The Efficacy of Social Protection in restoring the Human Rights of Children Affected by the Ebola Virus Disease in Sierra Leone

Write up for the conference of the 25th anniversary of the African Charter on the Rights and Welfare of the Child

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Introduction

This paper is written to give an account of the effect of the outbreak of the Ebola Virus Disease (EVD) on children and their families in Sierra Leone. Based on field experiences and interventions led by Defence for Children, it makes a case for social protection programmes as a potential intervention to enhance social and economic recovery for EVD affected children and their families. It will be presented at the 25th anniversary conference of the African Charter on the Rights and Welfare of the Child in November 2015.

Though the Sierra Leone EVD crisis received robust global response, the focus has been more on eliminating the virus and less on addressing underlying vulnerabilities of children, families and communities. Much of socio-economic responses have been emergency interventions that only addressed the immediate needs of persons affected rather than sustainable programmes. The critical areas of concern are the future of children orphaned by EVD, child survivors and children born by vulnerable teenagers during the crisis.

A child-sensitive social protection programme has the potential to address the vulnerabilities of these categories of children and rebuild their lives. This is because a child sensitive social protection programme is more likely to benefit the children, their families, communities and thus contribute to national development. Hence it is important to discuss how social protection can trigger policy response, economic recovery for families and increase access to services for both children affected by Ebola, children facing abuse or discrimination and other categories of vulnerable children. It also supports child protection system strengthening.

Socio-economic impact

In May 2014, the government of Sierra Leone announced the outbreak of the Ebola Virus Disease (EVD) and imposed a State of Health Emergency. In the last few months (between July and November), the government and local and international partners have made remarkable progress in the fight against EVD. If no new infection takes place, the World Health Organisation may declare the country EVD free.[1]

Though the virus has subsided, it has left disturbing socio-economic impact on the country, communities and families. The economy is said

[1] Reaching the WHO 42 days standard

to have suffered double shocks; cessation of many economic activities due to restrictions imposed by the state of health emergency and sharp decline of the iron ore prices, which resulted to financial difficulties for the two largest mining companies in the country. The GDP growth rate has been revised from 11.3 to 6.4 percent including iron ore, and -1.0 percent discounting iron ore[2]. According to the Ministry of Finance and Economic Planning, Sierra Leone has lost an estimated US$ 74 million, with 30 percent decline in agricultural output, 50 percent job loss, 60 percent decline in manufacturing and stand still in cross-border trading, which has greatly impacted women.

At micro level, restrictions on socio-economic activities in order to contain the virus has led to increase in levels of poverty of families and vulnerability of children. Even before the outbreak, many families struggled to survive and out of a population of 6.4 million, over 70 percent of the population are living in poverty, with 54 percent living below poverty line (on less than $1 per day).The outbreak has exacerbated this situation.

Effect on Children

The impact of the EVD crisis on children in particular is huge. Many rights of children prescribed in both the African Charter on the Rights and Welfare of the Child and the UN Convention on the Rights of the Child were violated during the EVD outbreak. Chief among the rights that were violated are contained in article 5 of the Charter: "Right to Survival and development" In the first place the government fails to put in place adequate measures to safeguard the lives of children and to ensure children's development could continue. As a result, more than 9000[3] children have been directly affected in different ways by the Ebola outbreak, of which 948 were infected,118 killed and left 5,000 as orphans[4]; almost 800 children were separated from family members[5]. Many infected children who survived, developed other health problems, such as eye infection.

Children experienced several other terrific things that may have put them under psychological distress. Children witnessed their loved ones

[2] Ministry of Finance and economic Planning- Sierra Leone post Ebola Recovery Strategy, February 2015
[3] Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA) Child Protection (CP) Database
[4] Ministry of Social Welfare Gender and Children's Affairs data base as of 6th November 2015
[5] Child Rights Coalition- Child Centered Universal Periodic Report on Sierra Leone 2015

and familiar people being taken away by health workers dressed in for them frightening outfits. People taken away, were never brought back and neither any information was received about them, so the children keep anticipating their return and keep asking questions about them. Children saw many deaths occurring around them including within their very homes. The Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA) database identified about 13,000 children needing psychosocial and mental health services following EVD. What makes the psychological impact on children more severe is the fact that they face the double burden of feeling the death of their relatives and facing stigmatization in their communities for having associated with infected persons.

