

COVID on three continents: how local children's organisations in Africa, Europe and South America are adapting to the coronavirus challenge

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Abstract

Purpose – *The purpose of this paper is to share anecdotally how the pandemic is affecting children, families and some of the frontline local services that support them across three continents.*

Design/methodology/approach – *Three members of Family for Every Child across three continents detail some of the day-to-day challenges they are facing in their work with children and families as a result of the coronavirus pandemic.*

Findings – *Social distancing and fear of the virus are hampering front line organisations in Africa, Europe and South America, bringing additional challenges to keeping children safe.*

Originality/value – *These three case studies give a snapshot of the issues faced by three non-governmental children's organisations over three continents during July 2020.*

Keywords *Child protection, International, NGOs, Front line, Families, COVID*

Paper type *Case study*

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The COVID-19 pandemic is impacting on children and families and the services that support them all over the world.

From the disruption of face-to-face support, to managing staff physical and mental health concerns to funding interruptions, the challenges are many and varied.

Family for Every Child is an international member-led network of local children's organisations, with affiliate organisations NGOs on every continent. Members are at the front line of the struggle, organising food parcels and writing, translating and distributing COVID education materials in multiple community languages, while striving to safeguard children who are hidden from public view.

This pandemic has highlighted how globalised we have become (Goldin, 2020), while underlining the vital role that local civil society organisations (Vargas Pritchard and Shaw, 2020) play in responding to crises. Joining the dots, it becomes apparent how it is more important than ever that networks such as ours foster the international sharing of such locally gained expertise.

Emerging awareness of the novel coronavirus coincided with the final development stages of our new online initiative How We Care (howwecare.community), which shines a light on outstanding projects delivered by children's organisations from every corner of the globe. The first series explores the prevention of sexual violence.

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In response to the additional and complex challenges now faced by these organisations, we decided to create an additional section of materials focused on how our members are continuing to promote the welfare, protection and care of children during COVID-19.

On the website, you can find out how South African NGO CINDI's (Children in Distress Network) psychosocial support booklet for children and care givers encourages children to draw their feelings about the pandemic, while their training manual for community health workers explores the impact of trauma on children and their families ([How We Care, 2020](#)).

Conacmi, in Guatemala, talks about how telephone triage and brief therapy, focusing on finding solutions for problems as they arise, is enabling this national association against child abuse to continue supporting families ([How We Care, 2020](#)).

In England, residential therapeutic school Mulberry Bush explores the safe running of a residential setting throughout the pandemic while prioritising the well-being of both the children and the staff ([How We Care, 2020](#)).

The How We Care website introduces new, themed multimedia content three times a year as well as producing related live online events. It is a bi-lingual (English/Spanish) "by practitioners, for practitioners" resource, bringing together some of the world's most effective child protection practice.

For this special coronavirus edition of the *Journal of Children's Services*, Family for Every Child is sharing three case studies from members across three continents: the aforementioned CINDI in South Africa, along with ONG Paicabi in Chile, South America and METAdrasi in Greece, Europe.

Each case study details the trials these organisations have faced in the wake of the pandemic and how they have adapted their services to still meet the needs of the children and families they support.

While ONG Paicabi in Chile, which as of July 2020, had one of the highest numbers of daily cases relative to population size ([Johnson, 2020](#)), is struggling to convince highly anxious staff that their work safeguarding the most vulnerable children must continue, CINDI is up against a population in disbelief about the severity of the crisis, as the true scale is only just starting to come to light. And METAdrasi in Greece, which has so far kept deaths under 200 (July 2020), has had to come to terms with creating a distance learning programme in seven languages for the 500 refugee and asylum seeker children it supports, many of whom have no internet access.

CINDI (Children in Distress Network), South Africa

CINDI (cindi.org.za), founded in July, 1996, is a multi-sectoral network of over 200 South African civil society agencies (non-governmental organisations, community-based organisations, faith-based organisations and individuals). Employing 13 members of staff, it advocates for up to 13 million vulnerable children in areas including rights abuses, child protection and service provision.

As an organisation, CINDI does not work directly with at-risk children and families. However, when coronavirus took hold in South Africa, their priorities inevitably shifted to deal with the fall-out.

Key priorities

Many of the families CINDI advocates for involve children living in kinship care. The family structure in South Africa is quite unique, with children often moving around between the homes of extended family members. Currently, over one-in-five children in South Africa do not live with either of their biological parents ([Hall, 2018](#)). Children live with extended family for many reasons including death, migration for work and schooling.

A high number of these families rely on the Foster Child Grant (FCG), for which kinship carers are also eligible to apply. It has been a longstanding priority for CINDI to tackle the administrative backlogs which prevent the payment going to those who need it most.

