

EBOLA CRISIS
PROJECT: EMERGENCY RESPONSE
UPDATE: MARCH 2015



“Ebola is not over and we must continue to ensure we eliminate this deadly disease. We also have to prepare for a post-Ebola future. For affected countries, the recovery process is a chance not just to rebuild, but to improve essential services, reduce inequality and accelerate long-term development, helping to ensure Ebola outbreaks like this never happen again.” Mark Goldring, Chief Executive, Oxfam GB



Clara Town, Liberia. Good hygiene and frequent hand-washing is vital to stop the spread of Ebola. In Liberia, Oxfam has built hand-washing stations, distributed more than 13,000 hygiene kits, and funded training and equipment for community health workers. Photo: Pablo Tosco/Oxfam

The Ebola outbreak that has swept across West Africa is the biggest ever reported. As of 1 March 2015, there have been more than 23,000 cases in Liberia, Guinea, Sierra Leone, Nigeria and Mali. More than 9,500 people have died.*

The outbreak was first reported in March 2014. By October, cases were doubling every 20 days and some estimates had suggested that more than a million people could be infected by January 2015. At the height of the crisis, not enough beds were available and people were being turned away from treatment centres. To prevent the disease from spreading, curfews were imposed in Freetown (Sierra Leone) and Monrovia (Liberia), and across Sierra Leone

*Source: World Health Organization

public gatherings were banned over the Christmas period. By the end of the year, the outbreak in Liberia was slowing down and the disease now appears to be under control here; however in Sierra Leone and Guinea, new disease ‘hotspots’ continue to appear.

Oxfam is responding to the Ebola outbreak and will contribute to the recovery. We plan to spend £28m in Sierra Leone, Liberia, Mali, Gambia, Guinea Bissau and Senegal to help over 3.2 million people. To date we have reached over 1.1 million people through working with communities to raise awareness and supporting medical facilities with water, sanitation and cleaning equipment.

The crisis is not over yet, and we continue to respond to disease outbreaks across the region. However we are also looking to the long term and planning how we will help families recover. Many people have lost friends and relatives. They have also lost jobs, savings and the opportunity to plant their crops. Economies need to be restarted, jobs and incomes are urgently needed, and health services need to be rebuilt.



OXFAM'S RESPONSE

IMPROVING HEALTH CARE FACILITIES

Frontline health care has been an essential part of the Ebola response, ensuring that patients can be diagnosed, isolated and treated. We have worked in collaboration with medical partners to build and equip medical facilities and support the people who work in them.

In Sierra Leone and Liberia, we have provided dozens of health centres with water infrastructure, such as tanks and pipes, and medical equipment, including face masks, boots, gloves, chlorine and soap. We have built hundreds of community hand-washing stations and have provided teams that carry out contact-tracing and burial of the dead with kits containing masks, overalls, goggles, boots, gloves, chlorine and body bags.

In Monrovia, we have supported technicians to carry out water-quality testing in Ebola treatment centres. In Sierra Leone we worked with partners to build four new Community Care Centres and instal water and sanitation equipment in them.

Below: An engineer checks the water system at an Ebola holding centre in Lakka, Sierra Leone. The centre is operated by an Italian organisation, 'Emergency'. Oxfam provided the centre with water tanks, pipes and chlorination equipment. Photo: Tommy Trenchard/Oxfam

HELPING COMMUNITIES TO STOP THE SPREAD OF EBOLA

To successfully tackle Ebola, communities need to be fully involved in the fight against it. That's why Oxfam is piloting bottom-up approaches, with local people promoting health messages in their own communities. Without this, other measures such as treatment, safe burials and contact-tracing cannot work.

In Liberia, Oxfam has pioneered community engagement on a mass scale, reaching 350,700 people across three townships in Montserrado County. In collaboration with the government and local Ebola Task Forces, we have trained 454 community health workers, who go door to door to identify people with symptoms and encourage them to come forward for testing and treatment. They help sick people get an ambulance, and provide family members with details of the treatment unit and a named contact so they can keep track of their loved one's progress.

