COVID-19 and its impact on children, families and professionals in Guatemala and Nicaragua: the case of two child protection and one child labour program

COVID-19 y su impacto en la niños, niñas y adolescentes, sus familias y los profesionales en Guatemala y Nicaragua: el caso de dos programas de protección infantil y uno de trabajo infantil

International Child Development Initiatives

KINDERPOSTZEGELS
voor kinderen door kinderen

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Table of Contents

Executive summary in English

The present study analyses the impact of COVID-19 on children, families and professionals involved in two child protection programmes and one child labour programme in Guatemala and Nicaragua. Both programmes are funded by *Stichting Kinderpostzegels Nederland* and have been coordinated by ICDI since 2019. By July 2021, the implementing agencies -both local NGOs- had reached 4.683 children and adolescents, 2.416 parents, 703 teachers and 168 local authorities. ICDI's partners and beneficiaries were heavily affected by the COVID-19 pandemic. Although the body of research on COVID-19 has increased, there is still a gap in knowledge in low-income countries.

Between September and October 2021 an online questionnaire was answered by 34[1] participants from ICDI's partners[2] in Nicaragua and Guatemala regarding different topics such as emerging needs, service adaptations, the perceived impact of COVID 19 on children, families and stakeholders, how human resources were handled and how national policies impacted their overall services.

Findings

As expected, the **wellbeing of children and families was affected by COVID-19.** According to 85% participants the workload increased and 95% agreed that stress levels in children also increased. On the other hand, children's free time (62%), children's mental health (65%), physical and emotional wellbeing (79%) and social interactions with same aged peers (73%) decreased.

Regarding children's needs, their **emotional well-being decreased in this period**, likely due to the challenges posed by growing up during a pandemic and being directly or indirectly exposed to death, economic difficulties and having fewer opportunities to spend time with peers and in education settings. 41% of the participants agree that poverty is the most influential factor, followed by child abuse (29%) and isolation (15%).

Most influential factors impacting children and adolescents

- school closing
- Lockdown and isolation
- Increased child abuse
- Increased poverty
- Other

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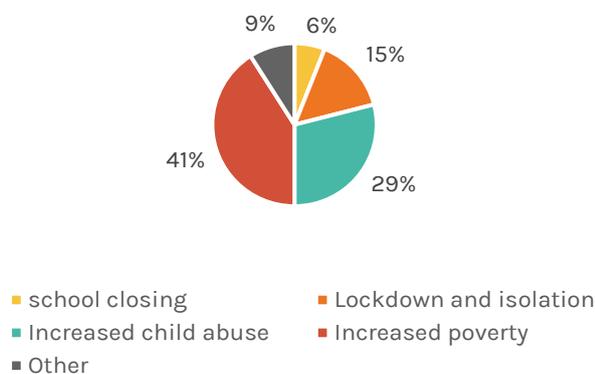
[1] In total 35 answers were registered, but only 34 participants' responses could be taken into account as one of them did not provide consent.

[2] Participating partners in Nicaragua were (1) Asociación La Amistad, (2)Asociación Infantil de Niños y Niñas Trabajadores - Tuktan Sirpi, (3)Puntos de Encuentro, (4)Asociación Inhijambia, (5)Fundación Centro de Atención Profesional de los Niños de la Calle - Fundación NITCA, and (6) Instituto de Promoción Humana - Inprhu-Somoto: while in Guatemala the partners were (7) Centro Ecuménico de Integración Pastoral – CEIPA, (8) Fundación Esperanza de los Niños – Childhope, (9) Asociación Nacional Contra El Maltrato Infantil – CONACMI, (10) Coordinación de ONG y Cooperativas -CONGCOOP, (11) Asociación Ixoqib' MIRIAM and (12) El Refugio de la Niñez.

"The loss of work (of a family member or of them) deprives them of enjoyment of their basic rights such as education, health" (Professional from Child Protection program in Guatemala)

Most influential factors impacting children's families

9%

29%

62%

- Increased unemployment
- Increased financial hardship
- Other
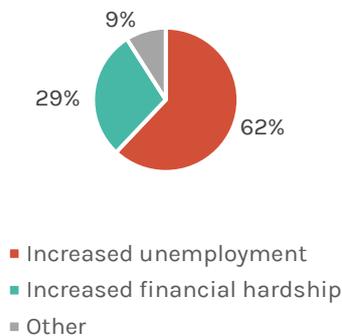
Parents and carers showed similar challenges related to **higher stress levels and an increasing workload, while social interactions, overall well-being and free time decreased**. Participants pointed out that increased unemployment (62%) and increased financial hardship are the most influential factors (29%) that contributed the challenges families face in this particular period and context.

"The increase in poverty, a product of unemployment, families do not have access to quality food and medicine" (Professional from Child Labour program in Nicaragua)

Regarding the perspective of staff on wellbeing, participants mentioned *social distancing* (82%) and *lockdown measures* (62%) as the most influential factors. 41% of participants considered the restrictions implemented by their government to have impacted their work performance.

Given the emerging needs during the pandemic, organizations had to **adapt services** in several ways to meet the needs of children, their families, and staff members, which meant a shift towards online activities. 53% of the cases, respondents said all in-persons activities were completely cancelled and in 73% of the cases, these activities were delivered remotely. Only 32% of respondents reported that their organisation had to completely stop all activities. This pointed out the challenge of also educating staff and beneficiaries on measures to prevent COVID-19 and enforcing these measures, while also keeping in touch with them through the management of several smaller groups and other forms of online communication. Workers expressed their need for improving their technological skills to use technology in a proper way. Additionally, professionals would like to learn more about improving psychosocial support for children and families as well as techniques to improve and increase their knowledge on project management.

In addition to the activities that organizations had to adapt, **new services had to be created to meet emerging needs** of a new context such as school support for online learning, psychological and mental services and other types of support related to technology and virtuality. **91% of the respondents mentioned that their organisations designed new activities**. These adaptations can be **summarized in four**. Firstly, activities related to physical and mental health, such as psychological support for children and their families.

"There has been an increase of demand for psychological care for most members affected by loss and grief" (Professional from Child Protection program in Nicaragua)

Secondly, **support activities** to address the challenges of virtual education. 76% of participants reported that their organisations started **to offer other supportive activities** such as online courses and playtime. Respondents also reported to have offered more **schools support** for children and adolescents (79%) and more non-formal educational activities (82%).

Thirdly, a lot of professionals mentioned **emerging technological needs.** Participants mentioned difficulties to access technology necessary for online learning:

"We needed to give children the right tools so that they can have access to new forms of virtual work" (Professional from Child Labour program in Guatemala)

And lastly, **humanitarian help**. In fact, 85% of participants reported that their organisation purchased and **distributed hygiene and food packages** as well as implemented campaigns for the prevention of COVID-19 (91%). Most of the respondents reported that their organisations designed adaptations taking into account the needs and interests of children (91%) and families (88**%). Community leaders played a strategic role in voicing out the needs to the program coordinators**, to be possible to adapt to the contextual necessities of children and families.

Conclusions

- The **pandemic affected negatively on families and their children**, so organizations had to do much more than they usually do to meet emerging needs.
- The pandemic affected services that are usually provided by these organizations but also **pushed organizations out of their comfort zones, to provide new services** that they didn't consider initially. In order to be able to reach their goals, organizations had to meet several basic needs that influence the wellbeing of children and their families, which go from humanitarian help towards mental health support.
- **Adaptations** made by the organisations were able to provide **effective and quality support** to children, ensuring that children were able to attend activities - although often remotely.
- **Organizations were on the frontline**, adapting services and delivering support in a timely matter. Since they were already embedded within the local networks due to their long-lasting work within each community, they could use those relations as a source of knowledge, to adapt and tailor services to the needs of each context. However, this does not mean that these organizations alone were responsible for delivering this additional help needed during crisis but should be supported by the government and other organizations.
- Each country responded differently to the COVID-19 pandemic, **however neither professionals from Guatemala nor Nicaragua felt supported by their governments**.

Recommendations

- Policy makers should partner with **organizations that already have an established presence**, as they can work as a **vehicle for more prompt and appropriate help**. However, as seen in the data collected, each country responded differently to the COVID-19 pandemic and professionals didn't feel supported by their governments. Policy makers could have benefitted more from this opportunity of including and supporting organizations to enhance the humanitarian response.
- It is important to point out the need of "caring for the ones who care", which is primarily applied to health care workers. However, in this context, professionals of these organizations play an important role in the prevention and reparation of violence and abuse of children and adolescents. Working in this field is already a challenging task, which has affected workers even more in this context. It is important to consider support and prevention strategies for burn out.

Introduction

The COVID-19 pandemic constitutes one of the greatest challenges humanity has been exposed to in recent years, causing an unprecedented crisis that affected all sort of sectors of life at different levels. There are three characteristics that makes it the largest, unprecedented crisis of the last decades. Firstly, it has high transmissibility, explaining the rate at which it spread. Secondly, it has a severe social and economic impact. Thirdly, it resulted in a massive saturation of the health systems with subsequent dramatic consequences (Lombardi, 2020,). Furthermore, numerous countries implemented several strict measures, such as school closures, lockdowns, quarantines, and closed borders, which according to experts have a significant impact on mental health outcomes. (Alonzo & Popescu, 2021). These effects can have short- and longer-term effects on the well-being of the overall population (Katz et al., 2021).

Even though the amount and quality of social research on the impact of COVID-19 and the responses of services vary to a great extent, there is an increasing body of research on this topic, with a larger availability of data coming from Europe and North America. Research suggests a strong impact on the mental health and psychological functioning of young children and adolescents with a lot of the services being heavily restricted due to physical distancing and the lack of access to technology. (Ma et al., 2021). Additionally, it is important to understand that the impact of COVID-19 systems varies from country to country as a function of their development and national policies on COVID-19.

From 2019, *International Child Development Initiatives – ICDI*[3] coordinates two child protection programmes and one child labour programme funded by *Stichting Kinderpostzegels*[4] in Guatemala and Nicaragua, which were heavily affected by the pandemic. As many other non-governmental organizations (NGOs), ICDI also had to reassess their interventions and develop and introduce an adapted plan for the delivery of services and activities, which would be able to support national health prevention strategies – where available – and at the same time mitigate the negative secondary impacts on the most vulnerable children, adolescents, and youth. Their adaptation process to emerging needs in a changing environment is an important source of knowledge that can help understand how services react to emergencies and develop flexible and tailored solutions under extremely challenging circumstances.

For these reasons, ICDI decided to conduct a study the experiences and views of service providers, children, and families in these two countries to shed light on how the pandemic has affected them and how they have reacted and adapted to it.

