

# THE SILENT PANDEMIC

The Impact of the  
COVID-19 Pandemic on  
the Mental Health and  
Psychosocial Wellbeing  
of Children in Conflict-  
Affected Countries



# ACKNOWLEDGEMENTS

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The names of all children and adults quoted in this report have been changed to protect their identities.

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Cover photograph: ©2020 Katherine Maldonado/ World Vision – a young girl in Colombia

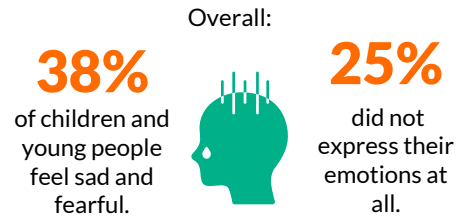
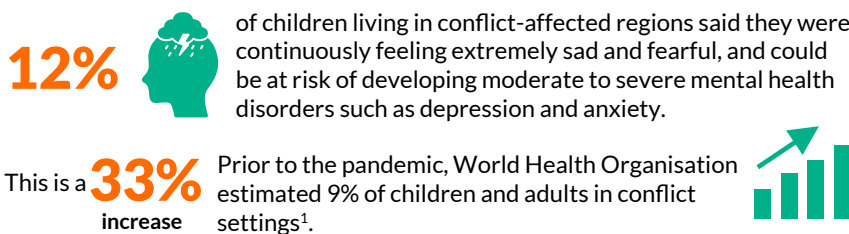
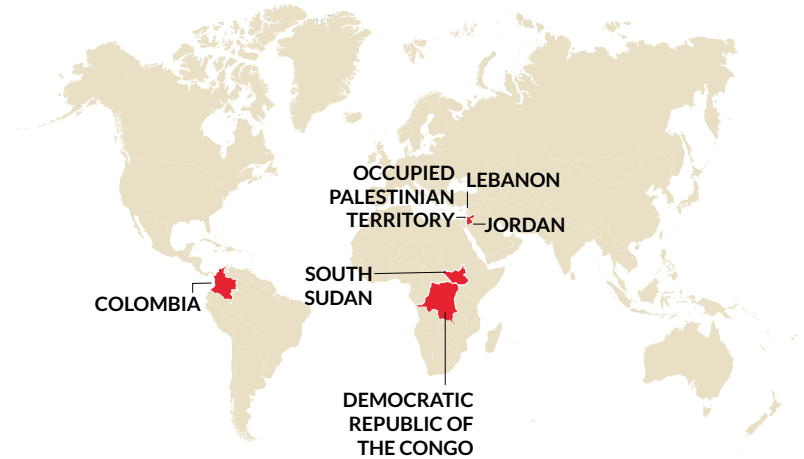
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# THE SILENT PANDEMIC

The Impact of the COVID-19 Pandemic on the Mental Health and Psychosocial Wellbeing of Children in Conflict-Affected Countries

We spoke to:

In six conflict-affected countries, to see how they had been affected by COVID-19.



Most children and parents feared contracting COVID-19 themselves or that relatives may die from the virus. **40% of children** and **48% of parents** indicated that COVID-19 is the main risk affecting their emotions.



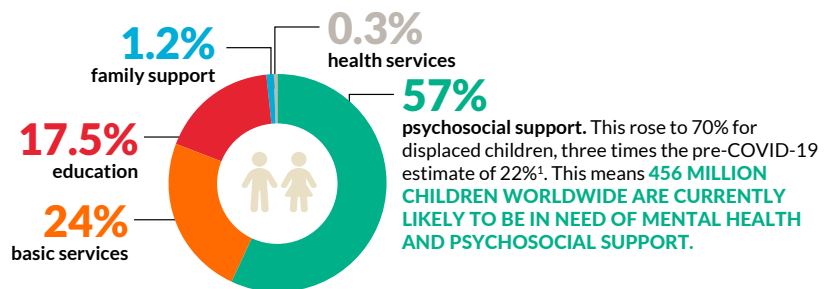
**38%** children also identified family poverty and food security as a chief concern.

Children and young people were affected as services became less available due to the pandemic:



**44%** parents noticed changes in their relationships with their children, including children's aggressive behaviour, and stress and pressure on both children and parents.

What children said they needed:



Children especially wished for sports, play, family (especially parents), peace (addressing armed conflict), and the opening of schools.



**USD 1.4 billion is needed** to provide mental health and psychosocial support to the **456 million children** living in fragile and conflict-affected regions.

Currently, funding for mental health and psychosocial support makes up **JUST 1%** of all humanitarian health funding.



<sup>1</sup>Charlson, F., van Ommeren, M., Flaxman, A., Cornett, J., Whiteford, H., & Saxena, S. (2019). New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. *The Lancet*, 394(10194), 240-248.

# EXECUTIVE SUMMARY

**The mental health and wellbeing of children living in conflict-affected countries is dangerously deteriorating as they struggle to cope with the socio-economic fallout of the COVID-19 pandemic.** Having survived life-threatening, life-altering conflicts, their ongoing fear, trauma and chronic stress is compounded by the daily anxiety, uncertainty and hardship produced by the pandemic.

These children are best placed to articulate their worries and concerns about the devastating toll that COVID-19 is taking on their mental health and their future, as well as its insidious impact on their families and communities.

To better comprehend this alarming, underreported global situation, World Vision and War Child Holland spoke to 220 children, 245 adolescents and young people, 287 parents and carers and 44 child protection experts and community leaders in six conflict-affected countries: Colombia, the Democratic Republic of the Congo (DRC), Jordan, Lebanon, the occupied Palestinian territory and South Sudan. The interviews took place between August and December 2020 across refugee camps, shelters for the displaced people and host communities.

The findings of this consultation, as summarised below, are startling and deeply concerning and need urgent action.

- More than half (57%) of children living in fragile and conflict-affected countries expressed a need for mental health and

psychosocial support as a direct result of the COVID-19 pandemic and lockdowns. This rises to 70% for refugee and displaced children as opposed to 43% for children in host communities.



This finding could indicate that 456 million children worldwide are currently likely to need mental health and psychosocial support.<sup>2</sup>

- Children and young people (38%) say they are feeling sad and fearful, with 12% on the extreme end of continuously feeling sad and fearful who may be at risk of developing mental health disorders, such as depression and anxiety. This is higher than the World Health Organization's estimate of 9%<sup>1</sup> of young people and adults combined experiencing extreme distress in conflict settings.
- The children's feelings stem from complex daily worries. Most children and parents feared contracting COVID-19 themselves or that relatives might die from the virus. **40% of children and 48% of parents indicate that COVID-19 is the main risk affecting their emotions.** Children are anxious about school closures, interrupted access to basic services and their families' economic hardships due to COVID-19 containment measures. Some shared that they

<sup>1</sup> n=480 children and young people were interviewed, 15 did not provide an exact age and considered missing for the age analysis. Age categories: 7-14; & 15-18 (for children), and 19-24 (for adolescents)

<sup>2</sup> Based on data collected for this report, if 57% children and young people who need psychosocial support is applied to all 800 million children in fragile and conflict-affected areas globally, it could indicate that 456 million children are in need of psychosocial support worldwide.

have gone hungry after parents lost their jobs.

- Children (aged 7-14) confided that they turn to trusted friends and family members for emotional support (86%), but youth (aged 19-24) are struggling to cope with the distress on their own. Less than half (41.8%) say they have someone they can look to for help.
- More than half of the parents (51.2%) reported changes in how their children spend their days in the community since the start of the COVID-19 pandemic. **Of the parents, 44.3% noticed changes in their relationships with their children, including children's aggressive behaviour, and stress and pressure on both children and parents.**
- Children and young people emphasized the negative effect on their mental health and wellbeing of disrupted access to critical services. They mentioned schools most frequently as being less available (89.2%), followed by services and activities (70.9%), playgrounds (65.0%), health centres (41.9%), food (38.1%) and water (10.6%). COVID-19 containment measures have also hampered community-based child protection, prevention and monitoring activities, putting children even more at risk.
- Children identified family poverty and food insecurity (38.1%) as a chief concern. For displaced children or those living in conflict zones, their parents' and caregivers' job loss puts them at grave risk of food insecurity, forcing them to resort to negative coping mechanisms and potentially resulting in violations of their rights and protections. This in turn contributes to their increased sense of helplessness and stress.



