

FEAR AND ISOLATION



Fear and Isolation | December 2019

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

Children and adults who were asked to participate were chosen by local protection staff, but there was no compulsion or incentive offered to participate. Focus groups were supervised by trained World Vision staff and all responses have been anonymised by group. Participants were made aware that support was available if they needed to talk to someone, and there was space for discussion, explanation and follow-up where appropriate.

The relatively small number of children and adults spoken to means their experiences cannot be taken as representative of all children affected by conflict and Ebola in eastern DRC. World Vision presents this report as a snapshot of experiences and views in one conflict- and Ebola-affected part of the country. But, because of where these children live – one of the most affected areas – World Vision believes it provides a window into the experiences of children and families across the region and should serve as an authentic testimony of their needs – and what must happen to alleviate their suffering.

EXECUTIVE SUMMARY

In one of the toughest places in the world to be a child, children in the Democratic Republic of Congo (DRC) have never known lasting peace. And now they are facing another crisis: the Ebola Virus Disease (EVD). By end of November 2019, 28 of 47 health zones across North Kivu and Ituri provinces had recorded cases of Ebola, with some health zones still considered 'active transmission' zones, meaning they have recorded cases within the last 21 days (the maximum incubation period for the disease).

Sadly, out of the 2,199 deaths from Ebola as of 24 November 2019, 28% have been children. Young children under 5 have been hit particularly hard in this outbreak that began in August 2018, the second deadliest since the virus was discovered in 1976. According to the United Nations Children's Fund (UNICEF) more than 5.3 million children in the DRC are malnourished¹, making them more vulnerable to Ebola and other diseases. The Ebola outbreak is further compounding an already fragile context and increasing the psychological burden on communities; the ongoing conflict and extreme poverty in eastern DRC have only made the humanitarian response that much more challenging. Armed groups pose a constant threat of attack or kidnapping, and hundreds of thousands of people have been displaced by violence this year: are more than 2,000 Ebola orphans who have lost one or more caregivers, and more than 4,000 children have been separated from their parents as the epidemic has progressed, according to UNICEF². Research indicates that losing a parent in childhood can have long-term mental health consequences. Additionally, children already living with recurring insecurity and then exposed to the outbreak are at greater risk of falling prey to the armed groups – with the breakdown of structures and relationships that would normally protect them.

Ebola and conflict are resulting in serious protection concerns for children in eastern DRC. A contagious virus may induce problems such as social stigma, isolation and quarantine (including the separation of children from their parents), and fear of infecting loved ones. Lack of knowledge about the Ebola virus increases fear, especially when there is a lack of clarity about how long it will take to manage or control the disease. Ebola is a disease that cultivates fear and can deeply impact the wider social fabric. It can magnify pre-existing tensions, which in themselves can be exacerbated by the outbreak. As such, elevated levels of distress and disorder are to be expected, and an effective psychosocial response is critical. World Vision is seeing evidence of children being separated from their families and caregivers, being stigmatised by communities due to association with Ebola and increasingly unable to

access formal and informal protective services, education, adequate nutrition and psychosocial support.

To understand the impact Ebola is having on vulnerable children in North Kivu, World Vision has spoken with children and their families about their experiences. More than one year since Ebola broke out in the DRC, children's lives are still being disrupted. With the highly contagious and endemic disease having re-emerged in centres like Beni, many families have fled the area. Children who stayed behind fear they or their loved ones might be next to catch the disease.

Overall, the geographic spread of the epidemic appears to be unpredictable, with scattered small clusters potentially occurring anywhere in the region. The presence and activities of non-state armed groups perpetuating attacks on health workers elevates the importance of peace, security and protection of children in the region.

Between early June and the beginning of August 2019, the number of new Ebola cases notified per week averaged between 75 and 100;³ since August, this rate has slowly declined, but mobile patients due to insecurity still pose a threat.

The Government of the DRC is leading the response to the outbreak with the support of the international community, in particular the World Health Organization (WHO).

There's been a continued increase in the number of new cases for a year since the outbreak was first declared. This is despite the extensive use of an experimental vaccine, new treatments and a more rapid response to the outbreak when compared to the West African outbreak.⁴ A much stronger international commitment and ongoing support for affected communities is needed. So far, given the low levels of investment,⁵ most of the attention has been focused on medical treatment of and vaccination against the EVD. However, an increase in financial and programmatic investment is urgently required to build community trust and engagement to help address insecurity, stigma, misinformation and resistance. Ensuring humanitarian space and access to the affected areas to implement the Ebola response is a critical component for successfully addressing the spread of EVD.

