



# **Ebola: Getting to Zero – For Communities, For Children, For the Future**

*Six Month Report, April 2015*

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*The U.S. Fund for UNICEF is grateful for your lifesaving support in response to the unprecedented Ebola outbreak in West Africa. Your generous investment has enabled UNICEF to lead crucial social mobilization efforts, support essential services disrupted by the outbreak and procure and distribute critical supplies so families and communities have the necessary tools to protect themselves from Ebola. Thank you for your lifesaving gift which is making a difference in the lives of thousands in Ebola affected Guinea, Liberia and Sierra Leone.*

## Situation Overview: The Outbreak

Ebola has taken a dramatic toll on Guinea, Liberia and Sierra Leone, killing thousands, affecting livelihoods, disrupting public service delivery, putting education on hold, undermining economic growth and threatening the development progress that had been achieved in recent years. Since January 2014, there have been more than 25,200 confirmed, suspected or probable cases - including more than 5,000 children - of which 10,460 have resulted in death.

Massive gains are being made, with the number of weekly cases dropping below 100 in late March, down from about 1,000 in September. However, significant damage has already been done to communities, infrastructure and social services, presenting ongoing challenges to the realization of child survival and development imperatives. Although progress and recovery are afoot, the disease has not been eradicated, with Liberia confirming the appearance of a new case on March 20<sup>th</sup> following three weeks of no new cases. **The resurgence of even a single case emphasizes the need to continue fighting Ebola with full strength, working to the day when there are zero cases throughout the region.**

***“This is definitely not the time to let our guard down,” said Manual Fontaine, UNICEF Regional Director for West and Central Africa. “We need to get to zero cases, and to do this, we must track down every single case and anyone who may have had contact with an infected person.”***

The current Ebola outbreak, the most severe in the history of the disease, affected some of the most marginalized communities in some of the world’s most vulnerable countries, with Liberia and Sierra Leone still recovering from years of destructive civil wars. This vulnerability contributed to the spread of Ebola; fueled by already fragile health infrastructure, poor hygiene practices and the inability to control and screen population movements across borders. A combination of fears, rumors, lack of understanding about the disease, stigma, traditional burial practices and lack of knowledge and capacity for rapid response among healthcare workers contributed to the seemingly uncontrollable nature of the initial outbreak.

Children were and continue to be particularly vulnerable – not only do they face direct risks of exposure to the virus; they face secondary risks as a result of the loss of family and caregivers and are in urgent need of protection and long-term support. Guinea, Liberia and Sierra Leone – where education and health care were already fragile before the crisis – kept schools closed for months. Non-Ebola related basic health services struggled to keep up with demand, leaving children more vulnerable to preventable and treatable illnesses and diseases. **For many of the nine million children living in affected areas, Ebola has been terrifying.** Children have seen death and suffering beyond comprehension, and have watched people in frightening outfits take away patients and bodies, many times family members, never to be seen again. For young children with the virus, Ebola was particularly distressing since they are isolated from their parents as they receive care. And those that survived the virus, or had contact with an infected person – including orphans – often face stigmatization.

Despite these many challenges, progress is being made. From the outset, UNICEF has been on the frontlines in Ebola affected countries and in the heart of some of the most vulnerable communities. UNICEF has scaled up its response to halt the spread of the virus and protect and support children and families. These interventions contributed to the declining rate of infection in communities previously burdened by intense transmission levels. However, heightened vigilance and continued efforts are essential to ensuring gains are maintained and this promising momentum is not reversed. UNICEF will continue to support Ebola specific activities while simultaneously working to revitalize essential social services until the number of new Ebola cases is zero and into the recovery phase.



UNICEF staff converse amid buckets and other items that are part of school infection prevention and control kits, in a warehouse in Monrovia, Liberia. UNICEF has procured and is packaging and dispatching more than 7,000 IPC kits to over 4,000 schools in the country. © UNICEF/Ratnam



## UNICEF's Response

The complexity of this crisis, the shifting nature of the epidemic and the differences in local contexts has required a rapid and flexible response over the course of the outbreak. Over the progression of this unprecedented humanitarian crisis, UNICEF has continually employed evidence based programming models, evaluating interventions as they are deployed and quickly adapting the model to best meet the most pressing needs. As the Ebola outbreak is unlike any emergency in modern history, UNICEF's approach and strategy continues to evolve with greater information on disease transmission and impact.