©2020 Scovia Faida Charles / World Vision - Gloria, 13, is thrilled to be back in school again. During the closures at the height of the pandemic, three of her friends were married.

## RECOMMENDATIONS

Data from this study reveals that children's mental health and well-being is deteriorating significantly across all six countries surveyed. The global implications are clear: Unless this hidden crisis is urgently addressed, a generation of the world's most vulnerable children will likely suffer devastating lifelong and potentially life-threatening consequences.

**In 2021, an estimated USD 1.4 billion is required to provide urgent mental health and psychosocial support for 456 million<sup>iii</sup> children living in fragile and conflict-affected regions<sup>3</sup>.** Funds allocated to integrating mental health and psychosocial support in emergency responses are still woefully inadequate. Although 20% of emergency health care needs in crisis contexts involves mental or psychosocial health, less than 1% of all humanitarian funding

is estimated to go toward meeting these needs<sup>iii</sup> and to addressing the factors and root causes that fuel these vulnerabilities.

World Vision and War Child are calling on governments, inter-governmental agencies, donors, foundations, INGOs, media, businesses and individuals to prioritise mental health and psychosocial wellbeing in all COVID-19 recovery initiatives and humanitarian response plans. (For the full recommendations, see page 27.) Parties to Conflict must take immediate measures to end conflicts through peaceful, diplomatic and political solutions. This is the most important, critical step in addressing the rising mental health crisis faced by children in contexts affected by conflict and COVID-19.



©2020 Salam Qumsiyeh / World Vision – children return back to school after the long lockdown in central West Bank.

<sup>3</sup> Based on the Lancet figures corrected for inflation. Lancet Global Mental Health Group, the required \$2 per child for scale up in 2007 would equal \$3.07 in 2021. Multiplied by 456 million children, the figure is approximately 1.4 billion USD.



© 2020 Marc Aj / World Vision – His mum says that Chaib, 5, has been struggling with the lockdown restrictions in Lebanon, but looks forward to his psychosocial support sessions.

- The United Nations must ensure a dedicated sub-section on MHPSS in all humanitarian appeals (Humanitarian Response Plans, Refugee Response Plans) with set targets for children and other affected people, funding and reporting. This allows the international community to highlight and prioritise the MHPSS needs of conflict-affected populations and track allocated funding and gaps.
- Donors must adopt MHPSS as a priority in aid strategies, recognising it as a right for children and their families, as a life-saving intervention in emergency responses and in long-term recovery and development work, as well as a critical component in peacebuilding initiatives.
- Humanitarian actors must ensure that MHPSS is integrated across all sectors, including protection, education, livelihoods and nutrition, and that children, youth, caregivers, families and communities play a role in determining and designing the services needed to support their individual and collective wellbeing.
- Governments must draft national mental health strategies that centralise children’s mental health and psychosocial wellbeing. This includes specific lines in health, education and child protection budgets to support the implementation of locally led MHPSS services.



©2020 Scovia Faida Charles / World Vision - 'Aunty' Sarah listens to John, 7. A social worker in South Sudan, Sarah provides psychosocial support and advice to parents and children.



# 01

## INTRODUCTION

### Conflict, displacement and COVID-19: life for the world's most vulnerable children

As the world enters the second year of the COVID-19 pandemic, millions of conflict-affected children and their families are marking some additional grim milestones:



Children are disproportionately affected by conflict. Globally, an estimated 800 million children live in fragile and conflict-affected areas<sup>iv</sup>, one in six children live in conflict-affected areas<sup>v</sup> and more than 30 million have been forcibly displaced<sup>vi,vii</sup>. Many have been separated from their caregivers, endured or witnessed unspeakable violence, sustained injuries and faced the risk of recruitment into armed groups. Many more are denied access to basic services, including clean water, food, education and healthcare.

Conflict and displacement can have devastating and lifelong effects on children's mental, emotional and physical health. Bombardments, attacks, occupation and being forced to flee erode their sense of safety. The risk of being injured or maimed due to conflict results in acute fear.

In the DRC, more than 3 million children have been displaced, half of them in the last 12 months<sup>viii</sup>.

Particularly in the country's eastern zone, community health centres and schools have been looted, homes burned and whole villages destroyed, forcing children and families to flee to survive. During the fighting, children have witnessed friends and family members being hacked to death.

The DRC is known to have the world's poorest health system, a situation that has been exacerbated by the country's battle with Ebola, cholera and now COVID-19. Today, more than 27.3 million people, including nearly 4 million children under age 5<sup>ix</sup>, across the country are facing high levels of food insecurity.

Similarly in South Sudan, during the COVID-19 pandemic children and their families are facing increased protection risks from rising inter-communal conflict, as well as grave food insecurity and malnutrition.

The country's chronically underdeveloped health system is often

unable to meet the most basic primary health needs for child survival. Mental health conditions are widespread and go largely untreated. A recent Food Security Nutrition Monitoring System (FSNMS)<sup>x</sup> assessment found that 30% of children exhibited behavioural change, showing signs of distress due to repeated exposure to conflict and shocks<sup>xi</sup>.

Children, such as those in the DRC and South Sudan, who experience extraordinary levels of distress are at greater risk of developing chronic mental health disorders or psychosocial issues. Exposure to traumatic events and toxic stress at a young age can alter a child's brain development<sup>xii</sup>. Exacerbated by previous traumatic experiences, children affected by conflict are at heightened vulnerability to experience high levels of stress when encountering a new crisis.

## Inadequate Services

Despite the enormous needs worldwide, most children who require mental health and psychosocial support do not receive it. National governments spend only 2-4% of their national health budgets on mental health<sup>xiii</sup>. Services are limited and sometimes non-existent for children living in fragile and conflict-affected regions. There is less than one mental health worker for every 100,000 people in low-income countries<sup>xiv</sup>. Despite some increases in recent years, development assistance specifically dedicated to mental health accounts for just 0.3% of all health aid<sup>xv</sup>.

For example, South Sudan, with a population of more than 10 million, has one eight-bed mental health hospital ward served by one psychologist. The burden of providing the remaining mental health and psychosocial support care falls to humanitarian actors<sup>xvi</sup>. While the NGO-run mental health and psychosocial support (MHPSS) services employ qualified professionals and experts, services only exist in certain areas and capacity is insufficient given the scale of need.

Addressing mental health issues is a perennial challenge. However, previous

disease outbreaks have demonstrated that the rates of distress and mental health conditions increase dramatically during public health emergencies. The Ebola outbreak in West Africa in 2013-2016 affected the physical health of more than 28,000 people and the mental health of countless more. The World Health Organization (WHO) concluded the outbreak had psychological consequences at the individual, community, national and regional levels, both acutely and in the long term<sup>xvii</sup>.

Like the Ebola outbreak, the COVID-19 pandemic and its related socio-economic implications are placing additional stressors on children and their caregivers who live in fragile and conflict-affected areas. In a recent update by the Global Protection Cluster, 100% of the protection clusters reported psychological distress of affected populations as being severe or extreme at the end of 2020.

The underprioritising and underfunding of mental health in humanitarian responses is a key barrier to supporting children affected by conflict. It is impossible to precisely calculate the extent of MHPSS underfunding, as data on funding allocated specifically to MHPSS are not earmarked or captured systematically<sup>xviii</sup>.

Policymakers, governments and donors do not prioritise mental health and psychosocial needs in humanitarian settings. Funding for mental health continues to be inadequate in the great majority of humanitarian and conflict-affected settings. Before the pandemic, mental health programmes received less than 1% of the funding earmarked for health<sup>xix</sup> from global donors. In some countries, there are swift and diverse responses to address mental health, particularly through the development of national COVID-19 response plans for mental health services, implementation of WHO guidance and the use of digital platforms. This signifies a welcome recognition of the salience of mental health, but this is not enough. Strong political commitment, clear policy directions and improved investments are urgently needed to address the pandemic's

impact on mental health and to build robust mental health and psychosocial services. If left unattended, the impacts will linger, derailing other efforts to rebuild societies.

### Resilient Children

Children are remarkably resilient, and with adequate support, they can recover from the many compounded stressors that they encounter.

