DM2020 Disaster Management

World Vision®

REAL-TIME LEARNING REPORT ON WORLD VISION'S RESPONSE TO THE EBOLA VIRUS IN SIERRA LEONE

NOVEMBER 2014

Acknowledgements and thanks

This learning review was a collaborative effort between H-Learn, the West Africa Region and World Vision Sierra Leone. It was commissioned by Edwin Asante, West Africa Regional Office (WARO) Humanitarian Emergency Affairs Director. Overall guidance and coordination was provided by Rahel Cascioli Sharp, Associate Director for Organisational Learning in Humanitarian Emergency Affairs. Support was provided by: Martin Naindouba, Technical Advisor, WARO; Stella Nkrumah-Ababio, Child Protection and Advocacy Advisor WARO; Victor Kamara, Child Protection Coordinator, WVSL; Frederieke Van Herk, Intern, Organisational Learning; Bruno Col, Communications Director, WARO; and Caroline Klein, Programme Officer, WV Germany. The learning review team thanks every person who worked to ensure the success of the learning review, as well as each staff member, partner, child and survivor who gave their time to help and share their views.

For more information about this real-time evaluation, please contact Rahel Cascioli Sharp, Associate Director for Organisational Learning, World Vision International, at rahel_cascioli@wvi.org.

Published January 2015 by Humanitarian Emergency Affairs on behalf of World Vision International.

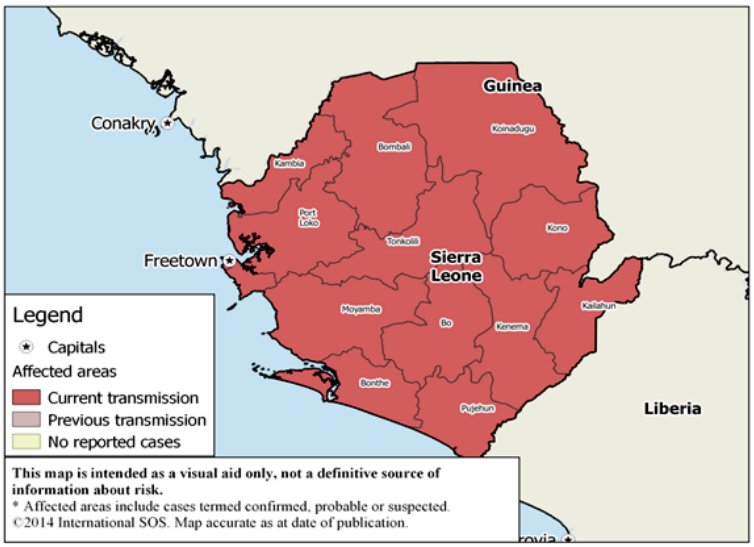
Cover photo by Sahr Ngaujah, World Vision Sierra Leone.

Contents

1. Introduction 1
    The RTL process 1
    General key recommendations 2
2. The context in which World Vision is operating 3
    Stigma, fear and misunderstanding around Ebola 3
    Children's and infants' situation deteriorating 4
    Lack of resources 4
    Slow government response 4
3. Key findings on World Vision Sierra Leone operations 4
    Awareness-raising 4
    Personal protective equipment 5
    Children in emergencies 5
4. Recommendations to expand World Vision's response programmes by sector 6
    Health 6
    Psychosocial care, child protection and education programming 6
    Food, livelihood and economic development 7
5. Findings related to programme quality and effectiveness 8
    Monitoring and evaluation 8
    Staffing and staff care 8
    External partners 8
    Regional strategy 9
6. Recommendations for the humanitarian community 9

1. Introduction

The Ebola outbreak began in December 2013 in Guinea, after which it rapidly spread to Liberia and Sierra Leone. Ebola has been present in Sierra Leone since May 2014. At the time of the real-time learning (RTL) process, 28 October 2014, there had been 3,389 confirmed laboratory cases and 1,281 deaths in Sierra Leone.[1] However, the number was believed to be much higher due to a large number of unreported cases. World Vision Sierra Leone (WVSL) has responded to the crisis by raising awareness and distributing personal protective equipment.



