

Guidance Note to Inform District Level Planning on the Provision of Child Protection, Psychosocial Services with Gender considerations in the EVD Phase II Context

A. Rationale and Approach

The Ministry of Social Welfare, Gender and Children's Affairs in partnership with UNICEF as co-pillar leads, and in collaboration with its partners in the Child Protection, Psychosocial with Gender Pillar and local communities are scaling up its efforts in building and strengthening the resilience and adaptive capacities of EVD survivors and affected population, especially children, to better cope with the impact of risks and hazards of the EVD crisis.

This guidance note is intended to be used as reference document by the social welfare sector government partners and humanitarian agencies in the development of the District level response plans for the provision of child protection, mental health and psychosocial support services with a gender consideration in the second phase of the Ebola Virus Disease context. In addition, the Pillar programmes will use a needs and strength-based planning and management approach in order to fulfil the rights of EVD affected population, whilst the approach is to promote predictable, equitable, effective and timely collective humanitarian actions to all EVD survivors and affected population.

B. Guiding principles

- **State responsibility** - The Government of Sierra Leone through the ministry of social welfare, gender and children's affairs has the primarily responsible for the prevention of EVD transmission, protection and provision of humanitarian assistance to all children, and other persons affected by the EVD epidemic. The ministry of social welfare, gender and children's affairs shall promote the establishment and strengthening of existing social welfare and child protection systems in accordance with the national and international obligations. The safety and wellbeing of children is primarily the responsibility of their families, who should be supported by their communities and the government. UNICEF seeks to strengthen these systems, advocate for non-discriminatory access and promote equity.
- **Partnership**
The Pillar program implementation will be coordinated by the ministry of social welfare, gender and children's affairs, UNICEF, in collaboration with other inter pillar institutions, and in partnership with communities, and other child protection actors and agencies. This will involve active collaboration, coordination and advocacy. It will draw upon the complementarities of resources, knowledge and skills to enhance the protection of children, recognizing the contribution of all actors in building a comprehensive social welfare and child protection system.
- **Best interests of the child.** This is to ensure that all the programs undertaken and decisions made are for the paramount importance of the child.
- **Efforts to protect and promote family and community based.** An effective social welfare and child protection systems will ensure that services are located close to the family and community. Through such arrangements, informal networks of extended family and community members will be strengthened to care and protect children and other groups from EVD epidemic and violence and exploitation.

- **Non-discrimination and inclusion of marginalized children and other groups.** All children based on their evolving capacities must be included in the initiatives aimed at ensuring child protection, regardless of their status and that of their caregivers.
- **Child and community participation.** The voices and opinions of children and communities and its structures such as community care coalitions, must be sought in all efforts aimed at addressing their needs. Deliberate effort must be made to involve children at all levels of the framework for child protection system.
- **Interventions are evidence based.** For greater effectiveness and accountability of prevention and interventions (policies and programs) will be underpinned by solid data and evidence.
- **'Do no harm'.** It is the responsibility of all duty-bearers to analyse the possible/inadvertent harmful effects of their programs/actions on children and communities, and deliberately put in place initiatives to ensure that any negative or harmful effects are avoided. Actions should empower children, their families and communities in enabling them to take greater control of their lives rather than enhancing vulnerabilities and risks, and leave those affected worse off as a result of interventions

C. Pillar priorities based on the levels of transmission and cumulative caseload for humanitarian services

The CP, PSS and Gender Pillar programmatic interventions will be tailored based on the levels of transmission and existing case load of survivors and other EVD affected populations in all the districts.

- **Districts with High Levels of Transmission (as defined by NERC)** The focus the programmatic interventions will be on prevention of the chains of EVD transmissions and high risk exposures of persons, including the protection and provision of humanitarian services to all survivors and other affected communities. In addition, activities such as establishment of OICCs, ICC and FTR activities, support to PSS to front line workers will be intensified.
- **Districts with moderate levels of transmission (as defined by NERC)** the Pillar interventions will include the scaling up of protection and provision activities in ensuring that all children in interim care are reunified with their families, and all affected populations have equitable access to psychosocial support services and social protection interventions. The stakeholders will also contribute in building and strengthening social welfare and child protection systems at all levels.
- **Low to No transmission districts (as defined by NERC)** Taking into account the existing case load of EVD survivors and affected population, emphasis will be placed in building social welfare and child protection systems at the same time prevention, protection and provision of services are equitably provide to EVD survivors and affected population.

