

# Addressing inequality in early childhood

The impacts of the COVID-19 pandemic on new generations  
of children in Latin America and the Caribbean

**Raquel Santos Garcia**  
Coordinator



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The preparation of this document was coordinated by Raquel Santos Garcia, Associate Social Affairs Officer in the Social Development Division of the Economic Commission for Latin America and the Caribbean (ECLAC), under the supervision of Daniela Trucco, Senior Social Affairs Officer in the same Division. The document was prepared in the framework of the joint ECLAC-United Nations Children's Fund (UNICEF) project on strengthening social policies for early childhood in Latin America and the Caribbean.

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## Introduction<sup>1</sup>

In 2024, the Convention on the Rights of the Child (CRC) will celebrate its thirty-fifth anniversary (United Nations, 1989). The Convention marked a legal and normative milestone as it centred rights-based social policies aimed at children, replacing the guardianship model with an approach based on social protection and comprehensive care. Children are thus considered to be rights holders, with the State, ultimately, responsible for upholding their rights. The Convention has been ratified by all States in Latin America and the Caribbean, thereby advancing the public policy agenda on childhood development in the region since the 1990s. Since then, States have reformed their national legal frameworks (UNICEF, 2019) and established the guarantee of children's rights as the responsibility of the highest authority in social policy.

Since the 2000s, one of the most important developments has been the design of comprehensive early childhood plans and policies. Early childhood is considered to begin before birth and last up to 8 years of age (UNICEF, 2023a). However, for the purposes of this document, a flexible approach to this age group has been adopted; some data analysed are based on an age range of 0–5 years, in accordance with internationally agreed indicators, and others are based on the levels of the education system, which correspond to specific age groups in different ways depending on the country.

Such plans and policies have been developed by taking into account evidence indicating that early childhood policies tend to be effective when they take into account that needs linked to the effective enjoyment and promotion of children's rights must be addressed in a multidimensional manner involving multiple sectors—health, education, social development, housing and infrastructure, among others—and all levels of government—from central to local—in their implementation (Cunill-Grau, Repetto and

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Bronzo, 2015). In many cases, the introduction of these plans was accompanied by the implementation of large-scale services or the provision of cash transfers targeting this population group and their families (Aulicino and Díaz Langou, 2015). In literature, comprehensive policies on early childhood development have been considered essential to the creation of an enabling environment for child and family development. States have increasingly considered such multisectoral policies as a strategy to guarantee their contribution to developing children's full potential, improving their well-being and guaranteeing a range of services and entitlements, information management and accountability (Black and others, 2017; Vargas-Barón, 2016). At least 21 countries in the region<sup>2</sup> have adopted comprehensive policies on early childhood development (Vargas-Barón, Diehl and Small, 2022).

The 2030 Agenda for Sustainable Development pays special attention to early childhood. It acknowledges that investing in early childhood is not only crucial to guaranteeing children's well-being and individual development, but also to building fairer and more sustainable societies in the future. The Sustainable Development Goals (SDGs) include specific targets relating to health, education, gender equality, social protection and children's well-being. In that regard, the Goals are also committed to guaranteeing, by 2030, that all children have equal access to early childhood development and high-quality learning opportunities in early childhood. The international community recognized the importance of early childhood development by including a specific indicator, SDG indicator 4.2.1, which measures the proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex (UNICEF, 2023b).

Despite the child-focused policy and programme developments of recent decades, Latin American and Caribbean countries continue to owe a huge debt to children, which is reflected in the persistence of the double burden of malnutrition, unequal access to social protection and health, education and care services of quality, and exposure to situations of violence and abuse. This debt has become a phenomenon known as the *infantilization of poverty*, where children in the region are disproportionately affected by poverty. In 2022, for example, children aged 0–8 years were 50.6% more likely to be in poverty than the general, with a rate of 43.7%.<sup>3</sup>

The arrival of the coronavirus disease (COVID-19) pandemic in 2020 was another element that added to this storm. The economic and social crises that unfolded and their impacts on the contraction of economic activity and on labour markets, home-based care services and practices, and education and health services, as well as food insecurity, among others, had a direct impact on the well-being of young children. States were forced to address the urgent matters arising from the pandemic, which included the reorientation of health systems and services to focus on addressing the emergency, the accelerated roll-out of alternative online means of providing educational services or the implementation of emergency social protection measures. This compromised their ability to secure children's living conditions and the continuity of services to ensure nurturing care. As their priorities were focused on the more acute health dimension of the pandemic, particularly during 2020, the needs and vulnerabilities of children did not receive timely attention, often leaving them marginalized, exacerbating inequalities and potentially creating long-term negative effects on their lives.

Four years after the outbreak of the COVID-19 pandemic and one year after the World Health Organization (WHO) declared an end to the global health emergency, it is essential to better understand the impacts on young children and their families.

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<sup>2</sup> Antigua and Barbuda, Argentina, Belize, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Peru and Uruguay.

<sup>3</sup> Data from the Household Survey Data Bank (BADEHOG), administered by ECLAC, based on data from 18 countries that has been processed internally and published for the first time in this document.

Following the Nurturing Care Framework for Early Childhood Development and the approach based on stronger social institutions to promote comprehensive early childhood policies, this document is aimed at addressing key aspects related to the COVID-19 pandemic and its impact on early childhood development and policies. Of particular note is the importance of ensuring comprehensive early childhood protection and strengthening resilience and preparedness to address similar crises in the future, with a special focus on the fields of health and education. The document is structured as follows: the first background chapter is followed by an analysis of the impact of the COVID-19 pandemic on maternal and child health, emphasizing the main areas that have been affected or aggravated by the pandemic, including maternal mortality, malnutrition and failure to comply with immunization schedules. Chapter III focuses on examining how the pandemic has affected early childhood education, a level that has received less attention in educational research and policy. Lastly, the fourth chapter offers recommendations based on this research to tackle both new challenges and those that have persisted or were aggravated since the pandemic. These recommendations highlight both cross-cutting and sectoral measures based on four of the five components of the Nurturing Care Framework.

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# I. Background: the policy agenda for early childhood development in Latin America and the Caribbean

## A. Early childhood: a fundamental, strategic and urgent agenda

The policy agenda for comprehensive early childhood development is fundamental, strategic and urgent. It is fundamental because children are rights holders and the exercise of those rights must therefore be guaranteed by the State. This is becoming even more important in view of the profound inequalities that have been identified in various areas of child development. It is strategic insofar as practically no action better predicts a society's future than the investment made during this critical period of life. It is urgent in that the cost of inaction may generate irreversible damage to development trajectories, as well as to the region's inclusive social development, thereby threatening the dynamics of intergenerational solidarity, an element considered central to any sustainable development strategy (Blofield, Giamb Bruno and Filgueira, 2020).

### 1. Fundamental: an approach based on rights and inequalities and their relationship to early childhood

On 20 November 1989, the General Assembly approved the Convention on the Rights of the Child (United Nations, 1989), signalling a transformation of perspectives on childhood. The Convention realigned the relationship between children, families and the responsibilities of the State by recognizing a set of rights, such as the rights to life, survival and development, identity, the key role of the family as a vital space for development, freedom of thought, protection from physical or psychological abuse, the highest possible level of well-being, health and food, education, play and, ultimately, an adequate quality of life for comprehensive development.

Despite approval of the Convention, a guardianship-based perspective, centred on the idea that children in early childhood were the sole responsibility of their families and too young to exercise the established rights, remained entrenched. This led the Committee on the Rights of the Child to state in its general comment No. 7 (2020) that young children are holders of all the rights enshrined in the

Convention on the Rights of the Child. General comment No. 7 encourages the creation of specific strategies on early childhood development that are rights-based, multidimensional and multisectoral and based on a comprehensive approach that simultaneously addresses the requirements of all areas of law (CRC, 2006). This concept of simultaneous comprehensiveness in ensuring early childhood rights stems from the premise that children do not develop in isolation. Children's environments, marked by the material and intangible resources available in their homes and their distribution in society, have a significant influence on the opportunities they have and the risks they face.

All of this is severely hampered by one of the region's persistent features: inequality. The complex network of socioeconomic, age-related, ethnic, racial, gender-based and territorial inequalities forms the structural axes of the social inequality matrix in Latin America and the Caribbean. These factors are cross-cutting and mutually reinforcing throughout the life cycle; they influence the exercise of fundamental rights, such as access to quality health and education services, and have an impact on people's life trajectories. The circumstances in which children are born and develop are usually predictive of their long-term well-being and tend to be perpetuated across generations (ECLAC, 2016).

Fulfilling the mandate of the Convention on the Rights of the Child through comprehensive approaches to early childhood development is therefore recognized as a fundamental strategy for addressing the various components of the social inequality matrix that characterizes the region, as States strive to ensure equal development conditions from birth.

At the same time, investment in early childhood is key to achieving inclusive and sustainable social development, as defined in the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs). Early childhood policies work to accelerate implementation of the 2030 Agenda because their impact contributes significantly to fulfilling several of its Goals at once, including eradicating poverty, reducing gender inequalities, combating structural inequality and guaranteeing quality education and access to health from birth.

## **2. Strategic: the rationale for efficient investment in early childhood**

Investment in the early years of life is the most efficient form of public policy investment because it is this period of life when the main drivers of inequality are at play and its positive impact has exponential benefits. In recent decades, there has been an emphasis on the solid economic argument for public investment in early childhood, which links scientific evidence on early physical, cognitive and socioeconomic development with the influence of the surrounding environment on enhancing or limiting that process. In the field of neuroscience, there is a scientific consensus that the period from fetal development to the first five years of life is one of exponential growth in linguistic, motor and psychoemotional skills that act as a fundamental basis for building human capacities (National Research Council, 2001). In turn, there is ample evidence linking exposure to precarious environments in early childhood with negative outcomes in educational, behaviour and work in later stages of life (Heckman and Masterov, 2007). Recent evidence also indicates the interdependence of cognitive development and lifelong health and nutrition outcomes, which begin in the first moments of life (National Scientific Council on the Developing Child, 2020; Shonkoff, Boyce and McEwen, 2009; Schady and others, 2015; Baker-Henningham and Lopez-Boo, 2010). Moreover, it is recognized that late interventions are less effective and more expensive, thus underlining the importance of early childhood as a unique window of opportunity for egalitarian and effective policies. This also improves the effectiveness of policies at other stages of the life cycle, which can be added to the results obtained previously (Heckman, 2006).

A meta-analysis carried out by Nores and Barnett (2010), for example, showed that high-quality interventions in early childhood can lead to significant improvements in educational performance, health outcomes and income potential, which results in substantial economic benefits for individuals and society. More specifically, a study carried out by Heckman and Masterov (2007), for example, found that every dollar invested in early education programmes for children in poverty creates a return of

US\$ 7–US\$ 10 in increased productivity and reduced social costs in the long term. Another study conducted by Gertler and others (2014) in Jamaica found that the participants in early childhood educational programmes had significantly higher incomes and better health outcomes as adults compared to non-participants, with an estimated return of US\$ 17 for each US\$ 1 invested. Other studies have shown that investing in nutrition and education in early childhood can break the cycle of poverty by improving cognitive abilities, health status and the future earning potential of children in situations of inequality (Alderman and others, 2017).

Development economics has sought to quantify the return on investment, showing that early childhood policies are more cost-effective than those aimed at later stages of the life cycle. Research indicates that the scale of the return depends largely on the specific details of implementation, but it consistently shows that investment in early childhood can contribute to inclusive and sustainable social development and poverty reduction, and that it generates high returns on investment (Repetto and others, 2015).

### **3. Urgent: reversing the impact of the pandemic on increasing disparities in guaranteeing the rights of young children**

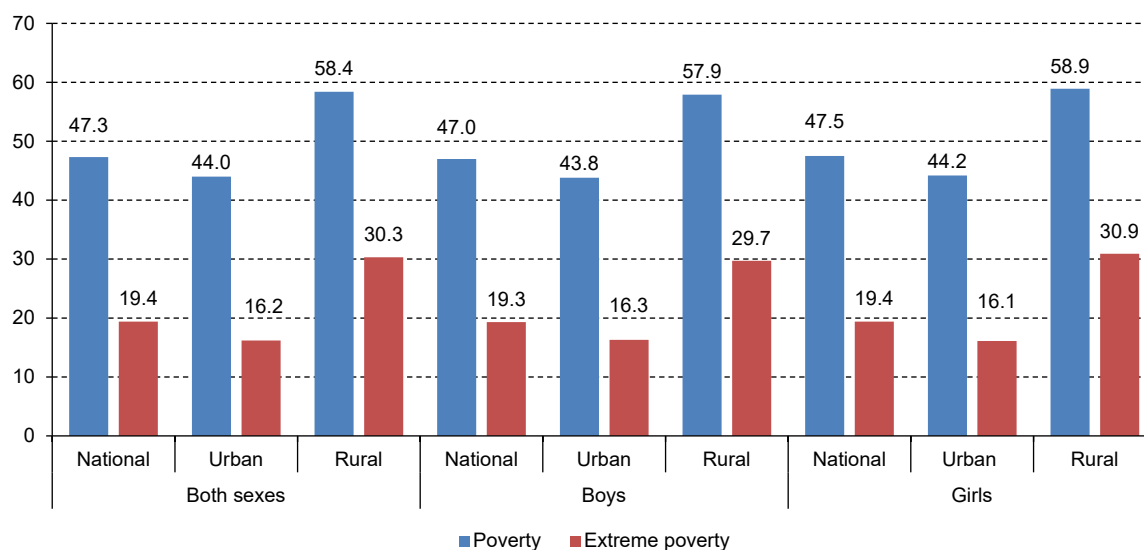
The COVID-19 pandemic had and will have lasting impacts on the well-being of young children and the scale of those impacts is still unknown. As will be seen in this document, both the spread of the virus and the mandatory social isolation measures that were taken affected practically all areas of family life.

The economic crisis triggered by the pandemic led to a considerable decline in the main labour market indicators in all countries in the region. The increase in unemployment, the decline in labour market participation, the crisis in childcare systems and the rise in precarious employment affected populations that are typically vulnerable in their access to the labour market: women, young people, informal workers and workers in low-productivity sectors. Women between 20 and 44 years of age from households with children under 5 years of age experienced the largest contraction in their employment levels in all income quintiles, a key element of the crisis in care (ECLAC, 2023a). This had a direct impact on the income level of these households, which was only partially remedied by the hundreds of non-contributory social protection income transfer instruments activated or strengthened to cope with the crisis (Robles and Rossel 2021; Atuesta and Ven Hemelryck, 2022; Blofield, Giambruno and Filgueira, 2020; Santos Garcia, Fariás and Robles, 2023).

In 2020, alarmingly, ECLAC and the United Nations Children's Fund (UNICEF) estimated that poverty affected 51.3% of children and teenagers in Latin America and the Caribbean (ECLAC/UNICEF, 2020). Early childhood poverty rates stood at 46.3% in 2020 and reached 47.3% the following year. There were no noticeable gender gaps in early childhood poverty rates, but significant disparities appear when the information is disaggregated by territory. In 2021, 58.9% of girls of 0–8 years of age lived in poverty, of whom 30.9% were in extreme poverty (see figure 1).

Poverty increases food insecurity, as well as other forms of hardship. At the regional level, approximately 9.1% of the population suffered from malnutrition in 2021, an increase of 28% since 2019 and 56% more than the 2015 estimates (FAO and others, 2021). In addition, around 40% of the population of Latin America and the Caribbean experienced moderate or serious food insecurity in 2020, an increase of 44 million people compared to 2019 (Castillo and Marinho, 2022). It is conceivable that homes with children under 5 years of age—in a context where household incomes, but not dependency rates, decreased—were overrepresented among those who suffered from this problem.

**Figure 1**  
**Latin America (18 countries):<sup>a</sup> rates of poverty and extreme poverty in the population**  
**0–8 years of age, by sex and area of residence, 2021**  
*(Percentages)*



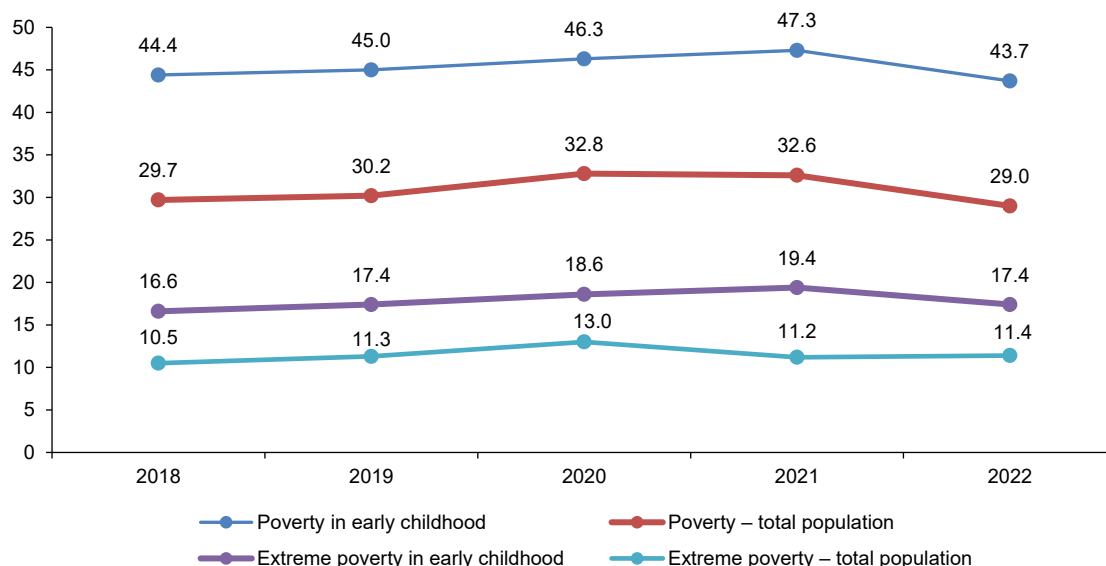
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Household Survey Data Bank (BADEHOG).

<sup>a</sup> Weighted average of the following countries: Argentina, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Plurinational State of Bolivia and Uruguay.

The 2022 figures indicate that, despite the reduction in poverty rates, which recovered to levels similar to before the pandemic, children continue to be disproportionately affected by poverty and extreme poverty. At the regional level, it is estimated that children of 0–8 years of age were 1.5 times more likely than the general population to be affected by poverty (43.7% and 29%, respectively). As regards extreme poverty, the disparity compared to the early childhood group is also notable, with a rate of 11.4% for the overall population and 17.4% for young children (see figure 2). On average, these differences have remained virtually unchanged at the regional level in recent years.

The outbreak of COVID-19 in Latin America and the Caribbean radically changed the public policy and development strategies of all governments in the region. The public and management agenda focused on successive and pressing issues, such as lockdowns, equipping health systems with critical inputs for the prevention and care of respiratory illnesses, epidemiological protection for the most vulnerable persons (mainly, older persons and those with chronic illnesses), obtaining vaccines to combat COVID-19, and protecting the income of informal workers and small and medium-sized enterprises.

**Figure 2**  
**Latin America (18 countries):<sup>a</sup> rates of poverty and extreme poverty,**  
**general population and young children, 2018–2022**  
*(Percentages)*



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Household Survey Data Bank (BADEHOG).

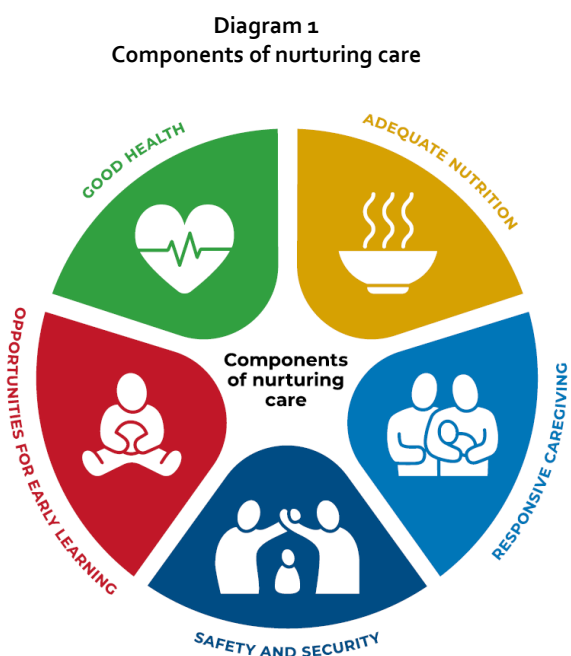
<sup>a</sup> Weighted average for the following countries: Argentina, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Plurinational State of Bolivia and Uruguay.

Childhood, including early childhood, while relatively safer from contagion and the worst consequences of COVID-19, was relegated to the background of the public agenda. In most cases, families, especially women, suffered from an overload of unpaid care work owing to the closure of child development and early education services. They were largely responsible for all areas of their children's well-being, including in situations of reduced income and worsening working conditions. It is notable that, when isolation measures started to ease, an adult-centred perspective prevailed: in many countries in the region, educational establishments reopened much later than other organizations and authorization for gatherings of extended family was slow to arrive. This increased the burden on families, especially women, in managing care for young children.

It is therefore urgent to comprehensively analyse the negative impacts of the pandemic on young children.

## **B. The approach to analysing the new and persistent challenges for early childhood arising from the COVID-19 pandemic**

The Nurturing Care Framework is used as a reference for analysis; the Framework recognizes that, to reach their full potential, young children need five interrelated and indivisible components (see diagram 1).



Source: World Health Organization/United Nations Children's Fund/World Bank (WHO/UNICEF/World Bank), *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*, Washington, D.C., 2018.

- **Good health:** this refers to the physical and mental health of children and their caregivers, where there is access to appropriate prevention, care and treatment of illnesses. This includes access to essential care and family planning services for newborns, immunizations for mothers and children, monitoring of growth and guidance.
- **Adequate nutrition:** this refers to maternal and child nutrition from pregnancy onwards and includes the specific needs that arise as children grow up, ensuring that they receive the nutrients needed for their growth and development, as well as those needed for the health of their mothers.
- **Safety and security:** this refers to the need to provide safe and protected environments. It covers physical dangers, emotional stress, environmental risks (such as pollution) and access to food and water, which includes issues linked to the environments in which children grow and develop. This involves considering strategies on how to address multidimensional poverty and income poverty, the use of positive and non-violent child-rearing practices, and promoting access to a safe and healthy environment, including water, sanitation and hygiene services.
- **Opportunities for early learning:** this refers to any opportunity that the baby or child has to interact with a person, place or object in its environment. It acknowledges that any interaction, whether positive or negative, or the absence of it contributes to the child's brain development and lays the foundation for her or his future learning. Early learning thus consists of creating opportunities and responding to children's attempts to use their five senses, move their bodies, listen to and use language, experience different places, interact with people and explore different objects.

- Responsive caregiving: this refers to the capacity of the caregiver to observe, understand and respond to the child's signals in a timely and appropriate manner. It is considered a fundamental component because responsive caregivers are better prepared to support the other four components (WHO/UNICEF/World Bank, 2018, pp. 13–15).

This document is particularly focused on four of these components: good health, adequate nutrition, opportunities for early learning and responsive caregiving (as a cross-cutting area). It is, however, understood that addressing them creates additional impacts on the safety and security component.