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[3] www.icdi.nl
[4] https://www.kinderpostzegels.nl/

Context of the study

The impact of the COVID-19 pandemic on children and families

Even though many countries have tried to adapt and innovate quickly (Katz et al., 2021), research suggests effects on mental health, security, and safety worldwide may be severe and long-lasting (Alonzo & Popescu, 2021). This especially goes for children and young people (Jones et al., 2020). For instance, evidence suggests that by closing schools over long periods of time will children lack social interactions and start losing the advantages linked to school settings and classrooms structures/rules (Ma et al., 2021). By the 15th of April 2020, a total of 191 countries imposed nationwide school closures, which means that 90% of students stayed at home.

Even though digital learning has been implemented quickly to adapt to lockdowns and school closures, several negative outcomes come from digital learning, such as unequal access (Cáceres-Muñoz, Jiménez Hernández & Martín-Sánchez, 2020). This latter point is important, as digitalised education widens the gap in learning between children from higher socio-economic background and those from lower socio-economic backgrounds (Gupta & Jawanda, 2020). According to UNICEF, children from low-income countries with low socio-economic communities will be especially impacted (UNICEF, 2020), due to greater risk and higher barriers to accessing support and health services (Jones et al., 2020). *Save the Children* conducted a survey in Central America on the impact of COVID-19 on health, education, livelihood and protection of children and families (Acosta, & Santillan, 2021). Results show that 47 per cent of children do not have internet access in their home settings, 8 out of 10 parents identify negative feelings in their children, namely, worry (64 per cent), boredom (61 per cent) and sadness (44 per cent) (Acosta, & Santillan, 2021). Another study reported that 88 per cent of girls in Nicaragua stated anxiety ranging from moderate to high (Goulds et al., 2021). All these numbers reflect a setback in learning, struggles assessing educational resources, lack of inclusive mental health services and psychosocial support (Acosta, & Santillan, 2021). Taking a closer look at the educational system, a recent survey conducted shows that 7 out of 10 children almost did not learn anything during the pandemic (Acosta, & Santillan, 2021). Overall, both WHO and UNICEF characterize children and young people as hidden victims of the pandemic and its impact as an attack on children's rights in an unprecedented manner (World Health Organization, 2020).

One of the many sectors impacted by the outbreak of the virus was the child welfare services and their ability to provide support to vulnerable children, young people, and their families (Teo & Griffiths, 2020). Since child protection services (CPS) are open systems, their interaction with other systems (e.g., health, education, justice, disrupting of the social safety net (Katz et al., 2021) For instance, due to quarantines, curfews, and decreased funding, child-help lines were understaffed, which posed a limitation towards child protection, resulting in more cases of child violence/abuse going unnoticed (Katz et al., 2021). Additionally, professionals working in these child welfare systems were exposed to sudden changes, such as to work from home, teaching/ consulting online, and a heavier workload (Leeds Beckett University, 2021). In the UK, half of educational professionals reported a decrease in their mental health and a lack of support and guidance from the government concerning the sudden changes required (National Education Support, 2020). Additionally, 40 per cent of teachers had no professional abilities in online teaching and 20 per cent reported the need for more training in this regard (Winter et al., 2021).

The COVID-19 pandemic in Guatemala and Nicaragua

Guatemala and Nicaragua have had very distinct national policies. On one hand, the government of Guatemala implemented strict measures. By March 2020 a "state of calamity" was declared followed by a national lockdown and curfew (Alonzo, Popescu & Zubaroglu-Ioannides, 2021). Regardless of the measures imposed, Guatemala was characterised as medium-high and high risk of exposure to the virus and experienced the highest rate of COVID-19 in Central America. So far, 638.705 cases have been confirmed and 16.125 deaths have been registered ("Guatemala: WHO Coronavirus Disease (COVID-19) Dashboard with Vaccination Data", 2022).

Nicaragua's government's response to the global pandemic was to ignore what the public health experts were stating, which was characterised as a severe case of disease denialism (Buben & Kouba, 2020). Specifically, the responsible entities claimed that Nicaragua would not be affected by the outbreak of the virus and that the pandemic would not reach the Nicaraguan community. Officially, the government and national organizations did not close educational centres, nor did they implement any kind of lockdown. To the present date in Nicaragua, 17.526 have been confirmed and 218 deaths have been registered ("Nicaragua: WHO Coronavirus Disease (COVID-19) Dashboard with Vaccination Data", 2022).

ICDI's programmes in Nicaragua and Guatemala and how they were affected by COVID

Since 2019, ICDI has been managing *Stichting Kinderpostzegels'* programmes and projects in Nicaragua and Guatemala. By July 2021, the partners had reach 4.683 children and adolescents, 2.416 parents, 703 teachers and 168 local authorities, both from the Child Protection and the Child Labour programme. They focus mainly on providing psychosocial support for children and adolescents who experience trauma related to violence as well as workshops and training for parents and teachers to raise awareness on the issues and help protect children from abuse or child labour.

Since the beginning of the COVID-19 pandemic in March 2020, ICDI has been gathering data on the impact COVID-19 has had in the partner organisations and in the programmes. We have been in close contact with the partners and collaborated with them to modify their work plan accordingly to the health situation in both countries and around the world. The main changes were that they adapted activities to virtual platforms and included awareness raising activities as well as hygiene kits for their beneficiaries and for their staff.

During this time, we have been listening to the partners' needs and have implemented activities to help them cope with the current situation, such as to increase the psychosocial support for the organisations' staff and included self-care activities in the programmes for them and the beneficiaries. Even though, the updates we received was not enough to assess the situation properly and to give us inputs for effective managing these programmes. Therefore, we decided to research these issues so as to provide the partners with additional guidance concerning the children and families on their watch.

Purpose and methodology of the study

There is still a gap in the literature regarding the impact of the pandemic on low-income countries such as Guatemala and Nicaragua. It is important to dive deeper into this matter to understand the impact that COVID-19 can have on the mental health and well-being of children, families, and professionals (Leeds Beckett University, 2021) and how services adapt to newly emerging needs and unexpected circumstances. Therefore, this study will focus on the following objectives:

Understanding as to:

1. How the needs of children and families have changed given the COVID-19;
2. How child protective services have adapted to those emerging needs (e.g., best practices, challenges, failures).
3. The impact the adapted services had on children, families, and stakeholders.
4. How the staff has prepared for the adaptation and what kind of impact the pandemic had on their well-being.
5. What lessons have been learned and what can be taken from that for future projects.
6. How the national policy on COVID-19 influenced child services in Guatemala and Nicaragua.

Methodology

An online questionnaire was developed, between September and October 2021. First, a pilot version selected feedback from two partners in Guatemala and one partner in Nicaragua, which led to the final questionnaire[5] (see appendix 1) by the end of October. On the 5th of November, ICDI reached out by email to the partners[6], asking at least three members[7] if their staff to complete the questionnaire by the 20th of the month. The final sample consisted of 34[8] participants and the overall questionnaire contains 51 questions addressing several matters related to the impact of COVID-19, clustered in the following seven topics:

1. Background information,
2. Emergent needs of children and families during the pandemic,
3. Service adaptations,
4. Impact of adaptations on children, families, and stakeholders,
5. Human resources during the pandemic,
6. Lessons learned, and
7. National policy on COVID-19.

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[5] It is important to mention that given Spanish was the mother tongue of all respondents, the original English questionnaire was translated into Spanish.

[6] Participating partners in Nicaragua were Asociación La Amistad, Puntos de Encuentro, Asociación Inhijambia, Fundación Nitca, Tuktan Sirpi and Inprhu; while inGuatemala the partners were Conacmi, Refugio de la Niñez, Proyecto Miriam, Ceipa, Childhope and Congcoop.

[7] Participation was voluntary, which meant that not in all cases three members answered the questionnaire. At the end 2 to 3 members of each organization participated in the survey, with a total of 34 responses.

[8] 35 answers were registered, but only 34 participants' responses could be considered as one of them did not provide consent.

Purposely, for the optimal and most honest outcome we can achieve with this questionnaire, questions were designed through different formats including, multiple choice, open questions, selection tables, amongst others. Not all 51 questions were mandatory, and some questions were contingent on certain answers.

Ethical aspects

Ethical considerations influence the entire evaluation process, including evaluation design, composition, recruitment, and management of the evaluation team, as well as consultations and interviews with informants and data storage and use.

Conducting qualitative fieldwork of this nature requires high ethical standards to ensure that false expectations are not raised among respondents, confidentiality is maintained, and respondents were never forced to participate or encouraged to speak about subjects that may be upsetting. We based this on our experience of qualitative fieldwork to ensure that these standards were met.

In conducting our fieldwork, we will follow a set of ethical principles developed based on our own experience as well as adapted from the Young Lives research ethics guidelines (Morrow, 2012), which draw from existing literature on the governance of social research (ESRC, 2010):

- **Ensuring the safety of participants**: be mindful that the environment in which research is conducted is physically safe, and that there are at least two facilitators present at all times.
- **Recognising that participants are vulnerable**: be aware of local conditions, and make sure that the exercise and interactions are carried out in a manner respectful to all respondents.
- **Ensuring that people understand what is happening at all times**: This is ensured through the use of translation, so that research is conducted in the appropriate language familiar with local customs and terminology.
- **Clarifying the purpose**: present clear parameters for the interviews to the respondents, which includes clearly stating the purpose, the limits, and what the follow-up would entail. Each engagement starts with a clear introduction to ensure that all participants are aware of these parameters.
- **Informed consent**: ensure that potential respondents are given enough information about the research. Respondents were informed that they can choose to not respond to all or any of our questions at any time.
- **Anonymity**: It is our responsibility to ensure that respondents' confidentiality was maintained, and personal information was protected. This was operationalised by ensuring that all datasets are anonymised, in the sense that all names of people are removed before any data is shared publicly. All efforts were made to protect children, adults, households, and communities against any form of harm, manipulation, and malpractice following established ethical guidelines on the subject.

Limitations

It is important to consider the limitations of this study. Firstly, the sample is not representative of the population of these two countries as it only reflects the situation of organizations involved

in the three programmes. Furthermore, the data was collected online. There were no follow-up interviews or focus groups with the key informants to understand how the data may have changed over time. It was not possible to disaggregate the data as a function of the impact on girls and boys, as the questions asked referred to children and youth in general. Additionally, children and families were not interviewed directly, affecting its reliability. Nevertheless, this study was relevant to shed light on how the organizations have adapted in the eyes of professionals working with children on a daily basis. It would be of interest for future research to complement the present study by focusing on getting the views from children and their families directly.

