

Promoting maternal mental health and early childhood development among IDPs Submission to UN Secretary General's High-Level Panel on Internal Displacement

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Policy Problem:

Promoting the recovery of Internally Displaced Persons (IDPs) is one of the most pressing development issues nowadays. This requires transitioning from well-established humanitarian responses to policies and interventions that take into account the far-reaching consequences of violence and displacement and how they affect poverty dynamics. Appropriate policies and programs therefore require a better understanding of the interplay between socioeconomic and psychological constraints that can hinder movements out of poverty for current and future generations.

Unfortunately, however, existing frameworks to promote the recovery of IDPs focus on tackling socioeconomic constraints. This is the case of cash and asset transfers and job-training programs, among other programs, which seek to reestablish much needed material and capital, but that ignore the extent and importance of psychological constraints. Yet, the mental health consequences of violence displacement can have far reaching implications and can hinder the effectiveness of standard policies. Recent evidence from Colombia points in this direction suggesting that psychological trauma affects economic decision making and can thus lead to a behavioral/psychological poverty trap (Moya, 2018; Moya y Carter, 2019).

One of many knowledge and policy gap relates to the way in which psychological trauma hinders gender empowerment and affects early childhood development. On the one hand, violence and displacement impose a disproportionate burden on the mental health of women and can thus affect their education and labor market trajectories, gender equality, and empowerment. These dimensions are important by themselves but also from the perspective of inclusive growth and development.

On the other hand, displacement and other stressful circumstances have devastating consequences on the cognitive and socio-emotional development of children 0 to 5 years of age, thus compromising their right to lead healthy and productive lives. This occurs through two channels: First, toxic stress stemming from the episodes of displacement and violence affect brain architecture and genetic expression. Second, displacement also hinders the emotional capacity of caregivers to form nurturing relationships with their children. These bonds are essential for children to reach different developmental milestones. As a result, displaced children may face unsurmountable obstacles to develop their full potential throughout their lives.

Together, forced displacement can have severe effects on maternal mental health and on early childhood development thus highlighting a latent mechanism for the transmission of poverty and inequality across generations. Unfortunately, we know little about how to restore and protect

maternal mental health and early childhood development in contexts of ongoing violence and among displaced populations.

Proposed Solution:

To fill this gap in knowledge and to protect displaced women and children in Colombia, at Universidad de los Andes we have led the design, implementation, and evaluation of *Semillas de Apego*, a group-based psychosocial support program that seeks to restore maternal mental health and protect early childhood development in displaced families and in communities affected by violence. In doing so, the program constitutes a unique effort for gender empowerment and early-childhood protection in contexts of ongoing violence and forced displacement.

Our program was designed in partnership with the Child Trauma Research Program at the University of California, San Francisco, building upon their successful experience with the Child-Parent Psychotherapy (CPP). Through focus groups and semi-structured interviews with IDPs and public officials, we tailored the group-based intervention to the local context and to the needs of victims of displacement in Colombia. Then, in 2015, we conducted a pilot test with the support of the Colombian Ministry of Health and Social Protection to assess the adaptability and appropriateness of the model.

Since 2018 we have been conducting the Randomized Controlled Trial of the program in Tumaco, a municipality on the Colombian pacific coast severely affected by violence. Its geographic location has made it ideal for illicit drug production and trafficking. As a result, Tumaco is one of the most violent municipalities in Colombia. In 2018, when we started the implementation, the homicide rate was at 124 homicides per 100,000 inhabitants, more than 5 times above the national homicide rate (23).

For our study we enrolled over 1,300 vulnerable primary caregivers whose children are served by public Early Childhood Development Centers. Data from our current implementation highlights the vulnerability of our target population: 58 percent of the households have been internally displaced, 83 percent of them have been victimized at least once, and 56 percent suffered the assassination of a family member.

The (preliminary) results of our study indicate that the program has positive and sizeable impacts over 4 main dimensions: maternal mental health, quality of child-parent interactions, child trauma, early childhood development. In addition, we are assessing the impact on secondary dimensions not explicitly incorporated in the design of the intervention, such as female empowerment and labor-force participation.

Contributions

Our program seeks to close an existing policy gap and protect women and children exposed to violence who are currently underserved by existing policy frameworks. In particular, we hope that our project contributes in different ways:

Fist, by raising awareness on the ways in which violence affects maternal mental health and early childhood development, and how these two mechanisms compromise the ability of thousands of refugee and internally displaced children to recover and live healthy and productive lives.

Second, by providing an evidence based that aims to promote maternal mental health and guarantee a proper early childhood development in the midst of violence and forced displacement.

Finally, by highlight key elements to enhance the effectiveness of service delivery in countries experiencing mass violence and forced displacement, or in countries that are currently receiving a high influx of refugees.

In sum, we hope that our program can become a public good so that it be used to protect IDPs and to promote their socioeconomic and psychological recovery in Colombia and throughout the world.