An enabling environment is crucial for the implementation of the Nurturing Care Framework, which depends on policies, programmes and services that provide the necessary resources and knowledge. This strengthens the case for social protection systems that mitigate the economic and social impact of adversity, labour policies that enable families to have more time with their children, and programmes that provide families with information and support for early nutrition and stimulation, for example.

For ECLAC, the establishment of an enabling environment requires a strong and resilient institutional framework that must be consolidated to achieve inclusive and sustainable social development (ECLAC, 2023b). This institutional framework must promote comprehensive policies that contribute to eliminating poverty, reducing inequality and addressing the specific needs of children, their families and care networks.

As regards policies aimed at ensuring comprehensive child development, consolidating a strengthened institutional framework is a critical task as it is essential to lay the foundations for processes that must be stable over time and that, in view of financial limitations and institutions' levels of development, must be planned with a progressive perspective. The strength of institutions, as shown by the pandemic, is also essential to the resilience of policies and the capacity to respond to crises by preventing destabilizing impacts.

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## II. Trends in the coverage of maternal and child health-care services, food security and nutrition in the COVID-19 era

*Grace Armijos-Bravo*

Access to maternal and child health services is a determining factor for the health of the mother and the newborn. Health and nutrition conditions at birth, such as weight, and elements such as the gestational environment are key factors in a child's future development, growth, health, educational achievements and income later in life (Almond, Chay and Lee, 2005). Black, Devereux and Salvanes (2007) and Bharadwaj, Lundborg and Rooth (2018) found that birth weight has a positive impact on educational attainment and adult income. In addition, Currie and Vogl (2003) concluded that health in the early years of life is a significant long-term determinant for the economies of developing countries.

The impact of the COVID-19 pandemic on maternal and child health systems covered various aspects. With health systems focused on care for people affected by COVID-19, there were barriers to access to sexual, reproductive, maternal and child health services arising from: (i) restrictions on the operations of establishments offering these services owing to lockdown and social distancing measures imposed to reduce contagion; (ii) the redistribution of human resources in the health system to focus on care for COVID-19 patients, sidelining conditions other than COVID-19; and (iii) lower demand for such services as a result of fear of COVID-19 infection, reduced public transport and income loss caused by decreased economic activity.

Prenatal, obstetric and postnatal care, newborn and well-child care, immunization and sexual and reproductive health services were suspended or limited to a greater or lesser extent in most countries in the region (Castro, 2020). The disruption of these services jeopardizes much of the progress made in children's and women's health indicators in recent decades and is a real threat to the achievement of the Sustainable Development Goals (SDGs). In particular, the following targets of Goal 3, "Good health

and well-being”, are at risk: by 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births (3.1); by 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births (3.2); and by 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes (3.7). In addition to these targets, it will be difficult to achieve target 2.2 of Goal 2, “Zero hunger”: by 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.

Assessing the impacts of the pandemic on maternal and child health is highly important given that the first 1,000 days, from pregnancy to two years of age (24 months), are critical to lifelong healthy development (UNICEF, 2019). Identifying deepened inequalities thus makes it possible to identify key areas for investment, especially among the most vulnerable groups, and thereby guarantee nurturing care that covers the child’s health, nutrition and well-being. Also key in this regard is how important it is for health systems to have adequate funding to protect people financially, especially those in vulnerable situations and in the context of chronic underfunding of health systems in the region.

This chapter examines the impacts of the COVID-19 pandemic on maternal and child health in Latin America and the Caribbean. It explores components related to inequalities in access to health services that may stem from pre-existing or increased disparities, such as social determinants of health. For a selection of countries in the region, it also analyses the development of neonatal health indicators, child malnutrition, child vaccination coverage, maternal mortality, sexual and reproductive health and the mental health of women of childbearing age.

## **A. The pandemic revealed inequalities in maternal and child health systems and services in Latin America and the Caribbean**

The pandemic highlighted the centrality of health to inclusive social development and revealed notable inequalities in health systems at the regional and national levels. Latin American and Caribbean countries have different health systems, although they share structural weaknesses, such as chronic underfunding and the fragmentation and segmentation of services, so that income and ability to pay determine access to timely and quality health care. Such underfunding creates a shortage of essential supplies and infrastructure in the health system, making access to health services difficult, especially for vulnerable populations, with a direct correlation between public spending and medical resources, and a current density of physicians below both World Health Organization (WHO) recommendations and the average of the Organisation for Economic Co-operation and Development (OECD) (Marinho, Dahuabe and Arenas de Mesa, 2023).

Despite the increase in public health expenditure in the region in recent decades, the data show a clear connection between the lack of supplies and the impact on the financial protection of health systems: in most countries in the region, out-of-pocket health expenses account for a third of total health spending.<sup>4</sup> These high costs increase the risk of households falling into poverty or worsening their existing poverty, which limits the levels of health, food security and nutrition that lower-income populations can reach, thus violating the right to health and reinforcing existing disparities (ECLAC, 2022).

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<sup>4</sup> The exceptions are Cuba, Uruguay, Colombia and Jamaica, which are below 20%.

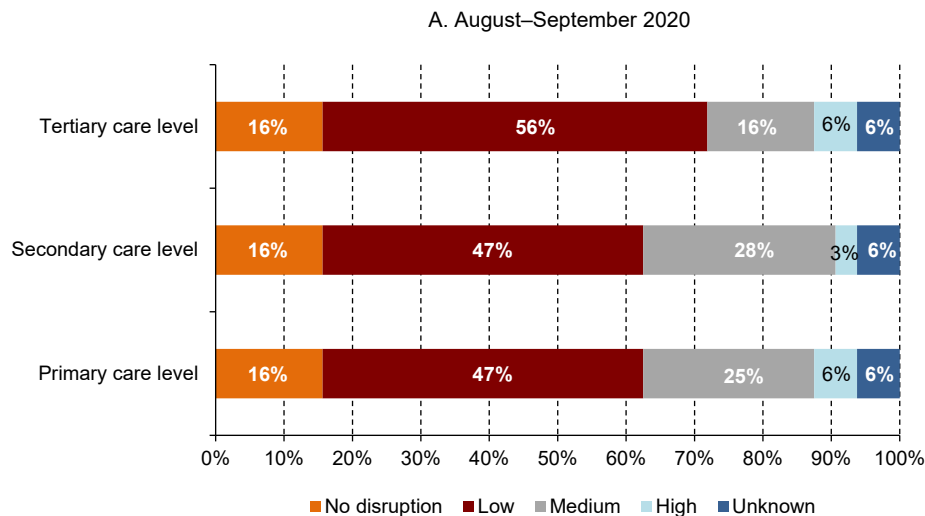
Health services, meanwhile, differ among countries in the region. While the majority have a basic package of services, the scope of coverage is variable. Countries with better health indicators, as in the case of child and maternal mortality, have less segmented health systems that ensure the universality of care and have a primary health-care strategy (ECLAC, 2022).

### 1. The disruption of maternal and child services was a reality in most countries in the region

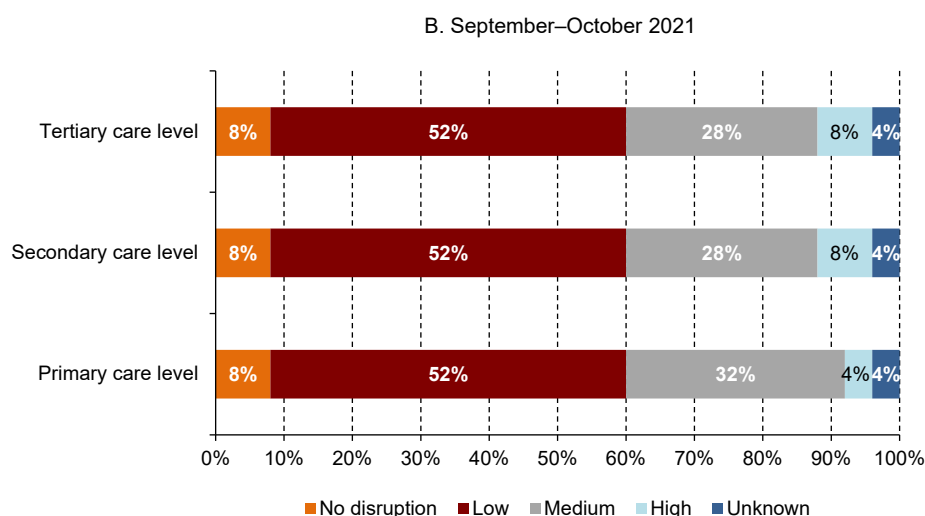
The COVID-19 pandemic affected health systems in Latin America and the Caribbean, which were, to a large extent, overwhelmed by the high number of cases recorded in almost all countries in the region. Strategies such as focusing resources on caring for COVID-19-related cases are linked to a shift away from services considered non-priority, leading to a reduced provision of health services for children (Castillo and Marinho, 2022).

Figure 3 shows the results of Tracking the Situation of Children during COVID-19, a survey carried out by UNICEF national offices (UNICEF, 2021). This includes information on two periods: (i) August–September 2020; and (ii) September–October 2021.<sup>5</sup> The survey gathered information on disruptions to various child health-care services by the degree of disruption: “low” (refers to a reduction in service of less than 10%), “medium” (a decline of between 10% and 24%) and “high” (a drop of 25% or more).

**Figure 3**  
Latin America and the Caribbean (32 countries):<sup>a</sup> reports of disruptions to various child health services in 2020–2021, by level of care and degree of disruption  
(Percentages)



<sup>5</sup> UNICEF conducted the surveys among delegates from its country offices. It was sent to 158 countries around the world and completed through an online questionnaire using the best available sources from each country, including administrative data and representative survey data collected in the three months prior to the UNICEF survey.



Source: United Nations Children's Fund (UNICEF), "Tracking the Situation of Children during COVID-19", New York, 2021 [online] <https://data.unicef.org/resources/rapid-situation-tracking-covid-19-socioeconomic-impacts-data-viz/>.

<sup>a</sup> In August–September 2020, the following 32 countries in the region participated: Anguilla, Antigua and Barbuda, Barbados, Belize, Bolivia (Plurinational State of), Brazil, British Virgin Islands, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Montserrat, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos Islands and Uruguay. In September–October 2021, 26 countries answered the questions: Anguilla, Antigua and Barbuda, Barbados, Bolivarian Republic of Venezuela, Brazil, British Virgin Islands, Chile, Cuba, Dominica, Dominican Republic, Ecuador, Grenada, Guatemala, Guyana, Jamaica, Mexico, Montserrat, Peru, Plurinational State of Bolivia, Saint Kitts and Nevis, Saint, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos Islands and Uruguay.

The above figure reveals that, during the third quarter of 2020, 16% of countries reported that they did not experience any disruption at any level of care. At the national level, two countries (Peru and the Plurinational State of Bolivia) reported a high degree of disruption to primary and tertiary care. It should be noted that preventive care services for children are concentrated in primary care, where 78% of countries reported some degree of disruption. One year later, between September and October 2021, 8% of countries reported no interruptions at any level of care. At the national level, Jamaica and the Bolivarian Republic of Venezuela reported a high level of disruption (at least 25%) in secondary and tertiary care services. Overall, some degree of disruption at the primary, secondary and tertiary levels was reported in almost all of the countries surveyed.

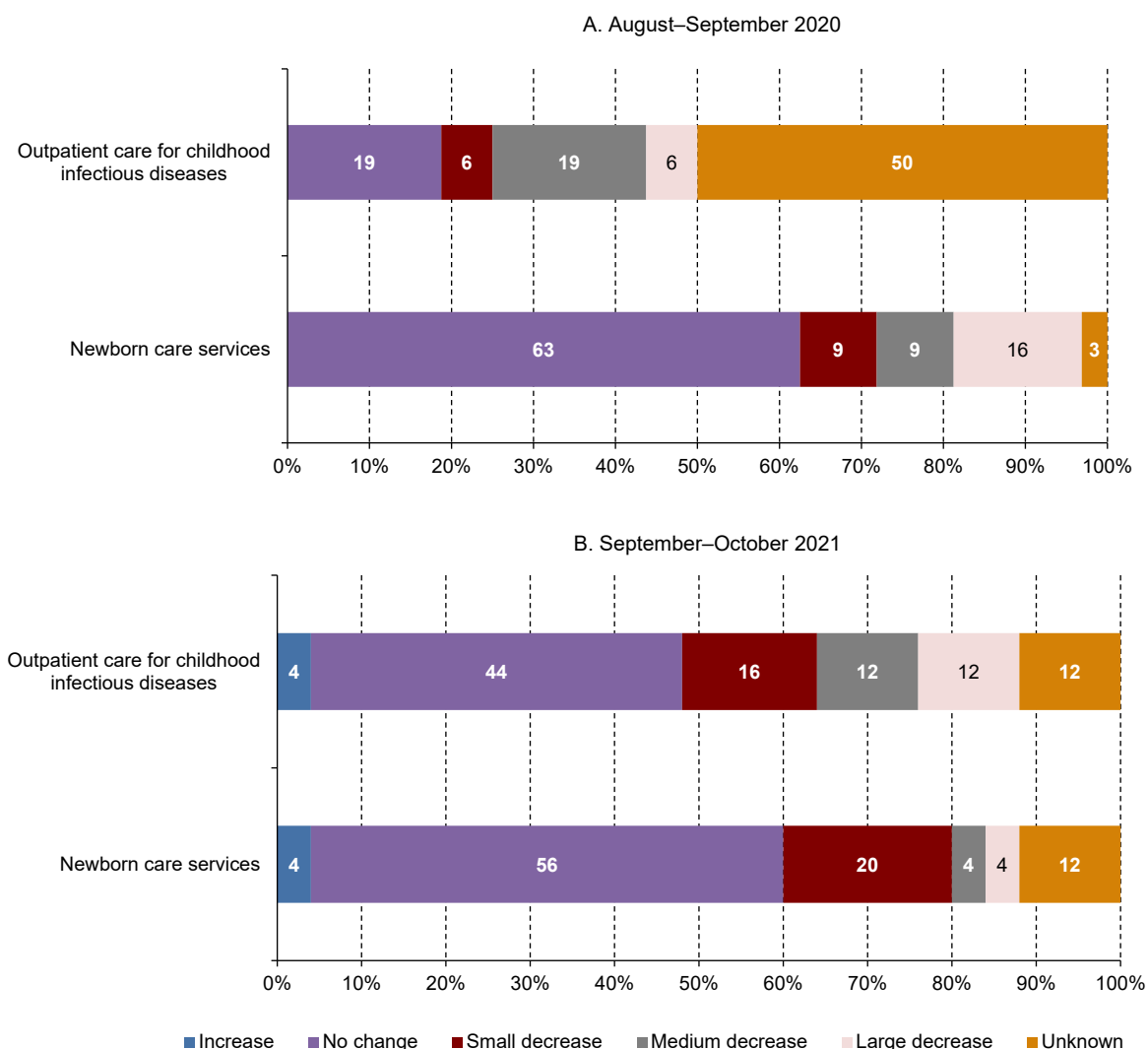
Regarding health services for children and newborns, figure 4 shows the percentage of countries and the degree of disruption reported, according to the data collected through the UNICEF surveys (2021).

During the third quarter of 2020, there were no disruptions to neonatal care in 63% of the countries for which information was gathered, whereas there were disruptions of around 10% in 25% of the participating countries<sup>6</sup> compared to pre-pandemic levels. However, one year later, in September–October 2021, 28% of the countries<sup>7</sup> continued to have some level of disruption to newborn care services.

<sup>6</sup> Plurinational State of Bolivia, Brazil, Dominican Republic, Ecuador, Haiti, Honduras, Peru and Suriname.

<sup>7</sup> Plurinational State of Bolivia, Ecuador, Guatemala, Jamaica, Saint Lucia, Suriname and Bolivarian Republic of Venezuela.

**Figure 4**  
**Latin America and the Caribbean (32 countries):<sup>a</sup> reports of disruption to outpatient care**  
**for childhood infectious diseases and newborn care services in 2020 and 2021**  
*(Percentages)*



Source: United Nations Children's Fund (UNICEF), "Tracking the Situation of Children during COVID-19", New York, 2021 [online] <https://data.unicef.org/resources/rapid-situation-tracking-covid-19-socioeconomic-impacts-data-viz/>.

<sup>a</sup> In August–September 2020, the following 32 countries in the region participated: Anguilla, Antigua and Barbuda, Barbados, Belize, Bolivia (Plurinational State of), Brazil, British Virgin Islands, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Montserrat, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos Islands and Uruguay. In September–October 2021, 26 countries answered the questions: Anguilla, Antigua and Barbuda, Barbados, Bolivarian Republic of Venezuela, Brazil, British Virgin Islands, Chile, Cuba, Dominica, Dominican Republic, Ecuador, Grenada, Guatemala, Guyana, Jamaica, Mexico, Montserrat, Peru, Plurinational State of Bolivia, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos Islands and Uruguay.

As regards outpatient care for childhood infectious diseases for September–October 2021 44% of reporting countries stated that they did not have any disruptions to such services. However, three countries (Mexico, Ecuador and the Bolivarian Republic of Venezuela) reported disruptions of over 25%. Limited access to outpatient care may result in an increased likelihood of complications arising from medical conditions. Moreover, the most vulnerable groups living in rural areas are more likely to

face increased barriers to accessing this type of care, which could further exacerbate the pre-existing inequalities in access to and use of health services by territory.

Most countries in the region thus experienced disruption to coverage of maternal and child health services, with immediate negative implications and potential repercussions on the future development of children. This underlines the urgency of strengthening health systems to guarantee the right to health and prevent disruptions to maternal and child services during crises and throughout their lives, as well as reducing existing inequalities (Marinho, Dahuabe and Arenas de Mesa, 2023).

### Box 1

#### Preventive care for children 0–9 years of age in Ecuador

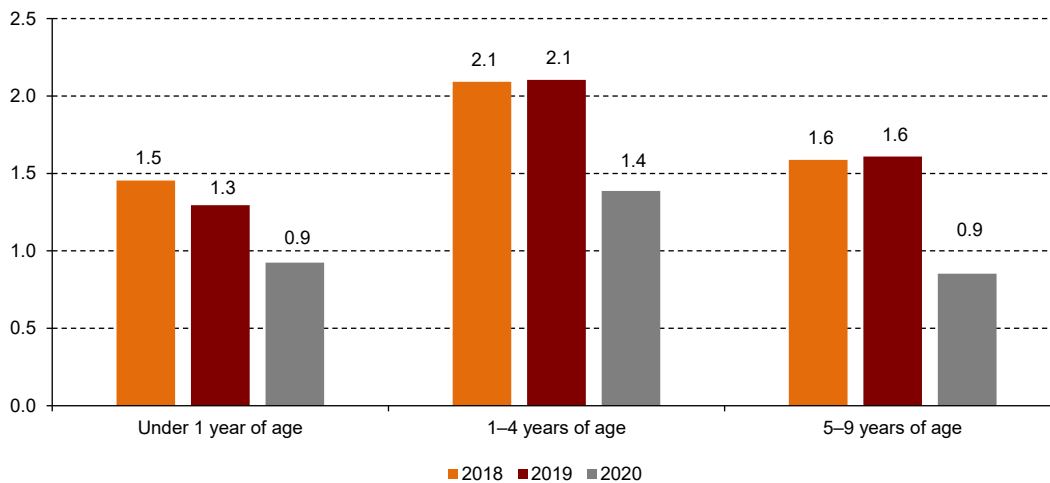
As part of its strategy to guarantee all children the right to adequate care with equality, universality and solidarity, Ecuador implements the National Plan for the Comprehensive Protection of Children and Adolescents 2030. This Plan consists of regular monitoring of children aged 0–9 years to assess, inter alia, their weight, height, vaccination status, oral health nutrition and any warning signs.

As shown in the figure, in 2018, more than 5 million preventive consultations (consisting of initial and follow-up consultations) were held across the country. The figure was very similar in 2019. However, according to data from the end of 2020, this figure then declined to a little over 3 million consultations, a decrease of 37% compared to the previous year.

Looking at age groups, there was a 29% drop in the number of preventive visits among children under 1 year of age compared to 2019. For 1–4-year-olds, there was an even greater drop of 34%, while the largest decrease compared to 2019 was among children of 5–9 years of age, with a 47% change (INEC, 2020).

The decreased use of preventive child health services is linked to a reduced ability to detect and treat nutritional deficiencies and illnesses in a timely manner, as well as lower vaccination rates (Castillo and Marinho, 2022).

Ecuador: preventive consultations in health-care establishments, 2018–2020  
(Million consultations)



Source: National Institute of Statistics and Censuses of Ecuador (INEC), "Registro Estadístico de Recursos y Actividades de Salud", Quito, 2020 [online] <https://www.ecuadorencifras.gob.ec/actividades-y-recursos-de-salud/>.

Note: This is the total number of preventive consultations throughout the public, private and social security networks of Ecuador. The most recent year for which data are available is 2020.

Source: C. Castillo and M. Marinho, "The impacts of the pandemic on the health and well-being of children in Latin America and the Caribbean and its effect on child-sensitive social protection systems", *Project Documents* (LC/TS.2022/25), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), 2022; National Institute of Statistics and Censuses of Ecuador (INEC), "Registro Estadístico de Recursos y Actividades de Salud", Quito, 2020 [online] <https://www.ecuadorencifras.gob.ec/actividades-y-recursos-de-salud/>.

## 2. Households experiencing inequality were disproportionately affected in accessing health services and medicines and faced additional problems of food security

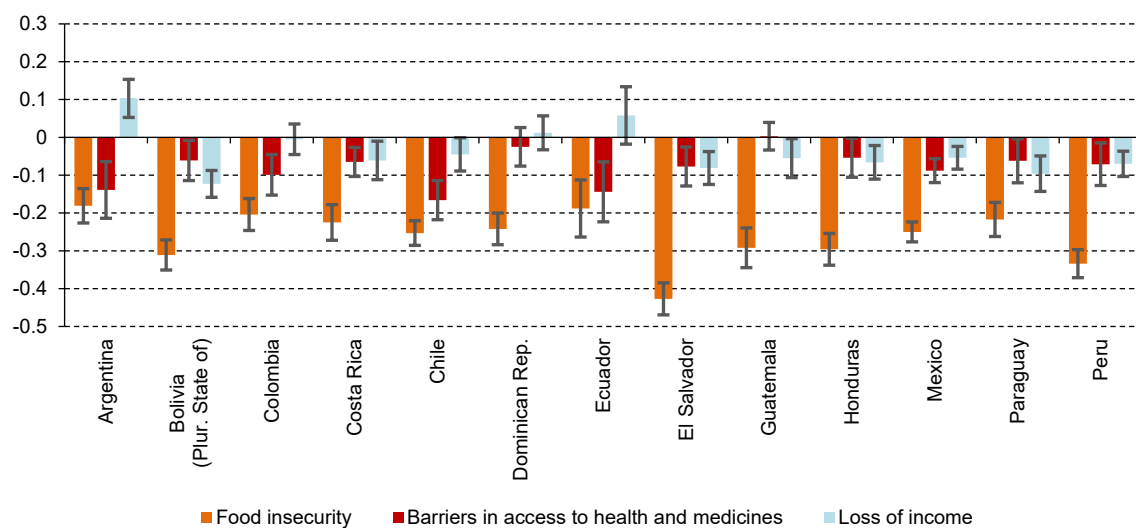
The health crisis of the pandemic triggered an economic and social crisis that had a direct impact on households. Decreased incomes and restrictions on movement as a result of reductions or stoppages of public transport constituted significant barriers to accessing maternal and child health services. Identifying whether socioeconomic inequalities exist in variables representing these dimensions allows us to determine the type of households that could have been most affected by the multiple crises.