Participants

Firstly, participants were asked about their personal and professional background. Of a total of 34 participants, 68% identified themselves as females, 29% as males and the remaining percentage preferred not to say. The sample was distributed almost evenly between both countries with 53% from Guatemala and 47% from Nicaragua. The sample size ranged from 25 to 64 years old. The **majority of the participants ranged between 25 and 44 years of age (58%)**. Regarding the educational background, **68% of the respondents had a bachelor or technical study**, whereas **29% had completed a master's degree** and the remaining had **finished high school**. Participants included project managers (26%), directors (21%), psychologists (15%) and social workers (15%). More than half of the participants worked in the child protection programme (68%) whereas the rest worked in the Child Labour programme (32%). According to the participants' answers, majority worked in a programme that was implemented in an urban area (41%), 32% worked in a program targeting rural areas and the remaining 26% worked with both areas. Precisely, **half of participants work in a programme targeting minorities.** Furthermore, **majority of participants have contact with children and adolescents during work (94%) and this contact happens mostly on a daily basis (56%).** The children and adolescents in involved are between the ages of 0 and 18 years old, predominantly from the age 7 to 18 (94%)**.** Nowadays, 68% of participants are working at the office, and 26% in a mixed environment between working from home and going to the office.

Analysis

First, we will describe how participants perceived the change in wellbeing in children, their families and staff involved. Secondly, different types of adaptations will be explained, such as on how the services were delivered, which activities were added and how working conditions of staff changed. Next, participants reflect on the impact of these changes and lastly, how national policy of both countries played a role in the changed mentioned.

Effects of the pandemic on wellbeing of children, their families and staff

The pandemic affected heavily on the living conditions of children and their families. Professionals were asked to consider the children and adolescents they work with and evaluate several factors on whether they increased, decreased, or remained the same. See Chart 1 for a more visual format of the following analysis.

Chart 1. Factors that changed in children and adolescents with the pandemic, percentage (Question 14)

Factors that changed in children and adolescents with COVID-19
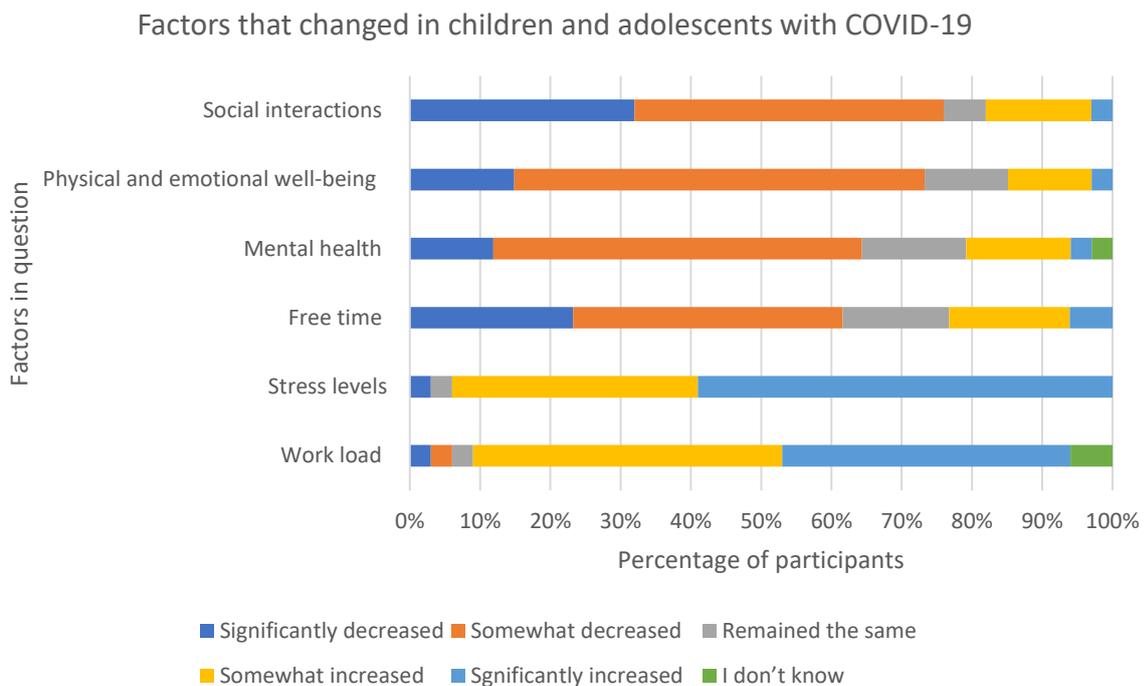
Participants agreed that the workload (85%) and stress levels (94%) for children increased. In addition, children's *free time* **(62%), *children's mental health (65%), physical and emotional wellbeing* (79%) and *social interactions with same aged peers* (73%) decreased. Professionals noticed a big change in *physical and emotional health,* as well as the ability to meet *basic needs.* They also mentioned other areas that were affected like an increase in *stress levels, a reduction of hobbies, and increased abuse (physical, sexual, emotional).* The following quotes from professionals reflect on arising anxieties and difficulties:

*"Children and adolescents are experiencing sad and anxious moods due to isolation,
and in some cases even abuse" (*Professional from Child Protection program in
Guatemala)*

During the pandemic also families were affected. Participants reported on their views of how
the pandemic affected the **families of children and adolescents they work with. Chart 2** shows
that 79**%** of **participants** reported that families' workload had **increased and 97%** of also
reported increase in families' *stress levels.* At the same time families *free time* (59%) and mental
health decreased (76%). A big part of the professionals stated that families' *physical and
emotional well-being* and *social interactions* **decreased**, **79%** and **85%** respectively. Lastly, half
of participants reported decreased *family time*.

Chart 2. Factors that changed in children's families because of COVID-19, percentage (Question 16)

Factors that changed in families given COVID-19
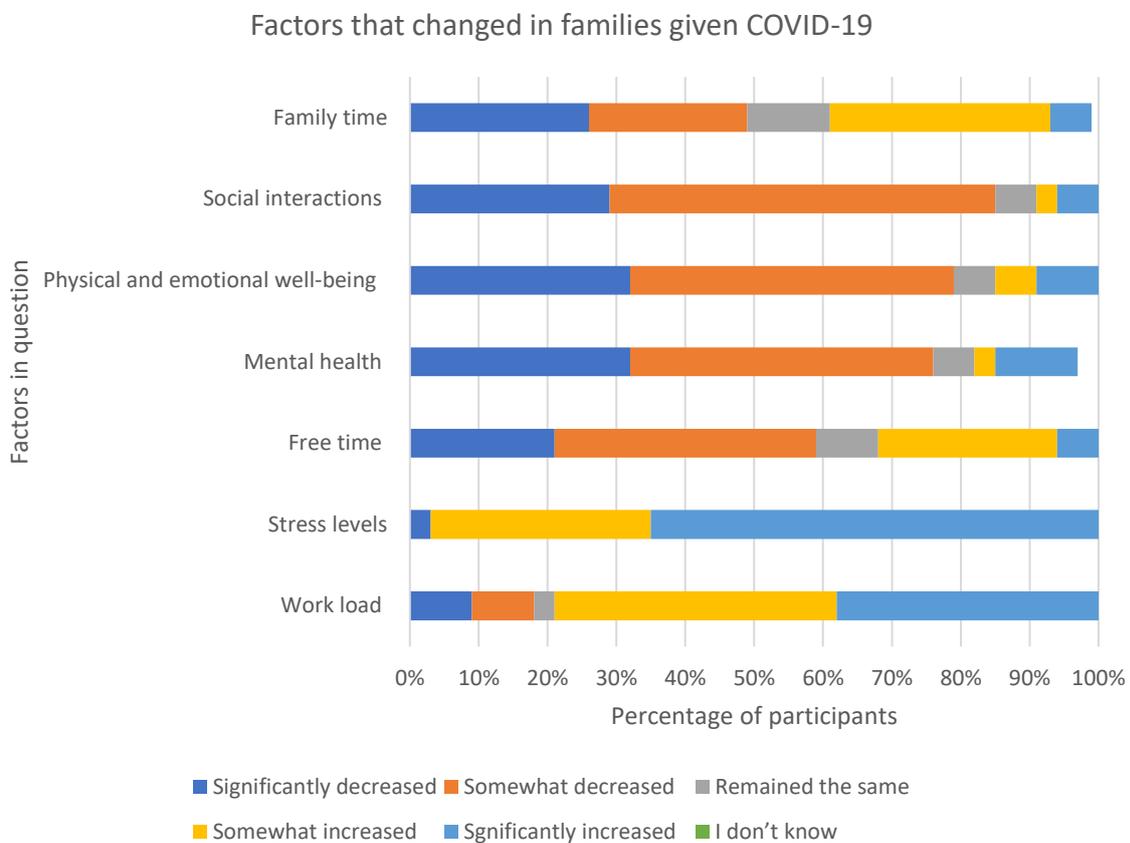
A change in the quality and quantity of social *interactions and increased forms of abuse (sexual,
emotional, maltreatment)* was also a common complaint.

*The closing of schools as caused to parents to assign children activities, some of them
mild, but others can be considered child labor (*Professional from Child Protection
program in Guatemala)*

*In some cases children and adolescents we work with had to abandon school to help
their families. The number of children that work on the street (for example carrying
vegetables in the market) in risk situations has increased, which has led to injuries,*

accidents, and violent situations. (Professional from Child Protection program in Nicaragua)

Regarding the wellbeing of staff, **88% reported their well-being had changed during the pandemic and in 53% of the cases felt worse than before**, while 94% of them stated they were felling satisfied with themselves before COVID-19 broke out. Large percentage of respondents (68%) identified COVID-19 as one of the main factors determining the worsening of the physical and emotional well-being. When disaggregating the data as a function of gender and professional function, no significant difference was found.

To deepen our understanding of which factors influenced staff's mental and physical health, we asked them to state how their workload, stress, free time, salary, knowledge and skills and social interactions changed during this period.