On 17 October 2014, World Vision (WV) scaled up its initial Category II National Emergency Level Response to a Category III National Emergency Level Response. World Vision Sierra Leone is operating in four districts where WVSL had a presence prior to the Ebola outbreak: the Bo, Pujehun, Bonthe and Kono districts. Prior to the outbreak, World Vision had a developmental programme focused on child well-being; more precisely, improving access to health, education, protection and nutrition. World Vision Sierra Leone participates in the National Task Force on Ebola, as well as the task forces at district levels.

The RTL process

This real-time learning process was carried out in order to identify the gaps and needs of World Vision's current Ebola Virus Disease (EVD) response in Sierra Leone and to inform World Vision on how other surrounding countries (specifically those with national offices such as Mali, Ghana, Niger, Mauritania, Senegal and Chad) should prepare for a possible Ebola outbreak.

RTL Timeline

October 2014

1st–7th	Developed questionnaires
8th–31st	Interviewed staff, partners and children

November 2014

17th	Finalised report

Methodology

This RTL report is based on 52 key informant interviews (KII) done with staff from different World Vision entities, external partners and children in Sierra Leone, and an online survey to nine WVSL staff based in the four districts. In addition, World Vision undertook a desk review of sources from international non-governmental organisations (INGOs), reports and articles. The data from the desk review, interviews and surveys was analysed and triangulated.

Limitations. The work that needed to be done for the learning process was spread over several offices. One RTL team member based in Sierra Leone was able to conduct eight face-to-face interviews with children, and another team member was able to conduct one KII with a survivor. Because of the distribution of work over various offices and the time it took to gather the data, it took longer to finalise the report than initially intended. It is also important to note that no official RTL team member travelled to the field for this RTL event.

[1] By January 2015, Sierra Leone had seen over 8,000 cumulative cases and 2,978 cumulative deaths.

Table 1. RTL participants

Type of participant	Number
Child	8
Survivor (adult)	1
WVSL staff in the intervention zones	24
WVSL staff in the national office	3
External partners including donors, United Nations agencies and INGOs	2
WV staff at global, regional and support office levels	14
Online survey	9
Total	61

General key recommendations

Strengthen current programming by

- continuing engagement with local leaders in disseminating correct information
- continuing distribution of personal protective equipment (PPE) and other equipment
- continuing radical development of Children In Emergencies (CIE), focusing on child protection and education
- continuing awareness-raising activities
- building the capacity of health workers in the region
- ensuring prepositioning.

Expand and develop programming by

- developing World Vision's health response, with a focus on training community health workers
- developing psychosocial care, to respond to major stigmatisation and isolation around the disease
- developing CIE activities around child protection (mainly orphans and children are quarantined) and education (schools in affected areas have closed)
- engaging with community leaders in addition to faith leaders to disseminate correct information on Ebola
- developing food and livelihood programming in areas where people are struggling to survive because of deaths or forced displacement in search of jobs and food.

> 'We need to bring a multisectoral approach to the response. World Vision has the capability to address other broader economic and livelihood issues, and that has to be part of the response.'
> – KII, World Vision staff member

Strengthen response management by

- ensuring better preparedness (and increased capacity), both at the regional level and in those countries where Ebola is suspected to break out
- improving monitoring and evaluation (M&E) with increased collaboration with partners.

2. The context in which World Vision is operating

Stigma, fear and misunderstanding around Ebola

Widespread fear is a large factor hindering the response. People are scared of Ebola, its patients and its treatment. Ebola patients who are taken to faraway treatment centres often lack the means to return after treatment. This leads people to think that whoever is taken away for treatment does not come back.

The process at treatment centres is also not transparent; often, communities worry that patients will not be well cared for, and do not want them to go into the clinics. Other forms of fear are based on misconceptions, with some people believing that patients in treatment centres are injected with formalin and left to die, or that health workers are intentionally used to spread the virus.

