

Ensure early and effective recovery from the Ebola crisis to safeguard children's future

Key Recommendations

World Vision calls on donors, the Government of Sierra Leone and its partners to build back better by strengthening an integrated response that address children's needs and lead to recovery, while continuing the immediate response to contain Ebola until there are zero cases, including:

1. Rapid expansion of support to vulnerable children, including orphans and those directly affected by Ebola. This should include alternative care, psychosocial support and assistance in meeting day-to-day needs, while promoting reintegration back into communities
2. Urgent steps to safely re-open schools and ensure delivery of basic health care, taking action to ensure that children can access vital health services and quality education as well as appropriate support and care
3. Increased efforts to address food insecurity and malnutrition, supporting livelihoods and prioritising interventions to ensure pregnant women and children are well-nourished
4. A coordinated, fully resourced and sustained early to long term recovery plan that strengthens provision of vital social services and prioritises children's needs. This should include multi-year investments to build a strong and resilient health system capable of providing quality essential care to mothers and children and handling future emergency outbreaks like Ebola

Building back better for children

The outbreak of Ebola Virus Disease (EVD or Ebola) that started in Guinea in December 2013 has had a devastating impact on Sierra Leone. A country that was already ranked close to the bottom of the Human Development Index with more than half of the population living in extreme poverty. The outbreak has taken a huge toll on children, risking to shatter children's and the country's future.¹ While continuing the immediate response to contain Ebola until there are zero cases, significant investments and efforts are needed for a smooth and rapid transition to an integrated response and recovery that not only repairs what Ebola damaged, but that builds back better for children in Sierra Leone.

Before the outbreak started, about one in six Sierra Leonean children died before their fifth birthday from preventable diseases like diarrhoea, pneumonia and malaria, and close to 40% of children were chronically malnourished, significantly impacting their health and physical and psychological development.² Although comprehensive data is lacking, these already shocking numbers are now likely to be even worse, since the Ebola emergency has

significantly reduced children's access to health care, while increasing food insecurity.³

No child has been in school since this summer when schools were shut to help contain the outbreak, creating a huge gap in children's education and development. Teenage pregnancies are reported to have increased and more children are now working to support their families.⁴ More than 8,000 children are estimated to have lost one or both parents during the crisis, leaving many without anyone caring for them, vulnerable to abuse and exploitation.⁵

It is estimated that Sierra Leone may have lost up to 10 years of development gains due to Ebola and that it may take as long time to recover again. The World Bank estimates that GDP growth declined by 6.4% in 2014, with an expected GDP loss in 2015 of \$920m.⁶ The economic collapse is matched by the crumbling of the health system that was unprepared to handle a crisis of this scale.

By the end of February 2015, the number of new Ebola cases has decreased from 550 per week to 63 and Sierra Leone seems to be on the verge of stopping the outbreak.⁷ However, there is an urgent need to address secondary factors affecting children by transitioning to a well-coordinated, multi-sectoral,

integrated response and recovery with significant and prolonged support from the international community.

World Vision has been working in Sierra Leone since 1996, supporting communities to improve child health, nutrition, education and protection. These issues have been important for many years, but are now even more crucial to ensure the country and its children recover from this crisis.

Children need access to quality health services

Ebola has taken a huge toll on children's survival and health in Sierra Leone. Before the Ebola outbreak started the country had the highest maternal mortality ratio and the second highest child mortality rates in the world.⁸ The country's health system was among the weakest in the world, with acute shortages of qualified health care professionals and frequent stock-outs of essential drugs.⁹

The Ebola outbreak has further crippled the ability of Sierra Leone's health system to provide essential, life-saving care to children and pregnant women. The health system that was struggling to provide even basic health care of sufficient quality before the outbreak has now been overwhelmed with suspected and confirmed Ebola cases, limiting its ability to provide care for non-Ebola conditions.