Over the last six months, as the response built up and evolved, the focus shifted from containment to hunting down the virus. The only way to stop the contagious Ebola virus is at its source, treating every last case, and ensuring it does not recur. UNICEF and partners adopted a rapid response approach to allow for the swift deployment of teams and equipment wherever new hotspots of the virus emerge.

As outlined below, UNICEF responded to the needs of communities in a variety of ways across sectors and continues to provide vital supplies, capacity and support.



Students at the Confidence Nurturing Center in Monrovia stand in line to get their temperatures checked before they enter their classroom on February 17, 2015. Temperature checks and handwashing are part of mandatory protocols being observed at schools as they begin reopening in Liberia, after a seven month break due to the spread of Ebola in Liberia. UNICEF has supported the reopening of schools by working closely together with the Ministry of Education and partners on developing protocols for making schools safe.
   
 © UNICEF/Jacobs

## ***Water, Sanitation and Hygiene (WASH)***

As the lead agency for WASH in the emergency context, UNICEF is coordinating the WASH sector in the Ebola response, helping to identify and fill gaps related to water, hygiene and sanitation. Proper hygiene and sanitation practices play a significant role in disease prevention, especially Ebola. Ebola spread rapidly through families and friends because, in many cases, people came in close contact with contagious bodily secretions when caring for infected persons and didn't have the proper sanitation and hygiene practices in place to protect themselves.

Since the outbreak, UNICEF worked at the national, regional and community level to institute WASH facilities and promote behavior change, providing education, sensitization and supplies so communities can protect themselves against the spread of Ebola through safe sanitation and hygiene practices like handwashing. This work not only helped halt the spread of Ebola, it paved the way for long term engagement around safe hygiene and sanitation, and is crucial to creating lasting impact through behavior change and education.

To date, UNICEF has:

- Reached 100,000 people in Ebola affected areas with hygiene kits and supplementary activities include hygiene promotion so kits are used properly, monitoring and evaluation;
- Set up handwashing facilities in health centers;
- Provided triage and Ebola treatment centers with WASH support, including water provision and waste disposal;
- Installed 127 new water points in Guinea since the onset of the outbreak, bringing the total number of people with improved access to water to more than 38,100;
- Provided WASH package (sanitation facilities, waste management and water supply for drinking, personal hygiene and disinfection) to 31 Community Care Centers and 28 Ebola Treatment Units across eight districts in Sierra Leone; and
- Conducted training for the Liberia Water and Sewer Corporation crew on infection prevention and control measures, emphasizing behavioral change toward proper hygiene in the face of Ebola and beyond.

## ***Social Mobilization and Communications for Development (C4D)***

To prevent and contain the outbreak, UNICEF carried out communication and social mobilization activities at the national and community level. Conducting lifesaving awareness raising campaigns in all affected countries, UNICEF educated communities through radio, television, door-to-door outreach, pamphlets, posters and text messaging. Door-to-door outreach relied on a trained cadre of social mobilizers who were also tasked with identifying cases, tracing potential contacts and dispelling fears and rumors preventing people from seeking care.

UNICEF messaging focused on addressing the lack of understanding and stigma associated with the virus. Social mobilizers have helped allay communities' fears over the return of Ebola affected persons, including newly orphaned children. Because these children lost parents to Ebola, they may have been exposed to the virus and are thus listed as contacts. Stigma and fear can inhibit these vulnerable children's transition back into the community; the role of the social mobilizer is to arm people with knowledge to fight stigmatization and ease the transition of survivors and contacts back into the community.

Communications for Development (C4D) efforts have also been an essential tool for social mobilizers to battle the spread of the disease. By educating communities and families about the modes of transmission and how certain behaviors, many of which are entrenched in cultural norms, can be modified to decrease the risk of coming into contact with Ebola, communities are empowered to protect themselves. Overcoming reluctance to give up deep rooted practices such as burial ceremonies is a major challenge; this is why UNICEF works closely with people trusted by local communities such as village elders, to get behavior change messages heard.

To date, UNICEF has:

- Mobilized a total of 50,000 community volunteers, health workers, teachers, religious leaders and youth across Guinea, Liberia and Sierra Leone;
- Reached 1.4 million plus households by door-to-door Ebola information campaigns;
- Facilitated community conversations about the behaviors that continue to drive Ebola transmission in their communities and what can be done; and
- Supported radio programs covering Ebola related issues including stigmatization and prevention messages, as well as messages on back to school safety protocols.