> 'Treatment centres are not very transparent. They take you in and that is the end. Your relatives don't know what's happening to you, whether you have food and are taken care of, so people are afraid to let you go.'
> – KII, WVSL staff member

There are various reasons why people fear health workers; many of them died from Ebola, leading people to think that they are carriers of the disease. Another reason people fear health workers is the equipment they need to protect themselves; it scares the population if 'aliens' in hazmat suits come and take loved ones away from communities. Health workers are often stigmatised. In some instances, health workers renting homes were put out on the streets, since people fear they might spread the virus. The fear can overcome health workers themselves, with some of them running away and not returning.

The fear ties in with ignorance and misunderstanding of the disease. Many people in communities are not literate and rely on cultural traditions and religion to explain what is happening around them. For example, some people believe that Ebola is a curse without a cure. Others believe Ebola might be a punishment from God. Both ways of thinking do not encourage people to get treatment. In prevention and awareness-raising activities, ignorance is also a difficulty. For example, one area development programme (ADP) manager commented on how people do not want to use soap for hand washing, since they believe that soap is poisonous and can kill. The denial that the disease even exists is also a challenge.

Some cultural practices further complicate the containment of the virus. One example is the rite that is performed at a funeral, where the body of the deceased is washed. One person commented on how the best time to show affection for loved ones is when they are ailing or dying, therefore it would be unacceptable to leave them. This, combined with fear, means communities now perform their rites in secret. There is criticism that for the Ebola response, INGOs are applying their Western standard model to a highly different cultural context and therefore have a lack of cultural awareness.

> 'We need to forget about our culture for the time being. Don't touch, don't shake hands, we cannot hug our brothers and sisters. We need to be different in contact [and] burials, but people don't want to leave their culture behind.'
> – KII, WVSL Development Manager

Children's and infants' situation deteriorating

Many children orphaned by Ebola feel 'abandoned and isolated' from their relatives, as their relatives are afraid to care for them. Children now need to fend for themselves. In other cases, families are separated due to travel restrictions; they are working in other districts and cannot travel back. Everywhere in Sierra Leone, schools are closed and this has increased the vulnerability of children. Girls have become more vulnerable to early marriage, teenage pregnancy, rape and the sex trade. The outbreak has also affected children's emotional well-being.

> 'I am afraid that some of my friends might not be going back to school after the Ebola crisis because they are already pregnant. We have two of those right now in this community. Some are now selling [themselves] in the market instead of studying or listening to the radio teaching programme.'
> – KII, Girl in Jiama Nimikoro

Lack of resources

A lack of equipment, clinics and health workers is a main concern. In addition, there are not enough treatment centres, testing centres, beds, body bags, gloves, disinfectants, chlorine, personal protective equipment and transportation. The only testing centre for Makpele and Sorogbema is in the Kenema district, and it can take weeks for results to come in. Treatment centres are scarce; therefore, they are often located faraway. The transportation of patients often crosses through several districts, leading to increased infection risks. Also, health workers are not always trained properly.

> 'Patients lay on the floor since there are no beds, and health workers are running away from their jobs.'
> – Survey respondent

Slow government response

The government's response seems to have been delayed, as it declared an emergency only after multiple deaths. Coordination with the government also might have to improve, as it is essential for responding accurately and in a timely manner to the needs of the community. Moreover, due to misconceptions, it seems that a part of the population thought that the disease was used as a political means towards the upcoming elections.

3. Key findings on World Vision Sierra Leone operations

Awareness-raising

World Vision Sierra Leone raises awareness using various methods. WVSL used the Channels of Hope (CoH) approach, training religious leaders on Ebola. Faith leaders are recruited to help educate their communities about ways to prevent Ebola from spreading, and to override suspicion of preventive methods and medical care that can help contain the disease. Sensitisation programmes were developed, such as 'no hand shaking' or washing one's hands with a mix of chlorine and water. Songs for children about Ebola are sung in local languages, and posters and videos are shown. World Vision provided radio and television messaging about Ebola. Moreover, the educational radio programme that is being run by World Vision, United Nations International Children's Emergency Fund (UNICEF) and Ministry of Education partners also includes messaging on explaining Ebola and prevention. Children now know how Ebola spreads, what should be done to avoid spreading Ebola and how to report Ebola by calling the 117 Ebola hotline.