An urgent, protection- and recovery-focused response is required to prevent the separation of children and their exposure to potential violence and exploitation. Child

1 Reliefweb, <https://reliefweb.int/report/democratic-republic-congo/democratic-republic-congo-ebola-outbreak-and-humanitarian-crisis-dg>

2 UNICEF, 'Ebola outbreak', <https://www.unicef.org/drcngo/en/what-we-do/emergency-response/ebola-outbreak>

3 WHO (2019), Ebola Virus Disease: Democratic Republic of Congo: External Situation Report 47, <https://apps.who.int/iris/rest/bitstreams/1236282/retrieve>.

4 Mosoka Fallah (11 August 2019), 'Tshisekedi has taken over the DRC's Ebola response. How he can make a difference', The Conversation, <https://theconversation.com/tshisekedi-has-taken-over-the-drcs-ebola-response-how-he-can-make-a-difference-121595>.

protection must be embedded into the EVD prevention and treatment approaches to help address children's broader protection needs as well as their exposure to the virus. Based on World Vision's experience addressing Ebola in other contexts, prioritising prevention at the same level as treatment is critical to successful protection interventions. In particular, working with faith leaders, women's groups, traditional and local chiefs, as well as formal health and educational institutional authorities is a crucial aspect for raising awareness and successful prevention.

Based on our experiences talking to and working with children in eastern DRC, World Vision calls on donors, the Government of the DRC and the humanitarian community to urgently provide additional resources. These are required to address growing child protection needs and strengthen existing formal and informal child protection systems. World Vision recommends the following actions to accomplish this:

- immediately scale up a coordinated, fully funded response to the EVD that is sustained until zero cases and that continues to build up vital social services for child protection and disease prevention
- rapidly expand support to children directly affected and whose immediate caregivers have been affected by EVD, ensuring alternative care, psychosocial support and assistance in meeting day-to-day needs and promoting reintegration in communities
- invest long-term into building strong and resilient health and child protection systems to respond better to future outbreaks of disease and armed conflict, and ensure a strong protective environment for children
- integrate psychosocial assistance as an essential element of the management of EVD cases. It is important to also ensure the psychological support of humanitarian workers.



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5 The Strategic Response Plan for the Ebola Virus Disease Outbreak in the Provinces of North Kivu and Ituri Democratic Republic of the Congo, July - December 2019 (<https://reliefweb.int/sites/reliefweb.int/files/resources/drc-srp4-9august2019.pdf>) estimates funding requirements of US\$287.6 million for the Public Health Response, including US\$140 million for WHO, who had only received US\$65.8 million as of 15 October 2019 (WHO [2019], Ebola Virus Disease External Situation Report 63, <https://www.who.int/emergencies/diseases/ebola/drc-2019/situation-reports>).

INTRODUCTION

Children make up nearly 60 per cent of the 12.8 million people expected to need humanitarian assistance and protection in the DRC this year: 7.5 million girls and boys under the age of 18 in dire need of support to survive and to thrive.⁶ They are afraid and feeling isolated, longing for the things every child wants: a safe place to sleep, enough to eat, a loving family, friends, an education and good health.

The humanitarian crisis in the DRC is a child protection crisis, one of the most severe globally. Protracted armed conflict in the country was already putting 7 million children at risk. North Kivu is a province well known for conflict for over the past 25 years, with more than 100 armed groups estimated to be active. Criminal activity, such as kidnappings, is relatively common and skirmishes between groups occur regularly across the whole area, causing population displacements and making some locations inaccessible.

The confluence of conflict paired with Ebola is having a devastating impact on the affected children, families and communities. As well as the threat of exposure to Ebola itself, the virus is leading to additional family separation, loss of caregivers, stigma and disruption of day-to-day activities like school and playing with friends.

Children now talk of insecurity as a way of life – of armed groups, guns, and fear of being forcibly taken from their families and recruited to fight. They express the changes in the few things that offered some sense of stability in their lives since Ebola has come to their town: the loss of community, activities and loved ones. Children are orphaned or sent away to live with relatives to escape Ebola and conflict. They have seen friends die. Activities are restricted, to avoid close contact with others. They report being constantly stressed, malnourished and afraid of becoming infected with Ebola or even suspected of having Ebola.

'Children are stressed, alone, psychologically upset because of this terrible disease.'