As the world seeks to rebuild economies and health systems after the COVID-19 pandemic, we must also invest in people's mental health so they and their communities can recover and rebuild. While this is important in all contexts, the complex stress faced by children affected

by COVID-19 in conflict settings is particularly acute. Scaling services to respond to the mental health and psychosocial needs of children and youth is urgently required, but the best way to protect them is to prevent such distress in the first place. This requires, first and foremost, ending wars through peaceful political and diplomatic solutions. It also requires a commitment to strengthen children's protective environments, including schools and safe play spaces, community-based networks and access to basic services. Parents and caregivers need to be equipped with the skills to help their children through these difficult times. They also need the means to minimise household stressors such as unemployment, food insecurity and shelter.

## Lebanon

In 2020, Lebanon endured multiple crises, including a massive explosion in Beirut's port, an economic collapse, rising political instability and the COVID-19 global pandemic. Of the 1.5 million Syrian refugees in Lebanon, about 78% lack legal status<sup>xx</sup>, an increase from the previous year. In the midst of this socioeconomic situation, COVID-19 awareness and access to information and care is being pushed to the background. In addition, the number of street children is increasing due to the socioeconomic crisis. They are exposed to child labour, child marriage, and other forms of violence, as well as education gaps<sup>xxi</sup>. For children following online education, success rates are low due to a lack of internet access and frequent power cuts.

## South Sudan

After six years of civil conflict in South Sudan, more than 80% of the population lives below the poverty line. Some 3.8 million people are forcibly displaced, and more than half of the population requires urgent food assistance. Within the country, 1.6 million internally displaced people (IDP) live in precarious conditions where physical distancing is impossible and access to basic services extremely limited. Floods and locusts have ravaged the country, further worsening food security and living conditions. The COVID-19 pandemic has resulted in a drastic decline in domestic production and a sharp increase in living costs. School closures since the start of the pandemic have left tens of thousands of children and youth without access to education. Remote and home schooling are simply unavailable. Curfews, travel restrictions, market closures and lockdowns are frequently imposed as the country tries to respond to the growing caseload. The restrictions have led to increased idleness among youth and children, and the restricted movement of girls and women who are at an even greater risk of gender-based violence. Girls and boys also face increased risk of being recruited into armed groups<sup>xxi</sup>.



© 2020 Marc Aj / World Vision - Jude, 13, is excited to receive her psychosocial support kit.

# 02

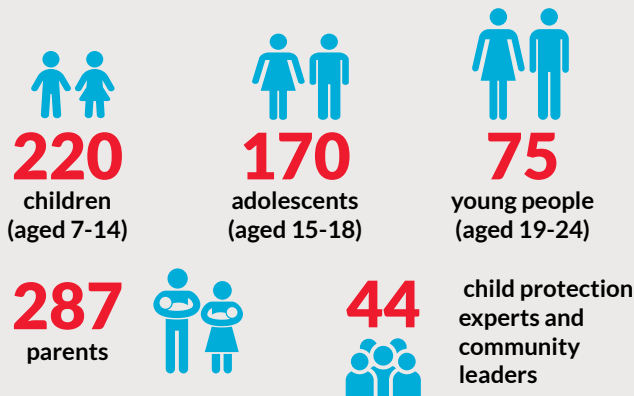
## METHODOLOGY

The report presents the experiences of children in conflict-affected areas who are also dealing with COVID-19 and its aftershocks. The assessment adopted a mixed-method approach to obtain both quantitative and qualitative data.

The project reviewed the impact of the pandemic and related lockdowns on children, taking into account the pre-existing conflict situations in which they live, to determine the

effect of these compounded stressors on their mental health and their resulting MHPSS needs. The project gathered the perceptions of various stakeholders, including children, child protection actors, faith leaders and caregivers following Do No Harm and safeguarding principles. Trained staff used constructive questions to interview consenting respondents who are part of continuous support programmes.

### PARTICIPANTS IN THE STUDY



The data collection took place between July and December 2020 in six countries.



Demographic information	Frequency (n)	Percent (%)
<b>Region</b>		
Middle East	231	48.1%
Africa	160	33.3%
South America	89	18.5%
<b>Country</b>		
Jordan	80	16.7%
oPt	69	14.4%
Lebanon	81	16.9%
DRC	80	16.7%
South Sudan	81	16.9%
Colombia	89	18.5%
<b>Age group</b>		
7-14 years	220	45.8%
15-18 years	170	35.4%
19-24 years	75	15.6%
Missing	15	3.1%
<b>Gender</b>		
Male	236	49.2%
Female	244	50.8%
<b>Location status</b>		
Refugees, IDPs, Returnees and others	252	52.5%
Members of host community	228	47.5%

<sup>4</sup> n=480 children and young people were interviewed, 15 did not provide an exact age and considered missing for the age analysis.

<sup>5</sup> There is no conflict in Jordan, however, the country is impacted by regional conflicts, mainly Syria and is hosting thousands of refugees.



©2021 Elias Abu Ata / World Vision - Ayman, 20, struggled with his education since fleeing Syria in 2014.

# 03

## FINDINGS

Children who have previously experienced traumatic events are more vulnerable to new stressors<sup>xxiii</sup>. The stress of the COVID-19 pandemic may resemble past traumatic experiences, such as bombings, escapes or conflict events. Fear of death, destruction, injury and loss of loved ones may resurface. Some children may not be stressed by COVID-19 itself, but by the memories and emotions that the situation evokes.

The children participating in this study reported significant levels of distress and support needs. They identified key areas of concern, as outlined below.

### 1. Fear, sadness and risks of children and young people



**More than one third (38%) of children surveyed expressed sadness and fear; 12% feel this continuously, putting them at risk of developing long-term anxiety and depression.** Of the children interviewed, 25% did not express being happy or unhappy, their silence may be a silent siren.



*“Being safe is a challenge. I am constantly scared. Scared of people and what happens in my country. Now poverty also scares me.”*

Amina,  
16-year-old girl

Living through conflict and displacement, compounded by the pandemic’s consequences and restrictions, was found to have significantly affected children’s mental and emotional wellbeing.



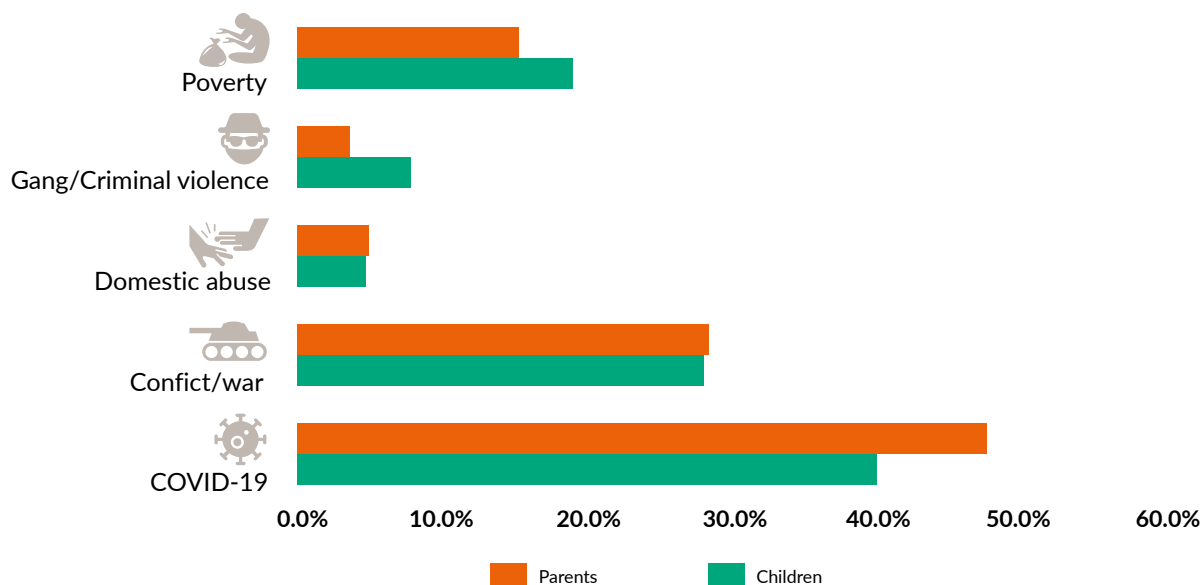
*“We are still in the midst of the COVID-19 crisis and infection remains a great risk for the community.”*

Kiyombele,  
15-year-old boy

Children are constantly fearful having survived or witnessed war and conflict, including abuse in the community, forced and/or early marriages, and rape and domestic violence. Children identified COVID-19 (fear of the virus), abuse, armed conflict, violence<sup>6</sup> and poverty as the main risks during the pandemic. (See Figure 1).