Chart 10. Factors that might have changed with the pandemic, percentage (Question 40)
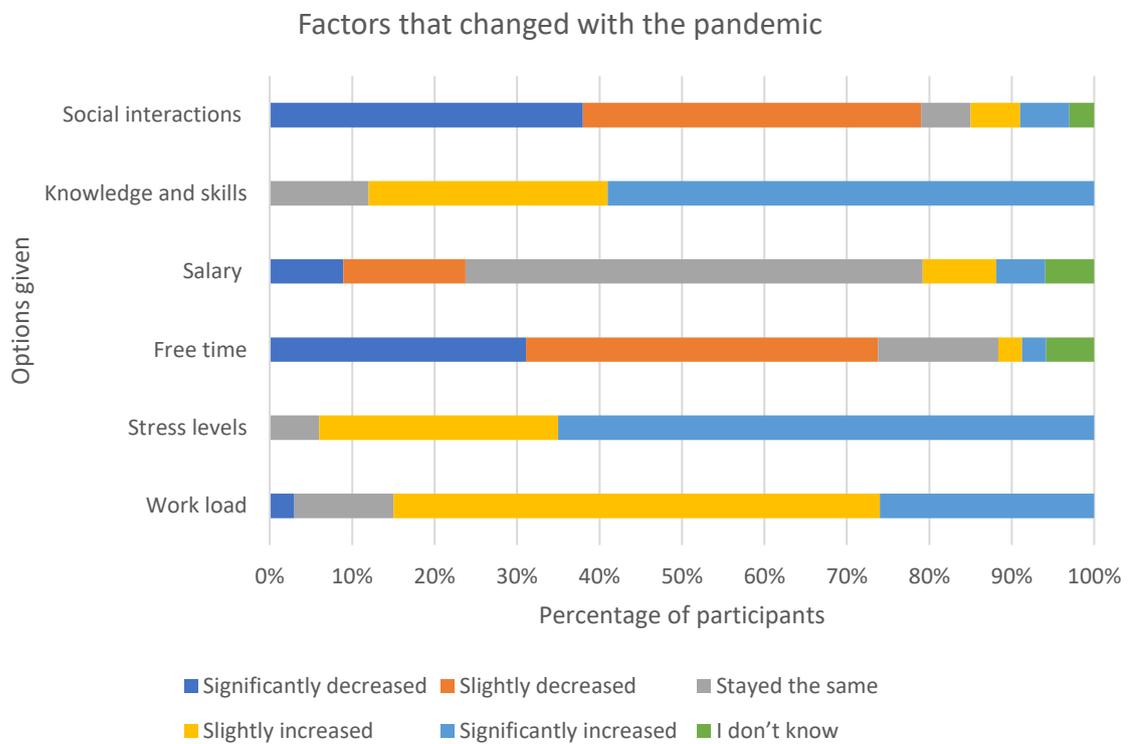
Regarding *workload* and *stress levels,* majority of participants considered this to have increased (85% and 94% respectively). *Free time* decreased according to 76% of the sample. Towards *salary,* opinion differed, while 56% considered this to have stayed the same, 15% stated an increase and 23% a decrease. According to the majority of respondents, their *knowledge and skills* increased throughout the pandemic (88%), whereas *social interactions* decreased (79%). These numbers reflect a reason underlying why respondents consider themselves to feel that their well-being has deteriorated during the pandemic.

Influencing factors

The change in wellbeing of families and children can depend on a variety of factors. Participants were asked to choose from a list of twelve factors that have influenced the changes in needs of children and adolescents (see annex 1).

Chart 3. Most influential factors impacting children and adolescents, percentage (Question 19)

Most influential factors impacting children and adolescents

- Other 9%
- Schools closing 6%
- Lockdowns and isolations 15%
- Increased poverty 41%
- Increased child abuse 29%
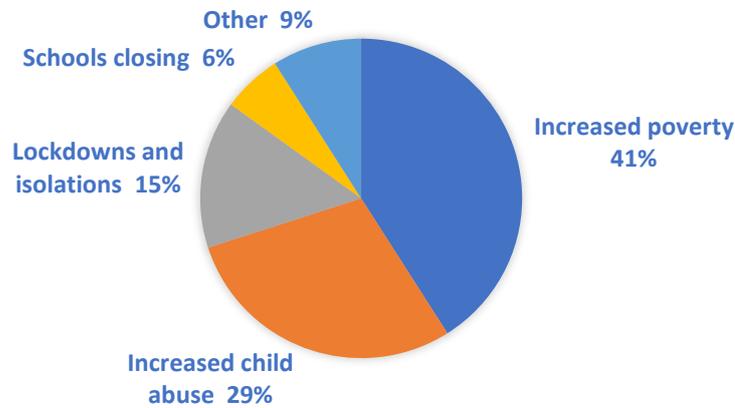
41% of professionals in both countries identified **increased poverty as the most influential factor**, followed by increased **child abuse (**29%), **lockdowns/ isolation** (15%) and **schools closing** (6%). When disaggregating the data per country it was observed a significant difference in the role of poverty. Particularly, more respondents from Nicaragua chose increased poverty as the most influential factor (56%), compared to Guatemala (28%).

> *"The loss of work (of a family member or of them) deprives them of enjoyment of their basic rights such as education, health"* (Professional from Child Protection program in Guatemala)

Professionals were asked to choose from a similar list of factors to identify those that were most influential in the changes in needs of families (see Survey, Annex).

Chart 4. Most influential factors impacting children's families, percentage (Question 21)

Most influential factors impacting children's families

- Other 9%
- Increased financial hardship 29%
- Increased unemployment 62%
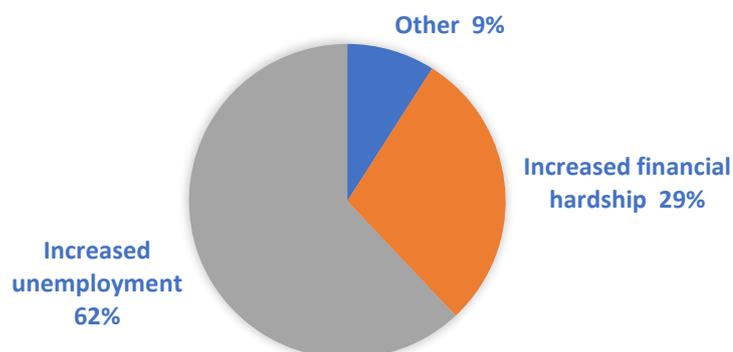
62% of participants chose **increased unemployment** as the most influential factor impacting families, 29% chose **increased financial hardship** and the remaining percentage chose other factors such as *lockdowns* and *increased food privation* (see Annex 1). When separating the data based on country of origin, it can be observed that a higher percentage of participants from Nicaragua (87%) chose increased unemployment as the most influential factor, whereas only 39% of participants in Guatemala chose this factor. Additionally, a significantly higher

percentage of Guatemalan's (44%) chose increased financial hardship as an influencing factor compared to Nicaragua (12%). Additionally, **80% of professionals referred to the changes in basic needs** due to u*nemployment* and *poverty*:

> *"The main need has been employment, to be able to generate income for their families"* (Professional from Child Protection program in Guatemala)

> *"The increase in poverty, a product of unemployment, families do not have access to quality food and medicine"* (Professional from Child Labour program in Nicaragua)

Regarding the perspective of staff on wellbeing, participants mentioned *social distancing* (82%) and *lockdown* (62%) as the most influential factors on staff wellbeing. 41% of participants considered the restrictions implemented by their government to have impacted their work performance.

Adaptations

Having the needs of children and families changed so much during the pandemic, it was to be expected that services needed to adapt to address those emerging needs. In the following section we will explore which adaptations were made and how professionals reflect on that.

Adaptations towards online activities

First, there **was a significant shift from face-to-face activities to online activities for children and families (**see Chart 6). Regarding the challenges perceived by staff, (21%) referred to *avoiding COVID-19's contamination* and also on how to educate staff and beneficiaries on the *measures and activities for the prevention of COVID-19 (21%)*.

> *"Children and adolescents do not have the minimum hygiene measures to prevent the spread of COVID-19"* (Professional from Child Protection program in Guatemala)

> *"Educate ourselves on the protocol, using the mask, keeping the distance, washing hands, etc. was challenging"* (Professional from Child Protection program in Nicaragua)

In 53% of the cases, respondents said all in-persons activities were completely cancelled and in 73% of the cases, these activities were delivered remotely. The face-to-face activities that took place, were delivered to smaller groups, or were transformed into home visits. Only 32% of respondents reported that their organisation had to completely stop all activities. When the data was analysed as a function of country, one significant difference was found. 19% of Nicaraguan's considered true that there was a total stop of activities, whereas a higher percentage of Guatemalan's had the same opinion (44%), which leads us to think the enforcement of social distancing was stricter in Guatemala than Nicaragua. Some respondents mentioned *interaction with children and adolescents (21%)* as one of the main challenges faced of online activities:

> *"My biggest challenge was to be able to maintain direct contact with the girls, boys and adolescents and attend to all the stressful situations, tensions and fears that they experience during the pandemic."* (Professional from Child Protection program in Nicaragua)

Regarding the need to develop skills, participants mentioned they feel the need to develop *techniques to improve virtuality (38%)*, such as the use of internet programs, the proper use of technology in the teaching process, skills to facilitate playful and interactive activities on online platforms and techniques for group management through social networks. Participants reported that continuing online activities, implementing mixed modalities (both in person and remote),

would be aspects that they have adapted as a response of COVID-19 that they would like to continue implementing in the future.

Adaptations to add new services and activities

To respond to the pandemic and the emerging needs of children and families, **91% of the respondents mentioned that their organisations designed new activities.** These adaptations can be summarized as (1) activities related to physical and mental health, (2) other supportive activities such as schools support, (3) technological needs and (4) humanitarian needs such as hygiene packs and food packages. These will be presented more in detail. Many participants refer to new services to offer additional *psychosocial support (88%) and legal support (53%) to children and families (88%).* This is because when asked about the emerging need a part of respondents (27%) gave examples involving *physical and mental health*:

> *"We see a strong need for practical tools for managing emotions in relationship with their children"* (Professional from Child Protection program in Nicaragua)

> *"There has been an increase of demand for psychological care for most members affected by loss and grief"* (Professional from Child Protection program in Nicaragua)

Participants also mentioned the need of *improving psychosocial support for children and their families (44%)*, and specifically practitioners identified a need to gain knowledge on how to support families to manage stress, build resilience and prevent domestic violence towards children and adolescents

Additionally, 76% of participants reported that their organisations started **to offer other supportive activities** such as online course and activities, such as online playtime, using social media to communicate. Respondents also reported to have offered more **schools support** for children and adolescents (79%) and more non-formal educational activities (82%). Due to the challenges of online education and online activities, a lot of professionals mentioned **emerging technological needs.** Participants mentioned difficulties to access technology necessary for online learning:

> *"Before they needed materials for school, now they need a phone or a computer to receive their classes online"* (Professional from Child Labour program from Guatemala)

> *"Increase in difficulty for children and adolescents to access education and more to a quality education*" (Professional from Child Protection program in Guatemala)

Respondents were asked to name two things that could be improved in the project based on their experience. Among the suggestions, three main topics stood out. Firstly, the topics related to *virtuality and technology (21%)*:

> *"We needed to give children the right tools so that they can have access to new forms of virtual work"* (Professional from Child Labour program in Guatemala)

> *"Parents must learn to make good use and management of technologies that allow the care and protection of children and adolescents"* (Professional from Child Protection program in Nicaragua)

Most of the organisations involved in this study, who are normally not engaged in humanitarian aid, became suppliers of basic goods. In fact, 85% of participants reported that their organisation purchased and **distributed hygiene and food packages** as well as implemented campaigns for the prevention of COVID-19 (91%).