Data from the COVID-19 High Frequency Monitoring Project, developed by the World Bank (2022)<sup>8</sup> was used to evaluate potential inequalities in access to certain services. This survey makes it possible to determine which socioeconomic group declared having most: (i) barriers to accessing health services; (ii) food security issues; and (iii) loss of income.

To analyse these possible socioeconomic inequalities, Erreygers' concentration index (Erreygers, 2009) is calculated using the level of education of the head of household as a socioeconomic ranking variable for 13 countries.<sup>9</sup> The methodology used to calculate the index and detailed information on the creation of the variables is provided in annex 1.

Figure 5 shows the results of the corrected concentration index, which ranges from -1 to 1, for a number of countries in the region, with confidence intervals of 95%. A negative result indicates that the lower-income population faces more barriers than the rest of the population. In contrast, a positive result is linked to barriers that disadvantage the higher-income population.

**Figure 5**  
Latin America and the Caribbean (13 countries): Erreygers' concentration index for food insecurity, loss of income, and barriers to accessing health and medicines, May–August 2020



Source: Prepared by the author, on the basis of World Bank, "High-Frequency Phone Surveys", 2022 [online database] <https://microdata.worldbank.org/index.php/catalog/hfps>.

<sup>8</sup> The survey was initially conducted in 13 countries in Latin America and the Caribbean and is representative of households with either a fixed or mobile phone line. The data used are from the first wave and were gathered between March and August 2020. This survey was rolled out after the start of the pandemic, which is why there are no comparable pre-COVID-19 data.

<sup>9</sup> Argentina, Bolivia (Plurinational State of), Colombia, Costa Rica, Chile, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Paraguay and Peru.

Regarding vulnerability in food security, all countries analysed had a (statistically significant) disproportionate concentration in households whose head had fewer years of education. This indicates that such households had experienced food insecurity, which may have a negative impact on their members' nutritional status, something particularly problematic for children.

As for barriers in access to health and medicines (where needed), in most countries there was a concentration in households with a lower socioeconomic status, with statistically significant differences in Argentina, Chile, Colombia, Costa Rica, Ecuador and Mexico. Timely access to health services is a determining factor for the health of everyone; nonetheless, this access would be restricted by the socioeconomic status of households.

According to figure 5, loss of income is disproportionately concentrated in households with a lower socioeconomic status in Bolivia (Plurinational State of), El Salvador, Mexico, Paraguay and Peru. However, in Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, Guatemala and Honduras, there were no statistically significant differences in the distribution of income loss. Using analysis of the labour market during the COVID-19 pandemic, the International Labour Organization (ILO, 2020) concluded that the pandemic caused a reduction in working hours and therefore also in the income received by households. This was even more evident in developing and emerging economies, and particularly so for employees in the informal sector.

This therefore strengthens the argument that socioeconomic status acts as a social determinant of health, increasing health disparities. Specifically, it can be seen how food insecurity and, to a lesser extent, difficulty in accessing health services and medicines and household income loss were disproportionately concentrated among households with a lower socioeconomic status in the first months of the COVID-19 health crisis in the region, which deepened existing divides even further.

## **B. By affecting consumption patterns, the pandemic also left its mark on the double burden of malnutrition**

Child malnutrition in all its forms creates harmful effects on health and the achievement of lifelong health (Castillo and Marinho, 2022). Children with stunted growth have a greater risk of death from infectious diseases, and their cognitive and motor development is affected (Batis and others, 2020). Malnutrition is even linked to adverse effects on education, with chronic child malnutrition having an impact on rates of school repetition (Fernández and others, 2017). Various studies carried out on middle- and low-income countries indicate that there is a greater prevalence of malnutrition and micronutrient deficiencies among groups with lower income and lower levels of education (Black and others, 2013; Yang, Liu and Zha, 2018; Restrepo-Méndez and others, 2015).

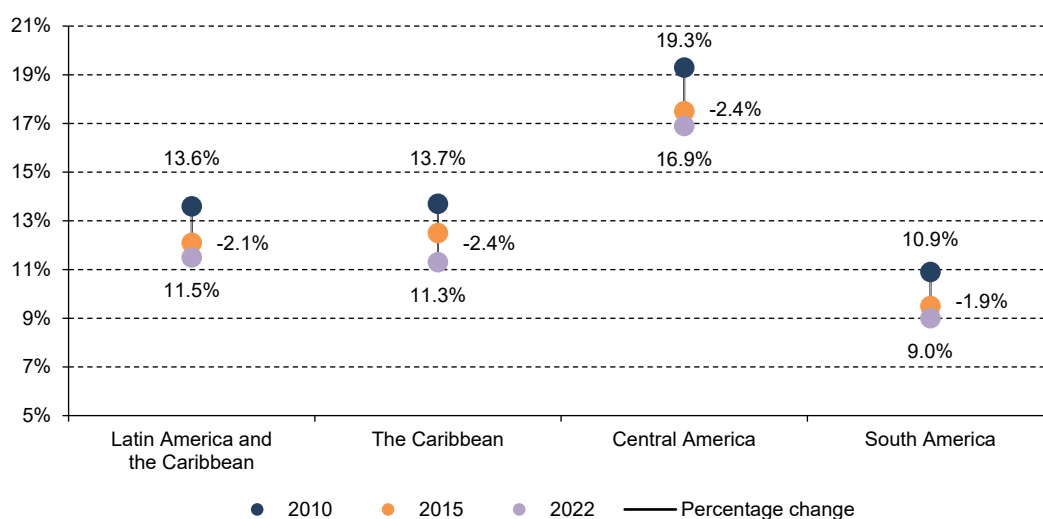
The COVID-19 pandemic changed the population's consumption patterns and, as shown in section A.2, there is statistical evidence that the region's households with a lower socioeconomic status experienced greater challenges in obtaining food security and a nutritious diet, and exacerbating the double burden of undernutrition and overweight/obesity. According to a study conducted by the Food and Agriculture Organization of the United Nations and the Economic Commission for Latin America and the Caribbean (FAO/ECLAC, 2020), the changes to food consumption patterns reveal that people had less nutritious, less fresh and cheaper diets and even skipped meals. Such behaviour may be explained by a significant drop in household income (which also affects more vulnerable households to a greater extent) and the restrictions on movement imposed to halt the spread of the virus, which affected access to health screenings and school nutrition programmes (Castillo and Marinho, 2022).

The achievement of SDG 2 (Zero hunger) could thus be threatened or slowed down owing to the strain that COVID-19 put on access to food, especially for the poorest households. Figure 6 shows the change in the percentage of children aged 5 years and under affected by stunting for a selection of countries in the region, according to UNICEF/WHO/World Bank estimates (2023).<sup>10</sup>

At the regional level, the estimated percentage of children under 5 years of age affected by stunting remained the same between 2020 and 2022, although there were differences between the subregions. For example, in 2022, in South America, around 9% of children under 5 years of age experienced stunted growth. In Central America, the rate was 17%, and in the Caribbean, it was 11% (UNICEF/WHO/World Bank, 2023).

Figure 6 shows that all subregions saw a decline —albeit a slow one, when SDG target 2.2<sup>11</sup> is considered— in the proportion of children aged 0–59 months affected by stunting between 2010 and 2022. The three countries in the region with a growing prevalence of stunting are Argentina, Brazil and Costa Rica.

**Figure 6**  
Latin America and the Caribbean: estimates of the proportion of children aged 0–59 months affected by stunting, 2010–2022  
(Percentages)



Source: United Nations Children’s Fund/World Health Organization/World Bank (UNICEF/WHO/World Bank), *Levels and trends in child malnutrition. UNICEF/WHO/World Bank Group Joint Child Malnutrition Estimates. Key findings of the 2023 edition*, New York, 2023.

Note: The figure shows the changes to estimates of the proportion of children aged 0–59 months affected by stunting.

Stunting has gradually declined over the years in most countries in the region, with values below the global average of 22%. However, the region continues to have a high prevalence (11%) of stunted growth among children under 5 years of age and progress has stalled over time; it will be necessary to accelerate reduction of such rates to achieve the SDG targets (UNICEF/WHO/World Bank, 2023).

<sup>10</sup> Childhood stunting occurs when the child’s height-for-age ratio is more than two standard deviations below the median of the reference population according to the WHO child growth standards.

<sup>11</sup> By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.

Moreover, monitoring of overweight among children under 5 years of age is critical as overweight and obesity are linked to other physical and mental illnesses, increasing the possibility of developing comorbidities in adult life (Castillo and Marinho, 2022). At the regional level, it is estimated that 6.2% of children under 5 years of age were overweight in 2019, a figure that rose to 7.5% in 2020 and to 8.6% in 2022, continuing the trend of a sustained increase over the past two decades (UNICEF, 2023a; FAO and others, 2021).

The COVID-19 pandemic and its effects on people's incomes and food systems may have had an impact on malnutrition levels, increasing rates of overweight and hindering the reduction of stunting. This is aggravated by the rise in food insecurity, which is an additional barrier<sup>12</sup> to ensuring adequate nutrition for the region's children.

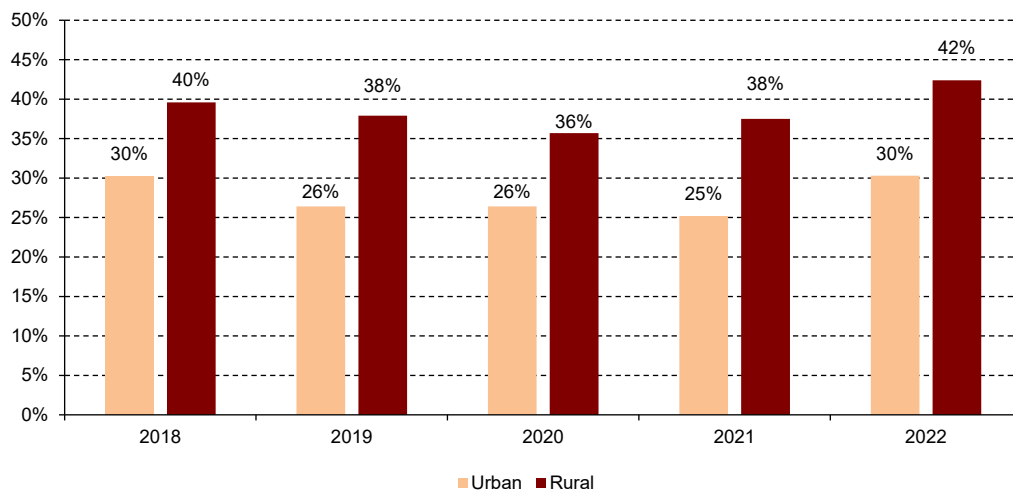
### Box 2

#### Child malnutrition is more prevalent in rural areas of Peru

The focus on malnutrition goes beyond the indicators on chronic malnutrition and overweight. For example, in the case of Peru, while there has been progress in reducing wasting and stunting, there are still signs of hidden malnutrition, such as anaemia.

The National Demographic and Health Survey (INEI, 2022) gathers information on health status and the use of health services from a representative sample of the Peruvian population. The figure shows the proportion of children aged 6–59 months with anaemia in rural and urban areas of Peru.

Peru: anaemia among children aged 6–59 months by area of residence, 2018–2022  
(Percentages)



Source: National Institute of Statistics and Informatics of Peru (INEI), *Perú: Encuesta Demográfica y de Salud Familiar ENDES 2022 Nacional y Departamental*, Lima, 2022.

The percentage of children with anaemia in rural areas of Peru has increased, reaching levels higher than those recorded before the start of the COVID-19 pandemic. For example, for the rural population aged 6–59 months, the percentage of children with anaemia was 42% in 2022, compared to 38% in 2019. Moreover, the prevalence of anaemia is higher in rural areas than urban ones, although there have also been increases in the proportion of children with anaemia in urban areas in the years since the pandemic.

Source: National Institute of Statistics and Informatics of Peru (INEI), *Perú: Encuesta Demográfica y de Salud Familiar ENDES 2022 Nacional y Departamental*, Lima, 2022.

<sup>12</sup> An adequate nutritional status also depends on other factors, such as health status, care and services.

## C. The biggest setback in child immunization in three decades

Child immunization coverage worldwide was affected by the COVID-19 pandemic, with a significant increase in the number of children who did not receive essential vaccinations in 2022, equivalent to more than a decade of setbacks in child immunization figures. The reduction in vaccination programmes increases the risk of preventable diseases, affecting child development and constituting a risk to public health (UNICEF, 2023b).

Latin America and the Caribbean also experienced a drop in child vaccination coverage. In 2022, 1.2 million children did not receive a first dose of the diphtheria, tetanus and pertussis (DTP) vaccine, which is normally administered during the first year of a child's life.

According to *The State of the World's Children 2023* (UNICEF, 2023b), children from the poorest households are almost three times more likely to not have received any vaccination, a situation known as "zero dose", compared to children from the wealthiest households. In addition, children from rural households are more likely to be undervaccinated<sup>33</sup> than those from urban areas, and those whose mothers have a low level of education are more likely to not have received vaccinations at the correct time than children whose mothers received more years of education (UNICEF, 2023b). In Brazil and Peru, analysing child vaccination coverage by comparing data from before and after the arrival of COVID-19 shows that rural areas face greater challenges in access to vaccines than urban areas, underlining the persistent regional inequalities in immunization. Moreover, the recovery of immunization coverage has also been unequal in terms of area of residence, with rural areas having experienced a slower recovery (INEI, 2022; Silveira, Conrad and Leivas, 2021) This once again highlights that the social determinants of health, such as level of education and territory, themselves conditioned by the social inequality matrix, play a key role in immunization and potential health gaps.

In 2020, disruptions to vaccination services were widespread and revealed the fragility of health systems and primary care in the region. The causes for the disruptions were varied, including, for example: reduced vaccination services owing to the redistribution of resources to priority services related to COVID-19; a decline in visits to vaccination centres by the public for fear of leaving their homes because of the risk of infection; reduced household incomes, which could lead to less disposable income for transportation; and lockdowns and restrictions on movement.

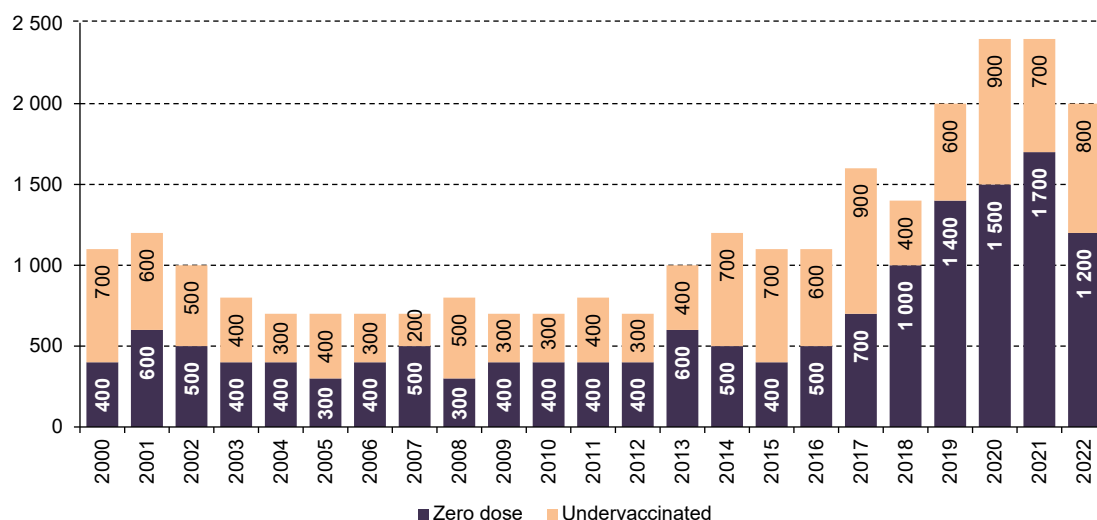
Another factor that played an important role in the decline of immunization coverage was the level of confidence in the vaccines intended for children. According to a recent study by UNICEF (2023b) based on data from the Vaccine Confidence Project (VCP), coverage fell during the COVID-19 pandemic in 52 of the 55 countries analysed. The report highlights that, in many countries, persons under 35 years of age and women had the least confidence in child vaccines following the arrival of COVID-19.

Historically, the region has maintained high levels of immunization coverage; however, the past five years have seen a marked decline in childhood immunization, exacerbated by the pandemic, which has had a significant impact on the number of infants not receiving essential vaccines such as for DTP and measles. Figure 7 shows the evolution of the number of zero-dose and under-vaccinated children for the years 2000–2022 in the region, based on estimates by UNICEF (2023c).

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<sup>33</sup> This refers to children who have received some, but not all, of the vaccines specified in mandatory or essential vaccination schedules (UNICEF, 2023b).

**Figure 7**  
**Latin America and the Caribbean (33 countries):<sup>a</sup> number of zero-dose (DTP<sub>1</sub>)**  
**and undervaccinated (DTP<sub>3</sub>) children, 2000–2022**  
*(Per one thousand)*



Source: United Nations Children's Fund (UNICEF), Estimates of National Immunization Coverage (WUENIC), Revision. New York, 2023 [online] <https://data.unicef.org/resources/immunization-coverage-estimates-data-visualization/>.

Note: "Zero dose" refers to children who have not received any dose of DTP and "under-vaccinated" refers to those who have not received all doses.

<sup>a</sup> Countries included: Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Plurinational State of Bolivia, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Uruguay.

Figure 7 shows that in both 2020 and 2021, 2.4 million children were unvaccinated or undervaccinated. This was the highest number in 30 years and reflected the fact that the region's immunization coverage with DTP<sub>1</sub> and DTP<sub>3</sub> was below global averages during these years.<sup>14</sup> Despite the slight recovery —2022 figures are likely to be similar to 2019— 2 million children remain inadequately immunized, far higher than in 2018 and previous years.

Table 1 presents the vaccination coverage by antigen in Latin America and the Caribbean between 2015 and 2022. In general, it is clear that vaccination coverage declined and that for some antigens, it has not yet recovered to pre-pandemic levels. This represents a setback to the progress made in the region and increases the risk of contracting preventable diseases, such as measles or poliomyelitis, as well as the outbreak of epidemics of diseases that had previously been under control, creating a risk to public health for the region's countries.

The increase in the number of zero-dose and undervaccinated children in the region, a situation aggravated by the pandemic, is evidence of the weakness of the region's existing health systems and the key role of social determinants of health, such as income and the educational level of the family, on immunization, which affects the most vulnerable sections of society. This brings new epidemiological risks of diseases, such as cholera, measles and polio, which were once thought to have been eradicated in many countries but which seem to be reappearing throughout the region, putting at risk the lives of the most vulnerable children and the well-being of the entire population (UNICEF, 2023b).

<sup>14</sup> Immunization coverage in Latin America and the Caribbean with DTP<sub>1</sub> was 85% in 2020 and 82% in 2021, and with DTP<sub>3</sub> it was 76% in 2020 and 75% in 2021. The global averages were 88% in 2020 and 86% in 2021 for DTP<sub>1</sub>, and 83% in 2020 and 81% in 2021 for DTP<sub>3</sub>.

**Table 1**  
**Latin America and the Caribbean (33 countries):<sup>a</sup> vaccination coverage**  
**by antigen among the target population**  
*(Percentages)*

Vaccine		2015	2016	2017	2018	2019	2020	2021	2022
BCG	Tuberculosis (Bacillus Calmette–Guérin)	96	95	93	94	85	70	82	87
DTP1	Diphtheria, tetanus and pertussis (first dose)	96	95	93	90	86	85	82	87
DTP3	Diphtheria, tetanus and pertussis (third dose)	90	90	85	86	80	76	75	79
HepB3	Hepatitis B (third dose)	88	87	79	79	75	77	75	79
HepB	Hepatitis B (within 24 hours of birth)	50	47	52	55	53	59	58	64
Hib3	Haemophilus influenzae type b	90	89	83	85	80	76	75	79
IPV1	Inactivated polio vaccine (first dose)	62	85	90	87	86	82	78	83
MCV1	Measles-containing vaccine (first dose)	93	93	87	91	86	83	82	81
MCV2	Measles-containing vaccine (second dose)	71	74	66	80	63	63	67	68
PCV3	Pneumococcal conjugate vaccine (third dose)	82	78	78	79	78	73	71	75
Pol3	Polio (third dose)	91	84	85	85	84	75	74	77
RCV1	Rubella containing vaccine (first dose)	93	93	86	91	86	83	82	81
RotaC	Rotavirus	80	76	71	73	73	68	67	72
YFV	Yellow fever vaccine	55	53	54	57	61	58	59	58

Source: World Health Organization/United Nations Children’s Fund (WHO/UNICEF), “Immunization data”, 2023 [online] <https://data.unicef.org/resources/dataset/immunization/>.

Note: Green indicates coverage above 90%, yellow coverage between 80% and 90%, and red coverage below 80%.

<sup>a</sup> Countries included: Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Plurinational State of Bolivia, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Uruguay.

## D. Healthy mothers, resilient children

### 1. A decade of setbacks in maternal mortality

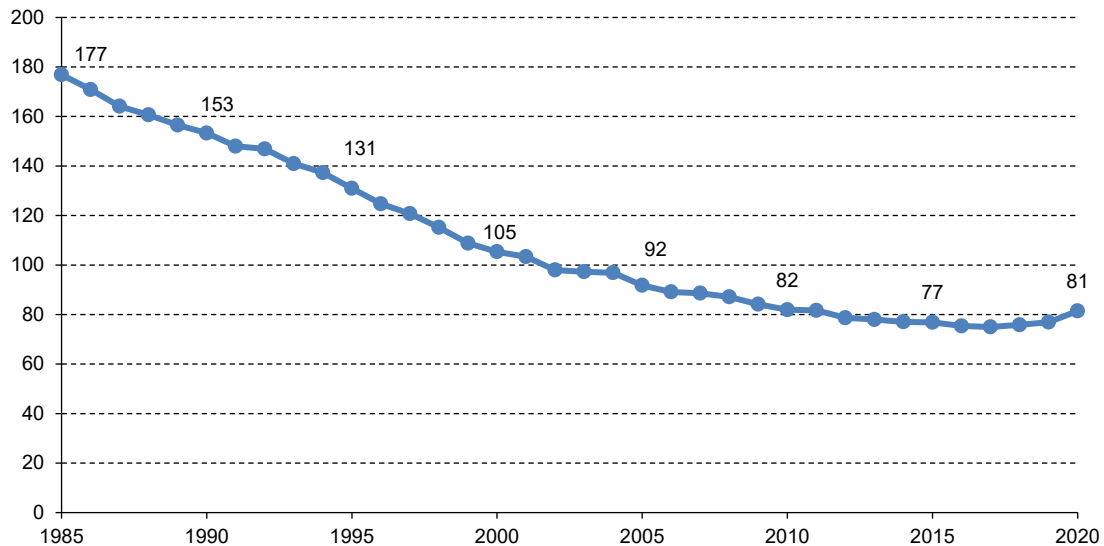
Maternal health, acknowledged as a key indicator of development, is reflected in target 3.1 of SDG 3, “Good health and well-being”, which is aimed at reducing the global maternal mortality ratio to less than 70 per 100,000 live births by 2030. Maternal mortality, defined as the death of a woman during pregnancy or delivery or within 42 days of childbirth for any reason related to or aggravated by pregnancy, is closely linked to timely access to antenatal, delivery and post-partum care (WHO, 2023a).

