

# Ebola: Getting to zero – for communities, for children, for the future



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**Mary, 15,  
lost her mother and  
many members of  
her extended fami-  
ly to Ebola. Her fa-  
ther left years ago  
and she now feels  
responsible for her  
younger siblings.**

Sometimes it's tough, like when her brother asks where their mother is. *"I don't know what to tell him. How can I explain death to a 4-year-old when I barely just understood it myself? This wasn't supposed to be my responsibility."* Mary's mother showed symptoms of Ebola after helping care for a sick woman in her neighbourhood. She thought she had malaria but her condition worsened rapidly, and she was rushed by ambulance to a hospital. *"It was the last time that I saw her,"* says Mary, sitting outside her home in Kenema, Sierra Leone. *"Since she died, nobody can talk to me the way that she did. I'm really missing her, her love, everything."*

Mary says she is busy caring for her sister and brother, and has no time to mourn.

*"There must be a reason why we survived, so we have no other choice but to keep surviving."*

Like Mary, millions of children have lived surrounded by the death, suffering and fear Ebola has spread in Guinea, Liberia and Sierra Leone – the worst affected countries.

# 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.**

The Ebola Virus Disease (EVD) has infected more than 24,000 people<sup>1</sup> – including over 5,000 children – killed more than 10,000<sup>2</sup> people since January 2014, and continues to threaten the lives and future of children, their families and their communities.

The number of weekly cases in the three West African countries dropped to below 100 in late January, down from about 1,000 in September. By March 11, Liberia had gone more than two weeks without any reported cases. But there were still flare-ups in Sierra Leone and Guinea in March, highlighting the need for continued vigilance and urgent action.

***“This is definitely not the time to let our guard down,” says Manuel 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 world’s most vulnerable communities in some of the world’s most vulnerable countries, with Liberia and Sierra Leone also recovering from years of destructive civil war.

Unlike in past outbreaks, when Ebola was largely confined to rural areas, cities have been severely hit by the virus, which transmitted rapidly in densely populated areas. The disease spread from Guinea to Liberia and Sierra Leone, and population mobility has made it particularly difficult to control the outbreak. Mali, Nigeria and Senegal also had a few cases, but have since been declared Ebola-free.

The complexity of the crisis, the shifting nature of the epidemic and the differences in local contexts mean that not only urgency, but also flexibility are of utmost importance in the response.

As the response built up and evolved, the focus

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<sup>1</sup> WHO data for confirmed, probable and suspected cases, 12 March 2015

<sup>2</sup> WHO data for confirmed, probable and suspected cases, 12 March 2015



shifted from containment to hunting down the virus. UNICEF and partners adopted a rapid response approach to allow for the swift deployment of teams and equipment wherever new hotspots of the disease emerged.

Adaptability is also key in gaining the trust of local communities, who are at the very heart of the response.

*“Communities have proved very resilient and have organized themselves to fight Ebola. And they have been pivotal in caring for children,”* says Barbara Bentein, UNICEF’s Global Emergency Coordinator for Ebola. *“The real heroes are the women and men who spread prevention messages, the teachers who help keep children safe, the medical workers who risk their lives looking after patients, the people who provide love and care for Ebola orphans, and many others. The international community has played an important, but supportive role and will continue to do so in battling Ebola and helping build back better from the ravages it wrought on health, education and other basic services.”*

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### [Read more about communities responding to the outbreak](#)

- ▶ [Sierra Leone: staying at zero in an ex-Ebola hotspot](#)
  - ▶ [Empowering hotspot communities to fight Ebola](#)
  - ▶ [Dialogue remains essential to ending Ebola](#)
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#### Voices of Children

Sierra Leone



Ebola survivor Sanfa Koroma, 14, has joined UNICEF and partners in spreading awareness about Ebola, and how to protect oneself from the virus. At a recent event in his home village in Sierra Leone, he talked to community members in Mende, one of the languages of Sierra Leone. He pointed out he is living proof that Ebola is not automatically a death sentence. *“People in the Ebola treatment centre gave me food and drinks and they encouraged me. I knew that I was going to get better,”* he said. *“When you feel the first symptoms, go to the hospital.”*

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# THE IMPACT ON CHILDREN

## As the virus hit communities, Ebola had a dramatic impact on children, affecting just about every aspect of their lives.

Thousands of children have been infected, killed or orphaned by the virus. About one in five people infected with EVD is a child. The mortality rate for children under the age of 5 is 80 per cent, meaning four out of five children in that age group who have been infected have died. For children under 1 year of age, the mortality rates are as high as 95 per cent.<sup>3</sup>

The impact on children reaches well beyond their infection rates, and the EVD outbreak has exacerbated existing vulnerabilities, highlighting the difficult circumstances that children already face.

Guinea, Liberia and Sierra Leone – where education and health care were already fragile before the crisis – kept schools closed for months, while non-Ebola related basic health services struggled to keep up

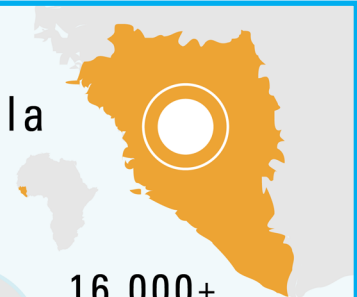
with demand, leaving children more vulnerable.

For many of the 9 million children who live in affected areas, Ebola has been terrifying. These children have seen death and suffering beyond their comprehension, and have watched people in frightening outfits take away patients and bodies. For young children, EVD infection is particularly distressing since they are isolated from their parents as they receive care. And those who survived infection, or had contact with an infected person – including orphans – often face stigmatization.

