The COVID-19 pandemic yielded a key lesson: early childhood development (ECD) services can be provided through a variety of modalities. When in-person services were temporarily halted at the start of the health emergency, programs used state-of-the-art technology, social media, and traditional communication channels such as radio and television to reach millions of children and families in Latin America and the Caribbean in fully virtual or hybrid formats.

Such services—both parenting programs that use home visits or group sessions and childcare centers and preschools—adapted their content to include play activities that parents with low levels of education could easily understand and developed new content focused on supporting children and caregivers’ social and emotional needs. Programs took innovative steps to identify new channels and delivery mechanisms that could serve diverse populations, including those in remote areas, with content customized for these channels. The new delivery modalities inevitably required parents and in-home caregivers to take an active role in delivering these services. Programs also explored strategies to ensure families’ buy-in and commitment, as well as strategies to remotely train facilitators and caregivers.

This document is based on the report *What Have We Learned from the Design and Delivery of Remote and Hybrid Early Childhood Development Services During the Pandemic?*, which describes the different remote service strategies that were designed, implemented, and/or evaluated in Brazil (Boa Vista), Colombia, Ecuador, Jamaica, Panama, and Uruguay, with the technical and financial support of the Inter-American Development Bank (IDB). It is important to analyze these initiatives to determine how effective and practicable they were and identify aspects that can complement in-person ECD service delivery, whether to scale up to reach populations living in remote locations or to ensure that services continue in future emergencies.

The book is very good...it tells you what to do to help your child and motivate them more

Parents in Jamaica

...combining it would be better than just home visits or just phone calls

Nurse in Jamaica

Read on to learn more about these initiatives.
Hybrid ECD programs

With support from the IDB, four countries—Ecuador, Jamaica, Panama, and the municipality of Boa Vista in Brazil—used the Reach Up Parent Manual to adapt their parenting programs or childcare services to remote delivery. Each country adopted different elements from the resource, resulting in a range of delivery modalities.

With the exception of Panama, all the countries used text messages and phone calls or video calls as a delivery channel, sometimes in combination with other channels. Jamaica and Panama also delivered physical materials (activities and toys) to participants’ homes. Generally, programs provided services every two weeks or weekly, and followed up via phone calls. The services aimed to foster children’s cognitive, language, and social-emotional development, and the interventions in Colombia, Ecuador, and Uruguay had

notes

1. CNH: Creciendo con Nuestros Hijos
2. CDI: Centros de Desarrollo Infantil

I send the card and make a video with simple language so the mom can understand me better

CNH¹ educator in Ecuador

The information in the card booklet for virtual services is very helpful, as it outlines the activities step by step

CDI² coordinator in Ecuador

messages on health and nutrition as well. Ecuador also developed content for pregnant women, and Jamaica, Ecuador, and Uruguay included information on self-care for caregivers.

Meanwhile, Colombia and Uruguay did not base their interventions on the Reach Up Parent Manual. Instead, government agencies in these countries delivered mostly virtual services via messaging, calls, or platforms. Colombia also delivered physical materials and guides to participating families. The IDB provided support for evaluating the processes and outcomes (Colombia) and impact (Uruguay) of these countries’ interventions.
**Program implementation strategies**

### Early Stimulation Program
- Parent manual and materials delivered to families’ homes
- Text messages 1-2 times per week
- 2 phone calls per month
- 6–36 months, people served by the Ministry of Health’s home visiting program

### Parentalidades Comprometidas en Casa
- Parentalidades Comprometidas curriculum
- Link to the website and WhatsApp messages
- Frequency varies, but usually once per week
- 0–36 months

### Crianza Positiva with CAIF families
- Crianza Positiva curriculum
- WhatsApp messages
- 0–36 months, at CAIF service centers

### Survive & Thrive
- WhatsApp groups
- 1 text message per week
- 2 phone calls or video calls per month
- 0–36 months

### Mis Manos Te Enseñan
- Instructions via cards/guides, teaching kit, and food basket
- WhatsApp messages and phone calls
- 4 to 6 monthly follow-ups
- 0–60 months, people served by the Colombian Institute of Family Welfare

### Aprende en Casa
- Printable guides and instructions for educators
- WhatsApp messages and phone calls
- 0–60 months, people served by the Ministry of Education