Schools were closed for several months, and anecdotal evidence reveals that over 15,000 schoolgirls got pregnant during this period. Unfortunately, the Ministry of Education Science and Technology refused to allow pregnant girls from taking their exams when schools reopened because they perceived that to be a bad precedence and a motivation for other schoolgirls to get pregnant. This action contravened articles 3 and 11 of the Charter (Non-discrimination and right to Education respectively) and resulted to triple victimization of the girls: as being victims of sexual abuse, deprivation of education and subjected to discrimination.

Health facilities were a no go area for many, as these facilities were perceived to be infected with EVD. The stigma on health facilities forced many health workers to abandon their work and ill people refused to come for treatment. In Sierra Leone, the number of children receiving basic immunization fell by 21 per cent and the number of children treated for malaria was down 39 per cent[6]. Many children missed out on vaccination because their parents refused to bring them to any health facility. These children remain at risk of contracting other diseases like measles and polio. This shows that government also failed to ensure adequate implantation of article 14 of the Charter.

Interventions of Defence for Children International Sierra

[6]Sierra Leone Health facility survey 2014 (PDF) in " Ebola Getting to Zero" published by UNICEF

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When government realized that they had limited capacity(in terms of staff, finance and logistics) to deal with child protection and psychosocial issues associated with the EVD outbreak, the Ministry of Social Welfare Gender and Children's Affairs in consultation with UNICEF identified key efficient NGOs that were cable to support them in catering/handling to the growing child protection and psychosocial problems. For each district, the ministry identified a focal agency that could help them manage the situation. Defence for Children was put in charge of the West part of Western Area, the Bombali and Kono districts and also asked to support interventions in the districts of Bo, Kenema and Moyamba. However, these other districts were managed by other focal agencies. Defence for Children undertook the following five interventions:

1. Monitoring of children in quarantine homes

Following training of social workers in child protection case management during emergencies and self-protection, they were deployed in the field. They monitored homes that were under quarantine for having had EVD infected person(s). A list of affected homes was obtained from the District Health Management Teams on weekly bases with contact numbers and addresses. This information was used to contact the residents at least once a week to monitor the wellbeing of children living in those homes. During the quarantine period, the homes could not be accessed so the residents were reached by phone. The purpose of monitoring the homes was to know the exact number of children living in the homes, identify their problems including human rights violations and support them and their families to address their emerging issues including assisting them access essential services and to strengthen their resilience through supportive talk. Every child at a quarantine home was registered in the database of the Ministry of Social Welfare Gender and Children's Affairs.

The major common problems that the quarantined families reported included: shortage of food and water supply, lack of baby formula in the food supply, high handiness of the security officers that were guarding the homes; some security officers were reported to be aggressive and disrespectful to the quarantine inmates and on many occasion they arrested and detained people purported to have flouted the State of Health Emergency Rules and regulations. There were few reports of child molestation and sexual violence by security personnel manning quarantine homes. This is a clear manifestation that the government interventions were not child sensitive.

They did not implement article 4 of the Charter (the principle of best interest of the child)

Many families were supported through the supply of food, water and health care during the quarantine period. Defence for Children had to build strong ties with the District Health Management Teams (DHMT) and the EVD response Command Centres at district level to enhance quick response to calls from homes that needed help. Our role was to draw the attention of the DHMT about any gap identified in any quarantine home and urge them to respond quickly. In some cases, food and water was provided directly by Defence for Children whilst awaiting the appropriate agencies to respond. Quarantine residents were also provided with routine information on Ebola prevention and response and also on activities and processes that they could occupy themselves with to relieve themselves of stress and trauma.

