staff on proper hygiene, distancing measures in and out of classrooms, use of the internet and other means of communication at home, and how to handle crises and closures in the future.
- ▶ Implement strategies to encourage children and parents for distance learning with virtual educational materials and tools to enhance an interactive educational encounter.

47 COVID-19 and early childhood development: Results from parents, service providers and policy-makers. In coordination between the Child Development Institute of An Najah University and Juzoor

48 Ibid

Local NGOs:

- ▶ Raise awareness and identify communities/pockets where children are most marginalized and living in poverty.
- ▶ Ensure dialogue with the government/related ministries on consensus-driven policy responses on COVID-19 that serve those who most need them.
- ▶ Assess and conduct studies on medium and longer term health and social consequences related to quarantine and lockdown.
- ▶ Conduct outreach and re-enrollment drives to ensure that no child is left without education and protection.
- ▶ Strengthen networking and coordination amongst related organizations for maximum impact on beneficiaries and maximum use of resources.

For donors and international organisations:

- ▶ Assist the Palestinian Government in its actions to help poor families especially those most affected during the pandemic and in its aftermath towards support to vulnerable children. A certain percentage of aid must be earmarked to ECD programs and those addressing child disability.
- ▶ Prioritize child-centered COVID-19 aid to the most marginalized children including those in remote areas of the Jordan Valley, East Jerusalem and in Area C.
- ▶ Strengthen networking and coordination amongst donors for maximum impact on beneficiaries and maximum use of resources towards Palestine's response to COVID-19.

For Ministries:**The Ministry of Social Development (MoSD):**

- ▶ Scale up income support especially to the marginalized and the new poor category as a result of loss of employment. Identify the most vulnerable children and support their families with targeted economic assistance, including cash transfers, support to food and nutrition, subsidies to critically needed services such as rehabilitation and access to jobs/income-generating activities.
- ▶ Ensure provision to and access of essential services by low income families and those whose incomes have decreased significantly or those who have lost their jobs and sources of income. Additionally, cash-transfers to the poorest and most vulnerable groups have to be maintained, expanded to the extent possible and reviewed regularly.
- ▶ Ensure availability of guidelines on Children's quarantine measures ensuring immediate response to isolate children and offer treatment immediately in case of a COVID-19 outbreak in general quarantine facilities and in facilities where children are placed such as orphanages.
- ▶ Ensure availability and dissemination of related protocols and guidelines.
- ▶ Focus on children that are most vulnerable to the virus and those that may be most affected from less poor families as well as children in refugee camps.

- ▶ Facilitate an inclusive meeting for all those working in the ECD to discuss experiences, lessons learned and consequences of the pandemic: poverty, malnutrition, social and mental aspects, relations within families and their effect on the children with the lockdown on schools and kindergarten. Unify strategies among partners and assess strategies together to prepare for the long-term consequences of this pandemic. This should feed into the revision of the national strategic plan for ECD along with related ministries to include post-COVID-19 issues/plan
- ▶ Highlight and explore exposure of children to domestic abuse considering underreporting is a prevailing phenomenon and define interventions leading to prevention and response to such abuse.

In the long term:

- ▶ Work on an inclusive social protection system drawing on lessons learned from this pandemic. A system that easily adapts in times of crisis to efficiently and effectively respond to another pandemic or crisis to safeguard children who are part of the most vulnerable in society.

The Ministry of Health (MoH):

- ▶ Ensure continuity of basic and emergency services, and services for children and for pregnant and lactating women.
- ▶ Ensure that all children and their families have access to safe and affordable water, sanitation services and hygiene supplies.
- ▶ Ensure continuity of professional mental health services with protective measures against infection, including through home visits when necessary or otherwise with online media platforms.
- ▶ Establish mobile and outreach services to maintain routine and compulsory vaccinations to new born babies.
- ▶ Ensure availability of designated quarantine and hospital areas for mothers and children.
- ▶ Ensure that quarantine facilities have services in place tailored to the specific needs of children, including opportunities for cognitive and social stimulation, and that children's areas separated from adults.
- ▶ Ensure health care staff are trained in child-friendly communication and measures to support children's psychosocial well-being when undergoing treatment or in quarantine.
- ▶ Coordinate with community organizations and other NGOs on service complementation
- ▶ Ensure availability of functioning water and sanitation services and material in health care settings to ensure all children and their families are adequately served.
- ▶ Ensure availability and dissemination of related protocols and guidelines.
- ▶ Coordinate with the governors, mayors and local councils' offices on related matters regarding the reopening of nurseries and preschools.
- ▶ Facilitate a session with all those in the ECD field to discuss ECD related health priorities under the Pandemic and post pandemic based on current experience and lessons learned.

The Ministry of Education (MoE):

- ▶ Continue with on line education and other tools using accessible telecommunication technology for widest coverage possible to ensure effective and sustainable distance education as long as it is needed even to children in the preschool stage.
- ▶ Pay special attention to orphans in orphanages and or in shelters with mothers.
- ▶ Ensure access to technology: TVs, smartphones or computers in marginalized areas so that children in those areas continue learning and do not lag behind.
- ▶ Improvement in integrating technology at home for children's education.
- ▶ Cooperate with and support civil society organizations who have already conducted surveys with children and are currently planning more studies and consultations with children, caretakers and service providers on assessing situation under COVID-19 and its likely aftermath.
- ▶ Start drafting now under the emergency and along with stakeholders, a post-pandemic recovery plan to ensure a gradual return to preschools once the on the ground situation permits . The plan needs to include guidelines on infection prevention and control and managing and operating under crises . It should also include lessons learned from this current pandemic.
- ▶ Conduct outreach and re-enrollment drives to ensure that no child is left without education and protection.
- ▶ Coordinate with the governors, mayors and local councils' offices on related matters regarding the reopening of nurseries and preschools.

In the long term:

- ▶ Take a larger role in the ECD national strategy signed in 2017 with further focus on ECD services with a higher budget
- ▶ Increase number of kindergartens to allow for more intake. Special emphasis on Kindergartens around areas most affected by the wall where it is most difficult to move children in general and those with special needs in particular,as well as in marginalized areas including area C.
- ▶ Support and facilitate capacity building and human resource development of preschool/ kindergarten operators. This requires support to University programs and childhood development and training related centers on training kindergarten managers and special education teachers particularly on early detection of special needs and counseling.
- ▶ Support production of early childhood educational material and make available educational material at preschools .
- ▶ Support and expand programs for children with disability
- ▶ Support programs for talented children.
- ▶ Invest in technology for learning
- ▶ Support the introduction of a health component in the operation of kindergartens aiming at monitoring and improving the nutritional status of children
- ▶ Integrate technology to help with reporting child abuse with emerging cases of electronic blackmail.