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 family to Ebola. Her father 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[1] – including over 5,000 children – killed more than 10,000[2] 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

1. WHO data for confirmed, probable and suspected cases, 12 March 2015

2. 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."*

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

Voices of Children Sierra Leone

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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."*

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.[3]

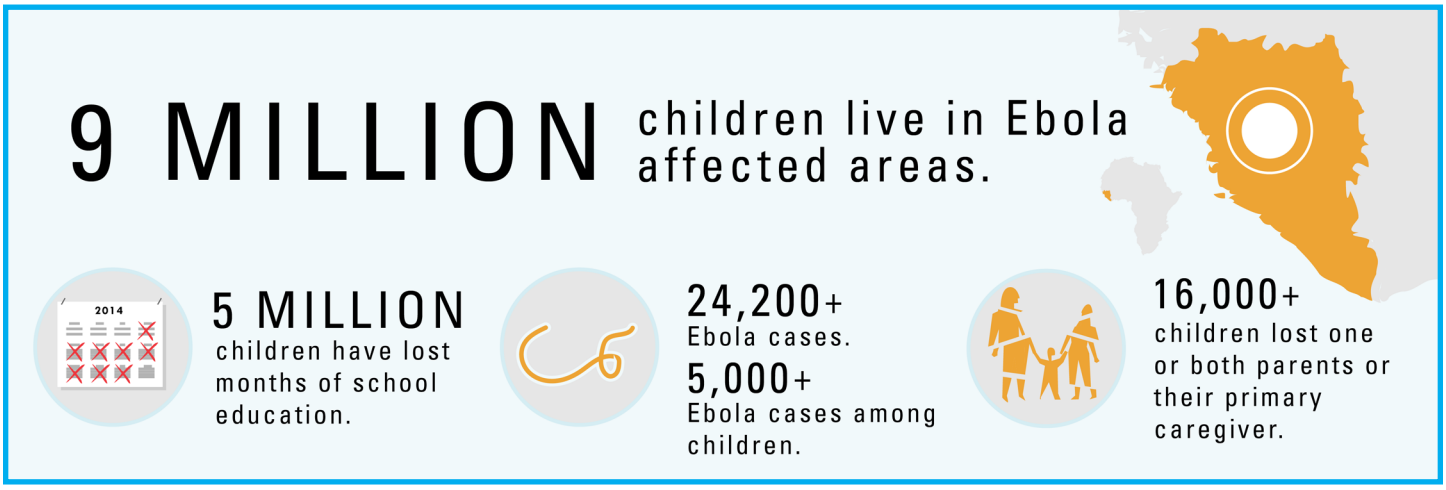
The impact on children reaches well beyond their infection rates, and the EVD outbreak has exacerbated existing vulnerabilities, highlighting the difficult circumstances that children already face.

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.

[3] WHO press briefing Geneva 6 Feb 2015

The Ebola crisis in numbers



HEALTH AND NUTRITION SERVICES OVERWHELMED

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 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.

Read more about UNICEF fighting malaria alongside Ebola in Sierra Leone

▶ Fighting two killers: malaria and Ebola

In Guinea, consultations and hospitalizations were down by about 50 per cent in 2014, as compared to the previous year.[4] 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[5] 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.[6]

As of mid-February 2015, nutrition treatment units 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.

"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.

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.

4. WHO at UN press briefing, Geneva, 2 Dec. 2014
5. Sierra Leone Health Facility Survey 2014 (PDF)
6. 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 Sijenyi, 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 members are expected to help deliver water if the school does not have a reliable supply, which is often the case. Even before Ebola struck, only 70 per cent of schools in Sierra Leone, 45 per cent in Liberia and 20 per cent in Guinea had access to water.

Implementing the safety measures, with community involvement and outreach campaigns, has encouraged parents to send their children to school. Despite the difficult conditions, it is expected that the reopening of schools will help spread the right 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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"I'm bored because there is no more school. I really miss my English teacher, he was always making jokes. I hope this Ebola problem goes away soon so we can continue learning," said Ernest, 7. Schools in Sierra Leone remained closed after the July-August 2014 holidays and were due to reopen at the end of March 2015.

poor education indicators before the crisis. Primary school attendance, for example, stood at 74 per cent in Sierra Leone, 58 per cent in Guinea and a mere 34 per cent in Liberia. Experience from other crises has shown that the longer children stay out of school, the less likely they are to return.

Without access to education, children are less resilient and more vulnerable to various risks common in time of crisis, such as early marriage, pregnancy and involvement in child labour.

Schools can help provide a sense of normalcy, stability and hope to children who have lived surrounded by death and misery, often unable to play with their friends out of fear of infection.