Girl, Butembo

Children's experiences tell of a devastating reality for them today and for their futures, if nothing is done to support them. The long-term impact of Ebola and armed conflict on children's well-being and development is difficult to overstate. The compounded influence will likely have intensely disturbing and far-reaching effects on children's social, emotional, cognitive and spiritual well-being, protection and development.⁷

Conflict has already interfered with children's educational performance, capacity to form social relationships, and ability to lead healthy lives. Ebola is further entrenching these challenges. The system for protecting children, already weakened due to years of conflict, is struggling to support children affected directly or indirectly by Ebola – and they risk further exposure to violence and exploitation.

And yet many children in eastern DRC have the strength and courage to hope for something better. Since children and their communities are best placed to articulate what their challenges, priorities and needs are, World Vision spoke to children and adults in Beni and Lubero territories in North Kivu province, the epicentre of the Ebola crisis and significant sites of protracted conflict. Small groups of boys and girls, all between 6 and 17 years old, and adults were asked about their views, fears and experiences, to help inform the current responses to the humanitarian crisis and strengthen protection systems in the region.

6 UN OCHA (2018, updated 2019), Humanitarian Response Plan 2017-2019 for the Democratic Republic of Congo, 4, https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/drc_hrp_2019_fr.pdf.

7 Alison Schafer (2014), *Saving Children's Lives Now and in the Future*, World Vision International.

Their testimonies and pleas should shake us all. Their calls for help must inspire us to overcome challenges and find a way to provide the support they deserve. The Government of the DRC, the United Nations at every level, international humanitarian and development organisations, local charities, and churches all carry a responsibility to do more and to do it better.

Their responses make clear that urgent and ongoing action is necessary to strengthen the protective environment for children – by empowering them with life skills, resilience and psychosocial well-being; transforming attitudes, norms and behaviours; strengthening services and support mechanisms; and improving laws and accountability.

'Our hope for the future? A life without Ebola and to live in peace.'

Girl, Kalunguta



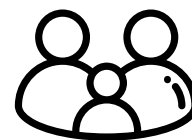
World Vision surveyed

139 children

(64 girls and 75 boys)

129 adults

(62 women and 67 men)



in 6 health zones
in North Kivu

Where we

BENI

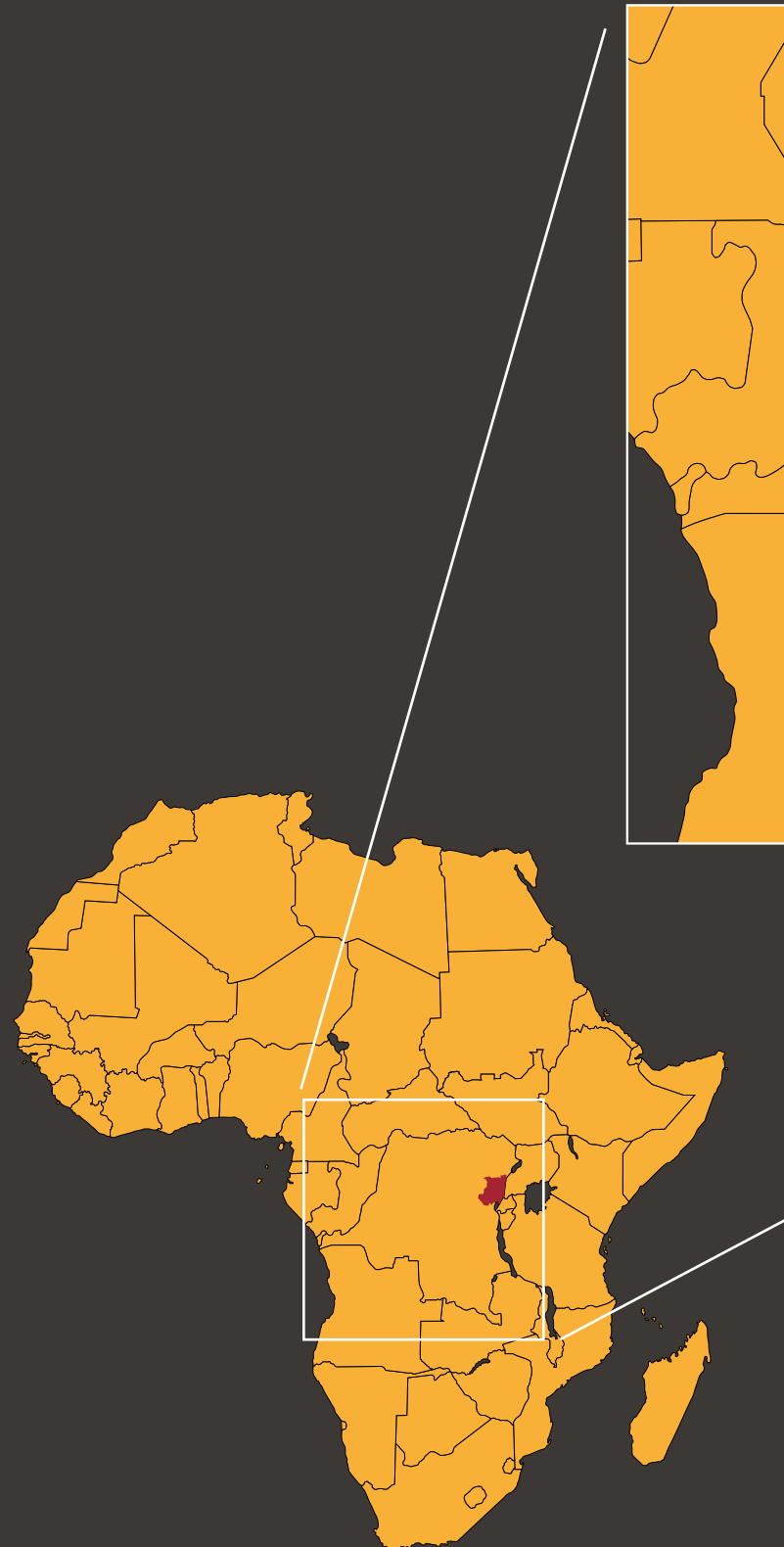
Beni has been the site of recurring fighting and attacks for the past 25 years and also a destination for large numbers of people displaced by conflict in rural areas. It has also become an epicentre for Ebola, with 698 cases reported as of 24 November 2019.