Health workers are particularly susceptible to contract Ebola while performing their duties, if comprehensive protection measures are not taken. An estimated 221 health workers have died to date and some health workers have left their workplace due to the risk of infection from Ebola and the additional workload.¹⁰ This has further exacerbated the acute shortage of health care staff in Sierra Leone.

Some Families are avoiding seeking care for pregnant women and children at health facilities due to fears that they will not get adequate treatment and fearing that they could risk being infected by Ebola in the health facility. There is a particular high risk of Ebola infection during childbirth without proper protection measures and many women give birth at home, instead of in a clinic, risking the lives of both the mother and the infant. The rate of skilled birth attendance in Sierra Leone has dropped by 30% since the outbreak started, according to UNICEF¹¹

World Vision's assessment of its Ebola response in November 2014 showed that there was a 91% drop in children attending the Fairo Community Health Clinic between April and July 2014 due to fear of infection. Children interviewed expressed fear in going to health clinics or letting their parents know that they feel sick. Many had not been reached by routine, life-saving interventions such as vaccinations during the outbreak.¹²

UNICEF warns that maternal and child deaths have and will increase significantly because of the Ebola outbreak, from already acute levels.¹³ Due to lack of data, the actual number of mothers, newborns and children that are dying because they are not receiving essential care is unknown. However, based on interviews with several communities in Bo, Tonkolili, Kono and Western Urban districts in January 2015, World Vision believes that this number is likely to be much higher than the number of confirmed Ebola cases.¹⁴

There is an urgent need to continue with Ebola prevention and treatment efforts, while ensuring the safe provision of basic healthcare, particularly for mothers and children. Significant long-term investments are needed to build a strong and resilient health system that will provide quality essential care and respond better to future outbreaks. Social mobilisation efforts, including World Vision's Channels of Hope approach that works through religious leaders to promote behaviour change to limit infections, have proven effective in efforts to contain Ebola. Such efforts will also be critical in rebuilding confidence in the health system during the response phase.¹⁵

Children need to be well nourished

The outbreak has affected the national economy, the availability of food and the ability to make a living for a large part of the population. This has put children at increased risk of food insecurity and malnutrition. This is a serious concern since Sierra Leone had among the highest rates of chronic and acute malnutrition in the world before the Ebola outbreak, with malnutrition being a major cause of child deaths.¹⁶

Fear of infection among workers and transportation limitations following the Ebola regulations to limit infection caused companies and institutions to close down. Even though the transportation limitations are now removed, it has hit the transportation sector hard and led to disruptions in agricultural production. This has limited food production and exacerbated unemployment rates that have in turn reduced the disposable income for many people. The harvest of August/September 2014 was smaller than usual in most areas, and the replanting was disrupted. Small-scale farmers and petty traders, who make up a large part of the population, face particular difficulties since they have been unable to access markets for their goods.¹⁷ Shipping to Sierra Leone has been limited since the outbreak started, which is problematic given the high dependency on imported goods.¹⁸ Community interviews showed that many farmers have had to give their family next year's seeds to eat, leaving them without a livelihood next year.

Many families are facing food insecurity, and some even starvation, since they cannot access or afford sufficient amounts of food. According to World Food Programme forecasting, between 240,000 and 420,000 additional Sierra Leoneans could be food insecure by March 2015 as a direct result of the Ebola crisis.¹⁹

The increasing scarcity of food puts pregnant women and young children at even higher risk of malnutrition, with irreversible effects on child survival, health and development. Even a short-term food crisis can have devastating effects on children's health and development since children who are malnourished during their first 1,000 days from pregnancy until two years may never catch up with their peers, even with proper nutrition later on. Malnourished children are more likely to die from Ebola, as well as from common illnesses such as diarrhea and pneumonia.²⁰

The health system's ability to deliver basic nutrition interventions to pregnant women and children has been damaged, such as provision of iron, folic acid and vitamin A that are vital for child health and development.

