



BEYOND
Ebola

Children in DR Congo share their fears in the face of the epidemic

Background:

Ebola in a time

The Ebola outbreak in DR Congo has killed more than 2,000 people, over 800 of them children, in less than 14 months. Boys and girls continue to die in the epidemic. It is the second largest Ebola outbreak globally on record. The long-lasting consequences for child survivors of Ebola or those who lost family members to the disease highlights an on-going crisis that will impact children long after Ebola has been brought under control in Eastern DRC. However, few know what children are thinking and experiencing.

Children are typically the last to be heard in a part of the country that has historically been torn-apart by conflict and where armed groups terrorise entire regions. This media briefing accompanies a longer report 'Fear and Isolation.'

In September 2019, World Vision conducted interviews and focus group meetings with 268 people (139 children and 129 caregivers) in Beni and Butembo in eastern DR Congo. Participants were drawn from the hardest hit health zones of Beni, Oicha, Mabalako, Kalunguta, Butembo and Katwa. As part of this work, World Vision interviewed 30

children who were Ebola survivors, orphaned by Ebola, or both.

The findings give an insight into children's lived experiences. These have informed the development of a set of recommendations that will guide World Vision's advocacy and response to the Ebola crisis in Eastern DRC.

Many of the children involved had seen a family member or friend die of Ebola. Others had themselves survived the deadly disease. Ebola has a fatality rate of nearly 70 per cent – one of the highest on record for Ebola outbreaks. Children consulted spoke of how their lives had changed for the worse. They told us they were scared, often felt isolated and needed more help.

Conflict has already had a massive impact on children's lives and Ebola is now making life even harder.

1 <https://www.unicef.org/drcongo/en/what-we-do/emergency-response/ebola-outbreak>

2 WHO, Ebola Virus Disease External Situation Report 63, <https://www.who.int/emergencies/diseases/ebola/drc-2019/situation-reports>

of Chaos

World Vision staff are witnessing how Ebola is choking children's educational performance and robbing them of the opportunities that learning brings. As an example, in Beni about 30 pupils have abandoned one school alone over the past year for fear of insecurity and Ebola. Teachers in the focus group discussions in Beni also estimated students' grades had dropped by about 20 per cent.

Community and social relationships that in a healthy society normally help support and protect children are also being undermined. While ongoing conflicts that plague the area have fractured society Ebola is making things worse for children. People are fearful of even their neighbours and distrustful of families affected by Ebola.

And protective services that are typically provided by the state and local authorities such as hospitals, schools and social services are also either absent, underfunded or under pressure. In some cases, their very work is questioned by communities who often are distrustful and misinformed.

In this context, children are being robbed of their rights and the care and protection they so desperately need. For the 4,079 children separated from families and more than 2,000 orphaned¹ by Ebola life is especially tough.

Although the numbers of newly confirmed Ebola cases have decreased in recent weeks, new cases are now being found in areas that are more difficult to reach, suffer from higher levels of insecurity and where there are highly concentrated populations². The World Health Organisation says it is now harder in some areas to investigate Ebola outbreaks, trace those who have come into contact with the infected, vaccinate those nearby, carry out safe burials and decontaminate homes of those who have been affected. Despite the discovery of a cure for Ebola defeating Ebola will be a hard-won battle. People must receive medicines early when treatment is most effective. A new vaccine given to more than 240,000 people in northeastern Congo has helped prevent further spread of the virus. However, Ebola continues to threaten the lives of children in eastern DRC and those affected are increasingly found in more remote, difficult and dangerous places.

What children are **telling us**

SAD AND ISOLATED

“We’re very sad because we lost our mother and father’s love. ... Our friends are afraid of us, because there are people who died of Ebola at our home.”

Ghislene, 17, whose parents died of Ebola.

“Children are stressed, alone, upset because of this terrible disease.”

Girl, Butembo.

Children told us that they are struggling to cope with feelings of loss, especially when one or both parents have died. They say friends and neighbours are afraid to get close to them because of the contagious nature of the disease.

And activities and communal gatherings like some church services in Beni, football matches and social gatherings in Butembo that used to bring people together were suspended for some time as part of efforts to contain the spread of the disease. Although churches continued to meet, congregations were much more careful about the usual bonhomie. In the Butembo Catholic church, for example, the peace-be-with-you handshakes were put on hold. The combined effect being that children feel stigmatised and isolated at the very time they should have friends, relatives and community members rallying around to support and care for them.

“Survivors always have many troubling thoughts. When you leave the treatment centre you’re still not at ease. When they send people to comfort you they help take those thoughts off your mind.”

***Sarah, 15-year-old survivor.**

POOR AND EXTREMELY VULNERABLE

“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, 10, describes how life has changed for her.

When a parent or both parents die, children are often left having to fend for themselves. This is putting children at great risk. Children as young as 15 are now having to take on the role of mother or father, or both, in order to survive.