BUTEMBO

Butembo, with a population of 700,000, has seen 288 cases of Ebola (as of 24 November 2019) and has endured attacks by the Mai Mai armed group on health centres from February to March 2019. Mai Mai groups, a collection of small militias operating under the guise of self-defence and community protection, continue to foster insecurity and violence in and around Butembo.

KALUNGUTA

As of 24 November 2019, 212 cases of Ebola had been reported in Kalunguta. The presence of armed groups and direct threats against Ebola response teams in the health zone continue to hamper prevention and treatment, and increase insecurity felt by residents.



spoke to **children**



KATWA

Katwa is one of the epicentres of Ebola, with 674 cases reported as of 24 November 2019. In February and March, the health centre treating patients was attacked and destroyed by an armed group.

MABALAKO

As of 24 November 2019, 418 cases of Ebola have been reported in Mabalako. Prevention and treatment are often at risk due to the presence of armed groups and the direct threats against Ebola response teams, all of which increase fear among residents.”

OICHA

Oicha was built around a mission hospital that opened more than 80 years ago. The health zone has seen 64 Ebola cases as of 24 November 2019 and regular attacks by the Allied Democratic Forces (ADF).

A DIFFICULT START: CHILDREN FACING ARMED CONFLICT AND DISPLACEMENT

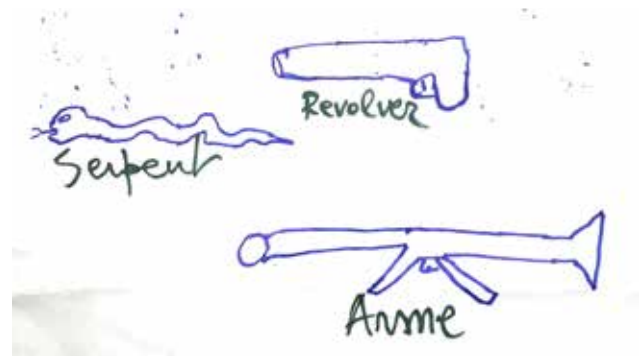
With nearly 4.5 million internally displaced people (IDPs) within the country due to fighting and violence, DRC has one of the highest numbers of IDPs in the world.⁸ Of these, 60 per cent are children.

'Even before Ebola, we didn't go to school regularly because of the insecurity in the community and our parents' lack of money.'