On January 17, 2015 in Sierra Leone, staff, wearing personal protective equipment, disinfect a tent in a quarantine area at the UNICEF-supported Newton Community Care Center in the city of Newton in Western Area Rural District. Community care centers provide isolation areas and basic care for people suspected of having Ebola who are awaiting the result of their diagnostic tests and – if their test result is positive – transfer to Ebola treatment centers. © UNICEF/Naftalin

## ***Child Protection***

UNICEF is one of the few organizations on the ground whose primary purpose is to protect children. As such, UNICEF reinforced community-based child protection networks to identify children at risk and provide early support as needed. Given the scale of the response required, UNICEF also worked to ensure efficient coordination of child protection mechanisms in conjunction with the three governments of Guinea, Liberia and Sierra Leone; at the national levels, this involved setting standards and mapping partners, while in communities it involved responding to needs in adherence to those standards.

Additionally, UNICEF ensured appropriate alternative care arrangements, including kinship and foster care, are made available to unaccompanied children and children separated from their families, while also conducting family tracing to reunite these children with their families. In tandem with these activities, UNICEF provided psycho-social support to children and families, including survivors, as well as supplies, protection kits and relief packages to affected families.

As a result of Ebola, UNICEF has developed protocols and guidelines for the care of separated children, increasing the capacity of government service providers to better serve their communities in the future. These interventions will also strengthen social protection of children in affected countries, so that children from vulnerable and extremely poor households are not trapped in a circle of inter-generational poverty as a result of the Ebola outbreak.

To date, UNICEF has:

- Traced extended family members of children who lost parents;
- Helped find foster parents if relatives are not able to provide care to orphaned children;
- Developed a network of survivors and trained them in foster care and nursing;
- Provided specialist care for unaccompanied contact children, pending family tracing and reunification;
- Provided cash and material support (including food, clothing and hygiene kits) to families supporting children who lost parents or caregivers;
- Provided 52,000 Ebola affected children with psycho-social support;
- Registered more than 16,000 children as having lost one or both parents or caregivers;
- Trained more than 2,500 Ebola survivors to provide care and support to quarantined children in treatment centers in Sierra Leone;
- Helped the government train 400 additional mental health and social workers to support children affected by Ebola in Liberia; and
- Established 432 community counsels for the protection of children throughout Guinea.

## ***Education***

As Ebola ravaged West Africa, the cessation of schools compounded the impacts of Ebola and posed new threats to child development. More than five million children lost months of



education when schools remained closed after the end of summer holidays in September. With students unable to attend classes, UNICEF supported distance learning programs through radio and other innovative means, reaching an estimated one million children.

Schools reopened in Guinea on January 10, 2015, and in Liberia about one month later, while in Sierra Leone classes resumed in late March. Restarting classes entailed months of preparation as Ebola-specific protocols were developed to minimize the risk of transmission, including taking temperatures at the school gates, handwashing and setting up referrals systems with nearby health centers. UNICEF and partners trained thousands of teachers in applying protocols, which also set out procedures to follow should anyone show Ebola symptoms. UNICEF also contributed tens of thousands of hygiene materials and infrared thermometers.

Implementing these safety measures, with community involvement and outreach campaigns, has encouraged parents to send their children to schools. The longer children stay out of school, the less likely they are to return, becoming less resilient and more vulnerable to various risks such as early marriage, pregnancy and involvement in child labor. School can help provide a sense of normalcy, stability and hope to children who have experienced trauma – UNICEF is supporting the return to school as part of a greater return to normalcy.

To date, UNICEF has:

- Helped governments develop and apply measures to minimize the risk of transmission at schools, including temperature monitoring and handwashing;
- Trained nearly 100,000 teachers in safety protocols in schools;
- Reached an estimated four million children with hygiene kits distributed in schools; and
- Supported governments to develop radio education programs to continue children's education while schools were closed.