While the schools were closed, UNICEF supported distance learning programmes, which reached an estimated 1 million children. Even with the reopening of schools, the programmes remain an important tool to help boost educational standards and reach out-of-school children.

UNICEF and partners respond:
Steps taken to improve children's education

- Helping governments develop and apply measures to minimize the risk of transmission at schools, including temperature monitoring, handwashing
- Establishing referral systems between schools and nearby health centres
- Training teachers in the application and monitoring of safety protocols, social mobilization, and psychosocial support
- Helping school Management Committees and Parent Teacher Associations promote the safety of children and education personnel
- Supplying soap, buckets and other hygiene materials, as well as coordinating the provision of infrared thermometers by other partners
- Supporting the governments to develop radio education programmes to continue children's education while the schools were closed
- Conducting door-to-door campaigns and working closely with the government, communities and the local media to disseminate EVD prevention messages, dispel myths about transmission, and counter stigmatization

COMMUNITY MEMBERS CARING FOR ORPHANS

In all, more than 16,000 children have lost one or both parents or their primary caregiver – usually a grandparent, aunt, uncle, older sibling or other member of the extended family.

The vast majority of the orphans are now in the care of their community, most often members of their extended family.

***"The fact that people are taking in orphans in these difficult times and in many cases, enduring even stronger economic hardship, shows the value that society places on the safety and well-being of the children,"* says Guirlene Frederic, Chief of Child Protection at UNICEF Guinea.**

"I can be happy again," says Hawa, 14, after surviving Ebola and being reunited with her family and friends in Sierra Leone

"Take Mr Aboubacar, from Guinea, who took in six orphans upon the death of his brother and sister-in-law. At the age of 72, Mr Aboubacar is now the sole breadwinner for a family of 15. Ask him why, and he'll say it's his duty to care for the children. The same goes for all those who have taken in orphans from their community: this is simply what one does."

Often working with local communities, churches and mosques, UNICEF and its partners have helped locate family members willing to care for orphans. They support families with cash transfers and care packages – which include food, clothing and hygiene kits – and provide counselling to vulnerable children.

For children traumatized by the loss of loved ones, being reunited with their community can be a first step towards emotional healing.

Read more about how Ebola affects children

- Surviving together in Ebola-hit Sierra Leone
- Surviving Ebola in Sierra Leone – a child's story
- Witnessing rays of hope in West Africa's Ebola fight

Voices of Children

Guinea

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Moussa Sampou and his sister Safiatou, both 10 years old, woke up at daybreak to make sure they would get to school on time, when classes resumed in Guinea on January 19, 2015. During the more than 6 months when schools were closed because of Ebola, they kept up with their education with the help of a private tutor. They also learned how to protect themselves and others from the deadly virus.

"To avoid Ebola, one should wash their hands before eating, and if you come out of the shower, you wash your hands with water and soap," said Safiatou standing with her brother outside Coleyah Centre Primary Schook in Conakry, the capital of Guinea. As they entered the compound, a school official took their temperature with an infrared thermometer and they washed their hands in a disinfecting chlorine solution.

UNICEF's response on the ground in numbers

- 52,000+ EVD affected children received psychosocial support.
- 16,000+ children registered as having lost one or both parents or caregivers and supported.
- Almost 100,000 teachers trained in safety protocols in schools.
- Almost 4 million children reached with hygiene kits distributed to schools.
- 63 Community Care Centres with 500 beds built.
- 50,000 community volunteers, health workers, teachers, religious leaders, youth mobilized.
- 4,900+ health personnel trained in infection prevention and control.
- 500,000+ Ebola protection suits provided.
- 100,000+people in Ebola affected areas received hygiene kits.
- 1.4 million+ households reached by door-to-door Ebola information campaign.
- 75 % of EVD patients and survivors receive nutrition care and support.
- 2,000+ children under 5 received treatment for severe acute malnutrition in January 2015.
- 610+ nutrition treatment units re-established.

FIGHTING STIGMA WITH KNOWLEDGE

Social mobilizers have helped allay communities' fears over the return to their midst of people affected by Ebola, including newly-orphaned children listed as 'contacts' because their parents may have exposed them to the virus.

Ibrahim Vibbi, a volunteer in Sierra Leone, says that in the early days of the outbreak, survivors were being driven away from their communities. But now, he says, this is seldom the case, thanks to the outreach efforts. *"We usually go from house to house, especially in the villages, educating communities on the need to show love and acceptance to survivors."*

A UNICEF-supported survey in Sierra Leone[7] showed that by December 2014, only 8 per cent of people would refuse to welcome back survivors, down from 75 per cent in July 2014.