CINDI has been urgently working with a group of civil society organisations to rectify this issue and ensure families receive the financial support they need. Their recommendations for streamlining the system, including the introduction of a separate grant for kinship carers that side-steps the overburdened foster care system, were in the process of being approved when COVID hit.

The impact of the virus has not just delayed the implementation of the new, simpler payment structure; the implications have had far-reaching effects on the whole system.

South Africa has over 30% unemployment ([Toyana and Dlodla, 2020](#)) and widespread hunger issues. Prior to lockdown, many children received their main meal of the day in the school canteen. But as the country started to close down, that stopped, placing a great financial burden on families.

“Hunger and poverty are getting much worse,” says Suzanne Clulow, CINDI’s child advocacy programme manager:

There’s a lot of inequality, with many people living just on that survival poverty line with no capacity to absorb any kind of shock. Unemployment benefit is contingent on people paying cover when they’re employed, so informal and casual workers don’t even get that. We’ve received reports of children experiencing extreme hunger.

Backing up the research ([Kim et al., 2020](#)), CINDI staff are also aware of a significant increase in mental health issues among families since COVID. But social workers, battling every day to deal with the time-consuming administration of payments, have no extra capacity and some are lacking the experience and training to deliver much needed psycho-social support to families.

Challenges

The foster care system in South Africa is set up to look after around 50,000 children. There are currently just under 500,000 already registered, with up to 1.5 million legally eligible to be included in the system and therefore receive the financial help offered. This causes a huge bottleneck ([Mafolo, 2020](#)) with the renewal of placements, which in turn, affects payments to families providing kinship care. It also diverts the attention of the social workers from children who do actively need protection. Social workers in South Africa have an average caseload of 150 children ([Dlamini and Sewpaul, 2015](#)), rising to as high as 450 ([Baldauf, 2010](#)).

Another challenge is one of people’s attitudes:

One of the things I’ve observed with coronavirus are the similarities with the very early days of the HIV and AIDS pandemic, says Suzanne. There’s a stigma around the disease which we also saw then; people are afraid to admit to being positive, which is enabling the virus.

The statistics confirm this theory: South Africa recorded 60% more excess deaths than expected ([Burke, 2020](#)) between May and mid-July 2020, significantly higher than the official figures for COVID-related deaths in the country.

Action taken

CINDI campaigned alongside other local NGOs to secure an urgent increase in child support payment to provide some immediate relief. They were successful and the higher grant was awarded for six months, from April to September 2020.

Another major focus has been getting information about the virus – both the physical and mental health impacts – to hard-to-reach families.

A third priority has been rapidly upskilling those on the frontline, to enable them to better support the families they work with.

In conjunction with a network of other South African organisations, CINDI has created a series of printed resources to help support children, families and frontline health workers.

“Internet is difficult as we have some of the highest data costs in the world (Bottomley, 2019),” says Suzanne:

The government has developed a data-free Covid-19 site, but cell reception isn’t always great. So we’re distributing our printed resources along with the food parcels that are delivered to communities to make sure they reach the people who need them.

The family booklet (CINDI, 2020) include information about safety and steps to prevent infection, where people can go to access help, information about changes and increases in social grants to ensure people are aware of what they can claim, practical strategies and techniques for dealing with mental health issues, and fun games, activities and ideas to make simple toys for children.

A second printed resource is currently in production. Again produced in partnership, is aimed at community health workers on the frontline. The training manual will explore the impact of trauma on children and families and includes a section on how to support children to deal with illness and loss.

“Social workers shouldn’t be tied up with dealing with foster care grants,” says Suzanne:

The pandemic is an opportunity to strengthen their capacity and start to equip them to provide psycho-social support to families. Policy isn’t just research and advocacy – it’s about creating an environment where change can be delivered. We need to take this opportunity to really shift the focus of social care.

METAdrasi, Greece

METAdrasi (metadrasi.org) is an NGO which has been operating in Greece since 2010. Based in Tavros, a suburb of capital Athens, it employs over 600 people, 350 of whom are interpreters. Over 200 active volunteers support its work.

According to the UN Refugee Agency (UNHCR), at the end of 2019, there were around 190,900 refugees and asylum seekers (UNHCR Global Focus, 2020) in Greece, a 39% increase on the previous year. UNICEF reported that 40% (UNICEF, 2020) of those arriving in 2019 were children. Out of these, 5,000 are unaccompanied children (UNHCR, 2020) (UN Refugee Agency).

METAdrasi supports the reception and integration of refugees and migrants through the provision of interpretation services, essential protection activities for unaccompanied minors and other vulnerable groups as well as education programming.

Key priorities

The organisation has delivered education and life skills programmes for adults since 2011. In 2017, they added programming for children aged six to 18 in Athens and in 2018, METAdrasi launched educational programmes in Lesbos, Chios and Thessaloniki.