The maternal mortality ratio, calculated as the number of maternal deaths occurring during pregnancy or delivery or within 42 days of childbirth, per 100,000 live births, reflects the existing differences in access to quality health services throughout the social inequality matrix, illustrating inequalities within and between countries.

Latin America and the Caribbean has been the only region without sustained progress in reducing the maternal mortality rate (WHO, 2023a). Figure 8 shows the change in the maternal mortality rate between 1985 and 2020. While the regional average for this indicator declined from 177 to 77 maternal deaths per 100,000 live births between 1985 and 2019, progress in the further decline of this indicator has stalled in recent years.

It is estimated that, owing to tension caused by the crisis in health services, approximately one third of pregnant women with COVID-19 did not access the necessary medical care (Maza-Arnedo and others, 2022). This could be linked to the significant increase in the maternal mortality rate in 2020. The regional average in 2020, of 81 deaths per 100,000 live births, is comparable to a decade previously, when 82 deaths per 100,000 live births were recorded (WHO, 2023a).

**Figure 8**  
Latin America and the Caribbean (31 countries): maternal mortality rate, 1985–2020  
(Deaths per 100,000 live births)



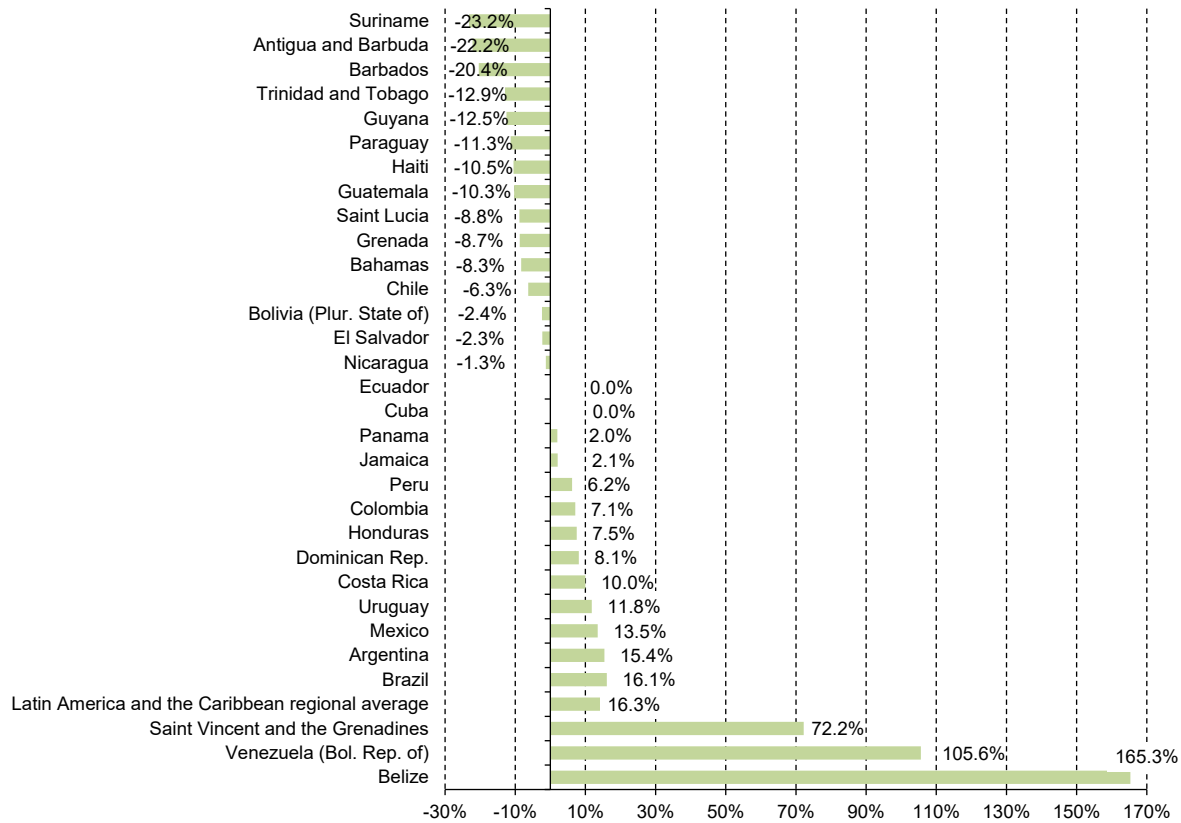
Source: Prepared by the author, on the basis of World Health Organization (WHO), *Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division*, Geneva, 2023.

Note: Includes Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Plurinational State of Bolivia, Saint Vincent and the Grenadines, Saint Lucia, Suriname, Trinidad and Tobago, and Uruguay.

Figure 9 reveals that, comparing 2015 to 2020, approximately 50% of the region's countries experienced increased maternal mortality rates. In Brazil, for example, the maternal mortality ratio rose from 62 to 72 deaths per 100,000 live births. Other countries that suffered increases are Argentina, Belize, Colombia, Costa Rica, the Dominican Republic, Honduras, Jamaica, Mexico, Panama, Peru and Uruguay. The regional average also rose from 75 to 88 maternal deaths per 100,000 live births, a rise of approximately 16%. Latin America and the Caribbean is the only region in the world where the maternal mortality ratio increased (WHO, 2023a).

The countries that recorded a decline in this indicator include Chile, Paraguay and Guatemala. However, the decrease of the maternal mortality indicator in this group of countries must be interpreted with caution as the rate of decline may have been slowed down by the outbreak of COVID-19. Moreover, the estimated data are only available for 2020, which is why it is not possible to grasp the full impact of the COVID-19 pandemic.

**Figure 9**  
**Latin America and the Caribbean (31 countries and territories):**  
**variation in the maternal mortality ratio, 2015–2020**  
*(Deaths per 100,000 live births)*



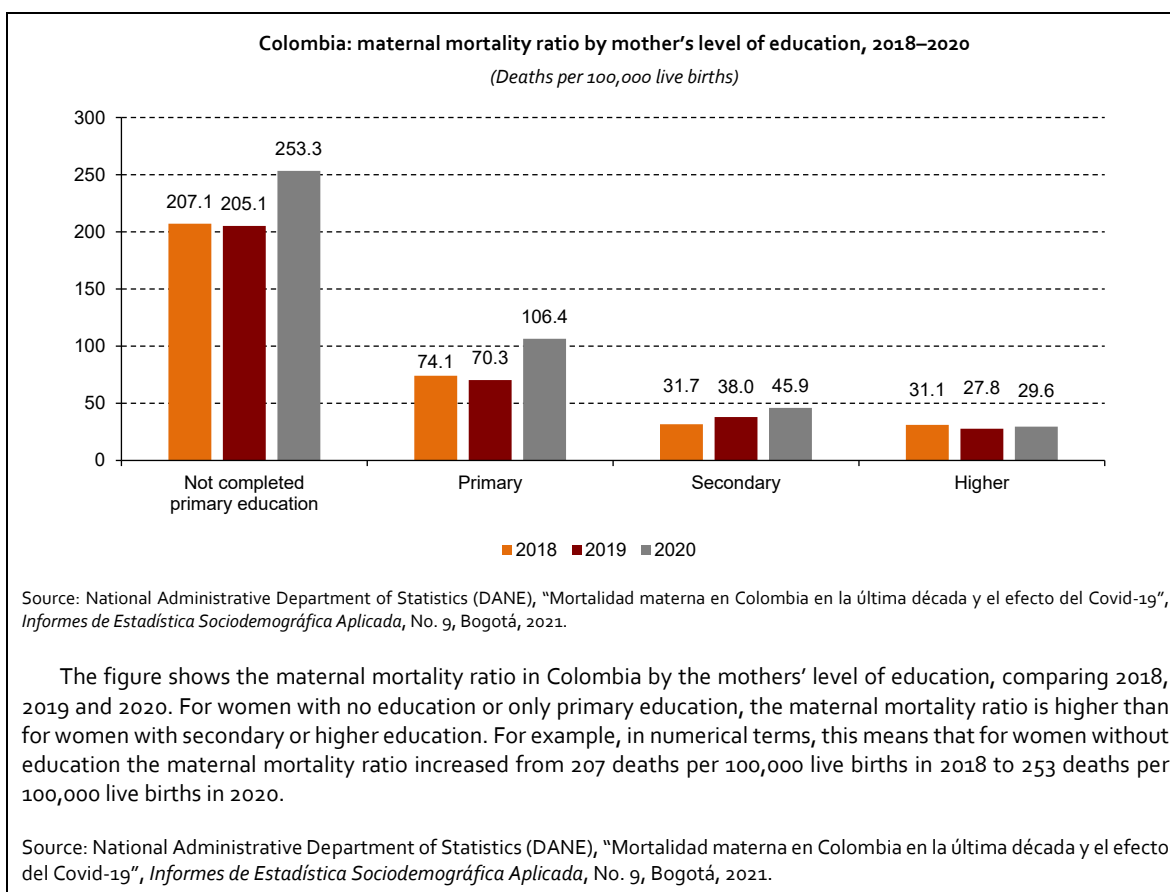
Source: World Health Organization (WHO), *Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division*, Geneva, 2023.

Beyond being a development indicator, maternal mortality is also key to a child’s comprehensive development. Being orphaned has significant impacts on life trajectories, bringing emotional, social and economic challenges that can endure over time, affecting quality of life and general well-being. The absence of a mother not only has an impact on care and upbringing, but may also influence a child’s education, emotional development and participation in society.

**Box 3**  
**Maternal mortality in Colombia: inequalities and setbacks**

In Colombia, according to the vital statistics data of the National Administrative Department of Statistics (DANE) on births and deaths, between 2010 and 2018, the maternal mortality rate decreased by 26 deaths per 100,000 live births, from 72 to 45 deaths per 100,000 live births, respectively. However, in 2020, the maternal mortality ratio increased to 66 live deaths per 100,000 live births and provisional figures for 2021 report 84 deaths per 100,000 live births, signifying a considerable setback for the country.

In a study carried out by DANE (2021), it was concluded that there had been a significant increase in the maternal mortality ratio between 2019 and 2020, linked to the COVID-19 pandemic, owing to impediments to antenatal care and complications during pregnancy. Moreover, it was found in the study that the highest maternal mortality ratio was among women who were not enrolled in the social security system, had not completed primary education or belonged to Indigenous communities, highlighting the existence of socioeconomic inequalities.



## 2. Disruptions in access to sexual and reproductive health services put health indicators at risk

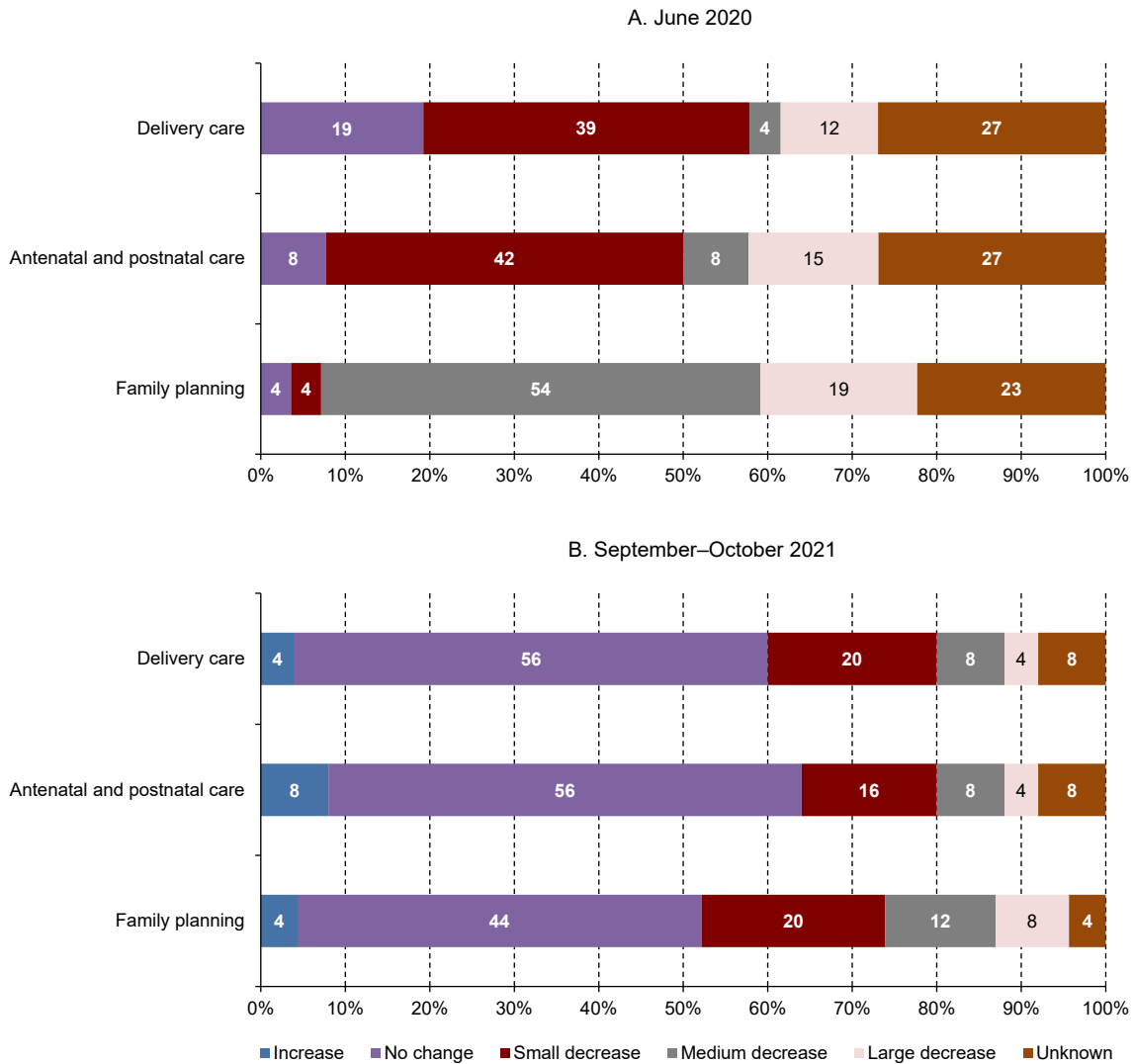
Universal access to sexual and reproductive health has also been negatively affected by the displacement effect. The reduced coverage of these services is closely linked to lower numbers of antenatal check-ups and decreased delivery care in qualified health centres, as well as reduced access to family planning services. Between January and May 2021, 64% of Latin American and Caribbean countries reported disruptions to family planning services (WHO, 2021).

Figure 10 shows information from surveys conducted by UNICEF to learn about disruptions to health services during the COVID-19 pandemic, specifically those related to sexual and reproductive health, namely family planning, antenatal and postnatal care and delivery care in (i) June 2020 and (ii) September–October 2021.

In the first quarter of the COVID-19 pandemic, approximately 50% of the region's countries reported a slight decrease (between 10% and 24%) in family planning and contraception services. Later, in September and October 2021, this figure dropped to 12% as 44% of countries reported that there had been no change to the provision of those services. However, some countries still reported significant disruptions to these services, which are closely linked to sexual and reproductive health and rights.

Regarding pregnancy and post-partum care, in the first months of the pandemic, only 7.7% of countries reported no disruption to antenatal and postnatal care services, while 15.4% of countries reported disruptions of more than 25% in the provision of these services. For the period of September–October 2021, the provision of these services improved; however, approximately 30% of countries reported some kind of reduction to these services.

**Figure 10**  
**Latin America and the Caribbean (26 countries): reports of disruptions to sexual and reproductive health services**  
**in terms of family planning, antenatal and postnatal care and delivery care, 2020 and 2021**  
*(Percentages)*



Source: United Nations Children’s Fund (UNICEF), “Tracking the Situation of Children during COVID-19”, New York, 2021 [online] <https://data.unicef.org/resources/rapid-situation-tracking-covid-19-socioeconomic-impacts-data-viz/>.

Note: The survey gathered information by degree of disruption: “low” refers to a disruption to coverage of below 10%, “medium” to a decrease of between 10% and 24%, and “high” to a drop of 25% or more. In the first round of the survey in June 2020, 30 countries in the region took part, although only 26 of them answered the relevant questions. In the second round of the survey, with information from September–October 2021, 25 countries answered the questions.

Lastly, as regards delivery care, in the first round of the survey in June 2020, over half of the 26 countries participating in the survey reported some form of disruption to this maternal health-care service (55%). For the second period studied, this figure fell to 32% of participating countries.

These results indicate that even a year after the start of the COVID-19 pandemic some countries still experienced some form of disruption to maternal and reproductive health services. This is a warning sign that must be properly addressed by governments to reduce maternal mortality and improve health indicators at birth.

### 3. The mental health of women of childbearing age has been disproportionately affected

Perinatal mental health care is of great importance as it affects not only the mother's emotional well-being, but also the healthy development of the baby. During this period, issues such as depression and anxiety are particularly common, but other less recognized conditions may also arise, such as eating disorders, personality disorders and psychosis. The COVID-19 crisis aggravated this situation by creating an atmosphere of uncertainty and stress as a result of drastic changes to daily routines and imposed physical distancing. This additional stress may have serious consequences during pregnancy, increasing the risk of premature birth and mental health complications after birth for both the mother and the baby. Pregnant women faced a series of additional concerns, such as fear of contracting the virus, economic difficulties and a greater risk of gender-based violence, which has a further negative impact on their mental health and general well-being.

Preliminary research into perinatal mental health during the COVID-19 pandemic suggests that even women with a risk considered normal or with mild depression became more likely to experience perinatal depression. This increase could trigger additional risk behaviours, such as alcohol or tobacco consumption, and increase the risk of obstetric complications, such as pre-eclampsia, premature birth and impaired fetal neurodevelopment. A study carried out in Peru of women who were pregnant or had given birth in the previous year showed a significant increase in rates of anxiety (72%) and depression (41%) compared to the pre-pandemic period (29% and 15%, respectively) (Ramos, 2022).

The mental health of women of childbearing age (between 18 and 50 years of age) in Latin America and the Caribbean was explored using data from the first wave (2021) of the COVID-19 High-Frequency Monitoring Project, developed by the World Bank (2022). The survey includes a number of questions on mental health situations that the women surveyed could have experienced in the previous 30 days, such as whether the person had: (i) had problems sleeping; (ii) felt anxiety, nervousness or worry; (iii) displayed aggressive attitudes or irritability with other members of the household; (iv) had conflicts or arguments with others; and (v) had feelings of loneliness.

The results indicate that the levels of anxiety reported by women in this age bracket vary throughout the countries in the region. Figure 11 shows the percentage of women aged 18–50 years who reported feeling anxious, nervous or worried in the previous 30 days.

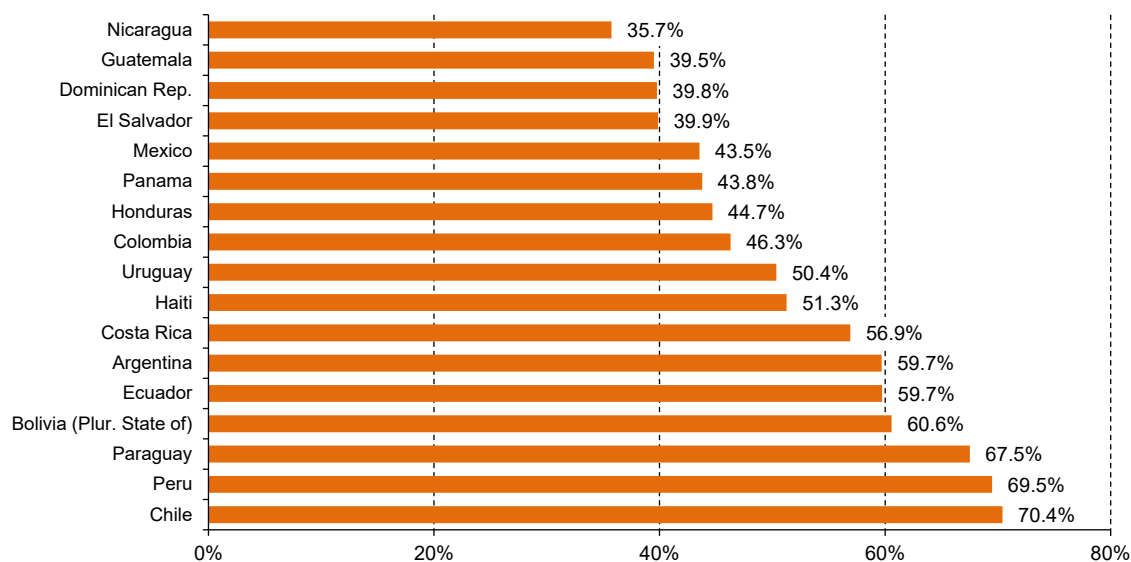
Figure 11 reveals that in Chile, Peru and Paraguay, between 60% and 70% of the women surveyed reported having felt anxious, nervous or worried in the previous 30 days. The countries that reported lower proportions of women of 18–50 years of age with these symptoms included Nicaragua, Guatemala and the Dominican Republic, with figures ranging between 35% and 39%. However, in more than half of the countries participating in the survey, the proportion of women reporting anxiety, nervousness or worry was over 50%.

Regarding the mental health of women by area of residence, figure 12 shows the proportion of women living in rural and urban areas who reported having felt anxious, nervous or worried in the previous 30 days for the period of May–July 2021. In general, in most of the countries, the percentage of women who reported anxiety, nervousness or worry is higher in urban areas than rural ones. The exceptions are Ecuador, Costa Rica, Panama and Mexico, where the percentage is very similar when rural and urban areas are compared.

The mental health of young women was also disproportionately affected by the pandemic, with marked increases in their symptoms of anxiety and depression. In 2020, the Working Group on Youth of the Regional Collaborative Platform for Latin America and the Caribbean implemented the United Nations survey on Latin American and Caribbean youth within the context of the COVID-19

pandemic,<sup>15</sup> aimed at young people in the region between 15 and 29 years of age, with the aim of understanding their present and future perceptions and concerns about their lives in the context of the crisis. The results indicate that half of young people reported greater levels of stress or anxiety during periods of lockdown, and that women (54%) experienced higher levels of stress than men (45%) (Working Group on Youth of the Regional Collaborative Platform for Latin America and the Caribbean, 2021). The second survey, conducted between September and October 2021, shows that 72% of those surveyed indicated that their mental health had been affected by the pandemic. Again, there were differences by gender, with 80% of young women reporting that their mental health was harmed by this crisis, compared to 63% of young men (Working Group on Youth of the Regional Collaborative Platform for Latin America and the Caribbean, 2022).

