BACKGROUND INFORMATION FOR TEACHERS

Note that the introductory slides about the three countries we feature in Children’s Rights aim to help give learners a visual image of the country, but space in the resource limits what we can portray. The more you are able to present a balanced view of the country – for example, emphasising that not all of Sierra Leone is affected by poor water and sanitation or not all of Uganda is affected by conflict – the better. If you have time, we suggest you give learners the opportunity to search for and discuss a range of country images in both urban and rural settings.

Human rights in Syria

Widespread conflict in Syria began in March 2011 and has had a huge impact on people in the region. By June 2015, 12.2 million people inside Syria required humanitarian aid, a twelve-fold increase since 2011. 7.6 million Syrians were internally displaced and four million fled to neighbouring countries as refugees. Huge numbers of refugees arriving in Lebanon and Jordan added significantly to both countries’ small populations, threatening already strained public services and social order. Large numbers of refugees have also moved to Turkey, Iraq and countries beyond. By mid-2015, Syria was the world’s largest displacement crisis, with indicators suggesting that the number of displaced people would continue to grow. Syria’s development has regressed by almost four decades: since the onset of the crisis, life expectancy is estimated to have shortened by almost 13 years and school attendance dropped more than 50%. The Syrian economy has contracted by an estimated 40% since 2011, meaning many Syrians have lost their means of earning a living.*

*Source: Office for the Coordination of Humanitarian Affairs (OCHA).

Human rights in Uganda

Ugandans faced many human rights abuses in the 1970s and 1980s, first under the dictatorship of Idi Amin, and subsequently under Milton Obote. Up to half a million people were killed in state-sponsored violence.*

Human rights improved during the more democratic presidency of Yoweri Museveni from 1986. However, the Lord’s Resistance Army (LRA), led by Joseph Kony, started operating in northern Uganda in the 1990s and committed many atrocities. The LRA abducted many children to become child soldiers and sex slaves while other northern Ugandans – like Charles’ parents – were killed. At the height of the conflict, nearly two million people were displaced from their homes.*

In 2005-6, the LRA was forced out of Uganda. Some members – many wanted by the International Criminal Court for war crimes – have gone on to fight in conflicts in the neighbouring states of South Sudan, the Central African Republic and the Democratic Republic of Congo. Others have left the LRA and, through Uganda’s Amnesty Commission, been reintegrated into society.
Northern Ugandans now face new challenges where communities are starting to return to homes in neglected villages with little access to basic services such as clean water and sanitation. The task of rebuilding lives in communities traumatised by years of abductions and attacks is likely to take many years.


The right to good health in Sierra Leone

In 2014-15, Sierra Leone featured in news headlines around the world as the result of the Ebola crisis. The rapid spread of the disease was rooted in weaknesses in Sierra Leone’s health system as a result of long-term poverty and a brutal civil war which lasted between 1991 and 2002. The war devastated communities and caused severe damage to Sierra Leone’s economy and public services – including the health service – threatening children’s right to good health.

Not only did the civil war damage and destroy health, water and sanitation services, it also led to significant water and sanitation problems in large parts of Sierra Leone’s capital city, Freetown. Large numbers of people in rural areas fled the war by moving to the capital city and the result of this rapid urbanisation is that 70% of Freetown is now an unplanned urban slum with little clean water and poor sanitation.

Sierra Leone’s weak health service means that access to clean water is relatively low: in 2010 only 55% of Sierra Leone’s population had access to it. The situation is even more challenging when it comes to sanitation. In 2010 only 13% of people in Sierra Leone had access to a proper toilet.

Even before Ebola, other diseases like cholera were a significant threat in Sierra Leone. In 2012, the country faced the largest cholera outbreak in over forty years. By the end of September, 20,500 cases had been reported, with over 270 deaths. Poor sanitation and waste management, limited access to safe drinking water, contamination of water resources and the movement of people around the country meant that cholera broke out in all but one district. In response to the cholera crisis, Oxfam encouraged pupils to set up health clubs such as the one at Pamaronko Community Primary School to share good hygiene practices both at school and in their wider communities.

However, in 2014, the Ebola crisis caused schools in Sierra Leone to be closed, not only robbing pupils of their chance to learn, but also preventing schools from sharing messages about how to reduce the risk of catching diseases like Ebola and cholera. The emergency abated in 2015, thanks to the hard work and sacrifice of many of Sierra Leone’s health workers and community members. They were supported by many international governments and charities. Oxfam contributed by providing water supplies at treatment and isolation centres, hand washing facilities in community areas, hygiene kits and personal protective clothing for front line Community Health Workers and burial teams, and training for Community Health Workers. Oxfam also boosted its mass public information campaign over
the radio, billboards and text messages about how people could best protect themselves from catching the disease.

Having been closed for nine months, schools were finally able to re-open in April 2015. School health clubs such as the one at Pamaronko Community Primary School are as important as ever because sharing good hygiene practices remains a priority for communities in Sierra Leone to meet children’s right to good health.