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RESEARCH ARTICLE

The Most Vulnerable Children Faced Unique Risks During COVID-19: How Agencies Communicated with Communities on Parenting in Low Resource and Humanitarian Settings

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ABSTRACT:

Evidence suggests that children in low resource and humanitarian settings experienced added mental health burdens and violence in the home during the SARS-CoV-2 (COVID-19) pandemic, which may have affected their health and development. For humanitarian response agencies, conducting child protection services during this pandemic had been constrained by safety concerns related to the risk of COVID-19 transmission, and logistical issues aligned with social and public health measures. This paper describes how agencies responded to the identified risks children face, integrating remote risk communication and community engagement approaches and safe in-person dialogues with parents and caregivers into child protection interventions to educate about the disease and prevention, encourage a positive parenting environment and mitigate negative effects on children. United Nations (UN) agencies and non-government organizations (NGOs) must reflect on these different approaches and share lessons learned and best practices internally and at an inter-agency level to support evidence-based responses for future epidemics and pandemics.

Keywords: Caregiver; Humanitarian; Child Protection, Mental Health, Public Health, Pandemic

[†] The views expressed in this Article do not necessarily reflect the views of the United Nations (UN) or its 12 officials or Member States



Introduction

This paper draws on experiences of interagency efforts to describe how a family systems approach was integrated into the global COVID-19 response, and why this was so important, particularly for families already experiencing challenged contexts (e.g. refugees and migrants), to reduce negative social and health consequences in children and adolescents and to improve family and community resilience. This is framed such that to facilitatte understanding of the lessons learned during the COVID-19 pandemic in order to strengthen readiness to respond for future epidemics and pandemics or other crises.

In many countries, anxiety about the COVID-19 pandemic and the associated containment strategies have led to mental health burdens generally, and increased stress among caregivers, parents and children specifically^{1,2}. In a 2020 study conducted by the NGO Save the Children of over 30,000 parents, caregivers, and children, 83% of children and 89% of adults reported increases in negative feelings because of the pandemic, including feeling sadder and more worried, and less safe, happy and hopeful³. Children were much more likely to experience increased negative feelings if their schools were closed than if they were attending in person³.

These vulnerabilities have been compounded with negative coping mechanisms, including a rise in violence against children and harsh parenting^{4,5,6}. Harsh parenting is typically defined as high levels of control, coercion, punitive behaviors, and/or punishment by parents⁷. Parents with elevated stress and co-occurring anxiety and depressive symptoms have been shown to be less responsive to their children's needs⁸, which in turn is a strong predictor of child abuse potential⁹.

In fact, caregivers were more likely to report violence in the home in situations where the respondents had moved from where they normally lived because of the pandemic³. Stress-exposed children and harsh, inconsistent parenting is a predictor of poor social and health outcomes, including drug use, low school attainment, delinquency, poor mental health and illnesses^{10,11,12,13}.

In humanitarian settings where access to supportive health and social services is limited, the impact of the COVID-19 pandemic on the safety and wellbeing of children, youth, and caregivers is particularly troubling. For example, refugees, internally displaced persons (IDPs), and migrants

generally face limited opportunities for work, access to basic services, disruptions to daily routines, and social support networks¹⁴. When families do not have the emotional, social, and economic resources that support positive and healthy family member interactions, the home can become an area where distress is magnified¹⁵. In such settings, primary caregivers often represent the primary or only protective shield around the lives of children and youth^{16,17,18}. As such, it was critical to integrate a developmental and family systems approach into a COVID-19 response for refugees, migrants, IDPs that engages parents and caregivers on these impacts.

RCCE Guidance Includes Reaching Children and Parents with Critical Information

In June 2020, a global Risk Communication and Community Engagement (RCCE) working group formed to share experiences and fill gaps in technical RCCE guidance related to refugees, migrants, IDPs and host communities vulnerable to the COVID-19 pandemic. This working group was led by the United Nations High Commissioner for Refugees (UNHCR), UNICEF, and the International Organization for Migration (IOM) under the umbrella Risk Communication and Community Engagement (RCCE) Collective Service, led by the World Health Organization, UNICEF and the International Federation of the Red Cross (IFRC). Members include experts in disaster response in humanitarian settings, public health, social and behavior change, and risk communication.

Given the challenges in reaching people of concern during COVID-19 pandemic and the need to address the impacts of the disease and the response, the sub-group developed a guidance document with a set of key considerations for planning and implementing RCCE activities that can be applied across humanitarian sectors and clusters¹⁴. The guidance articulates the importance of partnering with vulnerable populations in humanitarian settings to address multiple needs during lockdowns with tailored, integrated approaches. An example of this integration is to include messages in RCCE activities on where to get food, service referrals, mental health and psychosocial support, parenting support, and information on gender-based violence. Within this context, RCCE activities should be contextualized with data on the specific needs and perceptions of the intended audience, and with the service barriers and opportunities available in specific humanitarian settings. As well, understanding the needs around language, literacy, accessibility, media and mobile



technology preferences, and electricity, to name some, when planning RCCE approaches¹⁴. One recommendation in the guidance for reducing the prevalence of violence against children in the home is to acknowledge parents' and caregivers' challenges in trying to keep their children safe and well. This includes engaging parents and caregivers on how to meet challenges and manage stress within their families that may arise from prevention measures.