**Figure 11**  
**Latin America (17 countries): women of 18–50 years of age who reported feeling anxious, nervous or worried in the previous 30 days, May–July 2021**  
*(Percentages)*

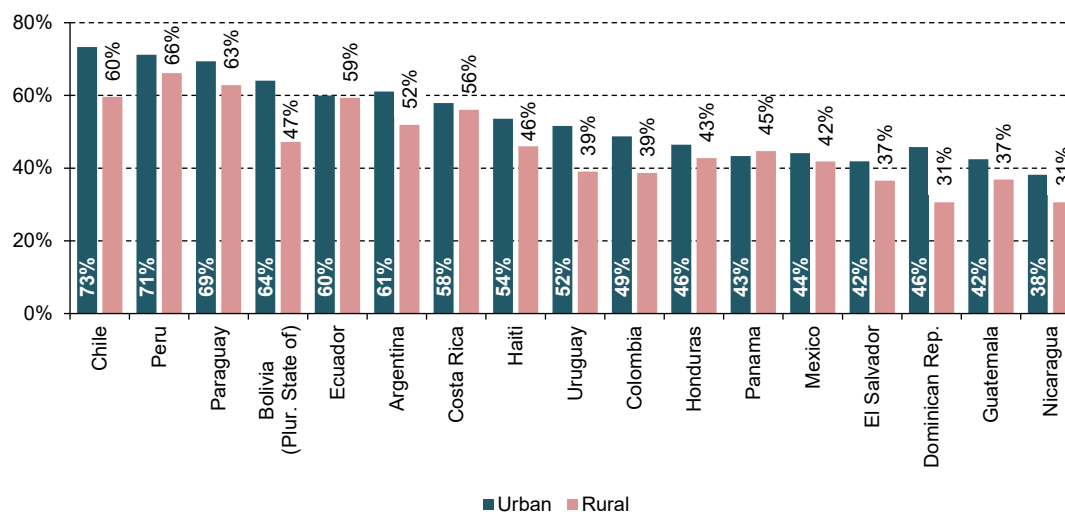


Source: World Bank, “High-Frequency Phone Surveys”, 2022 [online database] <https://microdata.worldbank.org/index.php/catalog/hfps>.

Regarding mental health-care services, the pandemic also caused significant disruptions. Data from WHO (2023b) indicate that, during the third quarter of 2020, 20% of countries reported disruptions of more than 50% to mental health services for children and adolescents, and when all countries with any type of disruption are taken into account, the figure rises to 78% of participating countries. However, significant progress has been made to reduce and even eliminate these disruptions. According to the same report, for the fourth quarter of 2022, only eight countries reported minor disruptions to this type of service.

<sup>15</sup> The first survey covered 7,751 people of 15–29 years of age from 39 countries and territories in the region. The second survey covered 46,649 young people from 42 countries and territories. The survey was open, had a non-probabilistic sample and did not seek to represent all young people in the region, but was rather limited to the situation of those who responded to the survey. However, the participants provided information about their situation and can help to guide decision-making to improve their well-being or address the most pressing challenges in the context of the pandemic.

**Figure 12**  
**Latin America (17 countries): women 18–50 years of age who reported feeling anxious, nervous or worried in the previous 30 days, by area of residence, May–July 2021**  
*(Percentages)*



Source: World Bank, "High-Frequency Phone Surveys", 2022 [online database] <https://microdata.worldbank.org/index.php/catalog/hfps>.

## E. Summary

The COVID-19 pandemic highlighted pre-existing weaknesses in the health systems of Latin America and the Caribbean, further exacerbating inequalities in access to health services. Chronic underfunding, combined with issues such as limited access to quality services, scarce medical resources, high out-of-pocket costs, difficulties in coordination and disruption in health services, have created barriers to adequate care for women of childbearing age and children in their first years of life. Until mid-2021, as part of the measures to contain the pandemic, most countries in Latin America and the Caribbean continued to experience disruptions to health services, from primary care to more complex services. Even after the most critical and uncertain period of the crisis, many countries reported reductions to coverage, including care for newborns, family planning services, antenatal and postnatal care, delivery care, treatment of infectious and non-communicable diseases and especially vaccination campaigns (UNICEF, 2021). Prior to the COVID-19 pandemic, Latin America and the Caribbean had made significant progress in maternal and child health indicators linked to improved access to timely and quality maternal and child health services. However, the COVID-19 pandemic, coupled with structural difficulties, may have led to setbacks or slowdowns in progress for key maternal and child health indicators, such as those concerning maternal mortality, chronic malnutrition and the prevalence of unvaccinated and undervaccinated children.

According to the Pan American Health Organization (PAHO, 2021), the setback in reducing maternal mortality, for example, could undo more than two decades of progress in combating maternal mortality in the region. Disruptions to routine child health services also had an unprecedented impact on vaccination coverage to the extent that Latin America and the Caribbean recorded the biggest global decline in child vaccination schedules of the past decade and experienced an increase in the prevalence of unvaccinated children. Moreover, the COVID-19 pandemic exacerbated the mental health crisis in the region, calling for urgent action at the highest levels of government and in all relevant sectors (PAHO, 2023).

To achieve inclusive social development, it is essential to prioritize the strengthening of primary health care. PAHO indicates that allocating at least 6% of GDP to the health system, with a particular focus on assigning at least 30% of that funding to primary health care, is a prerequisite for addressing disparities in access to and quality and use of health services.

Guaranteeing universal, comprehensive, sustainable and resilient health systems focused on the most vulnerable populations is becoming a pressing need. To that end, it is key to invest more in health, with sustainable funding, thereby ensuring that health systems are able to fulfil their commitments to coverage and sufficiency effectively and with quality in the provision of services for current and future generations (Marinho, Dahuabe and Arenas de Mesa, 2023).

It is urgent for countries in the region to strengthen their health systems, address their structural weaknesses and reduce health gaps through strategies that place renewed emphasis on primary health care. This is important as it is the entry point of the health system and is focused on prevention and promotion, not only guaranteeing the right to health but also contributing to reducing poverty and the unequal distribution of social determinants of health.

## Annex 1

### Erreygers' corrected concentration index

The concentration index (Kakwani, 1977) is a widely used indicator for measuring both inequalities and inequities (Wagstaff and Van Doorslaer, 2000) in health variables and the utilization of health services (Wagstaff, Paci and Van Doorslaer, 1989). The advantage of the concentration index is that it can be used to compare the extent of inequalities between countries, periods of time or any other unit of comparison (O'Donnell and others, 2007).

The concentration index ranges from -1 to 1, where negative values indicate that the outcome variable is concentrated among disadvantaged population groups and positive values indicate that the use is concentrated among wealthier groups. Zero represents total equality.

When the outcome variable is dichotomous, as in this case, the values of the conventional concentration index may depend on the mean of the outcome variable. As a result, for populations with lower means, the limits of the concentration index tend to be wider than for populations with higher means. Erreygers (2009) proposes a correction to the conventional concentration index that makes it possible to estimate the concentration index for binary variables.

For binary variables, Erreygers' corrected concentration index may be defined as follows (Van de Poel, Van Doorslaer and O'Donnell, 2012):

$$ICC = 4 * \mu * IC(y)$$

To estimate the corrected concentration index, the "*conindex*" command in the Stata 17 software is used. This command makes it possible to calculate this index and provides an estimate of standard errors that allows the statistical significance of the index to be assessed.

The index is estimated for each of the countries detailed in the preceding paragraphs. Moreover, the survey design is taken into account when calculating standard errors using the Stata 17 command "*svyset*."

Definitions of the variables used in section A.2:

- Food security: take 1 as the value if the household reports having been left without food, having not eaten, having skipped any meal or having not eaten for a day owing to a lack of money or resources; use 0 if not.

- Access to health services and medicines: take 1 as the value if the household reports having been unable to buy medicines when needed or having been unable to attend a medical consultation when needed; use 0 if not. This variable is conditional on the need for the use of health services and medicines.
- Loss of income: take 1 as the value if the household reports that its income has decreased; use 0 otherwise.

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### III. Opportunities and challenges for quality education from the first years of life

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Latin America and the Caribbean finds itself at a critical juncture for the future of education (ECLAC, 2022; UNESCO/UNICEF/ECLAC, 2022; UNICEF, 2023). The crises unleashed by the COVID-19 pandemic could further exacerbate the education crisis or mark a turning point in the transformation process that could bring about a promising future for education in the region. Investment in education in the early years of life (from birth to the start of primary education) lays the foundations for child development and, in turn, helps children to be successful in their education and subsequent development.

Neuroscience provides conclusive evidence: during the first stage of the life cycle, the brain develops at a faster pace and is in the best condition to learn about its surroundings. Neural connections develop at a speed that is not replicated at any other stage of life. During this period, the development pillars of all fundamental skills are created, which cover motor, sensorial, linguistic, cognitive, emotional and social skills. This allows children to learn to perceive themselves and relate to others (Shonkoff and Phillips, 2000).

Evidence that learning begins at birth has transformed the traditional view of this stage of childhood from one only requiring basic care related to supervision, nutrition and health to the idea that societies must promote and facilitate early learning to help children to enjoy their rights from their first years of life and thereby create a solid foundation for their development and learning.

An inclusive, quality education in the early years of life facilitates long-term progress in education, and enables access to increased work opportunities and better economic, social and cultural conditions. Quality early childhood education programmes can boost the development of cognitive and

socioeconomic skills, and foster higher rates of school retention and on-time graduation, as well as achieve greater remuneration, autonomy, well-being and access to housing (ECLAC, 2022; Cortázar, 2015; Camilli and others, 2010; Barnett, 2008). For example, the results of the Regional Comparative and Explanatory Study (ERCE) of 2019, conducted by the Regional Bureau for Education in Latin America and the Caribbean of the United Nations Educational, Scientific and Cultural Organization (UNESCO), indicate that children who attended early childhood education made greater progress in learning at all levels and in all disciplines evaluated. On average, students who received early childhood education had 28 points more than those who did not (UNESCO, 2023).

Evidence also suggests that it is not only those attending early childhood education who benefit from it, but rather society as a whole. By fostering better skill development, improved educational trajectories and higher rates of completion of formal education, combined with positive impacts on working lives and levels of income and autonomy, countries are making progress towards reducing levels of poverty and inequality (ECLAC, 2022).

Likewise, there is evidence showing that participants in quality early childhood education programmes had better living conditions, lower crime rates or fewer needs for state support.

It has been demonstrated that investing in quality early childhood education is a profitable policy, delivering greater returns than many other public policies (Heckman, 2002; García and others, 2016). From an economic standpoint, investment in early childhood education programmes can offer a return on investment of approximately 13.7% per year. For each dollar invested in quality early childhood education, it is estimated that there is a return of US\$ 9 for society, which includes both the increase in lifetime income and the savings made by reducing rates of school repetition. These figures rise to US\$ 17 if investment directed at the most vulnerable children is taken into account (UNICEF, 2020 and 2023). Moreover, there is evidence showing that participants in quality early childhood education programmes had better living conditions, lower crime rates and fewer needs for state support (Barnett, 2008).

As well as being one of the most effective factors in promoting the various areas of sustainable development, education is also a fundamental human right (Article 26 of the Universal Declaration of Human Rights), as well as a right of all children, according to the provisions of the Convention on the Rights of the Child (United Nations, 1989). Moreover, the 2030 Agenda establishes, in its Sustainable Development Goals (SDGs), the commitment to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all (SDG 4). Goal 4 includes target 4.2, which is aimed at ensuring that, by 2030, all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.

**Box 4**  
**Classifications of early childhood education**

Early childhood education spans various concepts related to education provided prior to the start of primary education. This level is specified in the International Standard Classification of Education (ISCED) 2011 and is divided into two stages. ISCED 01 concerns early childhood educational development programmes and is aimed at children under 3 years of age. ISCED 02 refers to pre-primary education and covers educational programmes from 3 years of age to the start of primary education, which usually begins at 6 years of age in Latin America and the Caribbean.<sup>a</sup>

Source: United Nations Educational, Scientific and Cultural Organization (UNESCO), *International Standard Classification of Education ISCED 2011*, Montreal, 2012.

<sup>a</sup> For 19 countries in Latin America. The exceptions are El Salvador and Guatemala, where primary education begins at 7 years of age.

With the arrival of the COVID-19 pandemic, educational establishments, including those aimed at early childhood, were the first places to close, which triggered a series of major challenges. Children were deprived of social interaction and had to adapt to distance learning, while educators had to adopt

new teaching methods (including the use of digital technologies). Families had to balance remote working with educational support for their children, and governments had to make difficult decisions about when and how to reopen schools safely.

The aim of this chapter is to provide an analysis of the lasting consequences of the pandemic on early childhood education in Latin America and the Caribbean, with particular reference to the exacerbation of existing challenges and inequalities, as well as the possibility of incorporating innovations that arose during the crisis to transform education.

In order to organize this chapter, documents from governments and international organizations, policies, programmes and news items were reviewed, and the databases of the Economic Commission for Latin America and the Caribbean (ECLAC), the United Nations Children's Fund (UNICEF) and UNESCO were systematized. Accessing data about this level of education presents substantial challenges, especially considering the period during and after the COVID-19 pandemic. Data availability varies between countries, but in most of them, the existing information on early childhood education is grouped with other levels of education without differentiating it from, for example, data on primary education. Information gaps become more pronounced as the age range decreases and, in most cases, information is limited to pre-primary education (ISCED 02). Added to this, there is a particular lack of data in Caribbean countries. Taking this into consideration, to complement the information gained from analysing secondary sources and in response to the paucity of data, a qualitative survey aimed at ministries of education, ministries of social development and UNICEF country offices was developed. This survey is referred to in this document as the ECLAC-UNICEF early childhood education survey.<sup>16</sup>

## **A. The decline in early childhood education attendance rates persists**

Because of the COVID-19 pandemic, States took measures to close educational establishments and suspend in-person education as a means of controlling the spread of the virus. This policy remained in force for a long time, lasting up to two years in some cases. According to data from the UNESCO Institute for Statistics (UIS), between February 2020 and March 2022, in-person classes in the region were partially or totally stopped for an average of 70 weeks. These figures were significantly higher than the global average of 21 weeks of total closure and 20 weeks of partial closure (ECLAC, 2022).

The closure of educational establishments forced early childhood education systems to adapt to new conditions and design solutions to provide continuity through remote education services. For the most part, this involved distance education activities using digital mediums and platforms. These practices are discussed in greater detail in section C of this chapter.

Younger children were at a significant disadvantage during the period of remote education and work as, when all members of a household were involved in such activities, they were given lower priority in accessing devices and connectivity compared to other members who also needed to use them. Moreover, they are more dependent on other members of their household for assistance and to use electronic devices. Families living in rural areas and lower-income households were also disproportionately affected by a lack of access or inequality in access to technological equipment and the Internet. According to data from the World Bank/UNICEF/UNESCO (2022), it is estimated that only 60% of countries in the region developed digital learning resources for early childhood education establishments, while almost all (over 95%) had such options available for primary and secondary education. This had large-scale impacts on indicators for educational attendance at this level, which, as will be further discussed, have not yet recovered.

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<sup>16</sup> ECLAC and UNICEF carried out a survey of ministries of education, ministries of social development and UNICEF country offices in Latin America and the Caribbean between December 2022 and February 2023. Responses were received from 26 countries.

The reopening of the region's educational establishments was gradual and began as each country's health conditions and vaccination campaigns allowed. Most of the countries for which information is available created protocols for the reopening of these establishments, including the enactment of health measures, such as maximum occupancy limits, sanitization of materials and environments, distribution of information on health measures, measurement of temperatures and the use of personal protective equipment (Cortázar and Torres, 2023).

In Chile, for instance, it was reported that the reopening of early childhood education establishments in 2020 occurred specifically because of the need for basic childcare as, owing to work, study or a lack of support networks, the children's families could not have them at home (Valenzuela and Yañez, 2021). In the case of Mexico, when the reopening began in October 2021, it was reported that around one third of families thought that schools were not safely and adequately prepared to receive children, especially in terms of their infrastructure. Moreover, only 45% of children of pre-primary age returned to attending in-person classes. Of those children, only 23% attended every day, 33% went every three days and 26% attended for two days and then took two days away (UNICEF, 2022). In Grenada, in addition to strict protocols on the return to in-person learning and on psychosocial support for students and teaching staff, the Ministry of Education decided to conduct an awareness-raising campaign on the return to class, which included grants of US\$ 125 for children who fulfilled certain requirements in order to boost the return to the classroom. The ECLAC-UNICEF early childhood education survey indicates that some countries also reported experiencing staff shortages owing to quarantine requirements and deaths caused by COVID-19.

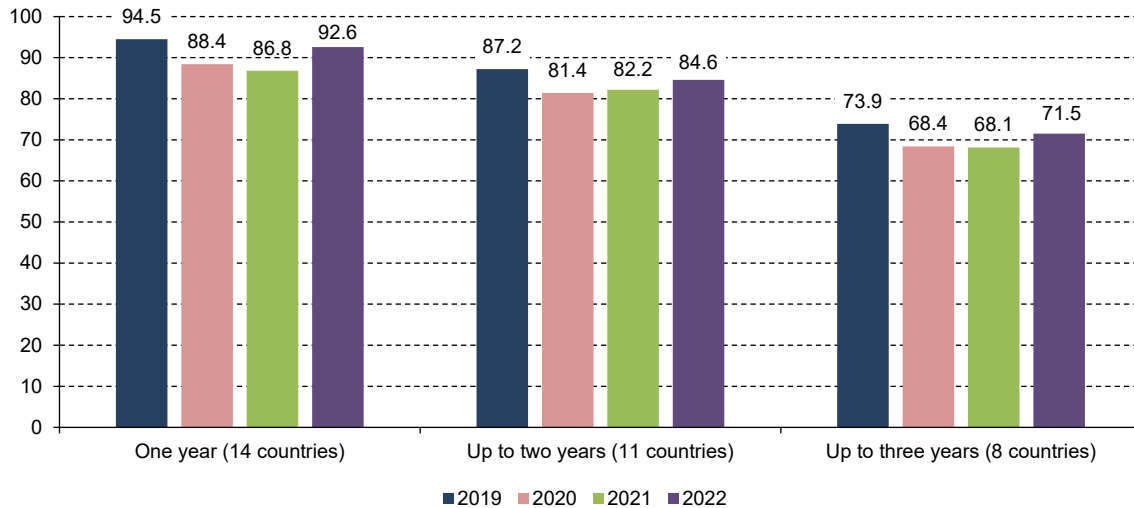
After two decades of steady progress in early childhood education between 2000 and 2020, attendance rates at this level experienced an unprecedented decline. In the case of 5-year-old children, attendance rates fell 7 percentage points between 2019 and 2020 (from 94.4% to 87.4%) and almost 8 percentage points between 2019 and 2021 (86.7%). Expanding the age group to children aged 3–5 years, the drop was from 73.4% to 66.8% between 2019 and 2020 (6.6 percentage points), which recovered slightly to 67.7% in 2021.

In 2022, attendance rates in most countries had returned to 2019 levels, with the exception of early childhood education. Analysing children one year younger than the official age for starting primary school, the gap remained at almost 2 percentage points between 2019 and 2022 (94.4% to 92.5%, respectively). For the larger group, which includes those 1 to 3 years younger than the official primary school age, the difference between these two periods is 2.5 percentage points, from 73.4% to 70.9% (see figure 13).

For the other levels, as can be seen in figure 14, the decreases in attendance rates during the most critical year of the pandemic (2020) were relatively low (-2.1% for primary and -0.9% for secondary) or virtually non-existent. In 2021, the rates at the secondary and post-secondary levels had already exceeded the 2019 figures and continued to increase in 2022, surpassing the 2019 figures by 1.3 and 1.8 percentage points, respectively (see figure 14).

It could be hypothesized that the lower a child's age, the less social value is granted to formal educational spaces, strengthening the premise that there is not yet a shared belief among families, decision makers and society that early childhood education is essential to the full development of an individual's potential. This hypothesis is further reinforced by the fact that this is the level of education given the least priority by States in the region during the pandemic, both in terms of adaptation to distance learning and management of the reopening of educational establishments (Cortázar and Torres, 2023).

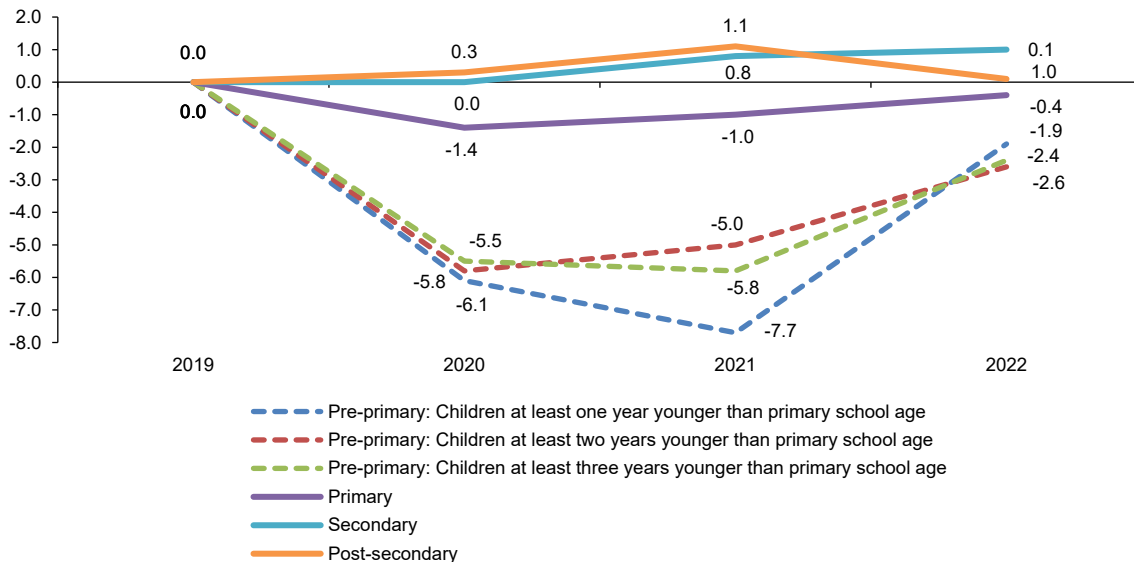
**Figure 13**  
**Latin America (14 countries):<sup>a</sup> attendance rates in early childhood education among children one, two and three years younger than the official age of entry into primary school, 2019–2022**  
*(Percentages)*



Source: Economic Commission for Latin America and the Caribbean (ECLAC), Household Survey Data Bank (BADEHOG).

<sup>a</sup> Weighted averages estimated on the basis of information on attendance one year before from Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Mexico, Panama, Paraguay, Peru and Uruguay; up to two years before from Argentina, Bolivia (Plurinational State of), Chile, Colombia, Costa Rica, Dominican Republic, El Salvador, Mexico, Panama, Peru and Uruguay; and three years before from Argentina, Chile, Colombia, Costa Rica, El Salvador, Mexico, Peru and Uruguay.