Recommendations to strengthen current programming

Even though awareness and sensitisation programming is one of World Vision's greatest assets right now, many interviewees have provided recommendations for more effective programming.

- ***Engage community leaders in disseminating accurate information and counselling affected families.*** This first recommendation centres around increased community-based programming. Some ADP managers pointed out how in addition to faith leaders, other community leaders can be encouraged to speak about Ebola. For example, women and youth leaders can be a valuable asset in convincing their communities that Ebola exists and should be prevented. World Vision could therefore focus on some of these leaders, in order to train and equip them to educate their communities. Some also suggested it would be helpful if faith and community leaders initiate discussion of the issue of fear.

  For example, if these leaders visited treatment centres and witnessed what happens there, it would be easier to convince communities that patients are being treated and cared for. In addition, there could be more of a counselling approach for families who have their loved ones in treatment centres. There should be more information on what the treatment centres do, what is going on inside of them and how the patient will be cared for. Community health workers should be educated on Ebola, since they are often trusted by the community. Orphaned children, recovered patients and family members of Ebola patients are stigmatised, making them outsiders in their own communities. There is a need for increased awareness and assistance for those people to be reintegrated.

- ***Strengthen advocacy.*** World Vision's advocacy work has largely focused on raising awareness about Ebola: what it is, how it is contracted and how to contain it. Partners are asking for World Vision to strengthen its advocacy beyond raising local awareness on Ebola.

Personal protective equipment

WVSL has distributed a large number of PPEs country-wide.

Recommendations to strengthen current programming

- ***Continue distributing PPEs and other equipment.*** The large distribution of PPEs was certainly helpful. Unfortunately, due to the widespread epidemic, many hospitals, workers and ADPs do not yet have sufficient supplies. World Vision Sierra Leone should therefore continue to distribute large cargos of PPEs and disinfectants. Other missing resources include: skilled personnel, gloves, infrared thermometers, laboratories, gloves, masks, disinfectants, shoe covers, eye protectors and gowns.

  In addition, there is a great need for more testing. Only one laboratory exists in Kenema, where all the samples need to be analysed. There is virtually no testing at the borders, with only a few infrared thermometers and insufficient skilled personnel.

Children in emergencies

World Vision, in cooperation with the government and UNICEF, has begun to set up a radio education programme. However, as most provinces do not have access to radios and the language used in the programme is not spoken by all children, the means of getting access to education needs to be developed. World Vision alongside other partners is currently doing an education assessment.

Recommendations to strengthen current programming

- ***Provide educational programmes and resources to meet the emotional and physical needs of children.*** These activities are taking place, but the depth and scale of these interventions are not sufficient to meet the emotional and physical needs of children affected by Ebola. Children are asking for World Vision to provide:
  - food and psychosocial care for children in quarantined homes
  - radio programmes in locations where children have access to radios
  - alternative ways for children to continue their education where radio access is an issue
  - psychosocial care to children affected by Ebola, and training on how to cope with stress created by Ebola.

  If only one of these recommendations were possible to implement, most children agree that providing children in quarantined homes with **food** is the greatest need.

4. Recommendations to expand World Vision's response programmes by sector

Ebola affects multiple other sectors. Much of the progress made over the years will need to be rebuilt, as existing structures have been negatively affected by the outbreak.

Health

Even though Ebola is a massive health problem, it is certainly not the only one that kills. Many people have become afraid to go to clinics. This means that fairly treatable diseases, such as malaria, are not being treated in health clinics and are killing more people. Maternal and child health is also affected; pregnant women cannot go to health clinics and parents fear taking their children to those clinics. People grappling with grief need access to psychosocial support, as do those stigmatised and ostracised. Clinics are overburdened, pregnant women are giving birth at home and babies are not delivered by skilled birth attendants. This increases the already high maternal mortality rates. Children are not taken to public health units for immunisation or being monitored for growth, making them increasingly exposed to risk. For example, in Fairo CHC there was a 91 per cent drop in clinic attendance of children between April and July 2014.