Examples from the Field: Parenting Challenges with Critical Engagement and Information

Aligned with this recommendation on RCCE-related to positive parenting, humanitarian UN agencies and NGOs have developed a series of tools and tips for parents and caregivers that leverage existing family structures and positive nurturing skills, giving parents greater agency to adjust to changing circumstances during COVID-19 pandemic¹⁹. Skills for parents and caregivers outlined in these resources include: how to manage their own and children's stress; how to listen and talk to children about their stresses and worries; how to set boundaries generally with children and support them in understanding why they are in place; how to build relationships in the context of physical distancing; and how to avail safe opportunities to play^{19,20}. These skills are effective tools to strengthen the resilience of the family as a nurturing community structure for the child to prevent negative social and health consequences, and to help buffer the effects of challenging experiences during the pandemic²¹.

With that, the United Nations Office on Drugs and Crime (UNODC) adapted its family skills programming to include evidence-informed, simple recommendations for caregivers. This includes how to manage complying with COVID-19 health response measures in crowded and refugee contexts, and how to find opportunities to spend time with their children. In the UNODC Strong Families program in Cox's Bazar in Bangladesh through a collaborative partnership between UNODC, UNHCR Bangladesh, and the Refugee Relief and Repatriation Commission—trained facilitators following safety protocols are reaching Rohingya families with the short-term aim of improving confidence, family management and parenting skills, child behavior, aggressive and hostile behaviors, and the capacity to cope with stress and mental health outcomes in children and parents. Long term, the program aims to reduce violence, substance abuse, risky behaviors, and improve mental health for caregivers and children.

Such an approach is being replicated by UNODC in other countries with displaced or refugee populations, such as in Afghanistan, Lebanon and the Philippines. The lessons learned from this experience by UNODC, including through its interagency collaborative partnership is currently being adapted to support the women and children fleeing the war in Ukraine²².

When conducting in-person training programs is logistically challenging, organizations must develop novel ways to reach families with parenting information. In the Za'atari refugee camp in Jordan, considered one of the most populous camps in the Middle East with 90,000 residents, UNODC leveraged an existing mobile application to support parents in the camp during the COVID-19 pandemic²³. The Children Immunization App (ClmA)—a hub for pre-existing UNICEF health education sheets, registration and vaccination schedules, and automated reminders for parents of upcoming vaccination appointments—was adapted to include parenting skills materials that were translated into Arabic¹⁹.

In Guatemala, using a variety of local radio, print and digital media, Plan International disseminated messages to communities in their areas of operation on responsible parenting, communicating with your children about COVID-19, positive masculinities, and violence prevention. In Rwanda, Mozambique, Palestine, and Ghana, the NGO Right to Play implemented communication campaigns to raise awareness of child protection and COVID-19, also delivered through radio, print and digital media. In Lebanon, their initiatives include awareness raising among caregivers and children on digital safety to prevent digital violence, particularly during the pandemic as children spend more time online. A "Play@home" resource package was designed to build capacity of teachers and parents on physical. social and mental health issues of vulnerable children and adolescents. Topics included infection and illness, social relationships, and school and learning through play, with activities that could be adapted for children with disabilities²⁴.

Because the Democratic Republic of Congo (DRC) experienced simultaneous outbreaks of the Ebola Virus Disease and COVID-19, child protection teams within the humanitarian NGO International Rescue Committee (IRC) anticipated an escalation of harmful disciplinary practices, child abuse, and violence. They adapted content in an existing Families Make the Difference caregiving curriculum and engagement initiative to include COVID-19 messaging in each session²⁵. These in-person parenting sessions, conducted in compliance with



social and public health measures, were also designed to create a space for two-way communication to build confidence in caregivers to comply with risk mitigation measures, reflect on how the pandemic is impacting their children and parenting, and to promote positive coping strategies. In Tanzania, IRC adapted the curriculum for radio, partnering with a local radio station to air the sessions over a three-month period. ^

In Afghanistan, Save the Children staff developed and promoted home-based psychosocial support (PSS), including through a toolkit that employed art as a vehicle for building resilience in children and young people²⁶. PSS kits contained coloring books, coloring pencils, COVID-19 storybooks, and some recreational items. These materials deliberately designed to be used with minimal effort from caregivers, supporting stress management for both parents and children.

5. Conclusions

During the COVID-19 pandemic, children faced an increased risk of mental health burdens compounded by violence in the homes and negative parenting coping mechanisms. For children who have been exposed to conflict and displacement, the need for strong healthy, nurturing caregiver relationships may assume even greater importance. Thus, it was essential that a family systems approach was integrated into a COVID-19 response for refugees, IDPs, and migrants—with a complementary risk communication and community engagement approach—to reduce negative social and health consequences in children and adolescents and to improve family and community resilience. Prior to the COVID-19 pandemic, there were already insufficient opportunities to reach caregivers in humanitarian contexts with evidencebased family skills resources. It is important that the

changing service provision platform due to the COVID-19 pandemic remains able to provide evidence-based programs with a trained workforce in these remote and safe in-person delivery mechanisms. Such positive engagement with families in low resource and humanitarian settings not only addresses the well-being and safety of children during times of heightened stress but also carries the potential of building trusting relationships with these highly vulnerable populations, which are key to mitigating the potential impact of COVID 19 in these communities. More research and robust monitoring and evaluation of these positive parenting and child protection approaches are needed to understand the lessons learned during the COVID-19 pandemic in order to strengthen readiness to respond for future epidemics and pandemics or other crises.

[^]However, IRC also reported challenges related to higher costs and poor radio signal in some areas in the camps.

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