Read more about how social mobilizers are fighting stigmatization

▶ In Sierra Leone, Ebola survivors begin to find acceptance

Knowledge is a key tool in fighting stigmatization: Knowledge that a survivor is not considered contagious, and knowledge that a contact is monitored for 21 days, the maximum incubation period of the virus.

Survivors themselves are taking part in the battle against stigmatization. UNICEF has helped develop a network of survivors, and trained some of them to become foster carers and nurses. Survivors have a level of immunity to the virus that enables them to care for unaccompanied children who are being monitored because they are listed as contacts.

"Survivors are in a unique position to counteract and work against the stigmatization of children. They also provide hope and motivation for infected persons, proving it is possible to get over the disease," says Batu Shamel, Communication for Development Officer at UNICEF Sierra Leone.

Voices of Children Guinea

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"I want to ask all the organizations [that] are helping us not to forget these children," said Ebola survivor Tose Komano, who looks after young children at a UNICEF-supported nursery in Gueckedou, Guinea. *"Because if they are forgotten, tomorrow they could become sick. So please, don't forget them,"* she said, holding 19 month old Tamba Manzare in her lap. Tamba, whose mother died from Ebola was quarantined for 21 days – the maximum incubation period of the Ebola virus.

[7] Follow-up study on Public Knowledge, Attitudes and Practices Relating to EVD in SL (PDF)

Survivors like Jusif Koroma, 26, and his sister Bilikisu, 23, from Sierra Leone, who lost 17 of their relatives to Ebola, including their father, four brothers and seven sisters. Jusif is now a social worker at a centre supporting children affected by Ebola. *"I am an Ebola survivor myself, so I know how these children feel. I have sympathy for them, and I understand what they are going through. These children need care and attention,"* he says. Bilikisu works as a nurse in the same hospital unit where she herself battled the disease. *"I know what these patients see and what goes through their minds, because this happened to me,"* she says. *"The sickness is one thing, but the mental strain is also very hard."*

UNICEF and partners respond: Steps taken to keep children safe

- Helping trace extended family members of children who lost parents
- Helping ensure children are placed and supported in extended family arrangements
- Helping find other foster parents if relatives are not able to provide care
- Developing a network of survivors and training them in foster care and nursing, recognized by the national authorities
- Supporting governments to mobilize and train additional social workers
- Providing specialist care for unaccompanied "contact" children, pending family tracing and reunification
- Providing psychosocial support and counselling to help children deal with the feelings of distress, loss and rejection they may experience
- Providing cash and material support to families supporting children who lost their parents/ caregivers

BATTLING TO GET TO ZERO

As Ebola continues to threaten the lives of children and their communities, getting to zero cases is the top priority.

UNICEF has shipped almost 7,000 tonnes of life-saving supplies, supported the establishment of 63 Community Care Centres (CCCs) and deployed a massive social mobilization effort. It has also helped reopen schools safely, provided nutrition support for patients and vulnerable children, and trained thousands of people to provide care and support. Water, Sanitation and Hygiene (WASH) services have also been an important part of the response, with hygiene kits distributed to households and schools, handwashing facilities set up at health centres, and Ebola treatment and triage centres provided with WASH support, including water provision and waste disposal.

In the context of national response strategies, UNICEF is working with national and local governments, UN Mission for Ebola Emergency Response (UNMEER), the World Health Organization (WHO), the United States Center for Disease Control and Prevention (CDC), Médecins Sans Frontières (MSF), The International Federation of Red Cross and Red Crescent Societies (IFRC), the World Food Programme (WFP), as well as other United Nations agencies, non-governmental organizations and civil society stakeholders.

Now that the outbreaks have become increasingly localized, UNICEF and other aid agencies have set up rapid response teams that can swiftly swoop into new Ebola hotspots. UNICEF and partners have designed kits that contain all the supplies necessary to set up an emergency triage and isolation facility within 24 hours.

In Liberia, for example, UNICEF has provided components for 19 Rapid Isolation and Treatment of Ebola (RITE) kits, which include tents, protective suits and pharmaceuticals, for deployment to hotspots. Four of the kits have been deployed, nine prepositioned in likely outbreak locations and six retained in Monrovia for deployment by helicopter to remote locations as required.

UNICEF has also funded the training and support for 15 County Health Teams for the use of the RITEs kits.

When a localized outbreak is reported, 'hotspot busters' work with local communities to identify new cases, find and monitor contacts and organize safe burials. Social mobilization teams head door-to-door and engage in dialogue with religious, traditional and political leaders to promote measures that help prevent the spread of the disease, such as handwashing and safe burials.