<sup>6</sup> In oPt violence was mainly related to occupation

**FIGURE 1: Risks reported by children and parents**



Most children and parents feared contracting COVID-19 themselves or that relatives may die from the virus.

**40% of children and 48% of parents indicate that COVID-19 is the main risk affecting their emotions.**

The lack of access to education due to school closures was linked with increased teenage pregnancies, domestic abuse, diseases and accidents, isolation, as well as idleness, homelessness, and forced and early marriages.

Research has shown prolonged fear and anxiety, with limited opportunities to act, may result in learned helplessness and depression. The study found that 37.7% of children feel sad and fearful, with 12% on the extreme end. The 12% of children who are

on the extreme end according to this report data, is an indication that 12% of children in all conflict-contexts across the board could be at risk of developing mental health disorders, such as depression and anxiety. This is higher than the World Health Organization’s estimate of 9% of young people and adults combined experiencing extreme distress in conflict settings<sup>xxiv</sup>.

This finding highlights the severity of the compounded impacts of the conflict and COVID-19 on children, and the urgent need for age -and context- appropriate mental health services.



*“Domestic violence, and forced and early marriage are the biggest risks children are facing in the country.”*

16-year-old boy in South Sudan



*“Before the pandemic, children were at risk of exploitative labour, exploitation, sexual violence and forced marriage. These days, all these risks still exist, but are magnified leading to increased trends in emotional aggressions.”*

Catholic priest, DRC



## 2. Support needs (disaggregated by age and vulnerability)

Children participating in the study ranked the five areas of support they need most. More than half of those aged 7-17 (57%)<sup>7</sup> said they needed psychosocial support<sup>8</sup>; 22.5% said they needed basic services<sup>9</sup>; 19.2% identified educational support, while 1.5% asked for family support and 0.4% for health services. Children reported that they especially appreciated sports, play, family (especially parents), peace in the community and the opening of schools.

The data show that a significantly higher proportion of refugees, IDPs and returnee children (70.2%) ask for psychosocial support compared to children from the host communities (42.5%). (See Figure 2).



*“We need to be psychologically and materially assisted, and for the security situation to be improved.”*

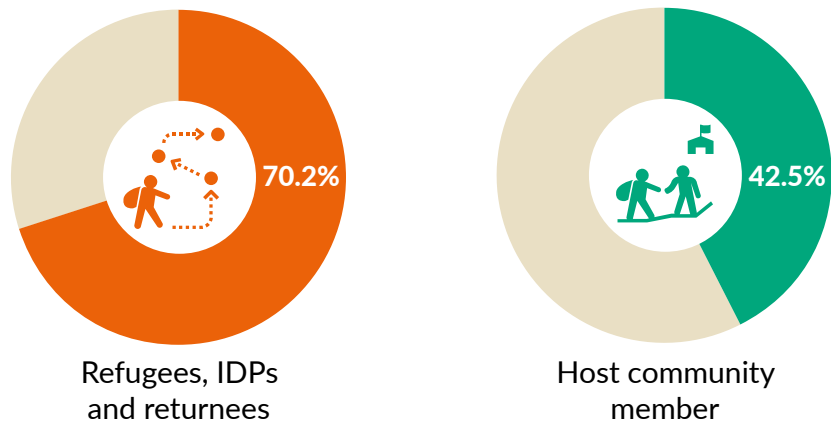
Sara, 14-year old girl

When children live in protracted conflict situations, having someone they trust at home or in their community is essential for their wellbeing. Children and youth participating in the study were asked about the availability of support, and if they had someone they could go to for support. A majority (80.6%) of the children reported that they have someone they trust for emotional



**If the identified figure of 57% children and young people who said they need psychosocial support is applied to all children in fragile and conflict-affected areas globally, it could indicate that 456 million children are in need of psychosocial support worldwide.**

**FIGURE 2:** Need for psychosocial support based on location states



*“When there is peace in the family and in the community, I feel happy and safe.”*

Okech, 15-year-old boy

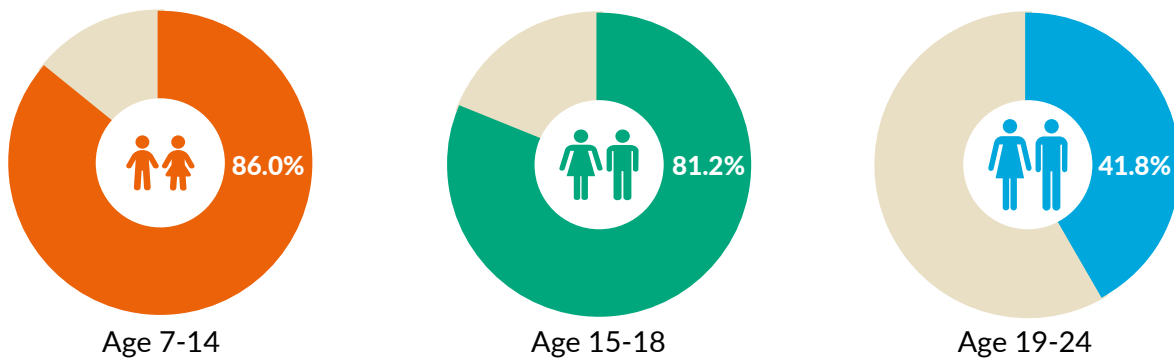
<sup>7</sup> The analysis for the older age group (18-24) was also run, and the result was almost similar; 56.8% asked for psychosocial support.

<sup>8</sup> The interviewers were trained by a technical expert in psychosocial support. The respondents replied providing needs, which were categorised into the main categories provided here.

<sup>9</sup> This includes food, water, and money for clothes and school fees.

## Availability of support

**FIGURE 3:** Children, youth with someone they can trust for emotional support



support. This was particularly the case for the youngest group of children (aged 7-14) (86.0%) and adolescents (aged 15-17) (81.2%), compared to the youth (aged 19-24) (41.8%). (See Figure 5). Most young people (67.7%) said they went to parents; 11.4% said friends or partners; 11.1% said siblings; 6.8% said other relatives, while 3.1% said others, including teachers, church leaders, psychologists and neighbours.

Older youth were less likely to have someone trusted to turn to for emotional support. Their loss of peer support during the pandemic may be why fewer youth report having someone trusted for emotional support. A recent survey conducted in the U.K. showed that young adults aged 18-24 had high levels of loneliness during the COVID-19 pandemic<sup>xxv</sup>. This is attributed to the loss of peer support, which is key for this group's development and mental health wellbeing<sup>xxvi</sup>.

In addition to questions regarding trusted emotional support, participants were also asked about the availability of health facilities and services should a child be infected with COVID-19. In most cases, there was a hospital nearby (58.9%) or a community health post (33.3%); 24.0% mentioned they had to go to the city for services. Almost a quarter of the respondents reported that no services are available or accessible.

While it is important children feel supported by their parents or someone in their community, the study's findings

show that parents are stressed with their own issues and are struggling to cope in an increasingly difficult situation. Given that children reported relying on their parents for emotional support, it is critical that parents are also adequately supported.

### 3. Impact of COVID-19 on the services available for children, young people and their families

Children reported that services and activities (70.9%), playgrounds (65.0%), food (38.1%) and water (10.6%) had become less available. (See Figure 4). There were no significant differences between the children of refugees, IDP and returnees and those of host-community members regarding service availability, except regarding water. A higher proportion of refugee, IDP and returnee children (14.7%) compared to host-community children (6.1%) reported that water had become less available. Similarly, according to most parents, 83.3% reported services had become less available since the COVID-19 pandemic began, 63.8% playground, 60.6% food, and 19.2% water.