For example we advised them to walk around when ever they were stressed; they should engage in playing games with others, sharing of jokes and other things that make them laugh. We warned them against sitting alone meditating. We provided phones for the quarantine homes so that the children can talk to their friends, teachers and other relatives. Above all we kept reassuring them that to be quarantined does not mean you are condemned. We gave them full information about what quarantine means so that they can appreciate it as something done in their interest and in the interest of their community.

2. Providing psychosocial support to affected children (during and after quarantine period)

After the quarantine period, social workers followed up on families at post quarantine home for at least four weeks. They provided face-to-face counseling for children that experienced considerable stress and trauma under quarantine or from losing a loved one. In few instances, more difficult cases were referred to professional mental health experts. In addition to counseling, the children were also linked up with other family members who could provide them with moral and financial support. Some children were even moved to temporarily live with other family members to ease off stress or avoid incidences of stigmatization. Part of the psychosocial support was to help children follow-up with the radio lessons that were conducted by the Ministry of Education, Science and Technology. Social workers also taught adolescents about sound sexual reproductive health practices.

3. Conduct Family Tracing and Reintegration (FTR) for orphans and separated children

When child survivors were discharged from treatment centres, their parents or a family member was contacted to receive them. In the instance where there was no documented information on any parent or the parents available or when a contacted family member did not not show up, the child was taken to an Interim Care Centre (ICC) for a temporary stay whilst the parents or a family member was traced. Also, when homes were quarantined and there were no adults capable enough to provide care and supervision for the children in the home (for example in situations where the parents had died or were admitted at the treatment centre), we moved them to an Observation Interim Care Centre for a 21 day observation period. For some of these children, their parents deceased at the treatment centre.There was therefore an urgent need to arrange alternative care for the child. There were also children whose families were rejected by their communities because theybrought EVD to the community and by extension responsible for the deaths that occurred. Family Tracing and Reintegration (FTR) was done for such children as well.

Every week, follow-up visits were made to all reintegrated children to monitor and support their resettlement. During these visits, services were provided to children and families. The services mainly included psychosocial support and relief supply in the form of clothing, recreational materials and food items. DCI continues the support to those children that remain to have difficulties in adapting to the new family situation.

4. Training of security officers on child protection

Since the outbreak of EVD, the government of Sierra Leone and international partners declared it as not only a health issue but a security issue as well because there were pockets of community reactions and resistance towards the initial interventions of the government. Families and other members of the community were resisting the work of health workers particularly when they came to pick up ill people (EVD suspects) to take them to observation and treatment centres. Hence security operatives, including the police and military, were deployed by the government and charged with various responsibilities including manning of checkpoints, providing security for quarantine communities and the homes and involvement in safe burials. Whilst on duty, several reports came out accusing the security officials of abusing children and violating the rights of families in the name of enforcing the State of Health Emergency Rules and regulations

For example the regulations prohibit and criminalise escape of person from quarantine homes and communities without giving consideration to the reasons that precipitated such escapes. People usually escaped from these homes either because of inadequate food, presence of a decaying dead body in the home that has still not been picked up by the Burial Team etc. Hence Government was more inclined to enforcing these laws than addressing the underlying issues that urged people to circumvent these regulations. Several people were arbitrarily arrested and detained for allegedly disobeying these Regulations. The security officers were not following the UN Code of conduct for Law Enforcement Officials and the basic principles of the use of force and fire arms by law enforcement officers. Defence for Children partly attributed thisto security officers lack of knowledge in basic human rights principles and guidelines that should be observed when working during emergencies.

As a result of this, Defence for Childrentrained the frontline security officers deployed at the communities where we were assigned to work on child rights and child protection during emergencies. This increased their knowledge on child protection, but more importantlydiscouraged and warned them against child abuse as well as motivated them to strengthen their strategies to provide adequate protection for children.