As well as delivering lessons in Greek, English and German, the classes are an important safety net for children, with staff and volunteers on hand to help with access to essential services and deal with urgent issues. METAdrasi’s priority was to keep this programme operating, across both the mainland and the islands.

Challenges

A major issue for the team was to work out how to continue to deliver education to 500 students in seven different languages and ensure that they continued to receive the pastoral help and support (looking after children's physical and emotional welfare) they would normally access in person.

When the team learned about the protective measures the government was taking to reduce contact between people, they stopped the lessons and contacted all the children on the programme to tell them not to come in person.

While this proved to be a major task, it was only the beginning of the process to ensure that the children continued their learning and remained in contact with the service – no easy feat, when the majority were living in camps or poor quality housing and few had access to data or internet.

Nikoleta Dimitrouka is a project manager in METAdrasi's education and integration department. She explains: "The problem wasn't just the lack of internet. Most children didn't even have access to computers, and although many had smartphones, not all of them did".

Actions taken

When it became clear that COVID-19 was a significant threat and schools were closed, METAdrasi took all its learning programmes in Athens online.

In Chios and Lesvos, where the majority of students reside in congested living conditions without access to electronic equipment or the internet, METAdrasi's education team developed printed educational materials of graduated complexity, adjusted to the educational needs and profile of each class. These were distributed on a weekly basis to approximately 400 students, submitted, marked and returned. METAdrasi also used online learning platform Edmodo to support student learning.

Meanwhile, an emergency helpline was created to provide support to homeless unaccompanied minors who could not access METAdrasi's drop-in centre for homeless children or needed urgent help, and an interpretation service was set up in 43 languages to help children access state services, including medical care.

The organisation also mobilised its interpretation team to ensure that refugees had access to vital information about the pandemic and health-care options to guarantee equal access to essential services.

With an array of potential barriers to overcome – language, connectivity and equipment – Nikoleta and the team searched for a solution that would allow every child to stay in touch and continue lessons remotely.

"We used many different ways to keep in touch to make sure nobody was left out," she says:

We looked for an online platform that offered synchronised and asynchronised teaching (ie with and without a teacher present) so students could work offline, and we made sure that there were parts of the programme that operated with free internet. Ultimately, we chose Google Classroom as most of the children who had access to a device already had Gmail.

As well as uploading resources to Google Classroom, METAdrasi used a variety of online platforms to connect with the children. "We used Skype, Zoom, Webex, Duo Camera and, if there was no alternative, we messaged on WhatsApp," she explains.

It was no easy task – to ensure no child was left behind, they contacted each of them individually, taking an inventory of what was available to them.

After gathering the information, METAdrasi then produced guidelines on how to access the resources, in seven languages. Again, this was a case of tailoring contact to the resources available to each child. METAdrasi staff emailed, sent text messages and made phone

calls. If they could not contact a student by any means, then information was given to known friends to share with them.

Despite the effort, the numbers of children attending lessons inevitably dropped during the lockdown period:

“It’s a very different mentality to learn online,” acknowledges Nikoleta. “Some people only want to attend live classes; it’s a very different way of teaching so we had a much higher drop-out rate”.

But despite initial uptake dropping off, METAdrasi was still able to deliver 23 digital classes of online learning, as well as ensuring that every child knew how to make contact in their own language if they needed help.

As of July 2020, live classes have started again, albeit at a reduced capacity. However, METAdrasi will continue to offer online learning as part of its departmental programming:

A lot of students prefer the online learning, and it allows us to reach more people. For those who want to attend online lessons but don’t have internet access, METAdrasi gives people cards with data top-ups so they can access the lessons, says Nikoleta.

“We’ll continue to offer a combination for both children and adults, so they can keep up with their lessons if they’re unable to access classes in person”:

Online doesn’t work alone, but now we have it we see it as a big benefit. And now we have more time, we can work to refine the platform and make sure that everyone can keep in touch with us, regardless of their circumstances.

ONG Paicabi, Chile

ONG Paicabi (paicabi.cl) is a non-profit, non-governmental development institution in Chile. Employing 430 people, its 21 centres around the country safeguard children at risk of mistreatment, sexual abuse, social exclusion and commercial sexual exploitation.

Currently, ONG Paicabi works directly with around 3,400 children who have been victims of abuse. A staff of 430, including social workers, occupational therapists, art support workers, psychologists and psychiatrists, help to protect children across Chile.

The majority of ONG Paicabi’s work is related to psycho-social care carried out in person with at-risk children and their families, in the centres of the organisation, in the community and in the homes of the children. So, when the Chilean Government imposed restrictions due to COVID-19, there was an immediate and significant impact.