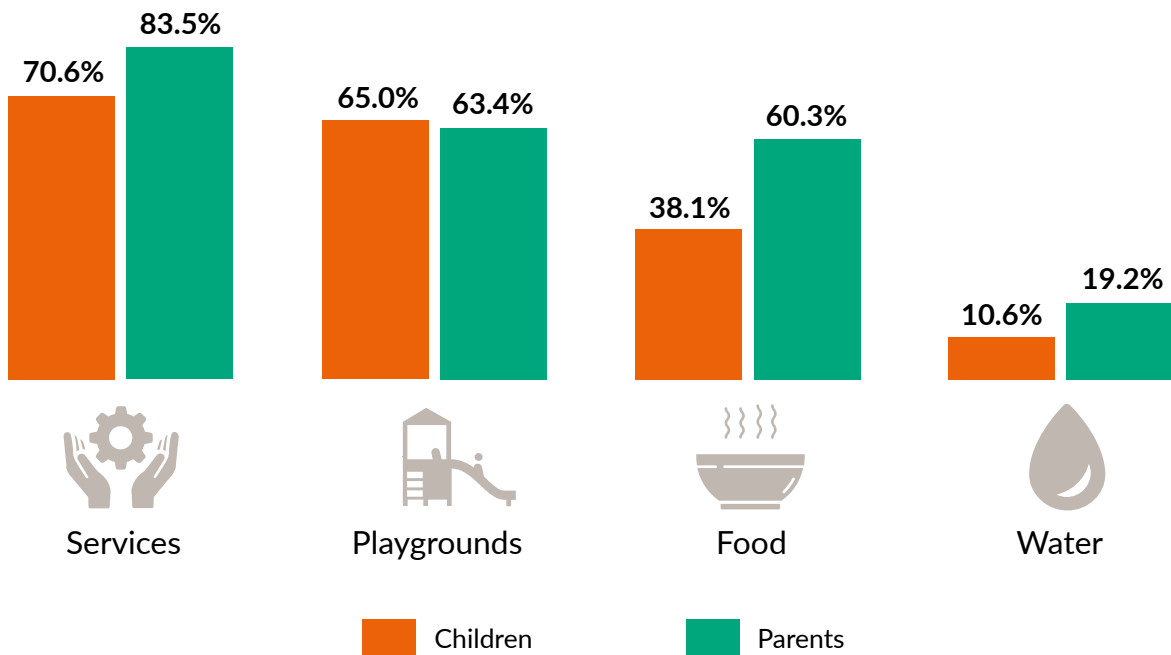
Of those who reported that services had become less available, 52.5% of children and 55.6% of parents reported that access to health centres had become less available, while 91.2% of the children and 85.8% of



“COVID-19 has affected the mobility of children in urban areas. In rural areas, they are not in quarantine. With school closures, they are at increased risk of being “seduced” or forcibly recruited into armed forces or gangs, as they can no longer attend schools. Remote learning does not include rural areas. To say the least, the internet is bad and children are not meaningfully included. In addition, I have seen an increase in domestic violence. Many families are hungry.”

NGO project coordinator for protection and education, Colombia

**FIGURE 4:** Services and needs less available with COVID-19



the parents reported that access to schools had become less available. (See Figure 5).

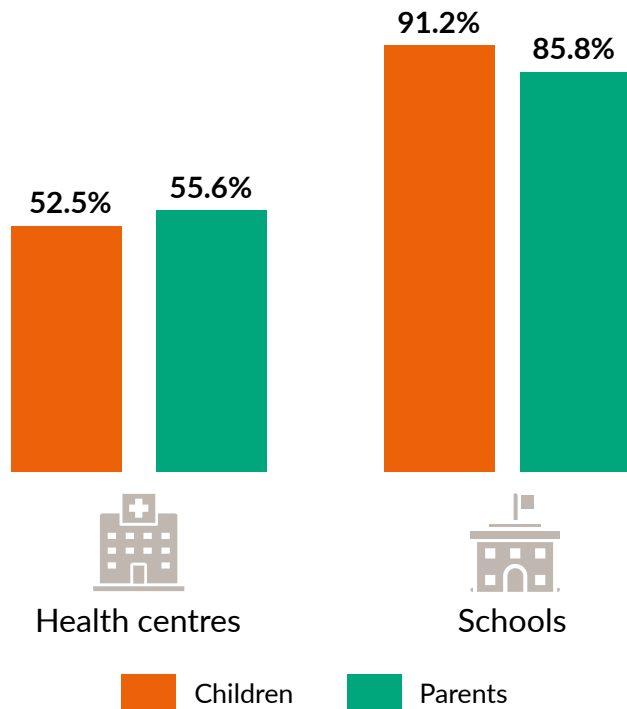
Vulnerable students have been disproportionately affected by the COVID-19 pandemic because of school closures, given the barriers they face in accessing distance learning. In Jordan, the government used television and the internet to provide distance learning for students during COVID-19-related school closures. According to UNICEF, around 70% of Jordanian children have internet access, but



“Online education is not working here inside the camp. The internet connection is bad, the teachers do not care about us and we do not have electronic devices.”

Aman, 16-year-old boy

**FIGURE 5:** Specific services less available with COVID-19



that figure drops sharply for refugees, and poorer and marginalised Jordanians.

Given the well-established connection between learning and wellbeing, access to educational opportunities is critical, integrating MHPSS components into the classroom

wherever possible. Furthermore, barriers to education should be reduced and new, innovative tailored education programmes should be inclusive of all children. Policies that prevent or create barriers for refugee children to fully participate in learning must be addressed.



*“Many vulnerable parents do not have the ability to teach their children. [Many] parents are illiterate, which affects the educational level of the students.”*

Mental health advisor, Jordan



*“In rural as well as urban areas, they [children] are staying at home. They are the victims of domestic violence by their parents, who are already under pressure from losing their jobs and the economic crisis. The children who stay at home have little entertainment and they spend too long on their electronic devices, which affects their mental and physical development.”*

Psychologist, Lebanon

## Occupied Palestinian territory (oPt)

The COVID-19 pandemic has exacerbated the already dire health, socio-economic and protection situation in the oPt. Approximately 2.45 million Palestinians will be in need of humanitarian assistance in 2021, with an increased number of people in severe need for assistance<sup>xxvii</sup>. Amongst the most vulnerable are children in detention, who are not allowed to see their parents or lawyers. Reports of domestic abuse and sexual and gender-based violence against women and children have increased, exacerbated by COVID-19-related restrictions and the resulting economic deterioration. Under lockdown, increased violence and physical abuse of children by parents and caregivers has also been reported. Many parents lost their income during the pandemic, highly affecting their ability to provide for their families' basic needs. The World Bank projected a decline of about 8% in the oPt's gross domestic product in 2020<sup>xxviii</sup>. Mental health service providers also reported a spike in hotline calls and requests for telephone counselling from people experiencing general psychosocial distress and those threatening self-harm.

A caregiver from oPt said, "Internet connection issues make things difficult for us. Having only one available smartphone, which is also being used for online education, for all the children is causing a lot of stress".

Many children who participated in the study are excluded from remote and online education because they lack smart devices and tablets or adequate internet connections in their homes. Many also lack study space and/or learning support at home.

### 4. Impact of COVID-19 on the family and parent-child relationships

More than half of the parents (51.2%) reported changes in how their children spend their days in the community since the start of the pandemic.

**Of the parents, 44.3% noticed changes in their relationships with their children, including children's aggressive behaviour, and stress and pressure on both children and parents.**

Others felt that they were losing touch with their children, which they noted affected their children.

The majority of parents (85.0%) reported that COVID-19 and its

associated control measures have affected their financial situation, with most losing their source of income. Most say they have experienced financial distress and cannot find jobs.



*"I feel that my son has lost a lot of affection for me. He feels that I scold him a lot."*

Mariana, a mother



Almost 28% of parents observed a change in the behaviour of other parents: their inability to take care of their children's needs, which the children usually could not understand. The already high rates of poverty and unemployment have been exacerbated by governments' imposed lockdowns and home quarantines, such as in occupied Palestinian territory and Jordan. This



*"Isolation, fear and anxiety, an increase in emotional stress. That is what I have witnessed."*

MHPSS programme manager, Lebanon



*"We cannot find jobs, and sometimes we do not have enough bread. One time during the lockdown, my son got sick. I could not find medicine to treat him."*

Abdel, a displaced father

has led to increased emotional distress and psychosocial disorders among parents, including increased stress and anxiety, with some exhibiting aggressive behaviour towards their children. Positively, it enabled some parents to

spend more time with their children. Support workers should build on such positive aspects to address the negative impact of the pandemic on family life and parent-child relations.