D. Interventions

Case Management including Identification, Family Tracing and Reunification and Appropriate Alternative Care

- A training needs assessment conducted to determine technical gaps, and training plan developed. Trainings will be conducted for MSWGCA and its partners to enhance the capacity of service providers for effective program delivery.
- Appropriate community-based care (kinship and temporal foster care) will be strengthened to provide care for all EVD UASC affected children care in a timely manner. Such children will be placed in short term interim care while family placement or reunification process in being undertaken.
- Child welfare committees, Community Action Groups, Women's Action groups, other community groups, will be provided orientation on emergency community fostering and protection for vulnerable affected children.
- Protection desks at district command centers will be manned and equipped by MSWGCA personnel and partners to fast track referral for prompt service delivery to vulnerable groups needing urgent care. This will include advocacy to other services providers (e.g. nutrition, health care, etc.) for urgent services to be provided.
- Procure and distribute essential supplies, and provide transport and communication services to locations as necessary to support program delivery.
- Non-food items and food items (those not provided by other service providers) will be provided to all registered affected children, EVD survivors to reduce vulnerabilities.

Mental Health and Community-based Psychosocial Support Services to all EVD Survivors, their families and other affected persons

- Finalize and disseminate national psychosocial strategy including appropriate tools.
- Work with survivors to increase the wellbeing of survivors themselves, and reduce stigma in the provision of community-based psychosocial support to EVD affected persons especially children.
- Develop MHPSS monitoring and tracking tools
- Procure and distribute discharge packages for EVD survivors and affected persons
- Support establishment and functioning of survivor networks, and scale -up the engagement of religious and community leaders
- Mobilize, train and equip community structures and outreach to provide PSS services.
- Establish and strengthen referral systems for survivors and EVD affected population to access specialized mental and other health care services.
- Provide relevant psychosocial support for front line workers, including health, burial and surveillance teams.

Technical and Institutional Capacity Strengthened at all levels

- A quick assessment of national and district personnel capacities to implement the response plan.
- District level workshops to train personnel based on gaps identified.
- Provision of appropriate logistics and other resources identified as lacking, to boost operations and implementation.

Social Protection Services to Children and Affected Families Provided.

- Conduct rapid vulnerability assessment, mapping and define social protection instruments in collaboration with NACSA.
- Establish linkages with other appropriate social protection service stakeholders to provide emergency social cash transfers to EVD affected children and families; especially orphans, child-headed households, children in community based alternative care.
- Provide food and non-food items to survivors and most vulnerable Ebola affected populations.

A functional data management system including documentation verification of affected families, children and survivors) at national, district and sub district levels established and strengthened.

- Verify and validate current caseload throughout the country
- Establish structures for data management system at national and district level.
- Define the EVD response M&E and accountability framework.
- Develop effective data base and appropriate systems, applications and tools.
- Procure and equip data base stations including internet service facilities.
- Train national and district personnel on data management systems for child protection.
- Collect, collate and disseminate information generated from data system

Coordination, monitoring, supportive supervision and technical review

- Review 5 Ws (who, what, where, why, when) mapping and analysis.
- Monitoring and supervision of implementation/ operationalization of M&E framework.
- Conduct regular monitoring and supportive supervision at district and community level.
- Strengthen protection desks
- Establish and strengthen referral system
- Strengthen intra and inter pillar coordination, including program reviews.

Strengthen protection systems at community level

- Gender mainstreaming of response.
- Strengthen community engagement to better protect children, women and other vulnerable groups through community structures - religious leaders, CWCs, CAGs, etc.
- Train and equip community structures for CP monitoring, reporting and response.
- Raise awareness and advocate to protect children from abuse and violence and exploitation