Girl, Kalunguta

Children and youth are among the most vulnerable in armed conflicts – as the primary victims of violence and as victims of pendular displacement.⁹ Armed conflicts can have catastrophic effects on children, exacerbating existing protection concerns and making them more vulnerable to all forms of violence, exploitation and abuse.¹⁰ Although the number of documented grave violations against children in the DRC decreased in 2018, significant numbers of children still face abduction, sexual violence, recruitment, killing, maiming, attacks on their schools and hospitals, and denial of humanitarian access.¹¹

Over the long-term, exposure to conflict and violence interferes with their ability to learn and to lead healthy lives into adulthood.¹² In environments where basic services are disrupted and livelihoods are destroyed, children are often malnourished and at risk of death by preventable or curable diseases. Children living in Ebola-affected areas were already trying to overcome these challenges, and now the epidemic has compounded these risks and the distress that continues to be a weight in their lives. Children who participated in this study, when asked to draw what made them sad prior to Ebola, overwhelmingly drew pictures that included war, guns and death.



What makes us sad or afraid: Detail from Focus Group Discussion drawing, Butembo, 6- to 12-year-olds

Children use art to communicate and express thoughts and feelings that are too painful to put into words.

Children themselves report high levels of psychological distress.¹³ Any recovery is jeopardised by a security situation that isn't restored and a pervasive fear that the militias will return and families will need to flee for their lives once again.

'I have been displaced several times. We go from one place to another. When the soldiers begin shooting and shouting and telling people to go away, then we see bombs bursting and killing people, which I cannot describe.'

Girl, North Kivu

8 UN High Commissioner for Refugees (UNHCR) (2019), UNHCR Submission on Democratic Republic of the Congo: 33rd UPR Session; UN OCHA (2017), Democratic Republic of Congo: Internally Displaced Persons and Returnees.

9 World Vision International (2017), Good Enough Context Analysis for Rapid Response (GECARR) for the Kasai-Central, Democratic Republic of Congo.

10 Child Protection Working Group (2019), Minimum Standards for Child Protection in Humanitarian Action, 13.

11 UN General Assembly Security Council (2019), Report of the Secretary-General on Children and Armed Conflict, UNSC Doc A/73/907-S/2019/509, https://www.un.org/ga/search/view_doc.asp?symbol=S/2019/509&Lang=E&Area=UNDOC.

12 World Vision International (2018), Real Time Evaluation: Kasai Emergency Response.

13 World Vision International (2018), Real Time Evaluation: Kasai Emergency Response.

A HEALTH EMERGENCY: CHILDREN AND EBOLA

The Ebola epidemic makes basic services such as health care and education much harder to access, particularly for the most vulnerable, and many children affected by Ebola suffer stigma, isolation and increased poverty when they or family members fall ill or die.

A much stronger international commitment and support is needed even in the aftermath of Ebola. By the end of September 2019, WHO had received less than 50 per cent of its financial requirements of US\$140 million, most of the attention has been focused on medical treatment of and vaccination against Ebola itself, with the wider impact on children's well-being in Ebola-affected areas being neglected¹⁴.

Children have been left alone as a parent is being treated in a treatment centre, or the children are sent away to keep them safe from Ebola. Children interviewed by World Vision reported knowing up to 50 children in their community who were separated because of Ebola and armed conflict, and highlighted the increasing number of orphans to the scourge. Many children are living in foster families, but a significant number are on their own – living on the streets. Some children have no idea where their parents are.

'The sadness invades us when we think of our parents, sisters, brothers, friends who do not have people to help them because the EVD has killed them.'

Girl, Kalunguta

Overwhelmingly children speak about the death of family members and friends and the stress, fear and suspicion that accompanies this loss. Disruption and isolation caused by Ebola are also prominent concerns of children in Ebola-affected areas of DRC.

What do children think increases their risk of Ebola?

The children affected by Ebola are the first to recognise that Ebola is a contagious disease that does not discriminate based on age. However, they told us about some factors that they think may make children more vulnerable than adults:

- sitting close to each other in classes, sharing beds with siblings, playing with friends
- children may not observe hygiene and prevention protocols – and young children don't learn them quickly or often forget
- children who are always by their parent's side – at home, at the hospital, at funerals, etc.; so if a parent gets Ebola, the child may get it too
- not understanding how to avoid playing in unclean conditions
- parents not taking care of their children, and the children then running the risk of being infected with Ebola.