<sup>3</sup>WHO press briefing Geneva 6 Feb 2015

### The Ebola crisis in numbers

**9 MILLION** children live in Ebola affected areas.



**5 MILLION** children have lost months of school education.



**24,200+** Ebola cases.  
**5,000+** Ebola cases among children.



**16,000+** children lost one or both parents or their primary caregiver.

# HEALTH AND NUTRITION SERVICES OVERWHELMED

**E**bola 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 an outbreak of this nature and scale. In addition, fear of infection has led patients and some staff to avoid health facilities, further disrupting health and nutrition services.

As a result, significant numbers of children failed to receive their vaccinations and are at risk of contracting diseases such as measles, a major killer of children. A new outbreak of measles was recently confirmed in the Boke region of Guinea, and Liberia is seeing an increasing number of suspected cases.

The Ebola outbreak has severely impacted the treatment for measles, malaria and other diseases, as well as acute malnutrition and HIV and AIDS.

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[Read more about UNICEF fighting malaria alongside Ebola in Sierra Leone](#)

▶ [Fighting two killers: malaria and Ebola](#)

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In Guinea, consultations and hospitalizations were down by about 50 per cent in 2014, as compared to the previous year.<sup>4</sup> 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<sup>5</sup> while in Liberia, only 37 per cent of women giving birth did so at a health facility between May and August 2014, down from 52 per cent in 2013.<sup>6</sup>

As of mid-February 2015, nutrition treatment units



*"They said we are Ebola people...no one came near us", says Watta, 11, who lost both of her parents to Ebola in Liberia. She and six siblings are now living with their 25-year-old sister.*

in Liberia and Sierra Leone provided care and treatment to almost 2,000 children under the age of 5 suffering from severe acute malnutrition, about half of the usual admission rates for this time of year in these two countries. Children suffering from severe acute malnutrition who do not access treatment are at a high risk of death.

Deaths of children under the age of 5 could increase if health services are not restored and improved soon. There are also serious concerns over the nutritional status of children as lower revenues, disrupted trade patterns and quarantine measures have aggravated food insecurity.

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<sup>4</sup> WHO at UN press briefing, Geneva, 2 Dec. 2014

<sup>5</sup> [Sierra Leone Health Facility Survey 2014 \(PDF\)](#)

<sup>6</sup> [National Ebola Response Strategy 2014 \(PDF\)](#)

*“Before the outbreak of Ebola in Liberia, this country had enjoyed one of the fastest rates of decline in child mortality” says Patrick Sijenye, from the Child Survival and Development Section at UNICEF Liberia. “For this positive trend to continue it is essential that we stop this outbreak, and invest in stronger health and other social services that are critical to a child’s survival and well-being.”*

## UNICEF and partners respond: Working for children’s health and nutrition

The actions below support the immediate response to Ebola, while revitalizing non-Ebola related health care and preparing for longer term strengthening health systems:

### Immediate response:

- Conducting community engagement and social mobilization activities to help communities understand how to protect themselves and others
- Reducing transmission of Ebola through isolation and care of patients at Community Care Centres (CCCs)
- Participating in rapid deployment teams and providing the necessary kits
- Training health workers in Ebola-specific protocols
- Providing supplies (including protective suits and chlorine) for health workers
- Improving survival and recovery capacity of children and adults infected with EVD and affected by the virus [through specific nutrition support in Ebola Treatment Units, CCCs, and Observational and Interim Care Centres (OICCs)]
- Providing nutrition support for breastfed children of Ebola infected mothers, and infant and young child feeding support for affected children
- Providing water and sanitation at CCCs, hygiene kits to household

### Revitalizing and preparing for longer-term strengthening:

- Helping re-establish nutrition treatment services
- Supporting vaccinations, training vaccinators in Ebola protocols, and providing vaccines, gloves and other materials for vaccinators
- Supporting continuity of HIV services, particularly prevention of mother-to-child transmission

# FIVE MILLION CHILDREN AFFECTED BY SCHOOL CLOSURES

Local communities have been instrumental in the reopening of schools, which had remained shut after the end of the July-August holidays because of Ebola, depriving 5 million children of months of school education.

Schools reopened in Guinea on 19 January 2015, and in Liberia about one month later, while Sierra Leone's children are expected to return to classes at the end of March. Within a few weeks of the official reopening, most schools in Guinea were functioning, highlighting the resilience of people in a region where Ebola has caused so much distress.

Restarting classes entailed months of preparation as Ebola-specific protocols were developed to minimize the risk of transmission, including taking temperature at the school gates, handwashing, and setting up referral systems with nearby health centres. Thousands of teachers were trained in applying the protocols, which also set out procedures to follow should anyone show Ebola symptoms, such as fever, vomiting or diarrhoea. UNICEF and partners also distributed tens of thousands of soap bars and other hygiene materials, as well as infrared thermometers.

Each school needs to have a handwashing facility – often a bucket with a tap – at the entrance and by the toilets. Parents, teachers and other community

message about Ebola. Children will share with their families lessons learned in class – such as how to spot symptoms, how proper handwashing can significantly reduce the likelihood of infection, and how the crisis won't be over until there are no more cases. Many teachers are well placed to educate children about Ebola, having taken part in social mobilization efforts while schools were closed. Getting children back to school – safely and responsibly – has been critical in a region that already had

## Voices of Children

Sierra Leone



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