The response to the Ebola outbreak by the government and partners has so far mostly focused on preventing Ebola transmission and treating cases. The response and the recovery must now urgently address food insecurity, economic distress and prevention and treatment of child and maternal malnutrition.

Children need to go back to school

Ebola has put children's education to a halt across the country. Schools have been closed since July, leaving all school children without regular education and opportunities to meet with their peers for 8 months, risking to permanently compromise their learning outcomes and adding psychosocial stress for children. Closure of schools has also halted school-feeding programmes which normally provide a safety net to some of the poorest and most vulnerable children.²¹

The vast majority of interviewees, including children, in World Vision's recent series of interviews, highlighted that the closure of schools have resulted in many teenage girls falling pregnant, and many being married off early by their parents. Despite efforts by the Government to help, many children are now forced to work due to the financial challenges faced by their families. Schools are often used as temporary Ebola holding or treatment facilities.²²

The above factors, in combination with parents' skepticism about schools being safe for children, will make it challenging to restart a functioning education system again. As the Government prepare for the reopening of schools, it is critical to ensure that all children can receive quality education in order to

catch up with what they have missed. School buildings need to be clean, safe, and equipped with necessary water and sanitation facilities and other measures to prevent Ebola transmission. Teachers need to be equipped to provide or identify the need for psychosocial support to children.

Children need care and protection

Children have been identified as one of the most vulnerable group in the context of Ebola, including in interviews with communities and children conducted by World Vision in February 2015. Studies by World Vision and others show that many affected children are deeply disturbed and experiencing severe psychosocial distress. Children that are unaccompanied, separated from their parents or orphaned are vulnerable to exploitation, hunger and disease.²³

By the end of February 2015, 16,722 children in Sierra Leone had been directly affected by the virus. 8,354 of those children have been orphaned due to Ebola and 9,962 have been quarantined.²⁴ The psychosocial impact on many affected children can be particularly severe since many face the double burden of coming to terms with the death of their relatives and facing stigmatization in their communities.

World Vision's assessment of its Ebola response found that many of these children feel "abandoned and isolated" from relatives who are too afraid to care for them, and now many children need to fend for themselves. Increased efforts are needed during the recovery to support these children, including family tracing, reunification and reintegration, alternative care, psychosocial support and assistance in meeting their day-to-day needs as well as follow up and support over time.²⁵

KEY RECOMMENDATIONS

World Vision calls on donors, the Government of Sierra Leone and its partners to build back better by strengthening an integrated response that address children's needs and lead to recovery, while continuing the immediate response to contain Ebola until there are zero cases, including:

- **Rapid expansion of support to vulnerable children, including orphans and those directly affected by Ebola, with alternative care, psychosocial support and assistance in meeting day-to-day needs, while promoting reintegration back into communities**
 - *Ensure adequate care, protection and psychosocial support to orphans and children affected by Ebola,*

including a strong follow-up system for children placed in alternative care to ensure ongoing protection and support of their well-being

- Roll out social mobilisation efforts in affected communities, including by working with religious leaders, to reduce stigmatization of Ebola survivors and families of victims
- Promote peer support groups, especially for girls, to prevent an increase in early marriages
- Establish reporting mechanisms between schools, health facilities and communities, as well as a free national hotline, to ensure children have access to help when at risk of neglect, abuse, exploitation or violence

➤ **Urgent steps to safely re-open schools and ensure delivery of basic health care, taking action to ensure that children can access vital health services and quality education as well as appropriate support and care**

- Take urgent action to strengthen the provision of safe, essential preventive and curative health care for mothers, newborns and children
- Ensure that re-opened school buildings are safe, including thorough cleaning and refurbishment if they have been used as Ebola holding centres, investment in WASH facilities, health education and reducing class size to avoid transmission
- Improve the quality of education so children can catch up what they have missed, by investing in teacher's training and teaching resources and ensuring that curriculums include life skills programmes
- Provide training for teachers to be able to offer children psychosocial support when school recommences
- Provide incentives for children to return to school, including by re-opening comprehensive school feeding programs and financial support to vulnerable children, including orphans, girls who have fallen pregnant and families with low income
- Scale up social mobilisation efforts to convince parents and caregivers to send children back to school