¹⁴ <https://reliefweb.int/report/democratic-republic-congo/ebola-virus-disease-democratic-republic-congo-disease-outbreak-69>

Rumours and misinformation

Speaking with children, they recognise Ebola as a dangerous illness, but nearly half of them doubted that Ebola existed until they were directly affected by it. The rumours perpetuating negative perceptions about Ebola include that it:

- **doesn't exist**
- **is a disease invented by white people to come kill us**
- **is witchcraft or a satanic illness**
- **is a 'business' – a disease to make more money for certain people.**

Even some of the affected children still believe that it is an invented disease or witchcraft. In affected communities, there is a distrust of the government and often of those who have come to combat the disease and support the sick. For example, in one community meeting, members asked why people were still dying of Ebola when there were now so many doctors treating patients. These rumours and misinformation are adding to the stress and fear children are feeling.

Impact of Ebola on children: isolation and fear

Children in communities affected by Ebola are losing their childhood. The day-to-day activities they enjoyed are being threatened: no more playing games, doing homework with friends or community events. Children spoke of the isolation they feel with the closure of spaces for children, sporadic school closures, not going to church, and no more 'fun' activities.

Not being able to shake hands or embrace each other in order to avoid the spread of Ebola is difficult for them to adjust to. It not only heightens the sense of fear they feel, but they also overwhelmingly say it feels like a loss of their culture. They are separated from friends and speak repeatedly of solitude and isolation.

'With Ebola, we don't have access to several games because parents have forbidden us to play, for fear of being infected. At school we do not follow the lessons and we are afraid to sit together on the same bench, to touch. Many people are afraid to approach children who have recovered from Ebola and those whose homes have been touched by Ebola.'

Boy, Beni

Stigmatisation of children affected by Ebola

For those directly affected by Ebola, either having been diagnosed and recovered themselves or having had an Ebola patient in the family, the stigma and feelings of isolation are high. World Vision interviewed 30 children affected by Ebola (19 girls and 11 boys): 17 had lost one or both parents to Ebola, 8 had recovered from Ebola and 5 were Ebola orphans who had also been diagnosed and recovered. At least 70 per cent of the children feel isolated and traumatised in their communities, were talked about by their friends, and were not able to play with them. Half said their friends' parents wouldn't let them spend time together or their friends ran away from them. Some also face ostracisation in their families, not being able to go to school or not having enough to eat. In extreme cases, the children are no longer able to play or eat with their family and are forced to sleep apart – taking away their normal activities and interactions. The children said that awareness-raising on Ebola can help to reduce the fear people have of them.

'Many of us have become orphans, stigmatised.'

Girl, Beni

Struggling to live up to her name

Happy, a 10-year-old girl from Beni, lost her father to Ebola earlier this year. She has five brothers and sisters, aged between 11 and 3, whom her mother, Jeanette, is now trying to support on her own.

'Ebola troubles us,' Happy says. 'Me, I'm always very sad because it's Dad who was doing everything for us. He was paying for our school fees. He used to bring us food and clothes, but we don't know how to survive nowadays.' Happy misses her dad. It's only when she plays with her friends that she can almost forget about the sadness.

'I don't know if [Ebola will] end because so many people have already died and I don't know when it'll end. I think God will work wonders and it'll end.'

Happy needs the opportunity to live life in all its fullness. For this, she says her mother needs help so she is able to feed and clothe her children and send them to school.

© Brianna Piazza/World Vision

The fear is constantly with children. A girl in Kalunguta said, 'Because of rumours circulated, if a nurse suspects a child of having Ebola and isolates him, the child thinks he has Ebola and that the vehicles will come to take him to the treatment centre to die there.' Classes are closed for decontamination when there has been a case of Ebola and some children fear response teams, fleeing school when they see them.

Children want to feel safe. Strengthening the services that should protect them, changing the negative attitudes that reinforce fear, and providing the psychosocial support they need are vital to minimise the long-term impacts on the well-being of children in conflict and Ebola-affected zones.

'There is stress, fear of losing a friend, fear of also being affected by the disease.'

Girl, Butembo

NO END TO THE FEAR

The insecurity in Eastern DRC has made Ebola more difficult to address. For example, youth advocates in Beni talk about recurring conflict and displacement pushing more people into cities. The greater concentration of people – for example, ten people sharing the space that previously was shared by three – increases the risk of cross-infection.

The overwhelming sentiment of children is fear – by children directly touched by Ebola and those living in Ebola-affected communities alike. Children as young as 6 tell us about their fear of death and abandonment by family, fears they have experienced throughout their short lives.

They are asking for their basic needs to be met – security, food, education and clothing. They overwhelmingly want peace and an end to Ebola. Ebola has certainly affected children's ability to go to school. However, insecurity and strikes were cited equally as reasons for schools being closed.