Many of the respondents reported that their organisations **designed adaptations taking into account the needs and interests of children (91%) and families (88%)**. Professionals mentioned that adaptations had to take into account the changing context of the pandemic and national policies. Community leaders played a strategic role in voicing out the needs to the program coordinators. Overall, 94% of respondents declared that the adaptations to services and activities made by their organisation were successful (in their opinion). They found that **the distribution of food and hygiene kits and the delivery of online group activities to children were the most successful ones**.

Adaptations on working conditions

The organisations often tackle complex multi-faceted problems that require the collaboration of different services, institutions, and professionals. The pandemic affected this aspect of their work significantly. In fact, 68% of respondents observed changes in the way the collaboration within services and organisations happened in the communities where they work. 45% of professionals saw changes happening especially in relation to *the ways of working:*

> *"Having to work with smaller groups, which increases the workload from the ONG"*
> (Professional from Child Labour program in Nicaragua)

> *"We had to switch some actions and activities into virtual format"* (Professional from
> Child Protection program in Guatemala)

Other respondents also mentioned *political polarization* **(27%)**, *limited financial resources (14%) and increased workload (4%).* Participants were asked to share their opinions about the biggest challenge their project has faced since the start of the pandemic. 32% of respondents mentioned *management of project and activities*

> *"It was hard to be able to transfer information through playful and dynamic processes"*
> (Professional from Child Labour program in Nicaragua)

> *"The restructuring of activities and budget was complicated because we needed to do
> it online"* (Professional from Child Protection program in Guatemala)

New challenges and limitations have required adaptations in each organisation. When asked how satisfied they were with the overall changes made by their organisations, **68% of respondents reported being satisfied**, while **32% showed unsatisfaction** towards this matter and 12% had a neutral opinion. Professionals were then asked to reflect on specific changes made by their organisations, ranging from forms of communication to salaries, from compensation for extra work to emotional support offered to staff (See Chart 5).

Chart 5. Satisfaction of participants towards changes made by the organisation, percentage (Question 25)

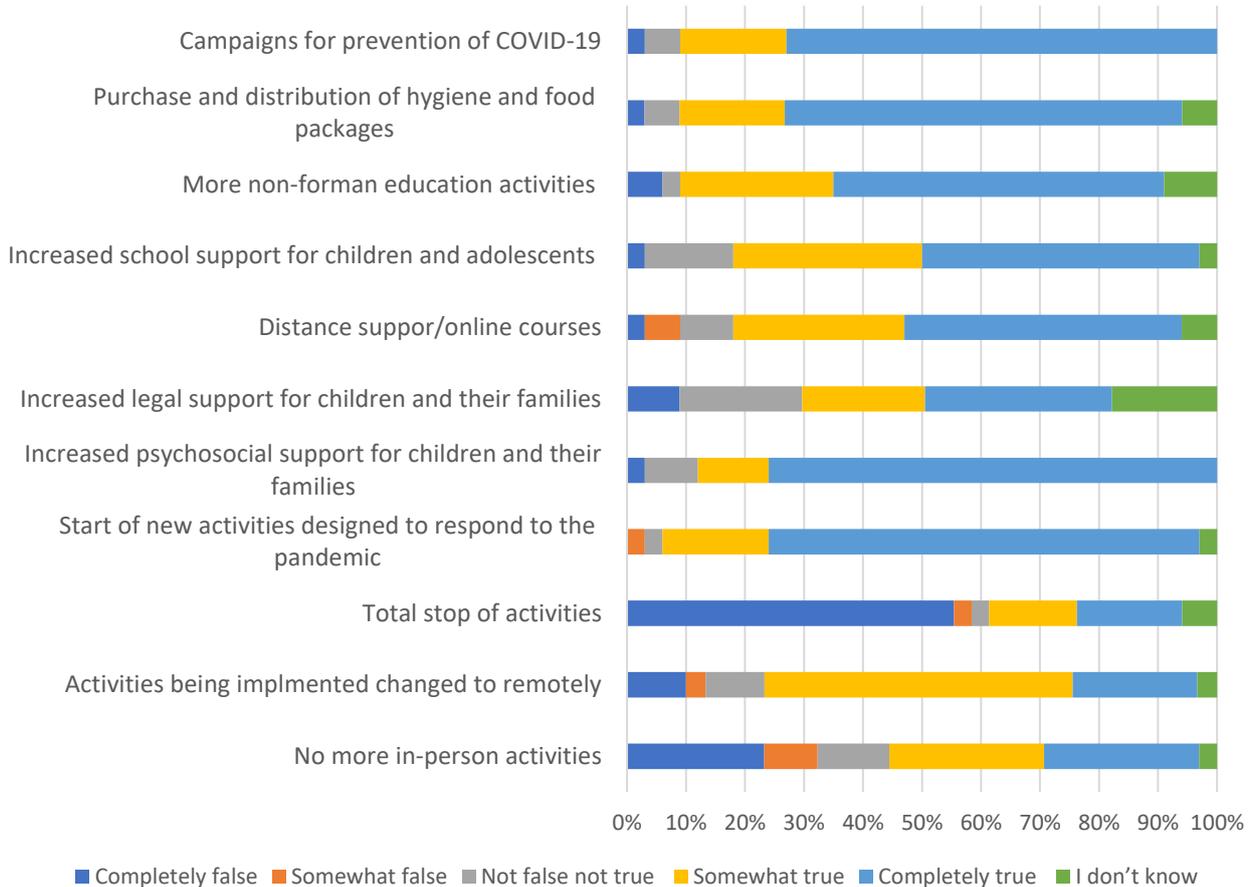
Changes made by the organisation
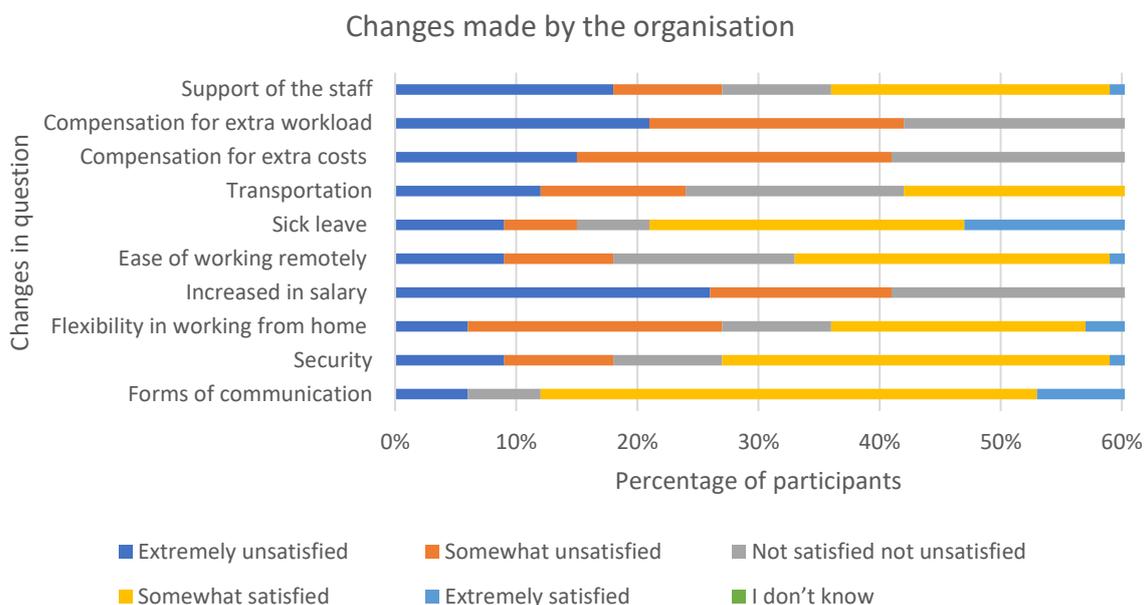
As you can observe in Chart 5, **most participants showed extreme satisfaction regarding changes in the working conditions of the staff** . Organisations also implemented changes in the ways they offered services and organised activities for their beneficiaries (e.g., compensation for extra workload). When the data was disaggregated between respondents from Nicaragua and Guatemala, a significant difference between answers could be observed. Particularly, in *flexibility of working from home* Nicaraguan's showed a higher satisfaction rate (81%) compared to Guatemalan's (50%). Majority of Guatemalan's showed their unsatisfaction regarding *increased in salary* (61%) whereas half of the respondents from Nicaragua showed to be satisfied with this factor. Furthermore, significant difference was found in the *ease of working from home* as 94% of Nicaraguan's expressed their satisfaction as opposite on Guatemalan's (50%). A large percentage of Nicaraguan's were satisfied with *transportation* whereas majority of Guatemalan's were unsatisfied. Large percentage of Nicaraguans (44%) expressed satisfaction towards compensation for extra workload, while majority of Guatemalan's showed unsatisfaction (67%). Majority of respondents from Nicaragua (94%) were contented with the support offered to the staff, however 50% of respondents from Guatemala were unsatisfied. Lastly, participants also referred to their perception of security and on *adapting to new ways of working* within the context of a pandemic (12%):

"The return to face-to-face work and make people feel safe has been difficult"
(Professional from Child Protection program in Guatemala)

Chart 6. Changes implemented by the organisation, percentage (Question 26)

Changes implemented by the organization

- ■ Completely false ■ Somewhat false ■ Not false not true ■ Somewhat true ■ Completely true ■ I don't know

Impact of the adaptations on children, families, and stakeholders

In the next section, we will present in detail how the changes impacted children and families in the opinion of the professionals working with and for them.

The changes to services described above and positively assessed by the practitioners who participated in the study were aimed to have a positive impact on children and families during the pandemic and to better respond to their newly emerging needs and challenges. They also had an impact on the professionals themselves and their stakeholders.