5. Conducting community mobilisation for child survivors and children that face stigmatisation after quarantine.

Some children faced the brunt of stigmatization following the end of the 21 days quarantine period or after they were discharged from treatment centres. In some cases they were completely rejected by community members and their immediate neighbours, particularly those who belonged to families that were linked to the bringing of the virus into the community. Defence for Children thereby galvanized community acceptance and support towards Ebola survivors particularly children. The process involved talking to neighbours and educating them about how Ebola infects people and why they should not reject or stigmatise those that are being affected including survivors and those whose family members had died of Ebola. The people were informed that these victims have just suffered from the outbreak in one way or the other but were not carrying any infection and were not in anyway harmful to other people. They were also warned that such ‘blame game’ would not help and it may distract the community from being vigilant against further outbreak.

Defence for Children and the Ebola taskforce organised big community meetings involving community leaders in order to educate the wider public about the realities of EVD affected persons. The communities were educated abouthow they should accommodate and work with EVD survivors not only because they were EVD victims but also because they have the right to live among other people in the community. They have the right to protection against discrimination. At these meetings, the chiefs strongly opposed discrimination and warned everyone that any incident of discrimination is punishable by law. As social workers sensitized and encouraged other community members to accept and support Ebola affected children and their families, the child survivors and orphans and their families too were encouraged to exercise patience and learn to cope with ignorant actions of other people. This has contributed greatly in building the resilience and coping abilities of the victims on one hand and strengthened community cohesion on the other hand.

Key results and gaps

The interventions outlined above simultaneously took place in multiple districts by other agencies in collaboration with the Ministry of Social Welfare Gender and Children's Affairs. A key result is that all proved to be able to reintegrate and provide emergency support to all EVD affected children and their families, which has sustained them for several months. Today there is no EVD orphan living in any institution. We fought against the institutionalization of orphans and we were able to reintegrate them within the community. These children now live with other people in the community. There are neither any major reports of stigmatization nor any form of discriminatory practices against them. The majority has returned to school and is coping well. In some communities, chiefs and some community-based mechanisms like the Child Welfare Committees and EVD Taskforce mobilized internal resources and supported EVD affected children.

However, all these achievements were emergency or short-term interventions planned to address the immediate needs of the affected children and their families. Most of the orphans who have been reunified with extended family members by the government and NGOs continue to face livelihood challenges. The new families of these children are also poor and have already been struggling with taking care of their own children. Adding up children to these families has exacerbated their poverty level as their family size increases without increase in source of their livelihood. These families need continuous

support to be able to cope with the additional responsibilities or children will suffer the brunt of the problem.

Social Protection as a means for recovery for EVD affected children and their families

The current situation of social protection in Sierra Leone

Social protection is being globally promoted as a strategy to address poverty, socio-economic exclusion and inequalities.

According to UNICEF, Social protection can be understood as a set of public actions which address not only income poverty and economic shocks, but also social vulnerability, thus taking into account the inter-relationship between exclusion and poverty. Through income or in-kind support and programmes designed to increase access to services (such as health, education and nutrition), social protection helps realize the human rights of children and families. Social protection strategies are also a crucial element of effective policy responses to adverse economic conditions, addressing not only vulnerabilities caused or exacerbated by recent crises but also increasing preparedness to future uncertainty

A child sensitive social protection programme is one that is able to identify vulnerable children and responds to their needs as earlier as possible. Whether the programme directly or indirectly targets children, it should always be able to seek the best interest of children concerned and make special provision for vulnerable children. Child sensitive social protection programme also give consideration to the views and opinions of children and youths.

Despite the fact that Sierra Leone subscribes to this approach, the country has been struggling to effectively implement her social protection programmes. In 2011, the government approved a national Social Protection Policy that defines specific outcomes and prioritized interventions. It focused on 10 areas: (i) increasing access to education and health services (scholarship and health fee waivers); (ii) expanding existing pilot social assistance programs; (iii) encouraging traditional family and community support for the vulnerable; (iv) promoting insurance schemes; (v) providing transfers to increase the use of social services; (vi) providing homes or shelter for vulnerable groups such as orphans, the physically and mentally challenged, the elderly, and abused children; (vii) promoting gender equality and women's empowerment; (viii) supporting livelihoods and employment opportunities; (ix) developing small and medium-size enterprises; and

(x) building infrastructure that is accessible to the physically challenged.