## Colombia

As of April 2020, Colombia had registered more than 2.5 million COVID-19 cases and 65,000 related deaths. Levels of domestic abuse and gender-based violence have increased during the pandemic<sup>xxvix,xxx</sup>. Conflict-related violence and serious human rights abuses still continue following the landmark peace agreement signed in 2016 by some of the involved parties. In line with the findings of this study, UNICEF also reports an increase in anxiety symptoms as a result of the pandemic<sup>xxxi</sup>. The challenges posed by COVID-19 have been compounded due to lack of basic resources, disruption of care services, weakening of the social fabric, and the impact of ongoing conflict, which affects humanitarian assistance delivery in some areas of the country<sup>xxxii</sup>.



*“... Institutions do not have the human capital to respond to the demand they have. I believe that there is a weakness in operational capacity, technical capacity and awareness of the problems. In addition, access to the territory is difficult, due to prices and armed conflict. There are limitations in relation to the ethnic approach, institutions do not respond to the specific needs of indigenous communities.”*

Training Coordinator, NGO, Colombia

## How do World Vision and War Child Holland provide MHPSS support?

### War Child Holland (WCH)

WCH is developing nine core interventions in its integrated (education, child protection and psychosocial support) care and support system. Every intervention in the care system is scientifically tested, developed and adapted to guarantee the highest quality standards and to develop good practices. These mutually reinforcing interventions ensure maximum impact, and are supplemented by a range of tools and measures to increase access to care and reduce stigmatisation. They vary in intensity according to the needs of children and their communities in order to ensure all mental healthcare needs are met.

An example of a core intervention that is being developed is the Early Adolescent Skills for Emotions (EASE) intervention. EASE is developed in collaboration with World Health Organization and other expert organisations, and aims to address the urgent mental health treatment gap among youth. The intervention sees non-specialist providers deliver psychosocial support in low-resource settings. Its design allows for rapid scale-up, and has the potential to make quality mental healthcare more widely available to vulnerable young people worldwide.

War Child provides support across the four layers of the MHPSS pyramid through child protection case

management. Child protection case management provides individualised, coordinated, holistic, multi-sectoral support for individual children with protection concerns, through direct support or referrals. This can mean for example connecting caregivers of children at risk of child labour to livelihoods programmes (level 1), providing parenting support to distressed caregivers (level 2-3) or identifying children with severe mental health conditions and referring them to specialised services (level 4). Other examples of psychosocial interventions include the creative life skills intervention DEALS, Caregiver Support Intervention and structural recreative activities for children (Team Up). For specialised mental health services War Child collaborates with partner expert organisations.

### World Vision

World Vision's MHPSS work commenced following the 1994 genocide in Rwanda, where we developed tools to measure depression in order to assist survivors<sup>xxxiii</sup>. Programmes such as interpersonal psychotherapy for groups were also developed and later implemented in Uganda, particularly among people affected by HIV/AIDS, with impressive results for sustained symptom reduction<sup>xxxiv</sup>. Today, World Vision provides MHPSS services in almost 70 countries, with especially established programmes in more than 20 countries, including Colombia, DRC, Jordan, Lebanon, the oPt and South Sudan.

Grounded in the current Inter-Agency Standing Committee Reference Group for MHPSS in Emergency Settings guidelines, World Vision's interventions are based on four increasing levels of need, as outlined below.

1. **Basic services and security:** World Vision helps facilitate access to basic services, advocating that they be provided in a safe, socially appropriate and dignified manner, and that related service information be made available in a timely, accessible and accurate manner in order to reduce people's distress.

2. **Community and family support:** World Vision assists children, families and communities to reconnect with each other. For example, we equip community faith agents to provide faith-based psychosocial support to children and families through the "Walking with Children in Hardship" programme. During humanitarian emergencies, children in our child-friendly spaces benefit from an enhanced package of psychosocial activities that help foster normalcy, and prevent distress and suffering from developing into more severe conditions. Our "Go Baby Go" parenting programme focuses on a child's first 1,000+ days, building knowledge, skills and resilience-promoting techniques to improve parenting practices across each child development phase.
3. **Focused, non-specialised supports:** World Vision is an innovator in developing psychological first aid for field workers, group interpersonal psychotherapy<sup>xxxv</sup> and community materials to support of the WHO's *Mental Health GAP (mhGAP) Humanitarian Intervention Guide's Clinical Management of Mental, Neurological and Substance Use Conditions*.<sup>xxxvi</sup> programme. World Vision also leads in demonstrating the effectiveness of the Problem Management Plus (PM+)<sup>xxxvii</sup> low-intensity psychological intervention.
4. **Specialised services:** World Vision works to improve the well-being of people affected by mental, neurological and substance use disorders by reducing the treatment gap, in conjunction with the WHO's *mhGAP*. Where World Vision is not in a position to implement these guidelines, programme staff establish effective systems to refer and support severely affected people to access specialised mental health services.



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# 04

## A WAY FORWARD



*“Good mental health is absolutely fundamental to overall health and well-being.”*

Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization

We are witnessing a silent pandemic of mental health disorders and stressors among children and young people in the wake of conflict and COVID-19 pandemic. However, we have some of the solutions ready at hand to address this crisis. There are proven models and initiatives for supporting children’s mental health in humanitarian settings, from expressive art, music and play and child-friendly spaces to clinical treatments that can be rolled out at scale. What is needed is global leadership to scale up these initiatives and ensure that mental health services are made a critical part of all humanitarian responses.

Efforts to protect the mental health and psychosocial wellbeing of children should be prioritised in every response stage, from the early onset of conflict through to recovery and post-conflict reconstruction efforts. Addressing mental health should go hand-in-hand with meeting physical health needs as part of a holistic humanitarian effort. This is especially the case for the growing number of displaced children worldwide, who require access to mental health services alongside

access to food and shelter. To date, efforts have too often been narrowly focused on their physical health rather than their mental health, despite the two being so interconnected. A more holistic and systematic approach is urgently needed.

The Sustainable Development Goals (SDG) call for a more holistic approach to achieving physical, mental and social wellbeing. As part of SDG 3, world leaders committed to support the “prevention and treatment of noncommunicable diseases, including behavioural, developmental and neurological disorders, which constitute a major challenge for sustainable development”. More specifically, SDG target 3.4 commits governments to reducing premature mortality from noncommunicable diseases by a third through the prevention, treatment and promotion of mental health and wellbeing. Clearly, the importance of mental health is recognised in global frameworks, but this must be more than rhetoric. It must be translated into concerted action, especially when it comes to conflict settings.

One of the first steps in turning these commitments into action is to integrate globally accepted standards on psychosocial care and mental health into programmes in all emergency settings. This is easier said than done, but it is nevertheless achievable. This study reveals deeply concerning levels of mental health conditions in conflict-affected countries. It makes a compelling case for global humanitarian, development and health actors to develop new (and strengthen existing) mental health services in conflict and post-conflict settings. Interventions that encompass the



© 2020 George Mghames / World Vision – children play during a psychosocial support session in Lebanon.

wider environment of the child (also referred to as an ecological model) are crucial and should be considered, including investing in education, because learning is intricately linked to emotional wellbeing. Adequate psychosocial support in school is key to supporting children affected by conflict.

Given the increasingly protracted nature of today's conflicts, it is also critical to break the silos between humanitarian, development and peacebuilding interventions to address both the immediate and longer-term mental health needs of conflict-affected populations. To promote mental health services across the 'triple nexus', it is recommended that donors take a long-term perspective and prioritise sustainable stand-alone funding for mental health and psychosocial support, as well as complementary programming approaches. This must include multi-year, flexible investment to strengthen both community-based capacity and national systems simultaneously.

It is also important to integrate mental health services across different sectors (including education, health, food, nutrition, protection and livelihoods), ensuring MHPSS integration into local health centres, schools, and youth clubs, as well as national social protection and safety net systems. This will improve the way in which other sectoral services are delivered in support of children and families who have experienced distressing events. Not least, mental health and psychosocial support should be recognised as a critical component in promoting social cohesion and building peace. When individuals (especially youth) have the support to process negative experiences, they are better equipped to manage stress levels and avoid further cycles of violence.

Now is the time to renew commitments to support mental health, especially for children in conflict settings. As billions of dollars are invested in rebuilding health systems around the world, it is essential that COVID-19 response and recovery efforts consider psychosocial

needs and the mental health impacts of the pandemic on children affected by conflict.

### Why urgent action is needed

Firstly, the social measures imposed to stop the spread of COVID-19 limit children's ability to cope with existing anxieties in their lives. This lifts their stress levels further, even more so for those with pre-existing mental health conditions. This is particularly hard for children who have already experienced high levels of distress as a result of conflict.