The role of social mobilizers is particularly important, as many of the cases of Ebola can be linked to

traditional burial practices that involve close physical contact with the dead. Overcoming reluctance to give up deep-rooted practices is a major challenge, and requires working closely with people trusted by local communities such as village elders.

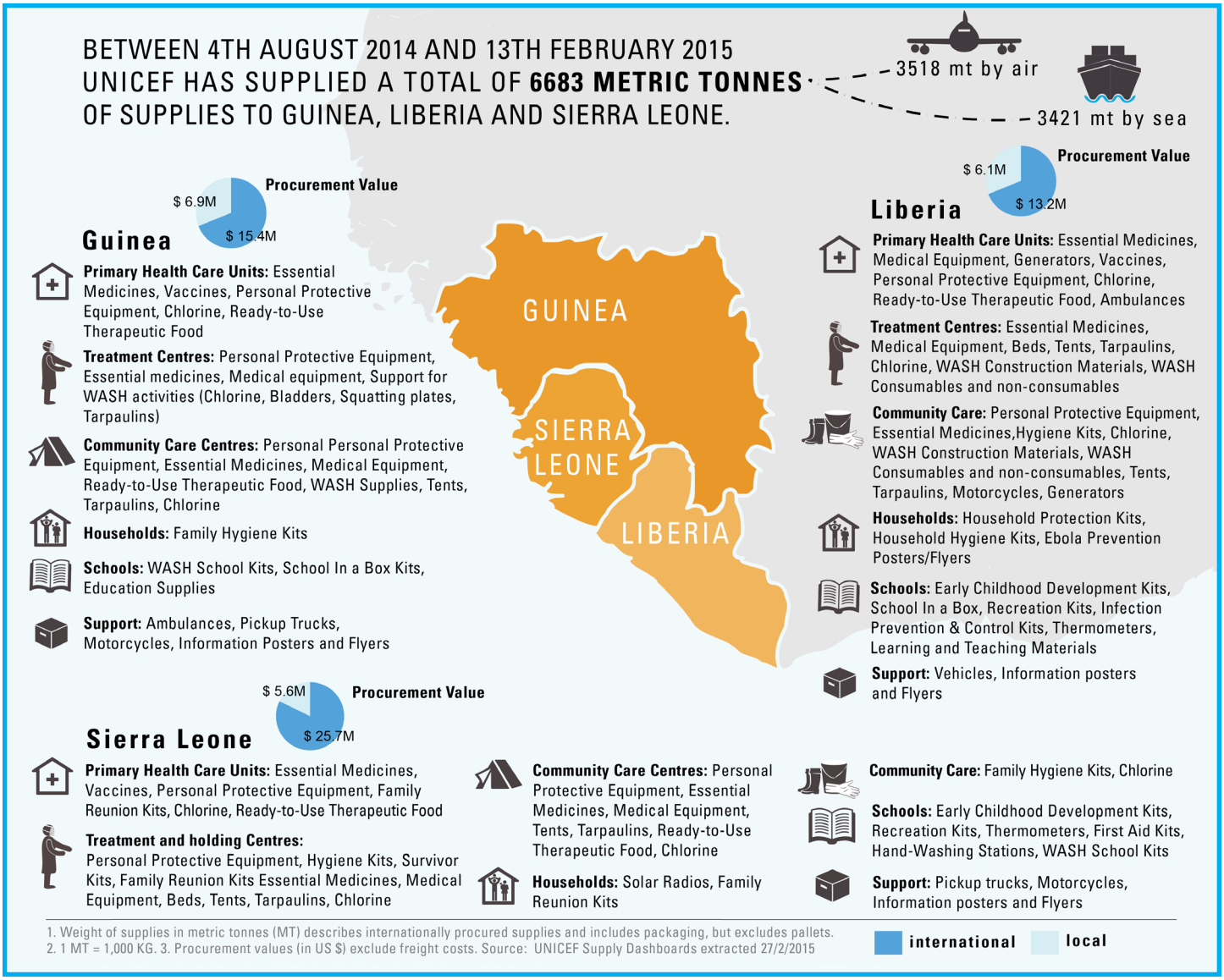
Recent studies indicate some encouraging developments.

In Sierra Leone, a survey[8] conducted for UNICEF and the CDC showed that 50 per cent of respondents did not participate in burials involving handling of the body, as compared with 28 per cent in October. A similar survey conducted in Liberia[9] showed that 72 per cent believe that anyone with Ebola symptoms will get better care at a treatment centre than at home, which is significant because many used to shun treatment centres, keeping Ebola victims at home and spreading infection in the community.