Chile is a country with some of the highest rates of inequality in the world. There is a high standard of living for a minority group of the population, but the majority live with high levels of unemployment and poverty, with basic needs barely being met. The impact of COVID-19 has served to heighten the inequalities. In relative terms, Chile has been one of the worst-hit countries in the world. By early August 2020, there were over 10,000 deaths (Rampietti, 2020) in a country with a population of just 18.73 million. Although the government stopped short of imposing a country-wide lockdown, there were regional curfews and strict limits on movement.

Key priorities

When Chilean President Sebastian Pinera announced the closer of the country’s borders and schools on 18 March 2020, ONG Paicabi called an emergency meeting with all the programme directors to work out a way forward.

“Before COVID, we were OK,” says Iván Zamora Zapata, director of ONG Paicabi. “We work face to face with children. They are children who have suffered physical, sexual and emotional abuse who need care, and we were providing that care: social and

psychological care, psychiatric support, and helping to repair the damage and trauma associated with child abuse.

The impact of the pandemic on the country was severe: unemployment rocketed to 13.1% in July (CEIC, 2020), the highest in the past 16 years according to the country's National Institute of Statistics, with forecasts that it is set to increase. Food shortages and a lack of financial support caused massive unrest (BBC News, 2020), and it is against this backdrop that Iván and his team had to develop a plan to ensure the safety of the children whose care they are responsible for.

ONG Paicabi identified three priorities. The first was to protect the children and families from contracting the virus, so they closed face-to-face programmes around the country. The second measure was to look after the workers, so everyone started working from home straight away. The third was to work out an emergency plan for the children who were in at-risk situations.

Challenges

The Chilean winter, high transmission rate and death toll, severe economic hardship and fear presented significant issues in delivering emergency, in-person care.

"There is a lot of personal uncertainty and fear among our workers", says Iván:

We guarantee that we will see every child in person – that will never change. But it has been very difficult because some of our employees can't go out because they have health conditions, or they are scared of passing the virus on to their families.

The work is demanding: Iván recounted an example of the day before, when two ONG Paicabi social workers and psychologist were alerted to a missing girl, believed to be a victim of sexual exploitation. They searched for her in the hills of Valparaiso, where they found her being kept in a house. She was removed and taken to hospital, where she received the necessary medical and psychiatric care and was kept safe.

Yet although ONG Paicabi continues to ensure the safety of the children it is tasked with protecting, the impact of COVID-19 is severe:

With the pandemic, mistreatment and abuse have increased, and children are poorer. It's a huge setback in the fundamental rights of children which concerns us for the children we serve and for all children in the world.

Actions taken

To ensure employees feel as safe as possible, and to curb potential spread of the virus to children and families, ONG Paicabi put a raft of protective measures in place. The organisation reorganised budgets so they were able to pay for taxis, keeping employees away public transport. Every public-facing member of staff was provided with full protective equipment. And when people can work from home, they do.

"The most important thing is to make sure that if a child is in distress, someone is physically there for them", says Iván:

I don't think that anyone in the world was prepared for how hard this would be. All the people who have died, all the people who have the virus, the fear and the panic this has generated around the world. This has had a big impact on our workers and our professionals, and they are scared.

"Often, it's fallen to the directors to perform the visits in person".

"But people are working in supermarkets", he concludes. "If people can go to work in shops, we can be there for the children who need us. Whatever it takes".

Conclusion

Around the world, the COVID-19 pandemic is having a significant impact on local civil society organisations and the families and children that they work with. The virus does not discriminate, but the impact of the illness is unequal, with far greater socio-economic and health consequences for poor and marginalised communities. Even within relatively wealthy countries, the vulnerable are statistically more likely to be infected because of their living patterns.

The August 2020 edition of Scientific American reported that up and till April 2020, the death rate among black people living in New York City was 92 per 100,000 people and among Latinx people it was 74 per 100,000 (Scientific American, 2020). As a comparison, the rates for white people and Asian people were 45 and 35 per 100,000, respectively. This same picture can be seen the world over. In June 2020, British newspaper The Guardian reported that black men were three times as likely to die from COVID as their white counterparts (McIntyre, 2020) (Office for National Statistics figures).

Despite the challenge, Family for Every Child's alliance of local organisations is uniquely positioned to respond to the crisis as we are on the ground already. Our model is driven by our members, and they co-create and deliver services which are often the front line of response in an emergency situation. In COVID-impacted areas, local civil society organisations are likely to be the only service providers on the ground, who understand the local context. As the global crisis unfolds, with hotspots ebbing and flowing from one continent to the next, our member organisations will continue to respond to the emerging and changing needs of families and communities, innovating, using technology and sheer good will to ensure their needs are met.

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