**Figure 14**  
**Latin America and the Caribbean (13 countries):<sup>a</sup> variation in school attendance rates at different levels of education, 2019–2022**

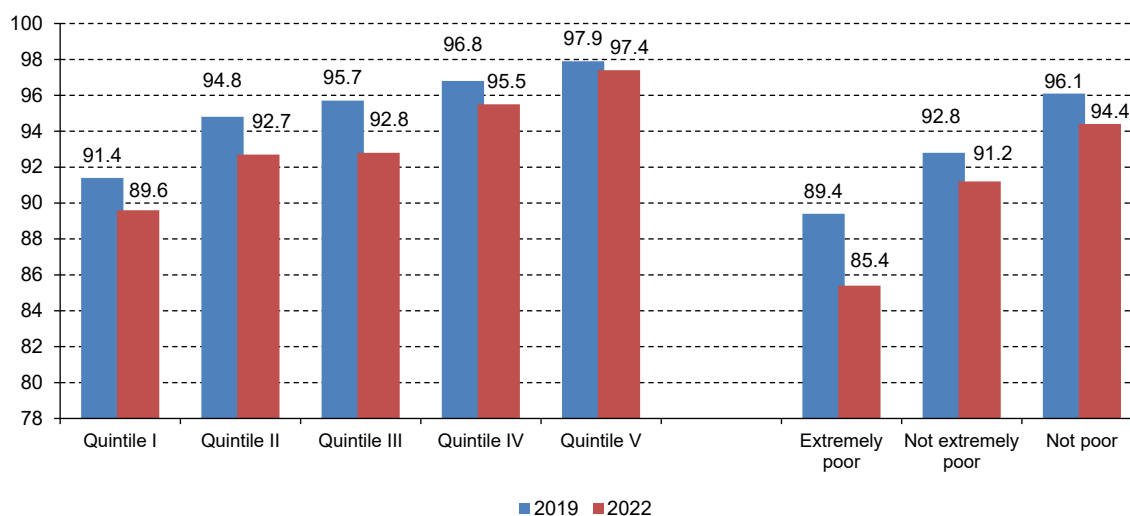


Source: Economic Commission for Latin America and the Caribbean (ECLAC), Household Survey Data Bank (BADEHOG).

<sup>a</sup> Weighted averages estimated using information on attendance one year below primary age from Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Mexico, Panama, Paraguay, Peru and Uruguay; two years younger from Argentina, Bolivia (Plurinational State of), Chile, Colombia, Costa Rica, Dominican Republic, El Salvador, Mexico, Panama, Peru and Uruguay; and three years younger from Argentina, Chile, Colombia, Costa Rica, El Salvador, Mexico, Peru and Uruguay.

Moreover, the most striking figures can be seen when the information is disaggregated by household income. While attendance rates are close to returning to pre-pandemic levels in the highest income quintile, with a difference of barely 0.5 percentage points and remaining at almost universal access (97.9% in 2019 and 97.4% in 2022), rates have not yet recovered to pre-pandemic levels in the middle- and low-income quintiles. The gap is significant for the middle-income quintile, with a difference of 2.5 percentage points. In the case of households in extreme poverty, the difference is 4 percentage points, dropping from 89.4% to 85.4% between the two periods. The former indicates that the gap between children from households in extreme poverty and those above the poverty line increased from 6.7 percentage points to 9 percentage points between 2019 and 2022 (see figure 15).

**Figure 15**  
Latin America (14 countries):<sup>a</sup> attendance rate in early childhood education among children one year younger than official primary school age by income per capita quintiles and poverty level, around 2019 and 2022 (Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), Household Survey Data Bank (BADEHOG).

<sup>a</sup> Weighted averages estimated using information from the following countries: Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Mexico, Panama, Paraguay, Peru and Uruguay.

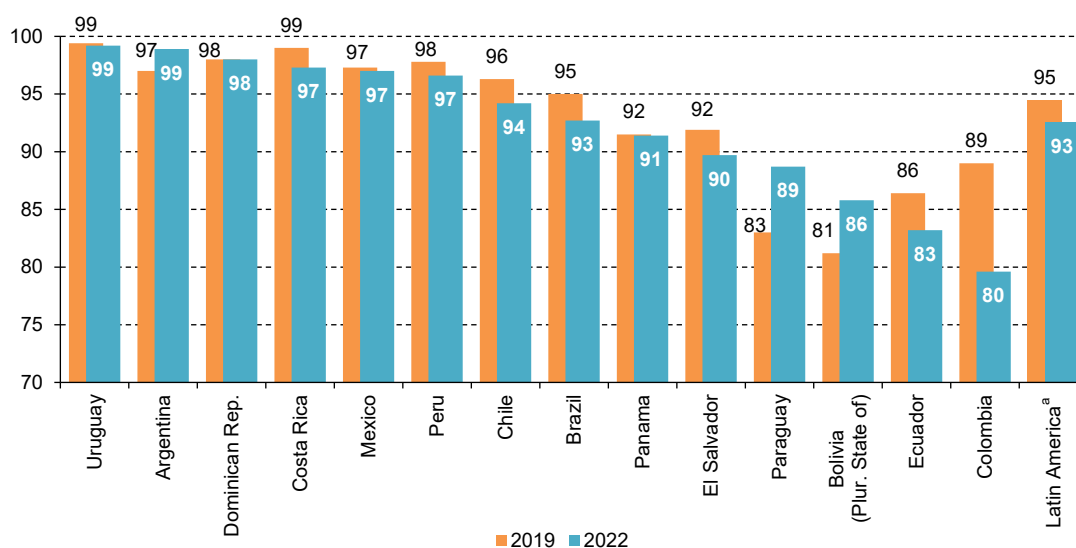
Analysis of the figures by country shows significant heterogeneity in the region. While the average regional attendance continues to be lower than in 2019, in 3 of the 14 countries in the sample—specifically Argentina, Paraguay and the Plurinational State of Bolivia—the attendance rates among 5-year-old children have increased and 2 countries have maintained their rates (see figure 16).

It is important to bear in mind that the reported attendance rates do not reflect the daily attendance<sup>17</sup> of students of these establishments, which tends to be lower at this level of education. This is a problem that some countries have begun to address. There is not only a decline in overall attendance, but also cases of chronic absenteeism. In Chile, for instance, regular monitoring has been carried out, which has shown an increase in chronic absenteeism (over 10%) among children. These data show that, in April 2022, 17% of students enrolled in early education did not participate in any activity at their educational establishment. This figure is lower in private establishments and higher among

<sup>17</sup> Daily attendance refers to the frequency with which children attend their educational establishment, while the attendance rates mentioned earlier refer to enrolment levels.

0–2-year-olds, where it reaches 20%. During the same period, the average daily attendance was 56%, far below the average attendance for a normal year, which was approximately 80% (Canales and others, 2022). Costa Rica also began to implement early detection strategies for children at risk of chronic absenteeism in educational establishments, as identified in the ECLAC-UNICEF early childhood education survey.

**Figure 16**  
Latin America (14 countries): attendance rate in early childhood education among children one year younger than official primary school age, around 2019 and 2022  
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), Household Survey Data Bank (BADEHOG).

<sup>a</sup> Weighted averages. The 2019 information is from 2017 in the case of Chile and from 2018 in the cases of Mexico and Colombia. The 2022 information is from 2021 in the case of Bolivia (Plurinational State of) and Colombia. The countries are organized by the 2022 attendance rate.

It is important to highlight the lack of official data on attendance at educational establishments related to early childhood education, for both ISCED 02 and, especially, ISCED 01, which covers children aged 0–2 years or 0–3 years. This shortcoming comes alongside the trend in this age group to participate in alternative modalities and informal programmes, which makes it even more difficult to gather accurate information on attendance and participation. In addition, there is a particular lack of information on registration and monitoring of attendance in Caribbean countries.

## B. Change to curriculum development and implementation

Curricula in early childhood education are expected to consider children as active subjects, have a comprehensive vision for development and be culturally relevant and flexible (Peralta, 2002). It is also important for them to be child-centred and offer various opportunities for learning through play (Kagan and Landsberg, 2019). Most countries in the region have curricula or curricular guidelines for early childhood education, many of which have been updated in the past 15 years, as in the case of Colombia, Costa Rica, Chile and the Dominican Republic (Cortázar, 2023). The new curricula tend to promote the use of play as a form of learning, observation and experimentation, moving away from a traditional adult-centred methodology to a student-centred one.

As has already been mentioned, the pandemic affected the implementation of curricula in their form and quantity, and States had to change teaching and learning modalities, while, in some cases, the coverage of issues and skills for certain age groups was affected.

While curricular prioritization has been less common in early childhood education compared to other levels of education, in some cases there were processes of prioritization of learning and definition of minimum essential content and competences. In Argentina, work to define core learning priorities began in 2004; during the pandemic, these acted as a basis for defining priority knowledge focused on basic literary, socialization and play, oral communication and language (UNICEF/UNESCO, 2022). In the Plurinational State of Bolivia, consultation processes with educators, social organizations, families, authorities and other educational actors culminated in an adjusted curriculum for 2022.<sup>18</sup>

Alongside curricular prioritization, a major challenge of the pandemic was to change the means of teaching and learning from in-person to remote. The most common mode was distance learning activities via digital technologies in which educators sent links to activities for children to complete at home with the support of their families or caregivers (Cortázar and Torres, 2023). As to how educational programmes were conducted during the pandemic, the most common means was the use of mobile phones, through calls, messages or video calls using WhatsApp or text messages in regions with low connectivity. Online platforms designed to share educational materials on social networks were also used. In many countries, strategies were implemented using multiple means of communication, such as radio, television and websites with resources for educational establishments, families and teachers. Digital education was often complemented by the provision of physical materials to families.

The technology gap became the main obstacle in access to remote education. Even though inequalities in access to computers, devices and Internet connections had not previously been considered priority educational needs, the pandemic has highlighted the importance of guaranteeing such access as a means of ensuring the right to education (ECLAC, 2022).

Beyond this access, the digital skills of both educators and families proved to be of vital importance in teaching and learning processes for young children. In contrast to other levels of education, early childhood education has not been able to develop digital strategies specifically designed for the independent use of young children. As a result, in order to make effective use of these methods, it was necessary for families to commit to the implementation of such activities. In addition, teachers could not directly monitor children's development and progress as they were reliant on reports provided by families (Rubio-Codina and López-Boo, 2022).

The provision of educational materials, including toys and books, was less common owing to health restrictions. An example of this was the *Mochila Cuidarte* programme implemented in Panama. This programme included activities for children aged 0–48 months organized by age range and provided toys such as connectable pieces, a set of wooden blocks, a cloth ball, a jigsaw puzzle, chunky crayons, a sketchbook and a picture book (Rubio-Codina and López-Boo, 2022). To facilitate its use by families, the backpack was accompanied by an activity book with detailed instructions. These products proved to be particularly valuable for low-income families who did not have materials to work with their children.

The *Aprende en Casa* programme in Mexico made use of already established infrastructure for secondary education and extended it to include content aimed at the primary and early childhood levels of education (Ripani and Zucchetti, 2020). Given that 92.5% of the country's households have televisions, compared to 47.7% with Internet access in rural areas, using this resource became a key strategy in reaching disadvantaged people. Moreover, in view of the country's significant number of Indigenous population and the challenges they face in accessing education, especially remote

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<sup>18</sup> Findings from the ECLAC-UNICEF early childhood education survey.

education, educational content was created in 15 Indigenous languages and broadcast on the radio (further detail on mother-tongue education can be found in box 5). This content was based on the relevant levels of the national curriculum and was aimed at families, teachers and students. Under a programme of the same name in Peru, meanwhile, similar content was released on television, radio and the Internet (Gallardo and others, 2021).

#### Box 5

##### Mother-tongue education for children during the pandemic

Mother-tongue education for children, a right recognized in the Convention on the Rights of the Child, has improved academic performance in many territories in Latin America and the Caribbean, where Indigenous children usually have poorer results compared to other regions (Corbetta and others, 2018). Beyond the academic benefits, mother-tongue education for children has a positive impact on personal and cultural identity, boosting self-esteem and a feeling of belonging. This approach also contributes to the preservation of cultural identity and promotes sustainable, peaceful and tolerant societies (UNESCO, 2022).

FILAC and UNICEF (2021) highlight significant progress in mother-tongue education for children in Latin America and the Caribbean, placing value on Indigenous culture and mother tongues. Most of the advances have arisen from the efforts of civil society and Indigenous organizations, supported by international cooperation. Prior to the 1970s, such efforts were rare, but demand for a culturally relevant education in one's mother tongue became a priority in negotiations with States. This progress has gradually turned into public policies, developing a solid institutional framework in the State education system.

UNESCO (2022) is of the view that school closures caused by the COVID-19 pandemic was a setback in the provision of relevant care for Indigenous, Afrodescendant and migrant children, among others. In many countries, distance education resources were unable to reflect linguistic diversity, which resulted in the loss of learning and the risk of dropout; in addition, the absence of many languages on the Internet widened the digital gap (UNESCO, 2022). FILAC and UNICEF (2021), meanwhile, believe that the limited connectivity in rural areas and the availability of digital resources in Spanish only also contributed to this issue. However, they acknowledge that the pandemic also provided opportunities to improve multilingual education. These include the following experiences:

- In the state of Puebla, Mexico, the *De la A a la Z, Puebla en Casa* programme, a collaboration between the Secretariat of Education and the television channel 26.1, was carried out to disseminate educational programmes for teachers, including on Indigenous education, special education and physical education. It is noteworthy that the Indigenous education classes were taught by Indigenous teachers in their mother tongues and in Spanish. This recognizes the fundamental role of educators as they have a close knowledge of students and can guarantee the relevance and meaning of the educational content.
- In the Bolivarian Republic of Venezuela, the *Casa a Casa* strategy was implemented, which consisted of home visits aimed at maintaining the link between teachers, students and their families. During these visits, the teachers used educational materials provided by the Ministry of Popular Power for Education and offered guidance to families. The programme was rolled out to the Indigenous Guahibo (Hiwi) people in the Sikuni language.
- In Peru, rural teachers came together to produce radio programmes in Quechua that incorporate *Fe y Alegría* teaching and highlight the ancestral knowledge of Indigenous communities. This programme is also noteworthy for its collaboration with state authorities to support education through materials and activities that promote interaction between teachers and students.
- In Guatemala, there is a best practice of intercultural communication between Indigenous communities and the Ministry of Education through Naköj community radio. During the pandemic, this broadcaster became a crucial means of communication in the Kaqchikel language, providing essential information on COVID-19 and health. In addition, it addressed educational and social issues, and contributed to the establishment of a solidarity network between local radio stations broadcasting in Indigenous languages and gaining recognition in the community.

Source: S. Corbetta and others, "Educación intercultural bilingüe y enfoque de interculturalidad en los sistemas educativos latinoamericanos: avances y desafíos", *Documentos de Proyectos* (LC/TS.2018/98), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), 2018; Fund for the Development of the Indigenous Peoples of Latin America and the Caribbean/United Nations Children's Fund (FILAC/UNICEF), *Educación intercultural bilingüe en América Latina: avances y retrocesos en el marco de la pandemia de la COVID-19*, Panama City, 2021; United Nations Educational, Scientific and Cultural Organization (UNESCO), "Por qué la educación en la lengua materna es esencial", Paris, 23 February 2022 [online] <https://www.unesco.org/es/articulos/por-que-la-educacion-en-la-lengua-materna-es-esencial>.

In the Plurinational State of Bolivia, only 3% of the population in the low-income quintile has access to information and communication technology, including an Internet connection, which had a significant impact on the possibility of using these technologies as educational strategies (CLADE/Educo/OMEP, 2021). As part of the *Educa Bolivia* programme, an open slot for early childhood education was established on television in 2021. In addition, educational material was developed in the form of episodes broadcast on the radio and educational texts that prioritized early education. The material was developed by teachers specialized in this level of education (Ministry of Education of the Plurinational State of Bolivia, 2021).

#### Box 6

##### Alternative modalities and partnerships with the government in El Alto, Plurinational State of Bolivia

The Autonomous Municipal Government of El Alto, together with the non-governmental organization Aldeas Infantiles SOS, carried out the Comprehensive Attention and Daily Care from Families to Children programme under the Pan Manitos Municipal Child Development Programme. The programme was run virtually with the aim of stimulating children without access to educational establishments. It was carried out with a team of 49 teachers and 20 technicians, and provided individualized assistance, reaching 2,230 children between 6 months and 6 years of age and 2,000 parents.

Another important strategy to be highlighted is that implemented by the Public University of El Alto, Educadoras Parvularias en Acción and the World Organization for Early Childhood Education (OMEP), which is a programme composed of trainee teachers and students in later years of education. Under this project, 79 educators worked with over 100 young children individually and in small groups, through in-person meetings with one to three children with a focus on language stimulations, motor skills and socioemotional and cognitive development.

Source: Latin American Campaign for the Right to Education/Educo/World Organization for Early Childhood Education (CLADE/Educo/OMEP), *Sistematización de experiencias de atención y educación en la primera infancia en América Latina y el Caribe en el marco de la emergencia causada por la pandemia del COVID-19*, São Paulo, 2021.

Despite having ample information on the initiatives carried out in various countries to modify or adapt the implementation of their educational programmes, the evidence on the effectiveness of these adaptations, i.e. their direct impact on children's development and learning, is limited. Investigating the impact of educational innovations carried out during the pandemic would make it possible to improve the shortcomings in the methodologies applied and address the content and skills that are not covered, as well as assess their applicability to new emergency situations. The refinement of distance learning modalities may prove to be relevant not only in the case of future emergencies, but also as a complement to regular programmes, in particular in the case of Indigenous communities, to reach areas where there is no educational provision and to guarantee educational continuity for children on extended medical leave or in temporary family situations.

A challenge that has been present over the previous decade but that was exacerbated during the COVID-19 pandemic is the articulation of early childhood education and primary education curricula to facilitate educational transitions. The pandemic has had a scarring effect on students (ECLAC, 2022) and, if adequate efforts are not made to assess shortcomings and recovery needs, the lags in early childhood education may be felt in primary education in the short term, as well as at other levels in the long term.

At present, education systems are facing the major challenge of learning recovery. In this context, there is the risk of early childhood education becoming invisible as all energies and resources are focused on the recovery of academic learning in primary and secondary education. There is also the risk of putting pressure on early childhood education to focus on foundational content such as literacy and numeracy, to the detriment of providing comprehensive education that covers all areas of the curriculum. In addition, early childhood education is facing the challenge of accommodating children that have experienced

lockdowns, social restrictions and changes to their routines, as well as increases in family stress. In this context, early childhood education must strengthen and promote healthy development in all areas, especially through the provision of socioemotional support for children to enable them to develop independence in their learning process and have successful educational trajectories.

### C. Impact of the pandemic on funding for early childhood education

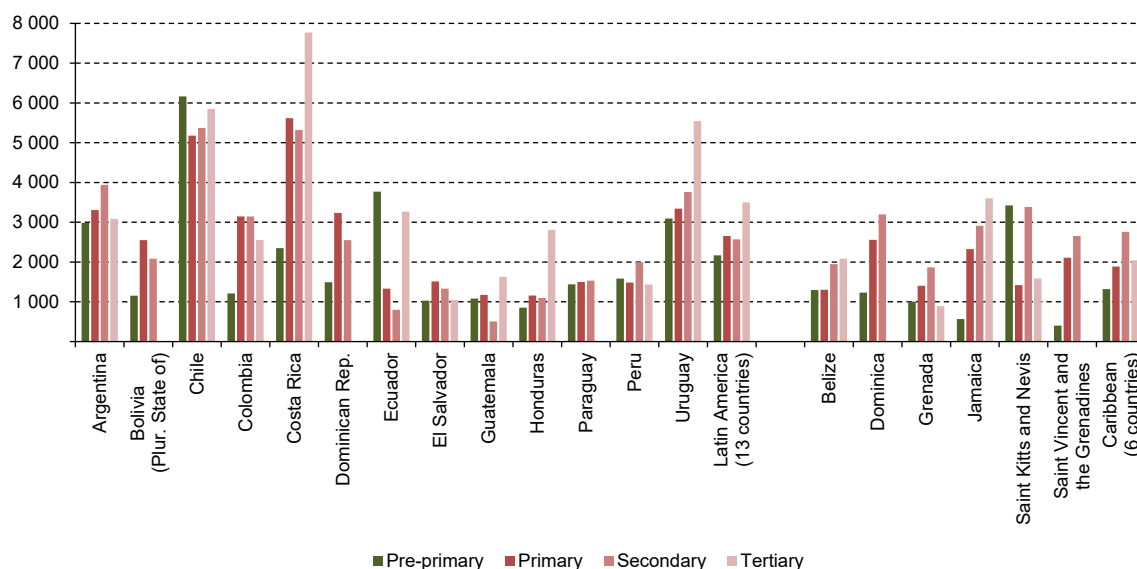
The region, already affected by previous periods of low economic growth, saw its fiscal capacity to invest in social policies decrease even further with the arrival of the pandemic and urgent social demands (ECLAC, 2023). In a context of limited resources and various competing demands, both ECLAC and UNICEF have urged States to continue to prioritize investment in inclusive and quality education on the public agenda, as a key strategy for inclusive social development (ECLAC, 2022).

Under the *Education 2030 - Incheon Declaration: Towards inclusive and equitable quality education and lifelong learning for all*, it was agreed that the education spending target would be between 4% and 6% of GDP, or between 15% and 20% of total public expenditure. Although, on average, the region meets the criteria on education spending, the variation in such spending during the pandemic, as a percentage of both GDP and total public expenditure, has been relatively heterogeneous and difficult to interpret, making it a challenge to identify a clear trend at the regional level. This is because, in the pandemic context of sudden crisis, the increase in public spending on education in relation to GDP, seen in a number of countries, could be explained by a decrease in GDP and not by a substantial increase in resources, as well as by structural and inflexible components of educational spending. On the other hand, as the pandemic involved a relatively higher allocation of resources to other areas, such as social protection and health, this prioritization negatively affected shares of other expenditure, such as education (Huepe, 2024). Moreover, in other cases, education spending was seen to have increased or been maintained, but was used to meet immediate and short-term needs (such as the purchase of sanitation materials or personal protective equipment), to the detriment of investment in learning resources. However, the figures available for the region, in most cases, are restricted to the last year of pre-primary education and it remains a challenge to obtain clear records of the early childhood education budget, especially in Caribbean countries (Cortázar and Torres, 2023).

An analysis of per capita education spending by level of education reveals that investment in early childhood education has been particularly low. According to data from the UNESCO Institute for Statistics (UIS), in 13 of the 19 countries with information, investment in pre-primary education has been lower than for any other level of education (see figure 17). Such underinvestment usually has two negative impacts. Firstly, children from higher-income households have greater coverage and access to private pre-primary education, which contributes to increasing disparities in learning at later stages of education. Secondly, it creates regressive spending, which means that lower-income households that wish to access pre-primary education are forced to allocate a higher percentage of their income to doing so, compared to those with greater economic resources (Huepe, 2024).

Comparing the pre-pandemic and pandemic years, the available figures indicate that investment in pre-primary education in relation to total education spending remained similar in most countries. However, data on government spending in pre-primary education in gross terms reveal that between 2017 and 2020, of the 14 countries analysed, 8 reduced their budget for this level (see table 2). This phenomenon occurred in the context of the region having already experienced a decline in investment in education prior to the pandemic (Berlanga and Morduchowicz, 2022). This creates the challenge of closing funding gaps that were beginning to appear before the COVID-19 crisis.

**Figure 17**  
**Latin America and the Caribbean (19 countries): average overall government education spending per child by level of education, by country, 2021**  
*(Purchasing power parity in dollars at constant 2020 prices)*



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of UNESCO Institute for Statistics (UIS).  
 Note: The data are from 2022 for the Dominican Republic, Ecuador, Guatemala, Peru and Belize; from 2020 for Bolivia (Plurinational State of), Chile, Colombia, Mexico and Dominica; from 2017 for Grenada; from 2015 for Saint Kitts and Nevis and Saint Vincent and the Grenadines; and from 2013 for Honduras. Data on government spending on tertiary education is from 2020 for Ecuador, El Salvador and Guatemala and from 2019 for Costa Rica.