But there is still resistance among some commu-

8. Follow-up study on Public Knowledge, Attitudes and Practices Relating to EVD in SL (PDF)

Infographic on Supplies



nities, as rumours, myths and conspiracy theories about Ebola abound. Convinced that local problems require local solutions, UNICEF has sought the help of social anthropologists in finding the best way to convince people to alter some of their deeply ingrained practices.

Where communities have adopted safe behaviours and assumed responsibility for contact tracing and monitoring, the number of cases has dropped. As a result, community members serve as valuable sources of information for determining the evolution of the outbreak.

But, the rainy season, expected to start in late April-early May, could compound the difficulties the response faces. The rains might bring an increase in the prevalence of malaria, which could potentially be mistaken for suspected Ebola cases. The rains will also make it particularly difficult to reach affected remote areas.

Read more about communities responding to the outbreak

- One Ebola victim's safe burial
- Ebola's devastating impact on children

Voices of Children Liberia

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Mercy Kennady, 9, hugged Helen Morris who looked after her at an Interim Care Center (ICC) for children exposed to EVD in Monrovia. *"Ebola is a bad thing as it's killing people. It killed my Ma,"* said Mercy, who had already lost her father before the outbreak. *"I want to be a journalist. I want to tell stories, happy stories,"* Mercy said. Ms. Morris, who cares for orphaned children at the ICC, is an Ebola survivor herself, but she lost eight family members to the disease.

9. National Knowledge, Attitudes and Practices Survey 2014 Report (PDF)

BUILDING THE FOUNDATIONS FOR RECOVERY

While the immediate priority is to get to zero cases, the affected countries are already planning for recovery. In this process, it is crucial to build on 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 national crises with serious regional and global ramifications.

In addition to improving health services and access to safe water and sanitation, it is also essential to prioritize a quick restart of other basic social services, with special attention to child protection and measures to protect affected populations from stigma and discrimination.

The gains achieved during the response in terms of positive social behaviours should be retained, and local resources and mechanisms of social mobilization and community organization and engagement should be strengthened.

Trust from the communities built up during the emergency needs to be strengthened, and also directed towards vaccination campaigns and regular maternal, child health and nutrition programmes and overall community-based organizations, so they can take root and grow. Emergency programmes that have delivered cash transfers and social work support to households can be used to strengthen the backbone of social welfare and protection systems that will help children and their families recover from the social and economic impacts of EVD, and be

Top 10 Donors (as of 11 December 2014)

1	United States - $55.9 million
2	United Kingdom – $44.3 million
3	The World Bank - $40.9 million
4	Netherlands - $27 million
5	Germany – $13.1 million
6	Canada - $9 million
7	US Fund for UNICEF - $7.3 million
8	Japan - $6.7 million
9	Sweden - $5.5 million
10	UK Committee for UNICEF - $3.4 million

more resilient to future shocks.

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 behaviours adopted by communities are already helping strengthen health and nutrition systems that will protect future generations.

Investing now in improving health-care systems will mean countries affected today by Ebola will be better positioned to prevent future outbreaks and to tackle other killer diseases such as malaria, measles, pneumonia and diarrhoea, and to diagnose and treat acute malnutrition. Investments are also needed to sustain provision of and access to nutrition services for orphans and EVD patients and to develop preparedness and response plans for a potential post-Ebola food and nutrition crisis.

"If we fail, children in some of the world's most vulnerable countries risk being pushed into deeper vulnerability and deprivation," **said Bentein.** ***"But, by acting now we can capitalize on momentum triggered by the Ebola response to galvanize long-term support for the children and communities who already have suffered so much."***

Read

- 6 parts of the UNICEF response

Watch

- The Ebola outbreak: Getting to zero cases

Using SMS in the Battle against Ebola

Real time information has become particularly important in battling Ebola, as outbreaks are becoming increasingly localized. It can help rapidly locate new cases, determine what supplies are needed and disseminate lifesaving messages.

In Guinea, Liberia and Sierra Leone, UNICEF and partners are leveraging text messaging (SMS) technology to facilitate the real-time collection and sharing of information about Ebola.

In Liberia, hundreds of health workers are using mHero (Mobile Health Worker Ebola Response and Outreach) to:

- Report activities of treatment and care centres
- Report suspected Ebola cases
- Update information about medicine stocks
- Send messages to the field with outbreak updates

In Guinea and Sierra Leone, thousands of young people are using U-Report, which provides them with:

- Information on Ebola prevention
- The opportunity to participate in weekly polls
- The opportunity to report on issues of concern

In Liberia, UNICEF has also used SMS technology to track the distribution of hygiene kits to schools.

- **Read more about the response to the Ebola**

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