

## Ebola's impact on child protection and education

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In September there were over 5'000 cases and some 2'500 reported deaths across Guinea, Liberia, Nigeria, Senegal and Sierra Leone. There are 2.5 million children under the age of five living in areas affected by the Ebola virus. Children face direct risks of exposure to the virus, as well as secondary risks as a result of loss of infected caregivers and family members, or inability to return to their quarantined places of origin. Children's access to education and protection may be limited, further increasing their vulnerability and risk. The **five issues** that seem of particularly urgent concern are the following:

Issue 1. Unaccompanied and separated children: An increasing number of girls and boys become separated from their caregivers, either due to death of parents or due to decisions from their parents to send them to extended family outside affected areas out of fear of contamination. A key concern is that in the affected countries communal responsibility for children has weakened or even disappeared. Extended families have shown resistance to take care of orphans of affected parents or other vulnerable children out of fear of being contaminated or stigmatized in the community. Since the Ebola outbreak, some foster families have been reported to have abandoned orphans after receiving the accompanying food and non-food assistance, leaving the children to fend for themselves.

Issue 2. Mental health and psychosocial distress: Boys and girls in affected communities live in fear, confined to their homes. They are confronted everyday with the news of the outbreak, and other unfortunate stories, such as corpses lying unattended on roadsides due to fear of those handling them being infected. They have witnessed the sudden death of their family members in extreme, though short-lived, suffering. They see medical personnel in masks and protective gear entering their neighborhoods and spraying unknown liquids. Children get several instructions from parents mostly restricting their movements. They are not engaging in school and playing activities. They are faced with loss of friends and siblings and the impact of stigmatization and exclusion when they are part of in affected/infected families and communities. Last but not least, children in health facilities often do not receive any form of social or psychological support. They are left alone at a time when they most need to be comforted.

Issue 3. Lack of education and development opportunities: Opportunities that normally promote girls' and boys' psychosocial well-being and healthy development have been reduced. Schools are closed, and children cannot gather in groups. Parents refuse to send their children to activities for fear of contamination. The Ebola outbreak may also have a negative impact on the availability of teachers, the quality of teaching and learning, as well as on the perceived safety of school premises (especially those currently used as isolation or treatment centers). In many communities, schools perform special social functions in addition to education, such as providing social care and meals, which if interrupted, could also worsen the situation of children.

Issue 4. Child labour: The closure of markets and travel restrictions in affected areas have caused disruption of economic activities, which has direct impact on family incomes. As a consequence, more children are being forced to earn income by hazardous activities.

Issue 5. Exclusion: Community cohesion has weakened. There are stories with reintegration of survivors and tremendous support within communities. However, community cohesion can also leave the place to social stigma and discrimination. What is sure is that when a suspected case of Ebola is identified, all family members are forced to remain confined in the house for 21 days and are put under observation. Community members are advised to avoid any interactions with the family put in quarantine. Due to this stigma, affected parents choose sometimes not to declare that they are sick thus increasing the risk of contamination for children. Treated children and adults who return to their communities are being feared, discriminated against and threatened, leaving them excluded and socially isolated.

The **inter-agency response plan** sets out 5 Strategic Objectives linked to 13 Critical Actions.

**1. STOP the outbreak**

- 01. Identify and Trace people with Ebola
- 02. Safe and Dignified Burials

**2. TREAT the infected/affected**

- 03. Care for Persons with Ebola
- 04. Medical Care for Responders

**3. ENSURE essential services**

- 05. Provision of Food Security and Nutrition
- 06. Access to Basic (incl. non Health) services
- 07. Cash Incentives for Workers

08. Recovery and Economy

**4. PRESERVE stability**

- 09. Reliable supplies of materials
- 10. Transport and Fuel
- 11. Social Mobilization and Com. Engagement
- 12. Messaging

**5. PREVENT outbreaks in other countries**

- 13. Multi-faceted approach to strengthen preparedness of all countries to rapidly detect and respond to an Ebola exposure.

The Child Protection and Education interventions for the Ebola response will focus on the following **areas**:

<b>General</b>	✓	Set-up strong coordination and information management systems to collect and manage data on the impact of Ebola on children as well as to guide case management.
<b>Unaccompanied and separated children –</b> <i>Linked to critical action 3</i>	✓	Develop Standard Operating Procedures (SOPs) that clarify the responsibilities of those involved in Identification, Documentation, Tracing and Reunification. It should include methods for referral and information sharing, and the role of community structures;
	✓	Develop a surveillance system (involving personnel at potential points of abandonment) to identify newly unaccompanied children;
	✓	Ensure that all children who have lost their primary caregivers or have been transferred to another family, have a quality care arrangement, either with relatives or in a selected and supported foster family;
	✓	Systematically follow up all children in interim or alternative care every 12 weeks.
	✓	Implement concrete support for children in alternative care and in infected / affected families (cash, food, activities to enable survivors to reintegrate the community)
<b>Mental health and psychosocial distress –</b> <i>Linked to critical action 3 and 11.</i>	✓	Provide training on psychological first aid (PFA) to those involved in the response; for example health, wash, education colleagues and social workers;
	✓	Provide support to parents/caregivers to improve care for their children, to deal with their own distress and to link them to basic services;
	✓	Provide psychological first aid to affected care-givers and their children;
	✓	Strengthen pre-existing community networks for example, providing information on how to cope with stress and carrying out non-dangerous activities for children
<b>Lack of education –</b> <i>Linked to critical action 6</i>	✓	Provide alternative education opportunities to ensure learning continuity, such as emergency radio education programs, where schools are closed
	✓	Support the engagement of teachers in social mobilization efforts on Ebola prevention and detection
	✓	Train teachers on Ebola prevention, operating safe and secure learning environments, and psychosocial support
	✓	Improve WASH in Schools through the establishment of hand-washing facilities, sanitation kits, and promotion of hygiene practices
	✓	Support the planning for the conditions for the reopening of schools (catch-up classes, adapted curriculum, prolonged school year, etc
<b>Child labour</b> <i>Linked to critical action 8</i>	✓	Help children of working age who are involved in, or at risk of becoming involved in, the WFCL (and their caregivers) to access adequate support to strengthen; their livelihood or economic circumstances.
<b>Exclusion</b> <i>Linked to critical action 11</i>	✓	Engage Ebola survivors in social mobilization. Set up radio programs on Ebola as well as education related matters.;
	✓	In awareness raising activities, focus on preventing stigmatization of child victims of Ebola, UASC and other children at risk as a result of Ebola in their communities.