Health recommendations

- Train community health workers in contact tracing and triage.
- Increase logistical support for contact tracing teams, e.g. vehicles to increase their mobility. Manage logistics more effectively.
- Provide more ambulances for patient transportation.
- Contribute to the improvement of health centres by providing equipment and drugs.
- Provide incentives for health workers, as well as psychosocial support and protective gear.
- Ensure and promote respect for patients and bodies to decrease fear in communities and to gain understanding.
- Increase logistics for burial teams to speed up their process and access.
- Increase the number of burial teams, and equip and train them.
- Ensure that quarantined areas have the necessary equipment to avoid people fleeing, which could cause further spread of the disease.
- Educate community households on caring for Ebola patients; with the expected massive shortage of beds there is a significant chance that patients will need to be cared for elsewhere.
- Assess the health system (if needed) along with programming that aims to strengthen the health system in the long term. The focus could be on maternal and child health as well as treatable diseases.

Psychosocial care, child protection and education programming

Psychosocial care is very much needed, not only for grieving families who have seen their loved ones taken away in body bags, but also due to heavy stigmatisation. ***Infants and children have been orphaned and are stigmatised.*** Many field staff, some partners and children mentioned that babies and children have been orphaned; some mentioned that currently there is no social structure to take care of these orphaned children. Many of these children feel 'abandoned and isolated' from their relatives, as their relatives are afraid to care for them. Children now need to fend for themselves. In other cases, families are separated due to travel restrictions; they are working in other districts and cannot travel back. ***Everywhere in Sierra Leone, schools are closed. Girls have become more vulnerable to early marriage, teenage pregnancy, rape and the sex trade.***

> There has been an increase for both boys and girls in '…doing hard work on the farm, selling in markets and working in mines'
> – KII, Girl in Jiama Nimikoro

Psychosocial care recommendations

- Create a psychosocial care programme for health workers, communities and grieving families.
- Create a psychosocial care programme for recovered and stigmatised patients.
- Create a psychosocial care programme for children who have been orphaned.

Child protection recommendation

- Assess the specific needs and develop corresponding programmes: track the number of orphaned children, evaluate who needs a foster home, determine government capacity in the area and track the number of children affected by increased vulnerabilities.

Education programming recommendation

- Ensure that children who do not have access to radios still have access to education.

Food, livelihood and economic development

Due to the restriction on movement, difficulties such as food shortages come up. Most interviewees commented on how the loss of livelihood has become more apparent, since farmers and other people are not able to trade their wares at public markets. Trade with countries across the border is also no longer possible. Food prices and shortages are increasing and inflation is rising. The quarantining of entire districts, and that of individual households, is leading to food shortages; there are many who say that quarantined communities and households do not have their basic needs such as food and water met. The Famine Early Warning System Network (FEWS NET) estimates that – if there is no change in the Ebola crisis – food security between now and March could go from crisis to emergency.

Immediate food, livelihood and economic development recommendations

- Provide food for treatment centres and for quarantined districts and households. This serves to prevent starvation, but also to prevent the disease from spreading.
- Provide incentive for those families deciding to take in orphaned or separated children since this will put an additional economic strain on their households.
- Strengthen the support given to Ebola survivors, since many have lost their source of livelihood. Many are simply released from clinics and are in need of food, further health care and psychosocial support. As the quarantine process is a difficult one for most families, agencies are working with government to see that people in quarantine have access to basic food and water for 21 days.

Ebola isolation centre in Moyamba, Sierra Leone, where World Vision is training workers to carry out safe and dignified burials. Photo: Bruno Col/World Vision

5. Findings related to programme quality and effectiveness

Monitoring and evaluation

With the shift from developmental to humanitarian programming and the implementation of new funds, there is an increased need for a humanitarian Design Monitoring and Evaluation (DM&E) manager. Following up on funding and programme implementation should ensure that decisions taken at the national level are implemented well at the local level.