According to the World Bank's social protection assessment report (2013), total spending on the social sectors is much lower in Sierra Leone than in the other countries (8.2 percent of GDP versus an average of 13.1 percent for the other countries) in the sub region. In 2011, fuel subsidies (mostly in the form of reduced revenue from fuel taxes) accounted for 34.6 percent of total social protection spending. The report further reveals that Social protection programs in Sierra Leone depend heavily on external financing; about 85 percent of social assistance expenditures are financed by external resources [7] . Moreover, the administrative costs of institutions involved in the implementation of social protection programmes are (very) high and are at par with the amounts that are expended on the services and directly going towards the beneficiaries. As a result there are duplications and gaps, resulting in smaller impact than potentially possible.

How did Defence for Children facilitate social protection for children during the Ebola crisis?

During monitoring of EVD affected communities particularly the quarantine homes, we discovered several gaps in the supply of livelihood support, which surmounts todeprivation and violations of the survival rights of children and their families under quarantine. The government interventions were so centralized and much skewed towards hunting down the virus and paid little attention to the welfare of the affected persons. We observed that as a result of over centralization of the response, there were several gaps and in particular psychosocial, child protection, gender and welfare issues of children and their families were given far lesser attention.

Together with UNICEF, Save the Children, Plan International and other NGOs, we lobbied the government to create a special pillar under the National Ebola Response Centre (then the Emergency Operation Centre) to deal with gender, child protection and psychosocial issues of affected persons. The government then created the Child Protection,

[7] World Bank Report: Sierra Leone Social Protection Assessment report (2013)

Gender and Psychosocial Pillar and placed it under the ministry of Social Welfare Gender and Children's Affairs. As mentioned above Defence for Children was assigned specific districts to help the Ministry Of Social Welfare Gender and Children's Affairs coordinate child protection, gender and psychosocial interventions.

Defence for Children applied the child sensitive social protection approach to address the needs of affected children and their families. The interventions were right based and the needs were provided in order to ensure that the affected children could resume enjoyment of the rights that were already violated. The strategy used was that, Defence for Children identified all the service providers (both government and non governmental) that were accredited by government to support the Ebola response. Affected persons and homes were then linked to these services including health, food and nutrition, psychosocial, child protection (legal and family tracing). Since schools were closed, Defence for Children provided each quarantine household with at least a radio depending on the size of the family. Children used the radio to benefit from the radio teaching programmes that were being conducted by the Ministry of Education, Science and Technology.

On a weekly basis, Defence for Children contacted every quarantined family to follow up on how they particularly the children were doing and whether they had problems with any service provider. In situations where a problem was reported by a family, Defence for Children contacted the responsible service provider immediately..In some cases Defence for Children provided the needs directly whilst awaiting the service provider.

Service providers were always reminded of the fact that the people have rights to these services and thus the services should be provided promptly and in good quality. It was not service for humanity but service for rights. When a service is provided on humanitarian basis, there is a risk that it may be watered down. Hence services should be provided on the basis of rights of the recipients irrespective of their vulnerability or status at that moment.

Additionally, cash transfers were also done to vulnerable families after ending their quarantine period. Many of the homes that were affected

by the EVD infection ended up with livelihood and welfare problems. This was either because those homes lost their primary care givers or the caregivers lost their sources of livelihood. Some families that mainly depended on petty trading and small businesses also faced livelihood problems because they used all of their monies trying to help the sick family member or solve other family problems at that time. Some also lost their livestock because of the period that they served under quarantine.

When children and their relations survived the infection, the medical officials usually burnt down all their personal belongings after discharge without replacing them. For children and families to cope and recover from these situations, they needed to be provided with livelihood support to either revive their businesses or alsoreplace theirlostitems. Some children were reintegratedinto their extended families that did not have extra resources to support their education. Such families similarly need to expand their livelihood base to cover the additional expenses of the reintegrated child.

Through these interventions, the affected children and their families were able to survive the difficult period and are recovering gradually.