**Table 2**  
**Latin America and the Caribbean (14 countries): public spending on pre-primary education (ISCED 02)**  
*(Purchasing power parity in millions of dollars)<sup>a</sup>*

	Pre-pandemic		Pandemic		Variation (Percentages)
	2019	2020	2021		
Argentina	5 149.27	5 327.45	5 660.07	9.9	
Belize	9.53	9.87	10.39	9.0	
Bolivia (Plurinational State of)	419.20	371.17	388.39	-7.3	
Colombia	2 108.12	2 411.16	—	14.4	
Costa Rica	318.38	275.94	265.23	-16.7	
Dominica	1.77	0.51	—	-71.2	
Dominican Republic	488.06	288.70	456.49	-6.5	
Ecuador	2 287.29	2 055.81	1 984.02	-13.3	
Guatemala	628.83	684.70	721.65	14.8	
Turks and Caicos Islands	9.66	—	6.52	-32.5	
Jamaica	60.47	—	55.39	-8.4	
Paraguay <sup>b</sup>	243.95	380.19	348.12	42.7	
Peru	2 626.03	2 570.66	2 816.05	7.2	
Uruguay	419.26	381.87	412.07	-1.7	

Source: Prepared by the authors, on the basis of UNESCO Institute for Statistics (UIS), UIS.Stat [online database] <http://data.uis.unesco.org>.  
<sup>a</sup> Public education spending in millions of dollars, PPP: total public expenditure on pre-primary education in the national currency converted to purchasing power parity (PPP), and, when expressed as a constant value, a GDP deflator is used to take inflation into account. The baseline year in constant prices is usually three years before the year of publication of the data. For example, when the data are published in September 2021, the constant values in PPP dollars are given in 2018 prices.

<sup>b</sup> The data for Paraguay are from 2016 values.

In view of the above, it is important to note that the available figures offer a limited perspective on the impact of the pandemic on funding for early childhood education. Other significant limitations include the fact that, in most countries, reports on education spending do not cover pre-primary education and do not contain data on early childhood educational development programmes (ISCED 01) in the region. Despite this, the health crisis left significant marks on education programmes, affecting various aspects of its funding. Even in those States where there were no substantial changes to education budgets, significant adjustments in budget priorities were necessary to cover previously unforeseen areas. Specifically, 12 of the 26 countries participating in the survey (ECLAC-UNICEF early childhood education survey) were identified as having changed their budgetary priorities, creating an adverse impact on funding aimed at improving the quality of education. It is necessary to continue to increase investment aimed at early childhood education in order to achieve the aim of allocating 10% of the total education budget to this level. Such investment would not only help to address learning losses as a result of the COVID-19 pandemic, but also to ensure the quality of education offered and the right to education of all children in early childhood.

## D. Impact on educators

The drastic transformations in educational practices as a result of the disruption to in-person learning changed working conditions and increased demands on pedagogical staff. This included the need to adapt to new platforms and design remote activities for children in age groups that cannot easily adjust to them, in addition to confronting their own personal challenges (Cortázar and Torres, 2023). It is important to highlight that the professional workforce in early childhood education is highly feminized, being 95% female<sup>19</sup> (Pardo and Opazo, 2023), which created a dual challenge of increasing the demands of work alongside the responsibilities of caring for their own children and others requiring care in their daily life, as well as other domestic tasks.

Moreover, as it was difficult to monitor children directly in distance education, they faced the challenge of assessing whether their pedagogical efforts were having effective outcomes. Teachers had to adapt their educational strategies with insufficient resources and little clarity as to how they were being received by families, while experiencing an increase in demand from families who needed support for implementing educational activities, requiring more direct communication with teachers and educational establishments (Abdul-Majied, Kinkead-Clark and Burns, 2022).

The COVID-19 pandemic had an impact on, among other factors, three major areas linked to teaching work, namely: working conditions, mental health and initial and in-service training needs and conditions.

**Working conditions** were affected by the extension of the working day and the blurring of the lines between working and non-working hours, which created changes to routines and significant work overload (Abdul-Majied, Kinkead-Clark and Burns, 2022). In Chile, for example, 61% of female teachers reported increased workload during this period (Fundación Educacional Oportunidad, 2020). This also involved new demands on professional skills to address the emerging needs of the pandemic, as well as the funding of own resources for teaching, including Internet plans, devices and printing equipment (Abdul-Majied, Kinkead-Clark and Burns, 2022).

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<sup>19</sup> Average of the 10 countries for which there is information: Argentina, Brazil, Chile, Dominican Republic, Mexico, Peru, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Saint Lucia and Trinidad and Tobago.

Owing to limitations in funding and reduced assistance, especially in countries where education is mostly private, many educational establishments had to close their doors, directly affecting educators who already lacked guarantees of job stability. In many cases, as shown by the ECLAC-UNICEF early childhood education survey, they also experienced a decline in income or even lost their jobs.

The **mental health of teachers** was broadly affected throughout the region, and the COVID-19 pandemic highlighted the critical need to support teaching staff in this area. Of the 26 countries surveyed in the ECLAC-UNICEF early childhood education survey, at least 16 mentioned mental health as a critical area. In Barbados, for example, it was emphasized that mental health was affected by prolonged lockdowns, which caused symptoms such as anxiety and depression, as well as sudden changes in working conditions.

In Chile, an increase in mental health-related sick leave and a turnover of teachers were reported owing to burnout at work (Canales and others, 2022). In fact, of the total sick leave reported among 25% of teachers and specialists, 24% were because of mental health issues. Moreover, 42% of the surveyed heads of educational establishments stated that the emotional well-being of teachers worsened during the pandemic.

Noteworthy among the actions taken by States to address this problem are workshops on mental health and psychological support offered by education ministries in countries such as Peru, Grenada and Chile (ECLAC-UNICEF early childhood education survey). In Peru, remote psychological care was provided for teaching staff, with around 3,000 appointments carried out between 2021 and 2022 for teachers and teaching assistants in early childhood education. In Grenada, the Government introduced a phone line and made counsellors available at the district level to provide support to professionals who needed it. In Chile, the Ministry of Education, in collaboration with organizations such as the Organization of Ibero-American States for Education, Science and Culture (OEI), offered courses in emotional well-being, and a council on coexistence and mental health in early childhood education was formed to develop recommendations that were implemented in 2023.

Supporting education actors in this area is critical for the present and the future. Countries need a stable and healthy teaching force to support children's development and learning in times of both stability and emergency.

**Initial and ongoing training** were affected as training establishments had to adapt to the distance format to handle the disruption to in-person activities. This involved confronting challenges similar to those discussed earlier, but at the university level (for instance, students having varied infrastructure) (Cortázar and Torres, 2023). A particular problem was the practical experience of the training itself, as students could not go to establishments in person as usual. In Peru, student teachers gave in-person support to families with online educational activities, supported by the national *Aprendo en Casa* strategy (Gallardo and others, 2021). This is described as a successful practice, with plans provided to families detailing the audiovisual materials to be used, project-based learning and the incorporation of learning assessment strategies.

There was also a significant impact on ongoing training. As shown in the ECLAC-UNICEF early childhood education survey, while training courses were suspended in some cases, various initiatives were created to meet the new needs of teachers of young children. Most countries surveyed mentioned the mental health, psychosocial care and socioemotional support of children as the main focus areas, followed by skills development courses on the use of digital platforms, strategies on returning to in-person education and adaption of the curriculum to remote modalities. One challenge reported in Mexico was excessive choice, in terms of the variety of content and methodological approaches, which overwhelmed education actors. This broad offer, combined with insufficient quality control, created epistemological and methodological confusion among teachers.

Moreover, in Caribbean countries, there were problems in transitioning to the distance modality, whether because of difficulties in accessing a stable Internet connection owing to availability issues (such as in Antigua and Barbuda, Jamaica and Saint Vincent and the Grenadines) or a lack of knowledge of how to use digital tools (such as in Saint Vincent and the Grenadines). The survey also mentioned specific difficulties in using digital tools faced by older teachers in the Plurinational State of Bolivia.

With the pandemic and the need to adjust training processes, the overall view of online training changed, becoming considered possible and successful in many environments (Cortázar and Torres, 2023). Designing online training and adapting initial training programmes gave rise to the creation of participatory methodologies and multiple platforms that are now available for initial and ongoing training in both online and hybrid forms. Distance learning opens up opportunities for teachers to be trained through South-South cooperation, which has been identified as a major opportunity, especially for lower-income countries that do not have the resources to develop all their training programmes independently.

## **E. Family participation in the educational process was strengthened**

Families play a fundamental role as the first teachers of their children, beginning during pregnancy and continuing throughout early childhood. In addition to the routine interactions which are fundamental to children's learning and development, it is important to establish a collaborative relationship with educational establishments (UNICEF, 2020). A strong link has been observed between parental involvement and academic outcomes in primary education, especially when programmes for parental participation are well structured and meet the needs of children and their families (Ma and others, 2016). The pandemic has highlighted the critical importance of the relationship between the family and early childhood education, as well as the need to strengthen it. With the closure of educational establishments, families had to take on a more active role in the education of their children.

Taking into account the development stage of children, most remote programmes were focused on providing families with the resources to implement them at home. In many countries, initiatives were carried out to train families and strengthen the link between families and schools. This resulted in greater interaction between families, teachers and educational establishments, while also presenting challenges in adapting household dynamics, which in some cases affected the mental health of the members of the household (Cortázar and Torres, 2023).

At the government level, online seminars, applications and video resources on the subject were provided. Schools organized WhatsApp groups and chats for families, as well as providing videos with educational activities and support materials. Mobile phones were the most frequently used device to send WhatsApp messages, make video calls, send text messages and use specialized applications for childhood education and development. Some countries also made resources available on websites, such as YouTube videos, so that families could easily access them at any time (Cortázar and Torres, 2023). The main aim of these programmes was to strengthen the link between families and schools, empower families as promoters of learning and provide guidance on learning processes, including support for educational activities, socioemotional support and household time management. They also addressed topics related to exploration, the importance of free movement and play (Osorio and Cárdenas, 2021).

In accordance with the consultations carried out under the ECLAC-UNICEF early childhood education survey, in Mexico, for example, in addition to accessing television and online programmes, families had the option of asking their own questions about child-rearing through a mailbox and receiving answers by email. In Guyana, families received face-to-face guidance twice a week to work with a teacher on how to use educational packages at home. In Costa Rica, the Ministry of Public Education carried out training sessions for families on issues relevant to home education, including

responsible use of the Internet, effective time management, coexistence at home, routines for persons with disabilities and mental health care, among other things. In addition, in mid-2020, television programmes were widely watched by young children, leading to a restructuring of programming. Relevant topics were allocated to each day of the week, including expression and communication through art, psychomotor development and play, learning experiences in the kitchen, the use of technology and exploration of the environment. In 2021, this initiative was strengthened by incorporating three early childhood teachers to its management.

The establishment of distance education required families to take on a role as implementers of educational strategies for which they were neither prepared nor accustomed, which naturally presented challenges and opportunities for learning. This new dynamic exposed families and educational establishments to an unprecedented situation to which they gradually adapted, which involved acquiring new habits for household learning and strengthening the link between educational staff and families.

Families reported various difficulties in implementing educational strategies for distance learning, including compatibility with work, parental commitment and the lack of knowledge and experience of implementing distance education (Cabrera-Vintimilla, Cale-Lituma and Ullauri-Ullauri, 2022; Rubio-Codina and López-Boo, 2022). In particular, mothers and other female carers were disproportionately overburdened with responsibilities related to household education, which, in many cases, were added to regular domestic tasks and other pressures (Rubio-Codina and López-Boo, 2022).

A study carried out in Peru in November 2021 among families with children under 6 years of age revealed that approximately 45% of families felt worried about their children's development, while 29% reported having difficulties in performing tasks related to distance learning (PUCP/Copera Infancia/Baltazar and Nicolas Foundation, 2021).

Meanwhile, prior to the start of the crisis unleashed by the pandemic, there were significant shortcomings in resources for household learning and development. For example, almost half of 3–4-year-old children in Latin America and the Caribbean (48%) did not have access to books at home, with notable disparities within countries; in urban households, 59% of 3–4-year-old children had access to at least three books at home, compared to 27% of rural households. There was also a significant gap by income, with 84% of households in the highest quintile having access to at least three books, compared to only 27% of households in the lowest quintile (UNICEF, 2019a). This shows inequalities in the conditions for dealing with the health crisis at home as learning resources were more limited in the households that were most affected. However, despite little evidence, there are also some reports of positive impacts on household practices. For example, a longitudinal study in Chile found that reading indicators improved between 2019 and 2020. The percentage of caregivers who did not read stories to their children decreased from 88.8% to 34.1%, while the percentage of caregivers who read for 1–2 hours per day increased from 5% to 46.2% (Narea and others, 2021).

Regarding the relationship with educational establishments, the fact that families and caregivers had to play an active role in implementing educational strategies with their children led to their greater involvement in children's learning processes and improved their communication with teaching staff. This was because of continuous interaction to report on the progress made by children (Rubio-Codina and López-Boo, 2022). Experience of this strengthened link has been described by various countries in the region, including Brazil, Grenada, Guyana, Turks and Caicos Islands and Saint Vincent and the Grenadines, where families and establishments learned to work together towards a common goal, and families became more aware of the resources available to facilitate learning.<sup>20</sup>

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<sup>20</sup> Findings from the ECLAC-UNICEF early childhood education survey.

The main challenge in strengthening and facilitating the relationship between families and early education lies in the need to establish specific policies and guidelines to that end. At present, there are few countries with policies that explicitly promote the active involvement of families in early childhood education programmes, and in those where they do exist, they are often limited to considering families as receivers of information. A significant challenge is thus for countries in the region to establish guidelines that involve families in an active and participatory manner. These policies and guidelines must acknowledge families as co-educators and create mechanisms to strengthen this collaboration, enhance programmes and, as a result, facilitate children’s learning and development (Cortázar and Torres, 2023).

Early childhood education at the systemic level faces the challenge of reaching all families, especially the most vulnerable, to provide them with support in child-rearing and promote responsive and nurturing care. This support can be offered in various forms of care and is focused on encouraging families in their role as their children’s educators and caregivers. Given the existence of gaps between different groups within countries, it is essential to prioritize programmes for the most vulnerable families, such as families with children with disabilities. The pandemic has exacerbated this challenge, making it even more critical to be receptive to the needs of families, be aware that they can connect to other social supports or specialized services that they may need, and offer protected and contained environments where necessary.

An important lesson from the pandemic has been the positive response of families to the resources and materials provided, as well as their willingness to participate in support programmes. However, there is currently no clear information as to which formats have been most or least successful or which types and frequencies of programmes are needed to see significant change, among other aspects. In this regard, the challenge is to evaluate the programmes created during the pandemic, in their various forms, and to scale up those that prove to be effective in promoting respectful parenting and child learning and development. In addition, it is important to consider how to maintain the strategies identified as effective after the pandemic (Cortázar and Torres, 2023).

#### Box 7

##### Digital education in early childhood: between benefits and controversies

Children have been most affected by the emergence of technologies in their households and schools. Without neglecting the significant digital gaps in the region, the undeniable expansion in the use of mobile devices and Internet coverage, children are encountering screens and new technologies at increasingly younger ages, both in their homes and in educational establishments. This has undoubtedly increased owing to the disruption caused by the COVID-19 pandemic in many areas as society has relied on technology to continue its professional, educational, social and even emotional activities. However, this remains a highly controversial topic, with important discussions on the risks and benefits of “screen time” in the early years of life.

A study carried out by the Organization of Ibero-American States for Education, Science and Culture (OEI) examines the predominant conceptual approaches and relevant experiences in Latin America, analysing the various dimensions of the interaction between children and digital technologies, and considering how the context of the pandemic has raised the issue of the validity—or otherwise—of these approaches.

Highlighted in the study is the potentially beneficial role of digital technologies in early childhood development, as long as there is adequate planning and new learning strategies. Some key points include:

**Adaptive training:** digital technologies can be valuable tools for adaptive training, considering the differing needs of children. This could include a more personalized monitoring of the learning process, thereby promoting a more inclusive and equitable education.

**Right time for use:** the benefits of using digital technologies in early childhood are especially visible from 2 years of age onward. The OEI study highlights the importance of paying attention to the content and objectives of the digital activities to which children are exposed, suggesting the implementation of minimum and maximum times to ensure positive impacts.

**Adult supervision:** there is consensus that the presence of an adult during the use of technological devices provides cognitive and social benefits. This suggests that adult support is crucial to maximizing the positive impacts and minimizing the associated risks.

**Cognitive benefits:** digital technologies usually have cognitive benefits, especially for the development of academic skills, such as mathematical reasoning and early literacy. Planned games and activities can contribute to executive functions, such as working memory, inhibitory control and attention.

**Support for vulnerable environments:** the importance of digital technologies in supporting the cognitive development of children in vulnerable environments or with atypical development has been emphasized. This underscores its potential to reduce gaps and promote equality in access to education.

Nonetheless, investment in digital technologies must not neglect key aspects of child development, such as interaction with people and objects. Human interaction and hands-on experiences continue to be fundamental.

Source: Organization of Ibero-American States for Education, Science and Culture (OEI), *Primera infancia en la era de la transformación digital: una mirada iberoamericana*, Madrid, 2022.

## F. Quality assurance mechanisms

Over the years, it has become clear that quality programmes are those that create positive impacts for both individuals and society in general. The region's challenge has thus changed from simply "increasing access" to "increasing quality access".

Achieving quality on a large scale is one of the region's most critical challenges in early childhood education as it involves providing all children with a minimum level of quality to contribute to educational equity. UNICEF emphasizes the importance of universally offering a minimum of one year of quality pre-primary education to everyone, and of always ensuring an increase in quality coverage in all areas of early childhood education (UNICEF, 2019b). Having evidence and data on the quality of programmes is fundamental to understanding needs, strengths and weaknesses, and is essential to planning, decision-making and resource allocation. In addition, establishing a quality assurance system requires staff trained in monitoring standards (UNICEF, 2020) and funding to support programmes in compliance (Adlerstein and Cortázar, 2022).

The process of defining and implementing quality assurance mechanisms requires reaching a social consensus on how quality is understood in this context, which indicators will be the most relevant, what types of data are gathered and what the consequences of non-compliance with quality standards would be. This covers issues related to standards expressed in the form of rules, regulations and guidelines, as well as topics related to structural matters, such as the adult/child coefficient, infrastructure, basic services, security and food, and related to processes, such as study plans, pedagogical approaches and management. It is also fundamental to consider strategies for monitoring compliance with these standards and providing support to early childhood educational establishments to enable them to meet the requirements and make improvements. So far, at least 13 countries in the region have already established structural quality standards and norms for formal early childhood education programmes that include technical indicators, such as the teacher/child ratio, space per child in square metres and the minimum qualifications required for teaching staff. However, they often have no funding plan and have developed standards that are not technically or economically viable for the country (Cortázar, 2023).

Regarding quality standards for processes, while their importance is acknowledged, few countries in the region have developed standards on pedagogical practices and curricula as most of them are in the process of ensuring the structural minimums (Falabella and others, 2018). Two examples are Chile and Uruguay, which have sought to guide and regulate the quality of pedagogical interactions, leadership and people management. Mexico is in the process of developing standards for the 0–2-years-of-age cycle (ISCED 01) (Cortázar, 2023).

As discussed earlier, the training, instruction and capacity-building of educators is a central axis for action on the quality of early childhood education programmes. However, the debate on this issue in Latin America and the Caribbean is only beginning and the degree of staff training in this area is quite varied; there are still many countries where most staff members are not trained to work in this field. One of the challenges is that the workforce is segmented, with a professional sector and an unqualified sector with limited training. Another challenge concerns the requirements for each level of education. The pre-primary category (ISCED 02) is much more integrated into the education system than the early childhood educational development category (ISCED 01), both in terms of the curriculum and in relation to the qualification requirements of its workforce. The discussion then becomes more complex and varies more between countries at the initial stage, as definitions of staff training depend on what each country understands as quality of the early education service. For example, there are countries that have understood that caregiving tasks must be closely linked to the education system, and their proposals are therefore aimed at integrating such tasks into the curriculum, requiring teacher training for professional caregivers. In other countries, this is more akin to family-based care. The education and training requirements on this aspect vary.

Although the direct impacts of the COVID-19 pandemic on quality assurance systems are not readily observable, the pandemic pressured countries to adjust their operating standards to ensure the safety of children and teachers. The reopening phase was challenging for many systems that did not meet the necessary requirements, forcing an awareness that these services are fundamental to educational processes, even if they can be perceived as tangential. The pandemic revealed how certain, often accepted conditions in educational establishments (such as overcrowding, a lack of drinking water or other beverages and an insufficient number of bathrooms) were not healthy or hygienic. Another point was the change in pupil capacities within education establishments and classrooms. Health measures reduced the number of children allowed in classrooms simultaneously, recognizing that previous capacities were no longer feasible. Capacities were established in accordance with the existing infrastructure. In some countries, such as the Plurinational State of Bolivia and Colombia, the surface area of establishments had to be measured to determine these capacity requirements owing to the lack of available information.

The regulations on food delivery were also affected, with quality requirements becoming stricter. Something similar occurred with the hygiene and cleanliness standards of rooms, which were established for places where they had not existed before. In countries in the region that still have challenges in obtaining clean water and proper sanitation, addressing this issue became a priority for the reopening of educational establishments. Equipment used in play and learning were altered as a result of the health measures, especially for children at the ISCED 01 level.

All of the above changes were reflected in documents produced by different States as guidelines or regulations for the reopening of establishments. While most of these returned to their pre-pandemic operations, there is no information on whether the changes made by countries at the regulatory level have been fully reversed.

Quality monitoring in 2020 and 2021 posed a major challenge. The ECLAC-UNICEF early childhood education survey indicated that some countries (such as Barbados and Chile) had created online support mechanisms, taking into account that access to establishments was restricted to teachers and children. For its part, Saint Vincent and the Grenadines reported that, after the pandemic, education supervisors were spending more time on each establishment, given that some were having difficulties in complying with quality standards. They also launched an online community where providers and supervisors could share best practices.

During the pandemic, Colombia had made progress in quality monitoring by implementing the *Evaluar para Avanzar* assessment policy. Aimed at reducing disparities in child development and learning, this policy involved collecting data from educational establishments on structure and process. It collected information on the profiles of education agents and learning resources, as well as on the relationship between families and educational establishments, opportunities for play and strategies to facilitate the transition to primary education.

## **G. Deepening challenges and opportunities to transform early childhood education**

In recent decades, early childhood education has gained importance in Latin America and the Caribbean. However, the COVID-19 pandemic had an uneven impact on early childhood in the region, especially among vulnerable and disadvantaged children. The resulting economic crisis hit these children directly as their families lost their jobs and incomes, reducing resources and increasing stress in the home. Lockdown significantly changed children's daily routines, including their play, screen time, sleep and eating habits. This has had negative impacts on their cognitive, linguistic and motor development, especially for those in vulnerable families and rural areas. This also affected their emotional well-being, causing anxiety and irritability owing to lockdowns and change to their routines and family arrangements, as well as exposure to precarious socioeconomic conditions.

Early childhood education is facing a major challenge in embracing and encouraging the development and learning of children who have experienced both the health crisis and the resulting economic and social crisis, which have had a negative impact on their development in the first few years of life.