Secondly, the social measures imposed limit children's ability to access the support, resources and livelihoods that the adults in their lives largely provide. When children, particularly those from refugee, internally displaced and other marginalised communities, don't get the necessary support they need from the significant adults in

their lives, their short and long-term development may be seriously endangered.

Thirdly, children forced out of school in a crisis are at higher risk of child abuse, neglect and dropping out of school permanently. This is particularly the case for girls. Their protective environment and the level of care they would usually receive is lost.

Finally, given their limited resources and policy space, fragile and conflict affected countries are facing a hard decision between maintaining macroeconomic stability, responding to the pandemic and meeting peoples' basic needs, making investment in ending conflicts paramount if COVID-19 is to be addressed. Fragility in these contexts would not only slow down their own recovery, but will slow down global recovery and act as a destabilizing force in many fragile contexts<sup>xxxviii</sup>.



©2021 Julandin Murandya / World Vision – “At this safe space I meet other children, we learn and play together, and this makes me happy.” Eve, 13, at a World Vision CFS near Butembo, Eastern DRC.



©2020 Scovia Faida Charles / World Vision - "I want to become a lawyer someday and fight for the rights of children but right now my prayer is for COVID-19 to end, so we can go back to school", says Joseph, 14. Social workers Wilfred Wol and the protection committee provided psychosocial support and guidance to Joseph as he went back to school.

# 05

## RECOMMENDATIONS

No child should have to bear the psychological scars caused by wars or pandemics.

When given an opportunity, children and young people act and advocate for social change. When empowered, they can become powerful catalysts who bring about social change in a crisis. They are true heroes who have the ability to improve their own circumstances.

During this study, children compellingly articulated what they want. They want stability and dignified living spaces. They want their families to have access to livelihoods and sources of income. Children want access to reliable information and quality education so they can control their futures. They also called for psychosocial support to help them as they rebuild their lives.

World Vision and War Child Holland stand with these children in calling for the following actions:

### Parties to Conflict

**Take immediate measures to end conflicts through peaceful, diplomatic and political solutions. This is the most important, critical step in addressing the rising mental health crisis faced by children in contexts affected by conflict and COVID-19.**

1. Adhere to international humanitarian law and end violence, cease attacks on civilians, particularly children, abducting or detaining children, and facilitate the safe provision of principled humanitarian assistance.
2. Act in accordance with international humanitarian and human rights law obligations, facilitating safe humanitarian

access to affected populations, particularly children, to ensure the timely delivery of life-saving and sustaining assistance to minimising the impact of conflict on mental health.

3. Familiarise and integrate the Safe Schools Declaration Guidelines into operational rules and commands, and cease attacks on students, teachers, schools and universities, and cease the use of educational spaces for military purposes.
4. Respect the UN Secretary-General's call for a global ceasefire in order to collectively focus on the fight against COVID-19, to create opportunities to deliver life-saving aid, open windows for diplomacy and bring hope to people suffering in conflict zones who are particularly vulnerable to COVID-19.

### United Nations

**Ensure a dedicated sub-section on MHPSS in all humanitarian appeals (Humanitarian Response Plans, Refugee Response Plans) with set targets for beneficiaries, funding and reporting. This allows the international community to highlight and prioritise the MHPSS needs of conflict-affected populations and track allocated funding and gaps.**

1. Standardise the inclusion of MHPSS needs assessment data and analysis in Humanitarian Needs Overviews, and in inter-agency, multi-sector needs assessment tools.
2. Amend the OCHA Financial Tracking Service to include space for reporting MHPSS donor commitments and related budget spending by implementing partners. Introduce a marker to improve the transparency of MHPSS funding

(regarding actual appeals, funds received and expenditures) in humanitarian settings.

## Donors

**Adopt MHPSS as a priority in aid strategies, recognising it as a right for children and their families, as a life-saving intervention in emergency responses and in long-term recovery and development work, as well as a critical component in peacebuilding initiatives.**

1. Step up international collaboration to accelerate vaccine rollout in fragile and conflict-affected countries. Step up financial support to cover costs for logistics in order to ensure accessibility for all vulnerable groups, including refugees and displaced communities, recognising that the pandemic is not over anywhere until it is over everywhere.
2. Increase funding for MHPSS as a matter of immediate and urgent priority across all sectors. Step up financial commitments for Humanitarian Response Plans and COVID-19 responses to alleviate the urgent daily needs of children living in conflict.
3. Firmly root MHPSS within the social ecology of the child and strengthen the capacity within family and community systems surrounding children and adolescents in conflict and displacement contexts.

## Humanitarian Actors

**Ensure that MHPSS is integrated across all sectors, including protection, education, livelihoods and nutrition, and that children, youth, caregivers, families and communities play a role in determining and designing the services needed to support their individual and collective wellbeing.**

1. Support the basic needs of children and caregivers, which will also benefit their mental health and psychosocial wellbeing. This support includes provision of effective, adequately resourced and rights-based protective, educational and mental health services, as well as economic and livelihood support, including direct cash transfers.

2. Manage and mitigate the mental health and psychosocial impacts of conflict and COVID-19 by providing children and their caregivers with support that is age, gender and disability appropriate and is accessible for marginalised groups, taking into consideration many vulnerable groups' lack of equitable access to the internet/technology.
3. Invest in nationally and locally led mental health services, including training for local health actors in psychological first aid, building on what is locally available. Support the wellbeing of teachers in formal and non-formal settings, and build their capacities to support their students' healthy psychosocial development.

## Governments

**Draft national mental health strategies that centralise children's mental health and psychosocial wellbeing. This includes specific budget lines in health, education and child protection budgets to support the implementation of locally led MHPSS services.**

1. Endorse the Safe Schools Declaration and its guidelines, advancing actions to ensure implementation of these commitments to protect students, teachers, schools and universities from the worst effects of armed conflicts. Governments should also act early and create enabling environments for children from their early years through to adolescence. This includes support for the safe reopening of schools or access to relevant alternatives, as well as economic and livelihood support for vulnerable families.
2. Ensure fair, affordable and equitable access to COVID-19 vaccines (once they are safe and available) regardless of people's legal status (refugee, internally displaced or stateless).
3. Work in collaboration with the UN and NGOs to support community-based, multi-disciplinary team services and interagency coordination across sectors in order to promote the early detection, response and prevention of MHPSS concerns among children and their caregivers.

# REFERENCES

- <sup>i</sup> Charlson, F., van Ommeren, M., Flaxman, A., Cornett, Jo., Whiteford, H., & Saxena, S. (2019). New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. *The Lancet*, Published Online June 11, 2019. [http://dx.doi.org/10.1016/S0140-6736\(19\)30934-1](http://dx.doi.org/10.1016/S0140-6736(19)30934-1).
- <sup>ii</sup> UNICEF. (2019, August 28). Fast facts: WASH in conflict. Retrieved from UNICEF: <https://www.unicef.org/stories/fast-facts-water-sanitation-hygiene-conflict>
- <sup>iii</sup> Ministry of Foreign Affairs. The Netherlands. (2019, October 18). Mind the Mind Now Conference Special. Retrieved from <https://www.government.nl/binaries/government/documents/publications/2019/10/18/mind-the-mind-now-conference-special/Mindthemindnow-Conference-Special.pdf>
- <sup>iv</sup> UNICEF. (2019, August 28). Fast facts: WASH in conflict. Retrieved from UNICEF: <https://www.unicef.org/stories/fast-facts-water-sanitation-hygiene-conflict>
- <sup>v</sup> Østby, G. R. (2020). *PRIO*. Retrieved from Conflict Trends.
- <sup>vi</sup> UNHCR. (2020, June 18). *Figures at a glance*. Retrieved from <https://www.unhcr.org/en-au/figures-at-a-glance.html>
- <sup>vii</sup> UNICEF. (2019, July). *Protecting and supporting internally displaced children in urban settings. Key challenges and recommendations*. Retrieved from IDMC: <https://www.unicef.org/media/56191/file/Protecting%20the%20rights%20of%20internally%20displaced%20children.pdf>
- <sup>viii</sup> UNICEF. (2021, February 19). Militia violence threatens 3 million displaced children in Democratic Republic of Congo. *Global indifference putting a generation of children at risk*. Retrieved from <https://www.unicef.org/wca/press-releases/militia-violence-threatens-3-million-displaced-children-democratic-republic-congo>
- <sup>ix</sup> Save the Children. (2020, November 30). *Reliefweb*. Retrieved from OCHA Services: <https://reliefweb.int/report/democratic-republic-congo/11m-children-under-five-risk-extreme-hunger-or-starvation-across>
- <sup>x</sup> WFP. (2020, July 2). *Food Security and Nutrition Monitoring Report (FSNMS), Round 25 - February 2020*. Retrieved from <https://fscluster.org/south-sudan-rep/document/food-security-and-nutrition-monitoring-4>
- <sup>xi</sup> OCHA. (2021, January). *Reliefweb*. Retrieved from Humanitarian Needs Overview. Humanitarian Program Cycle: [https://reliefweb.int/sites/reliefweb.int/files/resources/south\\_sudan\\_2021\\_humanitarian\\_needs\\_overview.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/south_sudan_2021_humanitarian_needs_overview.pdf)
- <sup>xii</sup> UNICEF. (2019, July). *Protecting and supporting internally displaced children in urban settings. Key challenges and recommendations*. Retrieved from IDMC: <https://www.unicef.org/media/56191/file/Protecting%20the%20rights%20of%20internally%20displaced%20children.pdf>
- <sup>xiii</sup> WHO. (2020, October 5). *COVID-19 disrupting mental health services in most countries, WHO survey*. Retrieved from New Release: <https://www.who.int/news/item/05-10-2020-covid-19-disrupting-mental-health-services-in-most-countries-who-survey>
- <sup>xiv</sup> WHO. (2018, June 6). *WHO*. Retrieved from Health workforce: <https://www.who.int/hrh/news/2018/WHO-MentalHealthAtlas2017-highlights-HW-shortage/en/>
- <sup>xv</sup> Liese, B. G. (2019). International funding for mental health: a review of the last decade. *International Health*, 11(5), 361-369. Retrieved from <https://academic.oup.com/inthealth/article/11/5/361/5537164>