Ebola and Education

In a Beni primary school, where World Vision runs Ebola awareness-raising sessions, the attitudes of students have started to change and children are increasingly accepting that they must wash their hands and perform other hygienic measures to protect themselves from Ebola. Previously, most children in North Kivu had never heard of the disease, let alone how to protect themselves from it. Ebola symptoms have often been confused with signs of malaria and other illnesses, causing people to delay or avoid life-saving treatment. Teachers now estimate about 90 per cent of the students understand Ebola symptoms and how to protect themselves.

The school has lost 150 students in recent years – mostly due to families fleeing the area because of ongoing violence and killings. However, one in five children who left Beni over the past year did so to escape the threat of Ebola.

Many of the children who stayed worry about Ebola, and teachers at the school say on average, grades have dropped by about 20 per cent due to children being distracted, worried or distant because of the impact Ebola is having on their friends, family, and community.



KEEPING CHILDREN FROM FALLING THROUGH THE CRACKS

Protect vulnerable children in Ebola-affected areas

Vulnerable children are at high risk and in immediate danger because of the latest Ebola epidemic in Eastern DRC.

International and national decision makers as well as operational actors on the ground must ensure an inclusive, intelligent and holistic response, drawing strong attention to children affected by or at risk of Ebola to ensure their protection in accordance with international regulations, including the UN Convention on the Rights of the Child.

An urgent, protection-focused response is required to prevent children from being exposed to violence and exploitation and to maximise their protection today and over the long term. The effects of violence, unhealthy stress and insecurity stay with children for many years – often into adulthood. Child protection must be integrated into the EVD prevention and treatment approaches to help address children's broader protection needs as well as their exposure to the virus. Donors must invest in protection now and tackle the root causes of violence and unhealthy stress to build children's resilience against future shocks. For children separated from their parents because of Ebola, they say their most urgent needs are nutrition, psychological support and access to education.

Children told us that they received information about Ebola mostly through the radio, their friends and their teachers or simply because it was in their household. Some also mentioned the church, their parents and other sources of information.

What helps reduce the stigma and trauma faced by children affected by Ebola in the community?

Children World Vision spoke to have the following recommendations:

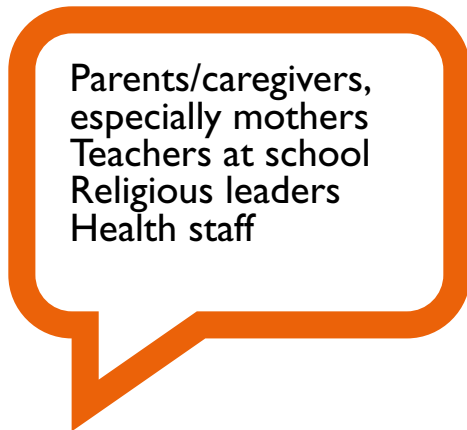
- raise awareness among children, family members and the community; tell family members and the community to include the affected children and stop stigmatising them
- stop spreading rumours and lies about Ebola
- provide long-term psychosocial assistance, games and mechanisms to help 'de-traumatise' the children
- answer the primary needs of these children – and show them love.

'They need psychological support... find them a psychologist, give them food, send them to school, give them clothes to wear.'

Boy, Beni

GLIMMERS OF HOPE

Who do children trust to talk about Ebola?



Children World Vision spoke to all said that they have been taught how to protect themselves from Ebola, having received messages from the radio, teachers, pastors and parents. The precautions include washing hands, not going near dead bodies, and not touching or shaking hands.

They all spoke of children who had recovered from Ebola, saying they would accept them, provided there was confirmation of their recovery by medical personnel or test results. But many children would still be a little hesitant to touch them.

'I would welcome someone who recovered from Ebola if there are people in the community testifying that they had seen the results of the test saying the person had recovered – if medical workers came and presented the person in the community.'

Girl, Beni

In its response to Ebola, World Vision has helped reach more than 673,000 people in the DRC by training health workers, distributing hygiene kits and supporting community awareness programmes via our proven Channels of Hope programme. Channels of Hope empowers faith leaders to share life-saving Ebola messages with their own communities during religious services, community sensitisation events and radio programmes. The faith leaders also mobilise local Channels of Hope Action Teams (CHATs) to expand the outreach to women, men and youth in their communities.