Chart 7. Impact of adaptations on children, families and stakeholders, percentages (Question

Impact of adaptations of children, families and stakeholders
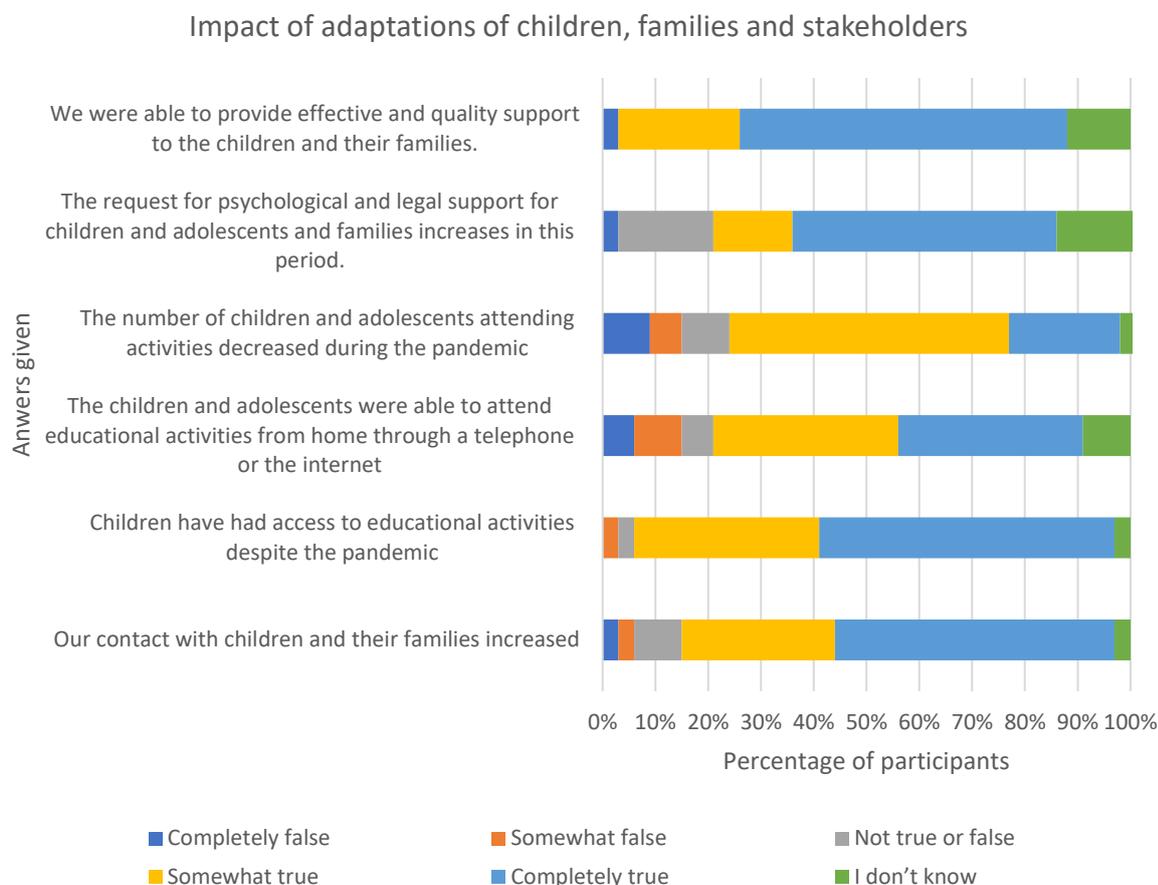
37)

85% of respondents stated that their organisations were able to provide effective and quality support to the children and their families. According to 82% of the staff of the partner organisations in Nicaragua and Guatemala, their contact with children and families increased during the pandemic and 91% of respondents also stated that children and adolescents were able to attend activities despite the pandemic. 71% of professionals reported that those children and adolescents (the 91%) were also able to attend activities from home through a telephone or the internet. Unfortunately, according to the most of the respondents (73%), the overall number of children and adolescents who attended activities decreased in that period compared to their usual reach. According to the annual reports provided by partners, direct beneficiaries like children, adolescents, parents and their carers have been increasing steadily during 2019, 2020 and 2021 (see Table 1). However, the number of indirect beneficiaries decreased from 2020 to 2021. This could explain the perception of participants of a decrease on overall reach.

Table 1 Reach of beneficiaries and % of increase during 2019, 2020 and 2021

DIRECT BENEFICIARIES		INDIRECT BENEFICIARES	
Children & adolescent	Parent & Carers	Children & adolescent	Parent & Carers

Year	Nr.	% of increase	Nr.	% of increase	Nr.	% of increase	Nr.	% of increase
2019	2.900	-	1.033	-	-	-	-	-
2020	3.362	16%	1.788	73%	17.111		8.940	
2021	4.513	34%	2.378	33%	13.368	-22%	7.128	-20%

At the same time, the request for psychological and legal support for children, adolescents and families increased in this period, according to which 65% of respondents.

Chart 8. Impact of adaptations in stakeholders, percentages (Question 38)

Impact of adaptations on stakeholders
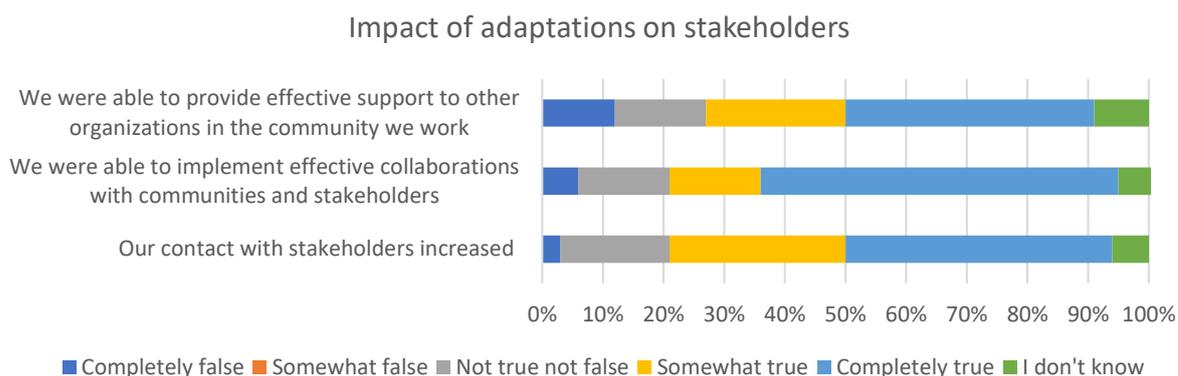
Greater part of participants (74%) reported that they were able to implement effective collaborations with the community and stakeholders. Large percentage of respondents also reported that the contact with the stakeholders increased (68%). Lastly, 64% of participants also stated that they were able to provide support to other organizations. The Chart below (Chart 9) shows that **the pandemic had a significant impact on the physical and emotional well-being of the staff of the organisations** involved in the programmes in both countries.

Chart 9. Impact of COVID-19 on participant's physical and emotional well-being, percentage (Question 39)

Impact of Covid-19 on participant's well-being
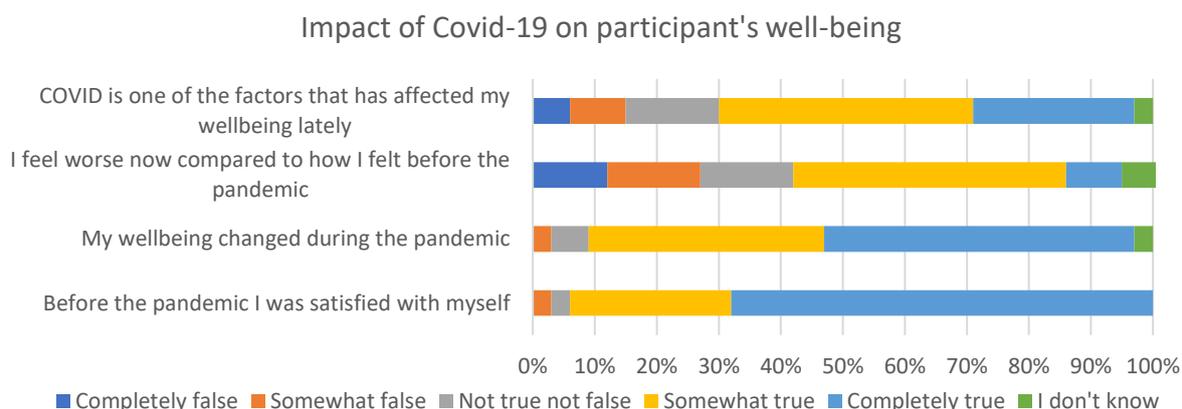
The professionals were exposed to new and challenging situations. As in every situation, there is something to be learned from it, therefore, the next sections will analyse and discuss this topic in depth.

Influence of Covid-19 national policies on NGOs

All the changes that happened during the pandemic and described in the previous sections did not take place in a vacuum but were also determined and influences by the policies and political contexts of the two countries. As presented in the introduction of this report, Nicaragua and Guatemala have two very different political situations and the measures taken by the two governments to respond to the pandemic reflected these differences

We asked practitioners what was, in their opinion, the support organisations and services received by local and national governments. The first chart (Chart 11) represents the national policy on COVID-19 in Guatemala and the following chart (Chart 12) reflects the national policy on COVID-19 in Nicaragua.