Improving the situation and ensuring EVD-affected children and particularly orphans can benefit

In February 2015, the government of Sierra Leone developed its post-Ebola recovery strategy. One of the pillars of the strategy is Gender, Children and Social Protection. The key objective of this pillar is to restore lost livelihoods of the most vulnerable, with special focus on children, youth and women so as to build their resilience against future shocks. Among other interventions, the government plans to strengthen the current social protection system, combining cash transfers to mitigate the immediate social and economic impact on poor households, with investments in a sustainable social protection system with special attention to the most vulnerable.

The most critical part of this plan is how it can be interpreted, well financed and managed. The role of the community is crucial and it is important for the government to shift its approach of concentrating

implementation of social protection programmes from ambiguous bureaucratic institutions to community-based mechanisms. These institutions are often slow, inefficient and above all take away large chunks of the funds due to their overhead cost. The most effective strategy is to empower community-based mechanisms to manage these programmes at the grassroot level, whilst the formal government institutions play a supervisory and capacity building role.

During the fight against EVD, the government of Sierra Leone only started realizing remarkable progress when they involved the community as actors. Community members demonstrated to be resilient; they provided their own security and managed restrictions to break the chain of transmission. They communicated and disseminated information faster and they cared for EVD orphans and other affected children. In some communities, EVD taskforces created trust funds for EVD orphans.

"At the beginning, we were advised by the government to leave the fight against EVD exclusively with the health workers because the virus was highly contagious and required professionalism. Though we obeyed, things continued to go bad not until when the government did re-thinking, empowered us as paramount chiefs and gave us specific instructions and asked us to mobilise our people to fight the virus. We then put in place effective mechanisms to handle our security, the sick, dead and orphans. We promulgated simple bi-laws that translated the state of health emergency regulations into actions on the ground. Above all we disciplined ourselves. This was how we succeeded. We succeeded because we were empowered with clear directives and resources received from the government to manage our own situation. ***Chief KamgbaiMacavoray- Tikonko chiefdom, Bo district, Sierra Leone***

This also shows that the national government needs to work through traditional and local mechanisms, if they want to address and mobilize the people.

Some communities were proactive and organized their own taskforce. They started generating resources from within to fight EVD. Because they were organized,they were able to raise funding from their parliamentarians, NGOs, mining companies and other private sector institutions to fight EVD. Government should scale up gains and positive experiences learnt from fighting EVD at community level by

implementing social protection programmes through community mechanisms. There is enough evidence to show that investing in community-based mechanisms is the best approach to solve social and economic problems facing local communities.

Conclusions and Recommendations

The outbreak of the Ebola Virus Disease has weakened institutions and traditional mechanisms that provide essential services including health care, education, protection and psychosocial services for children. The virus did not only kill many children and their families but has left many children without parents, many families have become poorer and without the substantive breadwinner. As a result children have become more at risk to face abuses and violations including worst form of physical violence, sexual exploitation and abuse, harmful traditional practices, child labour and traffickingand deprivation of health care services and education.

Through the interventions of Defence for Children and other agencies using the child sensitive social protection approach, most of the affected children and their families have been reintegrated into their communities and are recovering gradually. This is largely because the interventions combined strategies for socio-economic recovery of families and child protection system strengthening, particularly at the local level. This is the reason why it would be most appropriate to use local mechanisms to implement social protection programmes. So social protection programmes are important in addressing large epidemics and if one would engage in that, the following recommendations need to be taken into account OR: the sierra leonan government and civil society now stands for the following challenges and we make the following recommendations:

- Invest in community-based mechanisms and local structures to champion the implementation of social protection programmes at the local level.
- Ensure all interventions are child-sensitive and implement the best interest of the child principle;
- Provide cash transfers to EVD orphans through their fostered families for them to be able to address their immediate social and economic problems swiftly;
- Strengthen social services to enable vulnerable groups, particularly EVD orphans to access quality education, health, nutrition, and protection services. Firstlof all, the government

should develop a policy providing continuous support for EVD orphans to finish their education;

- Support vulnerable groups and families with micro-grants to establish small and medium enterprises,specifically targeting vulnerable households affected by EVD and help them engage in productive small and micro enterprises.