Latin America and the Caribbean are facing significant challenges in planning and budgeting for early childhood education, some of which existed prior to the pandemic and have been aggravated by the health crisis. Attendance rates in early childhood education declined most during the pandemic and even in 2022, they had not managed to recover to 2019 levels, especially among children from households in poverty or extreme poverty. It is essential to ensure access to all quality programmes, especially for children with disabilities, children in rural areas, Indigenous children, children of African descent and children living in poverty. This includes strategies such as actively working to identify families that are withdrawing their children from early childhood education establishments or never enrolled them, adapting to and respecting Indigenous languages and interculturality in educational establishments, and searching for innovative solutions for areas with low population density.

In funding for early childhood education, two main challenges arise. Firstly, the pressing need for clear records of the allocated budget as reports often lack complete data and are limited to the ISCED 02 level. It is essential to include data on investments in all educational services provided to children from birth to the start of primary education. Secondly, it is crucial to prioritize investment in early education. Political will alone is not enough; it must be backed up by funding to expand coverage and quality and to reduce inequalities in access. Adherence to the shared commitment to invest 10% of the total education budget in early childhood education and strategic planning with clear objectives are essential to addressing the challenges that have deepened in recent years (Curcio, 2023).

Drawing attention to the critical role of early childhood education for human educational trajectories continues to be essential. This must be aimed at both decision makers and the community. Decision makers need to understand the importance of this level of education when allocating budgets or deciding to close establishments, among other things. At the community level, it is fundamental to send a clear and direct message that encourages the enrolment and attendance of children in formal programmes, as well as highlighting the active role of parents in the development and learning process of their children.

The pandemic revealed the importance of technological infrastructure and digital skills training to ensure distance education. Evaluating the effectiveness of new teaching methods implemented during the pandemic remains a challenge, along with assessing their potential for scaling up. It is necessary to identify which strategies did and did not have an impact, as well as determine which technological mechanisms work best for children in this age group.

It is important to emphasize once again the widespread scarcity of information on early childhood education in the region. This challenge is particularly significant for Caribbean countries and programmes serving children under 4 years of age. It affects areas such as the registration and monitoring of programme enrolment, the systematization of public investment and funding, the remuneration and training of teaching staff, and the impact of educational programmes on child development, among other aspects discussed in this report. Diagnostic processes and decision-making used to develop effective actions are hampered by the lack of clear information.

However, the new dynamics brought about by the pandemic came with innovations and opportunities for change (ECLAC, 2022). To summarize, and using as a framework some of the commitments made in the Tashkent Declaration from the most recent International Conference on Early Childhood Care and Education in 2022, important lessons and innovations in education systems have been identified in the region to maintain and improve teaching and learning processes (UNESCO, 2022).

- (i) Diversify learning spaces, practices and the provision of materials in early childhood education

The closure of educational establishments during the pandemic forced early childhood education systems to adapt to the new conditions and design solutions to provide continuity in education services. Alternative learning modalities serving specific populations have increased in relevance and lessons have been learned on forms of teaching and learning using more inclusive technologies and media. This includes methodologies that adapt the principle of interculturality and the adoption of Indigenous languages in the classroom, public spaces and radio and television broadcasts, with the aim of increasing the inclusion of children, as well as the involvement of their families, who often do not speak the official language of education.

- (ii) Strengthen training and professional development systems for staff in early childhood education

The need to adjust training processes has changed the overall perception of online education, with it considered not only possible but also successful. Most countries in the region designed remote training or adapted their initial training programmes. The need to expand distance learning paved the way for the creation of participatory methodologies and multiple platforms, which continue to be available for both initial and ongoing training, responding to one of the persistent challenges of early childhood education. Moreover, the availability of resources and infrastructure, combined with greater societal acceptance of online education, also has the potential to open up opportunities for education actors to be trained using other countries' resources through South-South cooperation.

In addition, the issue of the mental health of educators, which was also a challenge prior to the pandemic, has gained traction and attention. There has been acknowledgement of the need for stable and healthy teaching staff to support child development and learning in both times of stability and periods of crisis or emergency. This matter has become a key topic in child development.

## (iii) Promote collaboration between families and educational establishments

The pandemic showed the interdependence of families and educational programmes and the need to establish respectful and trust-based relationships to support child learning and development. Lockdowns forced families to become implementers of their children's educational strategies. This led to greater involvement in learning processes, which resulted in a sustained, comprehensive and effective link between families and teachers. Families and educational establishments have learned to work together towards a common goal and have become more aware of the resources available to facilitate learning. The commitment of families is a valuable opportunity to recognize households as enabling environments for learning.

However, the responsibilities and burdens associated with education and child-rearing at home continued to fall disproportionately on women, and were accentuated during the pandemic. In fact, there is growing evidence that the impacts of the pandemic exacerbated pre-existing gender inequalities and led to significant setbacks to the achievements of previous decades. The challenge therefore remains to address gender-based disparities in the sharing of responsibilities, promoting a balanced approach that recognizes and values the contributions of all family members, with a particular emphasis on encouraging the more active involvement of men in domestic tasks and family care.

## (iv) Protect and ensure the right to early childhood education during and after protracted emergencies and crises

The pandemic forced early childhood institutions to adapt rapidly to an unprecedented crisis, prioritizing minimum competences and content to ensure children's access to education. These adaptations made it possible for educational establishments to become stronger and better prepared for future crises. However, to establish a comprehensive and effective national framework to protect and ensure the right to early childhood education during and after protracted emergencies and crises, it is imperative to systematically evaluate and identify practices that worked to provide better services in times of adversity.

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## **IV. Recommendations to strengthen pathways for comprehensive early childhood development through lessons learned from the COVID-19 pandemic**

As has been discussed throughout the chapters of this document, the COVID-19 pandemic left deep marks on the lives and development trajectories of millions of children in Latin America and the Caribbean. The disruption of in-person access to basic education and health services had serious repercussions on monitoring of overall development. For example, there has been a slow recovery in the attendance rates of educational establishments and setbacks in compliance with vaccination schedules, affecting the quality of life of children and their families. Child poverty increased dramatically, with 47.3% of children up to 8 years of age living in poverty in 2021.

Children are the age group with the highest incidence of poverty in Latin America, revealing the serious issues the region continues to face in ensuring the full guarantee of their rights. This not only puts the comprehensive development of children and adolescents at risk, but also the inclusive and sustainable development of the entire region, since inequalities and poverty among children are a factor that explains and reproduces the development traps faced by Latin America and the Caribbean (ECLAC, 2024).

The seriousness of this situation is an urgent call to action for the region's States to redouble their efforts to strengthen their institutional framework and policy stability, ensuring a holistic pathway towards full and comprehensive child development. These efforts must be underpinned by the fundamental principles and rights guaranteed by the Convention on the Rights of the Child. They must also be prioritized in view of the significant challenges confronting the region in the face of the multidimensional development crisis, which calls for the strengthening of transformative policies aimed at creating the conditions for inclusive social development as a prerequisite for sustainable development in the region and at eliminating poverty and reducing inequalities from early childhood, leaving no one behind.

Based on these considerations, recommendations are put forward to pave the way for comprehensive early childhood development. On the one hand, this involves **recommendations aimed at strengthening the institutional framework** of States to respond in a sufficient and timely manner in a context of profound change that has a direct impact on the quality of life of children and their households. To achieve the transformative change needed in the region to create an environment that guarantees the rights of children and adolescents from early childhood, a robust institutional framework is essential. This framework should take a holistic approach to early childhood and enable the design and implementation of public policies using a rights-based approach, thus bringing stability, transparency, governance and sustainability in the required efforts. On the other hand, in the second section, **sectoral recommendations** based on the Nurturing Care Framework are presented, with an emphasis on the four dimensions addressed in this report: policies aimed at ensuring good health, adequate nutrition, opportunities for early learning and responsive caregiving.

## A. Recommendations for strengthening the institutional framework

Consolidating a robust institutional framework is a task of critical importance in the context of policies aimed at ensuring comprehensive child development. It is essential to strengthen processes that ensure long-term stability and, in view of financial restrictions and the level of institutional development, these processes must be planned with an incremental approach. Institutional strength, as shown by the pandemic, is also essential to policy resilience and the ability to respond to crises, preventing destabilizing impacts, such as those caused by the COVID-19 pandemic.

The social institutional framework is formed of four essential dimensions: (i) strengthening regulatory frameworks that provide protection, legitimacy and stability to the policies and reforms undertaken by countries, in particular through intersectoral coordination and coordination between different levels of government; (ii) safeguarding organizational mechanisms that enable effective coordination between the different actors involved in policy design and implementation, which includes spaces for dialogue and community involvement; (iii) strengthening the technical and operational instruments and mechanisms required to ensure the efficacy, efficiency and transparency of public policy; and (iv) increasing levels of financial sustainability and policy funding to meet the present and future commitments made by countries (Arenas de Mesa, 2024; ECLAC, 2023a and 2023b; Martínez, 2019).

In this context, national integrated policies on early childhood development have been of particular note in recent regional experiences. In view of their multisectoral nature, these policies make it possible to create a favourable environment for responsive and nurturing care and contribute to reaching a child's full potential, improving their well-being and ensuring their access to a range of services and entitlements (Black and others, 2013; Vargas-Barón, 2016). Moreover, the Regional Agenda on Early Childhood Development (Inter-American Dialogue, 2017) is a milestone in the regional commitment to strengthening national plans and policies with an approach based on rights and comprehensive development, underpinned by financial sustainability. The comprehensive nature of these policies, combined with the proposal to adopt a universalist approach, poses greater challenges to the social institutional framework of early childhood policies, in conjunction with social protection systems.

The following are some priority recommendations in this area:

- **Strengthen legal and regulatory frameworks.** Make progress in the development and alignment of legal frameworks to provide and safeguard the exercise of young children's rights with full guarantees, in line with the provisions of the Convention on the Rights of the Child. In particular, it is vital for countries to further harmonize regulatory systems aimed at early childhood and the rest of their legal corpus. Moreover, it is hoped that multilateral commitments and standards will continue to be created, strengthened and enforced at the national and local levels.

- **Expand and strengthen policies and plans on comprehensive early childhood care.** Despite significant progress and accumulated experience at the regional level, comprehensive early childhood development policies remain unfulfilled for the vast majority of children. It is necessary to expand and strengthen comprehensive early childhood development policies that ensure responsive and nurturing care through intersectoral and intergovernmental links with high-level leadership, the review of legal frameworks and budgetary allocations. Linkages with social protection systems and care systems under development are key to increasing their scope and impact. It is also essential for policy design to mainstream a **universalist approach sensitive to differences**, i.e. universality in access to social services using a rights-based approach, and to be geared towards actively overcoming gaps and inequalities, including gender inequalities, to leave no one behind (ECLAC, 2020).
- **Safeguard and increase public investment with financial sustainability** to ensure universal access to inclusive, quality services for young children and their families. In addition to the defined sectoral targets agreed upon in the fields of education, health and nutrition, it is also possible to make progress in identifying the investment standards required at the national level to eliminate poverty (ECLAC, 2023a) and in protecting the income levels required for inclusive social protection (ECLAC/UNICEF, 2020). This would make it possible to strengthen the basic conditions required for early childhood development.
- **Consolidate and expand cash transfers for children.** This is made possible by the relevant institutional framework developed in the region's countries and in the framework of strategies that **progressively and gradually** advance in their design and implementation. Designing such a policy must also consider **preparedness and early action** in the face of a context of multidimensional and ongoing crises. This must take into account adaptation mechanisms for comprehensive early childhood development policies in view of crises and the horizontal and vertical expansion of transfers available in social protection systems, as shown by the pandemic (Robles and Santos, 2023).
- **Strengthen early childhood monitoring systems.** The development and strengthening of information systems must ensure the effective tracking and monitoring and follow-up of the situation of children through the collection of data on key indicators (including measurement of social, emotional, cognitive, linguistic and motor development based on internationally comparable data). States also have a responsibility to assess progress towards SDG indicator 4.2.1 (Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex). It is also key to make progress in **disaggregating data** in order to identify the major disparities affecting children as a result of socioeconomic, gender-based, ethnic and racial, and territorial inequalities and disability or migration status, among other relevant aspects. Regarding their timely access to public policy offerings at the national level, it is essential to promote initiatives aimed at the **identity registration** of children where they have not been registered, and at their inclusion in social registers of potential recipients of social policies under development.

## B. Sectoral recommendations

Based on the main findings in this document, several sectoral recommendations will now be presented aimed at improving various aspects of child development and well-being in the region, drawing on the four dimensions of the Nurturing Care Framework. These recommendations focus on critical areas of health, nutrition, opportunities for early learning and responsive caregiving. These recommendations are aimed not only at addressing the impacts of the COVID-19 pandemic on childhood in specific areas, but also at contributing to accelerating achievement of the SDG targets.

These actions are expected to not only have direct impacts on child well-being but also to create positive effects in other dimensions, including gender equality, transitions to other levels of education, labour market inclusion and the reduction of inequalities, thereby fostering fairer and more inclusive communities for all.

## 1. Good health

Based on the discussions and findings presented in chapter II of this document, below are five key recommendations on the Good Health component of the Nurturing Care Framework that are aimed at ensuring quality access to health services for women, mothers and children.

- **Prioritize investment in primary health care.** Invest in the development and strengthening of robust national policies and strategies on health, with emphasis on primary health care. Investment in health must be aimed at closing gaps in equality in access, quality and use of health services. It is critical to increase public spending on health, in line with the PAHO recommendation to allocate at least 6% of GDP to the health sector, and for at least 30% of that allocation to go to primary health care. This goes hand in hand with strengthening primary health-care systems and community care. Most illnesses and health problems that affect children and their families can be prevented and treated effectively through interventions at the primary health care level.
- **Establish quality standards in primary health care aimed at young children.** Creating and monitoring quality standards in health care for young children are common to various health subsystems. It is crucial to ensure improved provision for families exclusively using the public health subsystem, with the aim of overcoming the profound gaps in equality of access, coverage and quality of physical and mental health care that persist among different health subsystems, as well as between various social groups, taking into account socioeconomic, geographical and ethnic factors, among others. By prioritizing the quality of primary health care, maternal and child health can be significantly improved through the provision of comprehensive, quality care from pregnancy onward.
- **Ensure the resilience of health systems to future crises and epidemics,** with particular attention to maternal and child health. This involves strengthening and developing means of preventing the transmission of infectious diseases, including improving the provision of water and sanitation in health-care establishments. In addition, it is essential to implement strong epidemiological monitoring within and between countries to detect and respond rapidly to outbreaks of disease, particularly those that can be spread during pregnancy and affect the health of the mother and fetus. Telemedicine services must be expanded to ensure continuous access to medical care, especially for mothers and children that may have difficulties in accessing traditional health-care services during crises and epidemics. These measures will contribute to protecting the health and well-being of families, especially the most vulnerable, from future threats.
- **Prioritize key services for pregnant women, mothers and young children.** A critical aspect is guaranteeing access, coverage and quality of antenatal monitoring, delivery and neonatal assistance and postnatal check-ups with intercultural approaches and an emphasis on reducing inequalities. It is also key to increase efforts to ensure vaccination coverage for young children, in line with national plans and prioritizing the reduction of the number of undervaccinated or unvaccinated (zero dose) children. In addition, to ensure the optimal development of children in early childhood, States must ensure policies and programmes based on primary health care and service delivery platforms: (i) early stimulation and responsive care; (ii) development monitoring; (iii) early identification and intervention for children with developmental delays or disabilities; (iv) parenting support programmes. To

overcome the effects of the pandemic and guarantee the right to mental it is also necessary to further psychosocial assessment of young children who experienced lockdown during the pandemic, and increase support and/or treatment for them.

- **Improve community health care and the involvement of communities and families**, including strengthening communication for social and behavioural change, and boosting demand for more accessible and quality health services.

## 2. Adequate nutrition

On the basis of the discussion in chapter II of this document, we will now provide four recommendations on the Adequate Nutrition component of the Nurturing Care Framework.

- **Invest in policies, legal frameworks and programme implementation** to guarantee and protect adequate maternal and child nutrition. The aim must be to prevent all forms of malnutrition (acute and chronic malnutrition, overweight and micronutrient deficiencies), with the involvement of health, food, water, education and social protection systems.
- **Establish and monitor quality standards on counselling and support for maternal and child nutrition**, including antenatal nutrition, breastfeeding, supplementary feeding, growth control, early diagnosis and treatment for acute malnutrition. This must involve investment in capacity-building for health-care staff from initial training onward.
- **Boost the resilience of food systems and families**. Access to healthy diets for children and their families must be ensured in order to address the double burden of malnutrition. This is of particular relevance in crisis and emergency contexts and must include cash transfers and/or subsidies for the production of healthy foods. It is also essential to prioritize and strengthen key services, such as maternal nutrition, including nutritional supplements when necessary, and to redouble efforts to protect, promote and support exclusive breastfeeding for the first six months of life and continued breastfeeding until at least age 2.
- **Promote education for health, nutrition and strengthening service delivery**. Combine cash transfer programmes with home visits that involve information and education on maternal and child health and adequate nutrition, parental care and guidance on key topics related to early childhood nutrition. In crisis contexts, these programmes may be scaled horizontally. Similarly, there is a need to enhance regulatory frameworks that protect and ensure healthy diets.

## 3. Opportunities for early learning

Chapter III of this document is focused on the challenges and opportunities that have arisen in the education system, particularly early childhood education, as a result of disruption caused by the COVID-19 pandemic. While not exhaustive, the following recommendations highlight key policies and actions that must be taken into consideration under the Opportunities for Early Learning component:

- **Ensure the integration and financial sustainability of early childhood education in national education plans**. Integrate strong and evidence-based subsectoral plans at all levels of government for the equitable provision of quality early and pre-primary education. The aim must be to allocate at least 10% of the education budget to early childhood education (UNESCO, 2022), and to establish clear governance and accountability structures, including greater regulation of private services not incorporated into the official education system (regarding the training and certification of professionals, infrastructure requirements and the quality of interactions between children and adults).

- **Increase the resilience of early childhood education systems to future crises**, with a focus on improving governance, connectivity, digital resources, teacher training on hybrid education mechanisms, the support and involvement of families and carers, and support for the mental health of caregivers and educators.
- **Strengthen pedagogical trajectories and transitions**. Ensure the provision of a quality education that strengthens pedagogical pathways and transitions between care services, early childhood educational development, and pre-primary and primary education, through: (i) appropriate and relevant curricula that allow for greater contextualization to meet diverse needs, including those of Indigenous populations and the particular needs of children and their families; (ii) quality training and mentoring for teachers to promote play and active, responsive and child-focused pedagogical approaches; (iii) adequate, quality educational materials; and (iv) robust quality assurance mechanisms that adequately guide decision-making.
- **Strengthen or establish quality assurance mechanisms** and implement evaluation and monitoring tools for basic learning. This includes setting quality standards for structural aspects, such as infrastructure and appropriate adult-to-child ratios, alongside the professionalization of early childhood educators. In addition, it involves establishing process standards, with curricular frameworks and educational proposals developed inclusively under the leadership of the State. Monitoring and evaluation are fundamental to developing and adapting pedagogical strategies that effectively meet the specific needs identified in diagnoses.
- **Promote multi-stakeholder involvement in child development**. Mobilize families, communities, non-State providers and society at large to broaden ongoing access to quality early learning opportunities, including informal child development programmes to promote and provide responsive and nurturing care for children.

#### 4. Responsive caregiving

Chapters I, II and III underline the role that families and caregivers play in ensuring the well-being, development, health and education of children, especially in view of the changes caused by the COVID-19 pandemic. In this context, it is fundamental to highlight recommendations on the Responsive Caregiving component, reinforcing how essential they are to guaranteeing responsive and nurturing care that contributes to children's development and well-being, as well as to mitigating the adverse impacts of the pandemic on their daily lives and futures:

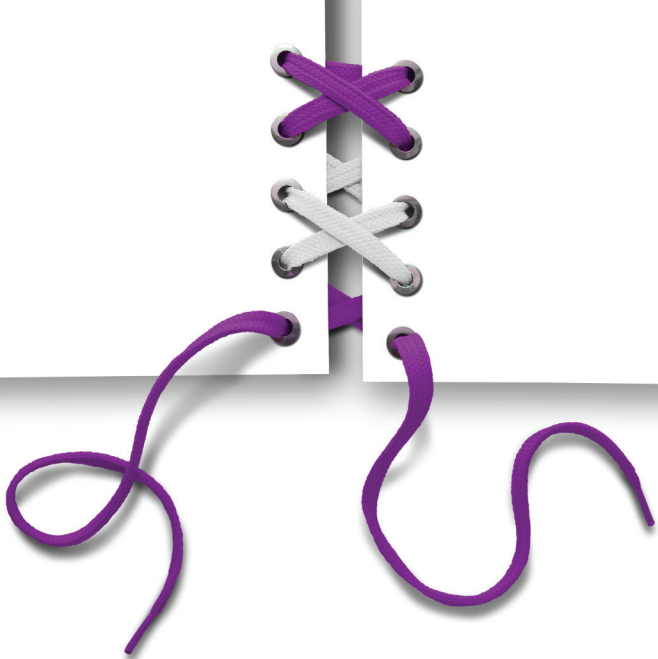
- **Expand coverage of parenting support programmes**. Develop, fund and expand evidence-based parenting support programmes that provide guidance on responsive care, child development and positive discipline. It is key to mainstream an approach based on interculturality and gender, with an emphasis on the involvement of men in raising and caring for young children.
- **Boost the quality of child development and parenting support programmes**. Establish quality standards for family visitation programmes, parenting support programmes and early childhood development services outside the home, with the aim of strengthening adults' capacities to provide children with responsive and nurturing care. Establish systematic quality control and monitoring mechanisms to measure the impact of interventions and identify the necessary corrective measures.
- **Foster discussions on care policies**. Leverage the regional agenda on care policies, recently clarified in the Buenos Aires Commitment (ECLAC, 2023c), to establish and strengthen comprehensive care and support systems and policies that ensure the provision of quality

services to all young children and their families. Expand policies on maternity, paternity and parental leave from a gender perspective and extend other social protection policies in an integrated manner to move towards their universalization.

- **Encourage play.** Have educational and culturally relevant strategies that encourage play and quality interactions between parents, caregivers and young children. Identify specific strategies for children with disabilities.
- **Raise public awareness.** Articulate policies with broad and tailored awareness-raising campaigns to promote responsive and nurturing care, the involvement of men in raising and caring for young children and a more equitable distribution of unpaid care work at home and among the State, the market, the family, the community and different social actors.

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Focusing on early childhood is key to inclusive social development. Despite the progress of recent decades, especially through comprehensive early childhood development policies, children aged 0–8 years continue to be disproportionately affected by poverty. The coronavirus disease (COVID-19) pandemic deepened inequalities and had an often-unseen impact on this early stage of life. With a focus on maternal and child health, nutrition and education, this document is aimed at analysing the impact of the pandemic on early childhood development and on the design and implementation of policies; identifying emerging or worsening challenges and inequalities; evaluating country responses; highlighting innovative approaches and successful experiences; and providing recommendations for specific multisectoral policies that address the impacts and opportunities resulting from the pandemic. Investment in early childhood development significantly impacts life trajectories and paves the way for a better future for society; failure to act can therefore lead to irreversible damage in the dynamics of intergenerational solidarity.