### Tu CAIPI en Casa
- Digital library
- Delivery of activities and materials at CAIPI service centers 2 times per month
- 0–48 months, people served by the Ministry of Social Development’s CAIPI centers

### Mochila CUIDARTE
- Backpack with activity guide and materials delivered to families’ homes
- 1 delivery and periodic phone follow-up
- 0–48 months, new users living in sparsely populated rural areas

### Boa Vista, Brazil
- Virtual and Hybrid Service Protocol
  - Activity cards, implementing instructions, protocols, and educator guidelines
  - Text messages, WhatsApp messages, phone calls, video calls, home visits
  - 0–36 months, people served by the Ministry of Economic and Social Inclusion’s home visiting program and ECD centers

### Panama
- **Crianza Positiva with CAIF** families
  - Crianza Positiva curriculum
  - WhatsApp messages
  - 0–36 months, at CAIF service centers

### Colombia
- **Virtual and Hybrid Service Protocol**
  - Activity cards, implementing instructions, protocols, and educator guidelines
  - Text messages, WhatsApp messages, phone calls, video calls, home visits
  - 0–36 months, people served by the Ministry of Economic and Social Inclusion’s home visiting program and ECD centers

### Ecuador
- **Aprende en Casa**
  - Printable guides and instructions for educators
  - WhatsApp messages and phone calls
  - 0–60 months, people served by the Ministry of Education

### Uruguay
- **Survive & Thrive**
  - WhatsApp groups
  - 1 text message per week
  - 2 phone calls or video calls per month
  - 0–36 months

### Notes
- 1 Centro de Atención para la Primera Infancia
- 2 Centro de Atención a la Infancia y la Familia
Below we summarize the main findings from the various experiences analyzed in the report. The findings are based on ongoing experimental evaluations in Boa Vista, Jamaica, and Uruguay; an outcome evaluation combining qualitative and quantitative methods in Colombia; and focus groups and surveys with educators in Ecuador and Panama.

1. **Virtual vs. hybrid approaches**: The pandemic forced ECD service providers to redesign their approaches. Each new format was customized to accommodate both the context—participants’ access to devices and data plans to connect to the internet, geographic location, and ease of contact during the pandemic—and family and facilitator preferences. The regional teams had to be flexible when adapting service delivery to each family’s circumstances and needs. Past in-person interactions between families and facilitators made the transition to remote services easier.

2. **Channels**: Participants’ preferred communication channel was multimedia messages sent via WhatsApp, due to their reach and versatility, followed by video calls, which allowed for interactive communication between facilitators and families. Next in order of preference were text messages—which have a character limit—and phone calls. Whatever channel is used, messages’ format and content must be adjusted accordingly to be effective.

3. **Frequency of services**: We found that families preferred maintaining contact every week or every other week, so this frequency was used except when families or facilitators were overwhelmed by urgent situations or other demands on their time. Regardless of the frequency of interaction, the families highly valued the continuity of services.

4. **Monitoring of services**: Regular communication is important for monitoring progress and maintaining closeness with families. Video calls and in-person visits were the preferred channels for this purpose, followed by photos or videos of the child doing the activities.

5. **Materials**: Facilitators consistently appreciated having materials and a list of specific activities. Activities that could be integrated into household routines were the most popular, and users preferred content that could be adapted to the context and caregiver literacy levels. Programs that deliver toys and other materials should take logistical issues into account.

6. **Individualization**: For childcare or group-based services, the virtual model allowed programs to tailor activities to each child based on her developmental level. However, to ensure the appropriate level of complexity for each family, programs have to provide diverse materials and detailed guidance.

7. **Structured strategy and training**: Facilitators consistently appreciated training on how to use the materials. Several facilitators valued receiving detailed materials such as call scripts and guidance as well.

8. **Challenges when evaluating the strategies**: The lack of control groups, the complexity of measuring child development remotely, and the challenges of implementing new models in an emergency context made it difficult to rigorously assess the impact of the hybrid modalities. Nonetheless, we were able to draw important conclusions using numerous qualitative methods, most of which were implemented remotely.
What Have We Learned from the Hybrid Delivery of ECD Services During the Pandemic?

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