On March 4, 2015, (foreground) Mercy Kennady, 9, fills a pail with water, at home in the Paynesville suburb of Monrovia, Liberia. Mercy and her 17-year-old brother, Harris Wreh, are living with their foster mother, Martu Weefor. A friend of the family, Ms. Weefor is caring for the children following the death of their mother in late 2014 from Ebola. ©UNICEF/Khuzai



## ***Health and Nutrition***

Ebola has overstretched health and nutrition services that already struggled to cope with demand before the outbreak. Extremely limited and poorly equipped facilities, coupled with inadequate staffing, meant most health systems were completely unprepared to deal with the scale and nature of the outbreak. In addition, fear of infection led patients and some staff to avoid health facilities, further disrupting health and nutrition services. As a result, a significant number of children failed to receive their vaccinations and did not receive treatment for preventable diseases like measles and malaria, as well as acute malnutrition and HIV/AIDS.

UNICEF was at the forefront of providing stopgap services as the health sector struggled to cope with Ebola response activities, supporting essential nutrition and health services, revitalizing non-Ebola related health care and preparing for longer term strengthening of health systems.

In addition, UNICEF established Community Care Centers to help mitigate the burden on existing medical services. Centers treated suspected and confirmed Ebola cases at the community level; providing reliable, safe and local care for patients at the onset of symptoms. Centers allowed for the isolation of Ebola patients within their communities, in a place where they can receive basic care, free medicine, safe water and sanitation and nutrition support. In the instance of Ebola deaths in the centers, safe and sterile burials were provided, minimizing the risk of infection within the broader community. UNICEF also supported family tracing, child protection and psycho-social support activities through the centers.

To date, UNICEF has:

- Trained more than 4,900 health personnel in infection prevention and control;
- Provided 75 percent of Ebola patients and survivors with nutrition care and support;
- Treated more than 2,000 children under five for acute malnutrition in January 2015;
- Re-established 610 nutrition treatment units;
- Provided 500,000 Ebola protection suits;
- Built 63 Community Care Centers with 500 beds;
- Provided supplies, including protective suits and chlorine for health workers; and
- Delivered nutrition support for breastfed children of Ebola infected mothers, and infant and young child feeding support for affected children.

## **Battling to Get to Zero and Building Back Better: The Way Forward**

As outbreaks have become increasingly localized, UNICEF and partners have adapted response tactics and set up rapid response teams that can target new Ebola hotspots. UNICEF and partners have designed kits containing all the necessary supplies to set up an emergency triage and isolation facility within 24 hours. These Rapid Isolation and Treatment of Ebola (RITE) kits include tents, protective suits and pharmaceuticals. When a localized outbreak is reported, rapid response teams work with local communities to identify new

cases, find and monitor contacts and organize safe burials. These activities are essential to hunting down the last cases of Ebola and ensuring they are effectively isolated and treated. UNICEF will also continue to deploy social mobilizers in hotspot areas to ensure communities remain vigilant and are equipped to protect themselves against future outbreaks.

As UNICEF gets closer to zero cases, the affected countries are already planning for recovery. It is crucial to build on the gains made during the response, to build back better and address historical inequities. This means embracing lessons learned from the crisis and addressing the adverse conditions that enabled a localized epidemic to escalate into a national and ultimately, a global crisis.

UNICEF is not only working to improve health services and access to safe water and sanitation, it is prioritizing a quick restart of other basic social services. UNICEF plans to build upon the positive social and hygiene behaviors gained during the Ebola response, and local resources and mechanisms of social mobilization and community organization and strengthen engagement.

UNICEF will leverage the trust built with communities during the emergency and to further implement vaccination campaigns and regular maternal, child health and nutrition programs and overall community development. The training of health care and social workers provided by UNICEF and other agencies, the improved access to services, the construction of health facilities, the basic health hardware and the healthier behaviors adopted by communities are already helping strengthen health, child protection and nutrition systems that will protect future generations. Your investment in improving health-care systems as part of the Ebola response means affected countries will be better positioned to prevent future outbreaks and to tackle other deadly diseases.

On behalf of the children of West Africa, thank you for your support.

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The United Nations Children's Fund (UNICEF) works in 190 countries and territories to put children first. UNICEF has helped save more children's lives than any other humanitarian organization, by providing health care and immunizations, clean water and sanitation, nutrition, education, emergency relief and more. The U.S. Fund for UNICEF supports UNICEF's work through fundraising, advocacy and education in the United States. Together, we are working toward the day when no children die from preventable causes and every child has a safe and healthy childhood. For more information, visit [www.unicefusa.org](http://www.unicefusa.org).