In Guatemala, and according to respondents (72%) the government did not offer support to organizations like the ones they work for, and the restrictions implemented as a response to the pandemic negatively affected their work (55%). Overall, **56% of the sample sees the effectiveness of the project they work for as jeopardised by the national policy implemented as a response to the COVID-19 pandemic.** In Nicaragua **69% of the participants also considered that the government of Nicaragua failed to offer support and cooperation to NGO's like the one they work for**. Equal percentage of respondents (31%) agreed and disagreed with the fact that government restrictions negatively impacted their work. Lasty, and contrary to the answers given by the Guatemalans, **49% of the respondents did not consider the effectiveness of their project to be in jeopardy given the national policy on COVID-19 by the government of Nicaragua.**

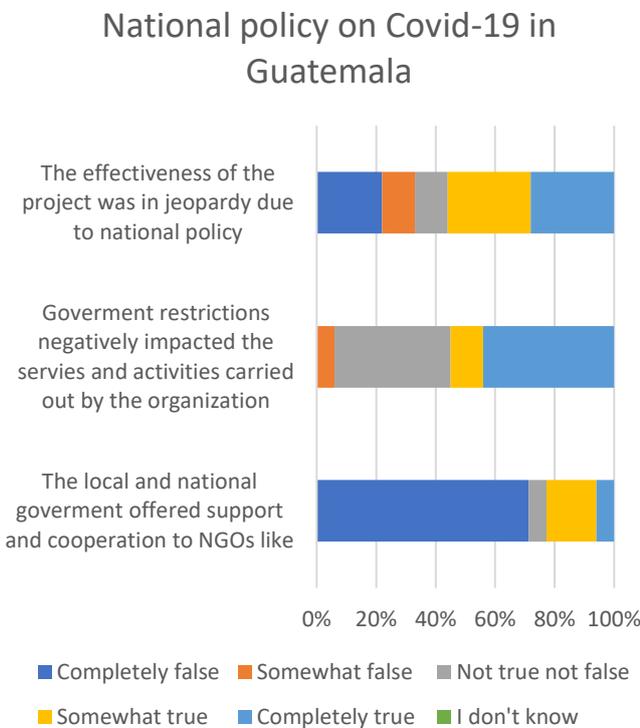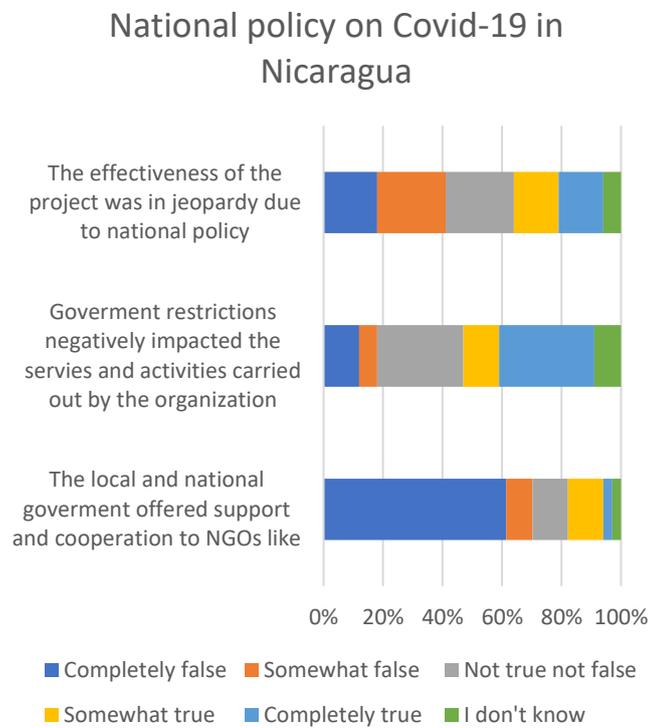**Chart 11.** National policies on COVID-19 in Guatemala, percentage (Question 49)

Chart 12. National policies on COVID-19 in Nicaragua, percentage (Question 49)

National policy on Covid-19 in Guatemala

National policy on Covid-19 in Nicaragua

Conclusion

This study analysed the impact of COVID-19 on children, families, and professionals in the two programmes ICDI has been coordinating since 2019 in Guatemala and Nicaragua. As many other non-governmental organisations, ICDI's partners and beneficiaries were heavily affected by the COVID-19 pandemic. To understand the overall impact of COVID-19, a questionnaire was carefully developed. Topics such as emerging needs of children and families, adaptations made by the services, lessons learned were all addressed.

As expected, the pandemic affected the wellbeing of children, their families, and staff members, as a result of an increased workload and stress levels. Also, the lack of social interactions and the exposure to physical, sexual and/or emotional abuse affected the wellbeing of children. Families struggled with financial hardship and unemployment, which affected their mental health and their workload. These findings are coherent with research in many other countries (Ma et al., 2021) and which shows a significant negative effect on the psychosocial wellbeing of children and parents and an increase in cases of child abuse and domestic violence (Jones et al., 2020). This was also reflected in the increased demand for and offer of legal support. Staff members also saw how the pandemic jeopardized their mental health, by increasing their workload and by forcing them to work in different ways. Given the emerging needs, organizations had to adjust services in several ways to meet those of children, their families, and staff members. First, most of the activities had to be held within social distancing rules, which required a shift towards online activities. This pointed out the challenge of also educating staff and beneficiaries on measures to prevent COVID-19, while also keeping in touch with them through the management of several smaller groups and other forms of communication. Workers expressed their need for improving their technological skills and using technology in a proper way.

In addition to the activities that organizations had to change, new services had to be created to meet emerging needs such as school support for online learning, psychological and mental services and support of the need related to technology and digital platforms. Additionally, organizations which normally has a specific focus on children's and adolescents' wellbeing, had to engage in humanitarian aid that included the distribution of hygiene and food packages.

It is possible to conclude that it also pushed organizations out of their comfort zones, to provide new services that they did not consider earlier. Within this new context of unemployment and sickness, a lot of the needs that were usually met in their community were affected. Therefore, to be able to meet their aims, organizations had to address several basic needs that influenced the wellbeing of children and their families. This included a wide range that went from humanitarian help towards mental health support. Luckily, the changes made by the organisations were able to provide effective and quality support to children, ensuring that they were able to attend activities - although often remotely.

However, workers reported that is had a negative impact on their wellbeing. Professionals in Nicaragua and Guatemala who participated in the study have now an increased workload and less free time and this has resulted in increased stress levels.

On the positive side, organizations and their members were able to learn through these new challenges and this translated into more knowledge and increased skills needed to tackle the arising issues. The professionals had to learn new effective management of projects and

activities in a new virtual working environment, as well as also learn how to meet the emerging needs. Skills to use digital platforms and technology as well as measures and activities for prevention of COVID-19 were seen as aspects that still need improvement, and therefore we can identify a gap that can be reduced by proper training and support. Furthermore, professionals would like to learn about improving psychosocial support for children and families as well as techniques to improve digital platforms and increase their knowledge on project management.

Additionally, it is important to consider the roles these organizations played within their communities. These organizations were on the frontline, adapting services and delivering support in a timely matter. Since they were already embedded within the local networks due to their long-lasting work within each community, they could use those relations as a source of knowledge, to adapt and tailor services to the needs of each context. However, this did not mean that these organizations alone were responsible for delivering this additional help needed during crisis but should be supported by the government and other organizations. Policy makers could partner with organizations that already have a established presence, as they could work as a vehicle for more prompt and appropriate help.

However, each country responded differently to COVID-19. On one hand, in the eyes of the respondents, the government of Guatemala did not offer support to NGOs like the ones approached in this research; in fact, their work was jeopardised by the policies and restrictions implemented by the government. On the other hand, respondents stated that the government of Nicaragua also failed to provide support to NGOs, as the decisions made by the government impacted the work of professionals in negative ways, but their work effectiveness did not seem to suffer. The findings show that that organizations felt they lacked support but were eager to learn more. Governments could have benefitted more with this opportunity of including and supporting organizations.

This also resonates with the demand worldwide of "caring for the ones who care", which is primarily applied to health care workers. However, in this context, workers of these organizations play an important role in the prevention and reparation of violence and abuse of children and adolescents. Working in this field is already a challenging task, which has affected workers even more. It is interesting to see how throughout these difficult times, the professionals still put the needs and interests of children first. Particularly, the participants wished for more support for children, adolescents, families on their watch. It is admirable to see how, when given the chance to say anything, these mention the children's needs above their own. However, this also highlights the neglect they can potentially suffer long term if the proper support is not given.

It would be fascinating for future research to focus on understanding the long-term impact that the pandemic will have on the development, mental health and social adjustment of children that grew up in it. Additionally, it would be beneficial to hear directly from children and their families, as that was a limitation of the current study. Furthermore, the diminished well-being of staff seems to mirror that of their beneficiaries, and it would be interesting to further investigate to what extent, if any, the stress and mental health of the staff had an impact on the well-being of the children and families they work with.

Nevertheless, this study is of importance as it sheds light on the main effects COVID-19 had on children, families, and professionals in low-income countries such as Guatemala and Nicaragua as well as the main factors underlying this impact.

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Appendix

Annex 1. Questionnaire
(Developed in English and translated into Spanish)

Dear participant,

First of all, thank you so much for being part of this research.

My name is Leonor Renda da Costa, and I am part of the International Child Development Initiatives (ICDI) team. We are conducting a study on the impact that COVID-19 has had on children, families and professionals in Guatemala and Nicaragua. For this questionnaire we ask you to consider the children and families you work with, yourself and your organization to assess the impact of this pandemic on each one.

It is important to mention that your consent is necessary to be able to advance with the questionnaire, I so ask you to check the box to give your consent to contribute to this survey.

For research purposes, this questionnaire must be anonymous, so we ask you NOT to write your name in the answers so that they cannot be linked to you personally. Additionally, your participation in this study is voluntary, so you can refrain from answering or stop at any time. It is estimated that the entire questionnaire can be completed in about 20/30 minutes. And we ask you most carefully to take your time when answering it, consider each question and provide answers as honest as possible.

Within the questionnaire, there are some questions that need to be answered in order to advance to the next page, you can identify them in the questions have an asterisk *.

Thank you very much for your cooperation,

Leonor Renda da Costa

Do I give my consent to participate in this study?