World Vision's teams are on the frontlines, responding to this disease by:

- o training and equipping community leaders to help communities protect themselves and contain the spread of the epidemic through proper hygiene practices
- o distributing hygiene kits to halt the spread of the disease
- o supporting the survivors of Ebola, including providing psychosocial support to help families, including children, affected by the disease
- o making water, hygiene and sanitation available in communities, schools and health centres
- o responding to vulnerabilities that pre-existed the Ebola outbreak and which actively contribute to its spread.



673,549

people (including nearly **280,152** children) reached through Ebola awareness and education



39,337

people, including patients, contacts and survivor families have received food



360,000

people reached with life-saving **hygiene kits**

492



teachers trained on prevention/vaccination

488



health workers and leaders trained on Ebola prevention

RECOMMENDATIONS

Children are at risk of violence, exploitation, abuse and its aftermath – and are vulnerable to falling through the cracks of society unless they are put at the heart of Ebola prevention and response. While World Vision’s work on the ground is having an impact, much more needs to be done.

World Vision calls on international donors and the Government of the DRC to:

1. Immediately scale up a coordinated, fully funded response to the EVD that is sustained until there are zero cases and that continues to build up vital social services for child protection and disease prevention, prioritising children’s needs:

- Urgently fund the full Humanitarian Appeal and provide long-term and sustainable funding that prioritises prevention, protection systems strengthening, livelihoods and EVD treatment to ensure a holistic response that addresses the social and economic impacts of the virus.
- Ensure EVD prevention is prioritised at the same level as EVD treatment, especially through capacity building of and engagement with faith and community leaders to address stigma, to provide psychosocial and spiritual support to children and their families, and to remove religious and social barriers that can result in the continued spread of Ebola.
- Strengthen coordination among international and national institutions as well as operational actors to ensure a more agile, strategic, inclusive and context-appropriate response that works effectively across the nexus of humanitarian, development and peacebuilding outcomes to address Ebola.

2. Invest long term to build strong and resilient health and child protection systems to respond better to future outbreaks of disease and armed conflict and to ensure a strong protective environment for children:

- Fund improvements in health infrastructure, equipment and drug availability at all levels to provide adequate basic health care.
- Prepare the health system at all levels to handle emergencies like EVD, including by funding improvements to health infrastructure and training health workers appropriately to handle crises.
- Invest in strengthening national child protection systems by supporting and reinforcing positive informal caring and protective mechanisms while strengthening emerging formal structures.
- Strengthen capacity in child protection, improving coordination among formal and informal actors involved in reporting, referral and provision of child protection assistance.
- Increase support to national and civil society initiatives aimed at preventing violence against children.

3. Rapidly expand support to children directly affected and whose immediate caregivers have been affected by EVD, ensuring alternative care, psychosocial support and assistance in meeting day-to-day needs and promoting reintegration in communities:

- Integrate child protection into the EVD prevention and treatment approaches to help address children's broader protection needs as well as their exposure to the virus.
- Ensure adequate care, protection and psychosocial support to children affected by EVD, including a strong follow-up system for children placed in alternative care to ensure ongoing protection and support of their well-being.
- Roll out social mobilisation efforts in affected communities, including by working with traditional and religious leaders, to reduce stigmatisation of EVD survivors and families of victims.
- Establish reporting mechanisms between schools, health facilities and communities, as well as a free national hotline, to ensure children have access to help when at risk of neglect, abuse, exploitation or violence.

4. Prioritise and integrate psychosocial assistance as an essential element in the management of Ebola.

Survivors and their family members are often stigmatised and prevented from resuming their activities after their recovery. Moreover, it is important to ensure the psychological briefing of response participants on the attitudes to be displayed on the ground and on stress management, as well as a psychological debriefing (a brief preventive therapy after one month of participation in the response):

- Strengthen psychological support in the ebola treatment centres (for confirmed, suspected, and discharged cases) and provide hygiene kits for all discharged and cured patients.
- Continue psychosocial support and/or material assistance (food kits, non-food item kits, recreation kits) to affected families, and continue psychoeducational sessions to facilitate the work of the surveillance and vaccination teams. Continue psychosocial support, nutrition, material and school reintegration of children orphaned or separated due to EVD.
- Intensify psychoeducational activities with a focus on the neighbourhoods targeted by the mapping of areas of resistance to reduce anxiety and increase acceptance of the disease and control measures.

The Government of the DRC, the United Nations at every level, international humanitarian and development organisations, local charities, and faith institutions all carry a responsibility to do more and do better in improving child-wellbeing by ensuring child survival, protection and development.



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