➤ **Increased efforts to address food insecurity and malnutrition, supporting livelihoods and prioritising interventions to ensure pregnant women and children are well-nourished**

- Provide livelihood support to vulnerable groups including seeds, seedlings and inputs to farmers and micro credit to petty traders and promote income generating schemes targeted at youth, especially girls
- Prioritise pregnant women and young children in cash transfer and food assistance programmes
- Ensure that pregnant women and children are reached by essential nutrition interventions, such as maternal micronutrient supplements and Vitamin A and zinc supplements for children under two years

➤ **A coordinated, fully resourced and sustained early to long term recovery plan that strengthens provision of vital social services and prioritizes children's needs, including multi-year investments to build a strong and resilient health system capable of providing quality essential care to mothers and children and handling future emergency outbreaks like Ebola**

- Scale up social mobilisation efforts to build trust in the health system and increase health seeking behaviour, including through faith leaders in communities
- Increase the skilled health work force, including by providing more training, scholarships to medical students and incentives to motivate health workers
- Fund improvements in health infrastructure, equipment and drugs availability at all levels to provide adequate basic health care
- Prepare the health system at all levels to handle emergencies like Ebola, including by training the health workforce appropriately to handle crisis, providing sufficient laboratory equipment and isolation facilities in each tertiary hospital and establishing a surveillance and alert system to detect new cases of Ebola

¹UNDP, Road to Recovery, December 2014

²Sierra Leone 2013 Demographic and Health Survey

³UNDP, Road to Recovery, December 2014

⁴World Bank, Ebola in Sub-Saharan Africa: update estimates for 2015

⁵Ministry of Social Welfare, Gender and Children's Affairs/Partners, Cumulative Ebola Affected Children Status Report as of 23/02/2015

⁶UNDP, Road to Recovery, December 2014

⁷WHO Situation report 25 February 2015

⁸UN The Millennium Development Goals Report 2014; Sierra Leone 2013 Demographic and Health Survey⁹UNDP, Road to Recovery, December 2014

¹⁰WHO Situation Report 25 February 2015

¹¹IRIN, Ebola effect reverses gains in maternal, child mortality, 8 October 2014

¹²World Vision's Real Time Evaluation of its Ebola response, 2014

¹³Ibid.

¹⁴Interviews with around 60 people, including children from World Vision Ebola Context Analysis, February 2015

¹⁵Channels of Hope is a World Vision social mobilisation methodology that works through religious leaders to address critical health problems by raising awareness about prevention and treatment and reducing stigma. World Vision Sierra Leone has successfully implemented Channels of Hope during the EVD outbreak

¹⁶The Global Nutrition Report, 2014

¹⁷UNDP, Road to Recovery, Dec 2014

¹⁸World Bank, Ebola in Sub-Saharan Africa: update estimates for 2015

¹⁹World Food Programme, How can we estimate the impact of Ebola on food security in Guinea, Liberia and Sierra Leone?, November 2014

²⁰J.R Berrman et al (2004) Hunger and malnutrition, Copenhagen Consensus Center; R.E Black et al (2008) "Maternal and Child Undernutrition : Global and regional exposures and health consequences", The Lancet 371, no 9608

²¹UNDP, Road to Recovery, December 2014

²²World Vision Ebola Context Analysis, February 2015

²³World Vision's Real Time Evaluation, November 2014

²⁴Ministry of Social Welfare, Gender and Children's Affairs/Partners, Cumulative Ebola Affected Children Status Report as of 23/02/2015

²⁵UNDP, Road to Recovery, December 2014, World Vision's Real Time Evaluation of its Ebola response, 2014