- <sup>xvi</sup> Mednick, S. (2019, January 21). *Conflict News Feature*. Retrieved from The New Humanitarian: <https://www.thenewhumanitarian.org/news-feature/2019/01/21/south-sudan-whole-country-traumatised>
- <sup>xvii</sup> Van Bortel, T. B. (2016, January 21). *Bulletion of the World Health Organization*. Retrieved from World Health Organization: <https://www.who.int/bulletin/volumes/94/3/15-158543/en/>
- <sup>xviii</sup> War Child UK. (2018). *Reclaiming Dreams – Prioritising the Mental Health and Psychosocial Wellbeing of Children Affected by Conflict*. Retrieved from <http://reclaimingdreams.warchild.org.uk/>
- <sup>xix</sup> WHO. (2018, June 6). *WHO*. Retrieved from Health workforce: <https://www.who.int/hrh/news/2018/WHO-MentalHealthAtlas2017-highlights-HW-shortage/en/>
- <sup>xx</sup> HRW. (2021). *World Report 2021*. Retrieved from Human Rights Watch: <https://www.hrw.org/world-report/2021/country-chapters/lebanon>
- <sup>xxi</sup> UNICEF. (2021). *Child Protection Lebanon*. Retrieved April 23, 2021, from <https://www.unicef.org/lebanon/child-protection>
- <sup>xxii</sup> OCHA. (2021, January). *Reliefweb*. Retrieved from Humanitarian Needs Overview. Humanitarian Program Cycle: [https://reliefweb.int/sites/reliefweb.int/files/resources/south\\_sudan\\_2021\\_humanitarian\\_needs\\_overview.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/south_sudan_2021_humanitarian_needs_overview.pdf)
- <sup>xxiii</sup> Institute of Medicine. (2003). *Preparing for the Psychological Consequences of Terrorism*. In A. S. Butler, *A Public Health Strategy (2003)* (p. 284). The National Academies Press. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK221638/>
- <sup>xxiv</sup> Charlson, F., van Ommeren, M., Flaxman, A., Cornett, Jo., Whiteford, H., & Saxena, S. (2019). *New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis*. *The Lancet*, Published Online June 11, 2019. [http://dx.doi.org/10.1016/S0140-6736\(19\)30934-1](http://dx.doi.org/10.1016/S0140-6736(19)30934-1).
- <sup>xxv</sup> Mental Health Foundation. (n.d.). *Good mental health for all*. Retrieved April 21, 2021, from <https://www.mentalhealth.org.uk/our-work/research/coronavirus-mental-health-pandemic>
- <sup>xxvi</sup> Orben, A. T. (2020). *The effects of social deprivation on adolescent development and mental health*. *The Lancet Child & Adolescent Health*, 4, 634–40.
- <sup>xxvii</sup> OCHA. (2020). *OCHA Humanitarian Needs Overview*. Retrieved from Humanitarian Program Cycle. Working Document: [https://www.ochaopt.org/sites/default/files/hno\\_2021.pdf](https://www.ochaopt.org/sites/default/files/hno_2021.pdf)
- <sup>xxviii</sup> OCHA. (2020). *OCHA Humanitarian Needs Overview*. Retrieved from Humanitarian Program Cycle. Working Document: [https://www.ochaopt.org/sites/default/files/hno\\_2021.pdf](https://www.ochaopt.org/sites/default/files/hno_2021.pdf)
- <sup>xxix</sup> Radio Nacional de Colombia. (2020, June). *HOME COLOMBIA TODAY FACTS DURING QUARANTINE*. Retrieved from <https://www.radionacional.co/noticia/actualidad/violencia-infantil-colombia-cuarentena-2020>
- <sup>xxx</sup> UNWOMEN. (2020). *ONU Mujeres Colombia*. Retrieved from [https://www2.unwomen.org/-/media/field%20office%20colombia/documentos/publicaciones/2020/01/covid19\\_onu\\_mujeres-colombia.pdf?la=es&vs=1437](https://www2.unwomen.org/-/media/field%20office%20colombia/documentos/publicaciones/2020/01/covid19_onu_mujeres-colombia.pdf?la=es&vs=1437)
- <sup>xxxi</sup> UNICEF. (2020). *About mental health during COVID-19*. Retrieved from <https://www.unicef.org/lac/en/impact-covid-19-mental-health-adolescents-and-youth>
- <sup>xxxii</sup> MIRE. (2020). *Mecanismo Intersectoral de Respuesta en Emergencias. Reporte Sectorial*. Retrieved from Reliefweb: [https://reliefweb.int/sites/reliefweb.int/files/resources/reporte\\_sectorial\\_proteccion\\_v3.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/reporte_sectorial_proteccion_v3.pdf)
- <sup>xxxiii</sup> Bolton, P., Neugebauer, R., & Ndogoni, L. (2002). *Prevalence of depression in rural Rwanda based on symptom and functional criteria*. *The Journal of nervous and mental disease*, 190(9), 631-637.



- <sup>xxxiv</sup> Bolton, P., Bass, J., Neugebauer, R., Verdeli, H., Clougherty, K. F., Wickramaratne, P., ... & Weissman, M. (2003). Group interpersonal psychotherapy for depression in rural Uganda: a randomized controlled trial. *Jama*, 289(23), 3117-3124.
- <sup>xxxv</sup> Verdeli, H., Clougherty, K., Bolton, P., Speelman, L., Lincoln, N., Bass, J., ... & Weissman, M. (2003). Adapting group interpersonal psychotherapy for a developing country: experience in rural Uganda. *World Psychiatry*, 2(2), 114.
- <sup>xxxvi</sup> World Health Organization. (2015). *MhGAP Humanitarian Intervention Guide (mhGAP-HIG): Clinical management of mental neurological and substance use conditions in humanitarian emergencies*. World Health Organization
- <sup>xxxvii</sup> Bryant, Richard A., Alison Schafer, Katie S. Dawson, Dorothy Anjuri, Caroline Mulili, Lincoln Ndogoni, Phiona Koyiet et al. "Effectiveness of a brief behavioural intervention on psychological distress among women with a history of gender-based violence in urban Kenya: a randomised clinical trial." *PLoS medicine* 14, no. 8 (2017): e1002371.
- <sup>xxxviii</sup> Georgieva, K. (2021, February 24). *IMF blog*. (G. Gottselig, Editor) Retrieved from Govdelivery: <https://content.govdelivery.com/accounts/USIMF/bulletins/2c39dc6>