Staffing and staff care

The Ebola learning event conducted in Uganda in 2013 recommends having systems in place that allow staff to express how they are feeling, which will allow the organisation to respond and ensure that staff remain physically and emotionally well in order to do their job. World Vision Sierra Leone has put in place some measures to ensure staff safety. For example, transport pick-ups have been organised so that staff can avoid taking public transportation, and staff working in quarantined zones have been provided food.

External partners

Many interviewees have commented on the fact that WVSL is present in the National Ebola Task Force. This task force, coordinated by the Sierra Leone government, consists of various stakeholders such as NGOs, INGOs and ministries focusing on four pillars: coordination, logistics and finance; epidemiology and surveillance laboratory; case management, infection control and psychosocial support; and social mobilisation and public information. Furthermore, there are district task forces that coordinate the response at a district level. World Vision is well represented in both levels of task force. One partner commented on the need for World Vision to be more active in the area of child protection (CP) and child-focused programming. The focus of World Vision has centred on supporting the health ministry with material and logistical support, but partners are calling for a greater focus on children.

Recommendations

- Increase follow-up on programme implementation to ensure accountability and feedback to donors.
- Communicate on who World Vision's partners are for both external and World Vision support offices.
- Increase advocacy on the national level to ensure that the government takes into account the effects Ebola has on livelihood and food security.
- Consider partnering with other organisations on the ground that can provide relief in the areas where World Vision cannot, e.g. health.

Kadiatu, aged 5, lost her mother to Ebola and her father, who has a disability, felt unable to care for her on his own. She has been living in a temporary children's centre for several week, but social services will work with the local community to provide foster care for her.
Photo: Vikki Marmaras/World Vision

Regional strategy

Preventive methods such as sensitisation of staff and communities have been taking place in all six countries where World Vision is working. Some interviewees mentioned that both Mali and Senegal are progressing in their preparedness. Most of the six offices have developed preparedness and contingency plans in line with government strategic plans. Countries including Ghana and Niger supported the training of health workers and printed awareness materials.

Recommendations for countries not affected by Ebola

- Continue to raise awareness on Ebola with the government, communities, schools and with staff. Make sure awareness-raising is done appropriately.
- Build capacity of health workers to create an Ebola response team. Strengthen and assign specific hospitals or clinics for treatment.
- Plan a response mechanism in advance. This should involve all sectors: health, education, social work and all relevant ministries. The plan should be context-specific, taking into account culture, environment and perception. Ensure that the plan is community-based.
- Ensure prepositioning of PPE, disinfectant, ambulances for Ebola patients and treatment facilities. Be prepared to deploy several hundred health personnel to affected areas. Appeal to countries for clinical doctors and nurses.
- Be proactive to quarantine communities that are affected first. Monitor all visitors coming from affected areas, screen all travellers for Ebola and restrict travel to infected countries.

6. Recommendations for the humanitarian community

- Increase the focus not only around short-term effects of Ebola in affected countries, but also around its multi-sectorial long-term effects.
- Increase cooperation and coordination within the humanitarian community to ensure gaps are filled.
- Increase advocacy aimed at tackling the growing food crisis and additional support for people who are quarantined and/or have survived the disease.
- Ensure that the international community better understands the current situation of children and finds short-term and long-term programming solutions.

Children in Bonthe Island, Sierra Leone. The UN World Food Programme has warned that half a million people in the three West African nations worst hit by Ebola are going hungry and that this number could double by March if food supplies do not improve. Photo: Sarah Wilson/World Vision

INTERNATIONAL OFFICES

World Vision International
Executive Office
1 Roundwood Avenue,
Stockley Park
Uxbridge, Middlesex UB11 1FG
United Kingdom
+44.20.7758.2900

World Vision Brussels & EU
Representation ivzw
18, Square de Meeûs
1st floor, Box 2
B-1050 Brussels
Belgium
+32.2.230.1621

World Vision International
Geneva and United Nations
Liaison Office
7-9 Chemin de Balexert
Case Postale 545
CH-1219 Châtelaine
Switzerland
+41.22.798.4183

World Vision International
New York and United Nations
Liaison Office
919 2nd Avenue, 2nd Floor
New York, NY 10017
USA
+1.212.355.1779

www.wvi.org/disaster-management