To survive, children are now being forced to leave school to work, beg or even sell themselves in order to find the money they need to survive and support siblings. By abandoning school even the small opportunities children had to get an education and with it a better job are being lost.

On segregating children who have recovered from the disease, a child offered some advice:

“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 those people from the treatment centre came and presented the person in the community.”

Girl, Beni.



FEARFUL AND UNCERTAIN

“What has changed is that school children don’t work well anymore and they’re scared. I always tell [my friends] to wash their hands, not to touch each other, no touching corpses... so that they don’t die,”

Alex, 11.

“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,”

A girl from Kalunguta.

Children are both extremely fearful of Ebola but also often subject to all manner of rumours about what Ebola is.

They tell us that when health workers arrive in their white hazmat suits to take away those suspected of having Ebola they fear they will never see that person again. They see the treatment centres their friends are sent to as places of no return.

Nearly half of children spoken to believed that Ebola was an invention or a curse or didn’t exist. They thought Ebola:

- didn’t exist
- was invented by white people to kill them
- was due to witchcraft or a satanic illness, or
- was a ‘business’ scam designed to make money for certain people

Even some children directly affected by Ebola held these views.

Communities used the focus groups to express confusion about the source of the disease, talked about their distrust of authorities, and wondered why the international community was only now present after years of fighting which had killed thousands. Many expressed suspicion and questioned the motivation of responders.

In one community meeting members could not understand why so many people were still dying of Ebola when there were so many doctors to treat the disease.

In this context children are confused and fearful of Ebola.

Recommendations:

The waves of conflict, violence and health outbreaks in Eastern DRC have left generations of children afraid, stressed and struggling. Ebola has added to these fears and challenges.

The overall focus of the international Ebola response in support of the government has so far been focused on preventing the spread of the disease. But children are telling us they need help. Specific and long-term support and programming is urgently needed. Much more needs to be done.

These are our recommendations.

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

1.

Immediately scale up a coordinated, fully funded response to the Ebola Virus Disease, which is sustained until zero cases and that continues to build up vital social services for child protection and disease prevention, prioritizing children's needs.

- Urgently fund the full Humanitarian Appeal and provide long-term and sustainable funding that prioritises prevention, protection systems strengthening and livelihoods, as well as EVD treatment to ensure a holistic response that addresses social and economic impact of the virus;
- Ensure Ebola Virus Disease (EVD) prevention is prioritised at the same level as treatment, especially through capacity building and engagement of faith and community leaders to remove religious and social barriers that can result in the continued spread of Ebola, address stigma and provide psychosocial and spiritual support to children and their families;
- Strengthen coordination among international and national institutions and 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 ensure a strong protective environment for children:

- Fund improvements in health infrastructure, equipment and drugs 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
- Strengthening capacity in child protection, improving coordination among formal and informal actors involved in reporting, referral and provision of child protection assistance
- Increasing 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 promote 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 stigmatization 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 of the management of EVD cases. Survivors and their family members are often stigmatized and prevented from resuming their activities after their recovery. Moreover, it is important to ensure the psychological briefing of participants on the attitudes to be displayed on the ground and stress management, as well as a psychological debriefing (a brief preventive therapy after 1 months of participation in the response).

- Strengthen psychological support in the Ebola Treatment Centres (confirmed, suspects, and discharged) and assistance with hygiene kits for all discharged and cured patients.
- Continue psychosocial support and/or material assistance (food kits, non-food items kits, recreation kits) to affected families, along with psychoeducational sessions to facilitate the work of the surveillance and vaccination teams. Continue psychosocial support, nutrition, material and school reintegration of orphaned and separated children 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.

How World Vision **is responding**

Our teams are on the frontlines, responding to this disease by:

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

Disclaimer: 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 experiences of children and adults in this survey cannot be taken as representative of all children affected by conflict and Ebola in eastern DRC.



About World Vision

World Vision is a Christian humanitarian organization conducting relief, development, and advocacy activities in its work with children, families, and their communities in nearly 100 countries to help them reach their full potential by tackling the causes of poverty and injustice. World Vision serves all people regardless of religion, race, ethnicity, or gender.

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Through the process of observing and analyzing the drawings of young children, insights can be gained as to the social/emotional, physical, and intellectual development of each child. Children usually explore the world around them through intellectual, physical and emotional methods for young children; pencil, brush and paper are the best means of conveying their fondest hopes and most profound fears. The progression of drawings that children make over a period of time can show significant growth and development, as well as determine academic capabilities and skills characteristic of their developmental level (Brittain & Lowenfeld, 1987).

Children in the focus groups were asked to draw their life before Ebola, as well as life during the Ebola crisis. Most of them returned drawings of weapons like guns, machetes; some drew football activities, classroom learning; and for Ebola several of them drew pictures of coffins, dead bodies, ambulances, treatment and isolation centres.