- YES
- NO

Questionnaire

- **Personal information**

    1. How old are you? *

        ☐ Under 18 years old
        ☐ 18-24 years old
        ☐ 25-34 years old
        ☐ 35-44 years old
        ☐ 45-54 years old
        ☐ 55-64 years old
        ☐ 65 years or older

    2. What is your level of education? *

        ☐ Primary
        ☐ Secondary
        ☐ Highschool

☐ Professional course
☐ Master's degree
☐ Doctorate
☐ Other (Please specify) _____

3. Please indicate your gender *

☐ Female
☐ Male
☐ Other
☐ Prefer not saying

4. Where are you from? *

☐ Guatemala
☐ Nicaragua
☐ Other (Specify) _____

5. What is your professional position at the organization you work at? *

☐ Director
☐ Project manager
☐ Programme coordinator
☐ Administrator/Financial officer
☐ Social worker
☐ Psychologist
☐ Teacher
☐ Facilitator
☐ Trainer
☐ Other (Specify)____

6. What programme are you working for? *

☐ Child Protection
☐ Child Labour

7. In what country are you working? *

☐ Guatemala
☐ Nicaragua

8. Is the programme/project you are working for implemented in: *

☐ Rural area
☐ Urban area
☐ Both areas

9. Is the programme you are working for, targeting ethnic minorities? *

☐ Yes
☐ No

10. During your work, do you have contact with children? *

☐ Yes
☐ No

11. If you answered YES to the previous question: How often do you have contact with the children in question? *

☐ Daily
☐ Weekly
☐ Monthly
☐ Other (Specify)

12. If you answered YES to the question above, what is the age range of children work with? *

☐ 0-6
☐ 7-11
☐ 12-18

13. Are you currently working from: *

☐ Home
☐ Office
☐ Mixed

• **Emerging needs of children and families during the pandemic**

14. *For the following question, please select the option you find most appropriate (one answer for each line): ***

Think about the **children** you work with/for. Since the outbreak of the COVID-19 pandemic in 2020, do you think that their…

	Strongly increased	Slightly increased	Stayed the same	Slightly decreased	Strongly decreased	Not applicable/ I don't know
Workload						
Stress levels						
Free time						
Mental health						
Physical health & emotional well-being						
Social interactions with same-aged peers						

15. Given your experience, give an example of how the needs of **children** have changed due to the pandemic (500 characters including spaces). (OPTIONAL)

_____

16. *For the following question, please tick the option you find most appropriate:* *
Think about the **families** of the children you work with/for. Since the outbreak of the COVID-19 pandemic in 2020, do you think that their…

	Strongly increased	Slightly increased	Stayed the same	Slightly decreased	Strongly decreased	Not applicable/ I don't know
Workload						
Stress levels						
Free time						
Mental health						
Physical health & emotional well-being						
Social interactions						
Family time						

17. Given your experience, give an example of how the needs of **families** have changed due to the pandemic (500 characters including spaces). (OPTIONAL)

_____

18. For the following question, select the three factors that influenced the most the change in the needs of children and adolescents. *

- ☐ Schools closed
- ☐ Increase in child abuse
- ☐ Increase in poverty
- ☐ Increase in child labour
- ☐ Decrease in child protection
- ☐ Unavailability or poor quality of water and sanitation facilities in homes and communities
- ☐ Lack of child-friendly information about COVID
- ☐ Lockdowns
- ☐ Curfews
- ☐ Quarantines
- ☐ Lack of interaction with peers
- ☐ Isolation

19. Out of all three factors you selected in the previous questions, please write which was the one that had the greatest influence on children and adolescents . * (100 characters including spaces). *

_____

20. For the following question, please rank the factors that influenced the change in needs of **the families** from the most influential to the least influential: *

☐ Working from home
☐ Increased unemployment rates
☐ Increase in financial difficulties
☐ Increase in food deprivation
☐ Water and sanitation changed
☐ Lack of information about COVID
☐ Lockdowns
☐ Curfews
☐ Quarantines
☐ Isolation
☐

21. Out of all three factors you selected in the previous questions, please write which was the one that had the greatest influence on the families * (100 characters including spaces). *

_____

• **Adaptations of services**

22. Has the collaboration among services and NGOs changed during the pandemic?*
☐ Yes
☐ No

23. If yes, how (Max 200 characters) _____

24. Overall, how **satisfied** are you about the changes made by your organization in response to COVID-19 in terms of management of the organization and its workforce:*
☐ Extremely dissatisfied
☐ Somewhat dissatisfied
☐ Neither satisfied nor dissatisfied
☐ Somewhat satisfied
☐ Extremely satisfied
☐ Not applicable/ I don't know

*25. For the following questions, please tick the option you find the most appropriate:**

Think about the following aspects, how satisfied are you about the changes made by your organization since the outbreak of the virus. If any of the changes listen below did not happen, please tick "Not applicable/I don't know".

	Extremely dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Extremely satisfied	Not applicable/ I don't know

Adaptations of communication means (e.g., email, internet)						
Safety						
Flexibility of work arrangements						
Increase in salary						
Facilitation of remote working (e.g., offering supplies, trainings…)						
Sick leaves						
Transportation						
Compensation for extra costs						
Compensation for extra workloads						
Support for mental health of staff (access to psychologist)						
Support for physical wellbeing of staff (access to health care, information about COVID, free tests, vaccinations, etc.)						

26. *For the following question, please select the option you find the most appropriate on a scale from false to true for each line:**

Which of the following changes to the implementations strategies of you project were implemented by your organization in response to the outbreak of COVID and to comply with the restrictions imposed by your national and local government?

	Completely false	Somewhat false	Neither true nor false	Somewhat true	Completely true	Not applicable/ I don't know
No more in person activities						
Ongoing activities that changed into remote activities (digital)						
Complete stop of ongoing activities						
Start of new activities designates in response to the pandemic						
Increase of psychosocial support to children and families						
Increase of legal counselling to children and families						
Support to distance/online learning						
Extra homework tutoring						
Extra non formal education activities/ leisure activities						
Distribution of food and hygiene products						

Campaigns on COVID prevention						

27. Is there any other changes to the project strategies that you want to add? *

28. If yes, describe it below (Max 100 characters)

_____

29. Considering the programme, you are part of, did your organization design and implement new activities in response to the pandemic?*

    ☐ Yes
    ☐ No

30. If yes, please specify (Max 100 characters) _____

31. To what degree did these adaptations increase the collaboration between you and the rest of your co-workers/colleagues?*

    ☐ Strongly decreased
    ☐ Slightly decreased
    ☐ Neither decreased nor increased
    ☐ Slightly increased
    ☐ Strongly increased
    ☐ Not applicable/ I don't know

Think about all the adaptations your organization/programme made and express your opinion regarding the following statements, using a scale from 0 to 10, where 0 is "not true", 5 is "neutral" and 10 "totally true".

32. My organization took the **children's** needs and interests into account when making adaptations. *

    0   10

33. My organization took the **families'** needs and interest into account when making adaptations. *

    0
      10

34. My organization consulted with other services (hospitals, schools, police…) and organization to make adaptations. *

    0
      10

35. The adaptations made by the organization I work for were successful. *

    0

      10

36. Please describe the most successful intervention that was implemented as a response to the pandemic by your organization. (500 characters including spaces)

- ### Impact of adaptations on children, families, and stakeholders

37. Given the adaptations made by your organization during the pandemic, please rate the following statements about how **children and families have been impacted. ***

	Completely false	Somewhat false	Neither true nor false	Somewhat true	Completely true	Not applicable/ I don't know
Our contact with children and families increased.						
The children we work with had access to educational activities despite the pandemic.						
The children we work with were able to attend educational activities from home through the phone or internet.						
The number of children attending activities decreased during the pandemic.						
The request for psychological and legal support from families and children increased.						
We were able to provide good quality and effective support to children and families.						

38. Given the adaptations made by your organization during the pandemic, please rate the following statements about how **stakeholders** (e.g., child protective services, schools, police, law enforcement, psychologists) in the communities were you work have been impacted. *

	Completely false	Somewhat false	Neither true nor false	Somewhat true	Completely true	Not applicable/ I don't know
Our contact with stakeholders increased.						
We were able to implement effective collaborations with the communities and stakeholders.						
We were able to provide effective support to other organizations in the community.						

• **Human resources during the pandemic**

For the next questions, please think about yourself and your experience in the last 18 months

39. Think about yourself and your experience during the past 18 months and rate the following statements that refer to your mental and physical well-being (a state of well-being in which an individual realised his or her own abilities, can cope with the normal stresses of life, can work productively and is able to contribute to his or her community). *

	Completely false	Somewhat false	Neither true nor false	Somewhat true	Completely true	Not applicable/ I don't know
Before the pandemic I was satisfied with myself.						
My well-being changed during the pandemic.						
I feel worse now compared to how I felt before the pandemic.						
COVID-19 was just one of the factors that affected my well-being lately.						

40. *For the following question, please tick the option you find most appropriate:*

Think about **yourself**. Since the outbreak of the COVID-19 pandemic in 2020, do you think that your:

	Strongly increased	Slightly increased	Stayed the same	Slightly decreased	Strongly decreased	Not applicable/ I don't know
Workload						
Stress levels						
Free time						
Income						
Knowledge and skills						
Social interactions						

41. Among the restrictions listed below, which two impacted you the most? (please select 2): *
- ☐ Social distancing
- ☐ Quarantines
- ☐ Lockdowns
- ☐ Curfews
- ☐ Other (Specify)____

42. Did the restrictions implement by the government influenced your work performance?*

☐ Yes
☐ No

43. If yes, how? (Max 100 characters) _____

- ## **Lessons learned**

44. In your opinion, what was the biggest challenge faced by the project since the outbreak of the virus? (400-500 characters including spaces)*

_____

45. Name two things that could still be improved in your project based on the experienced that you had with COVID. (max 100 characters for each line) *

    1.
    2.

46. Name two aspects/issues you would appreciate to know more about and receive training on to improve your professional knowledge and skills, given you recent experience with the pandemic (max 100 characters for each line) *

    1.
    2.

47. Is there any activity or approach that you adapted during the pandemic that you are going to keep in your project even if the pandemic is over? *

    ☐ Yes
    ☐ No

48. If yes, please specify (max 100 characters) _____

- ## **National policy on COVID-19**

49. Think about the next statements and please rate them from "completely false" to "complete true". *

	Completely false	Somewhat false	Neither true nor false	Somewhat true	Completely true	Not applicable/ I don't know
The national and local government offered support and cooperation to NGOs like yours as a response to the pandemic.						
Government restrictions negatively impacted the services and activities delivered by your organization.						
The effectiveness of the project was heavily jeopardised by the national policy on COVID-19.						

50. In your opinion, how could the national policy better support you in your work during the pandemic or similar emergencies? (500 characters)*

51. If you have any additional comment or insight, please write it here (500 characters)

Thank you for your participation in the research.

We would be happy to share the results of this study as they become available. If you are interested in receiving a copy of the investigation report, write your email below. This information is and will remain confidential and will not be associated with your response to the questionnaire

Email-_____

Annex 2. List of Charts

Chart 1. Factors that changed in children and adolescents with the pandemic, percentage (Question 14)

Chart 2. Factors that changed in children's families because of COVID, percentage (Question 16)

Chart 3. Most influential factors impacting children and adolescents, percentage (Question 19)

Chart 4. Most influential factors impacting children's families, percentage (Question 21)

Chart 5. Satisfaction of participants towards changes made by the organization, percentage (Question 25)

Chart 6. Changes implemented by the organization, percentage (Question 26)

Chart 7. Impact of adaptations in children, families and stakeholders, percentages (Question 37)

Chart 8. Impact of adaptations on stakeholders, percentages (Question 38)

Chart 9. Impact of COVID-19 on participant's physical and emotional well-being, percentage (Question 39)

Chart 10. Factors that might have changed with the pandemic, percentage (Question 40)

Chart 11. National policies on COVID-19 in Guatemala, percentage (Question 49)

Chart 12. National policies on COVID-19 in Nicaragua, percentage (Question 49)