This approach is paying off. In December 2014, 27% of confirmed Ebola cases had been referred by Oxfam, rising to 90% in the three township areas where we work. Our model is now being reviewed by the Centre for Disease Control and others to see how lessons can be learnt and applied elsewhere.





Community health worker Agnes Nyantie writes notes after her daily round going door to door in the back alleys of West Point, Monrovia, talking to families about how to avoid catching Ebola. Explaining this deadly disease is not easy. She lifts her hands to her eyes and says, "They say they can't see it. They don't know how Ebola came." Regular hand-washing is important and Agnes reminds people to use the slum's hand-washing buckets regularly. Photo: Pablo Tosco/Oxfam

In Sierra Leone, Oxfam has been training and supporting communities to identify risky behaviour, and to develop and implement their own plans towards effective Ebola prevention and management. Oxfam is working with over 800 Community and Village Health Committees in four districts. The committees are formed of people selected by their own communities and trained by Oxfam, in collaboration with the government, so they can work locally to improve knowledge, acceptance and engagement – resulting in the referral of symptomatic people – and promote safe burial practices.

In Gambia, Senegal, Guinea Bissau and Mali we are working with communities and women's groups to raise awareness about Ebola and enable preparedness. We've also supported public information campaigns, trained community health workers and distributed hygiene kits.

INFORMATION AND EQUIPMENT

In Sierra Leone, we supported a national TV broadcast and produced radio jingles in seven languages highlighting the signs and symptoms of Ebola and how to prevent it. We displayed posters in communities, and produced messages in the form of cartoons and songs which were distributed on CDs. In Liberia, we have supported Ebola survivors to speak at church services and in mosques, raising awareness and reducing the stigma around the disease.

When a case of Ebola is discovered, the family and even the community may be quarantined to prevent a wider outbreak. In Sierra Leone, we have provided quarantined families with hygiene equipment and drinking water. When someone is diagnosed with Ebola and referred for treatment, their belongings, such as their clothes and bedding, may be burned to prevent transmission of the disease. We provide survivors with kits containing clothes, bedding, sanitary towels and soap for when they return home.

LOOKING TO THE FUTURE

The crisis is reaching a turning point, and we need to support governments and communities to return to normal while maintaining measures to protect against Ebola. The outbreak has shattered the affected countries. Economies need to be restarted, jobs and incomes are urgently needed, and health services need to be rebuilt.

Prior to Ebola, over 50% of Liberia's population lived under the poverty line. Oxfam's current assessments show that 73% of the population have seen their incomes fall, and 60% said they hadn't had enough food in the past week. In order to cope, people have been borrowing from friends, reducing the number of meals they have each day, or missing meals to allow their children to eat.

In Liberia, Oxfam plans to provide financial support to 15,000 families through a mix of cash-for-work and cash grants for vulnerable families. We will also build and repair toilets and water points in 400 schools, reaching around 200,000 people. Alongside this we will train teachers and students in good hygiene practices in order to improve community health and reduce the

risk of future outbreaks of diseases like cholera and Ebola.

We will plan a similar response to help people recover in Sierra Leone; however at this stage we are continuing to focus on stopping the spread of the disease, which is not yet under control.

Oxfam is asking that the economic recovery plans being developed by governments, the UN, the EU and the World Bank have the ambition of a "Marshall Plan", covering three areas of acute need:

- Immediate cash grants for families affected by the crisis, to provide a buffer against extreme hardship and to help restart local markets and trading.
- Investment in jobs in sectors where benefits are greatest for poor people, such as agriculture and fisheries.
- Budget support and long-term investment in essential services such as health, education, water and sanitation to prepare public health units for any future Ebola outbreaks.

USING DIGITAL TECHNOLOGY

We are piloting the use of GPS to map Ebola 'hotspots'. Teams use smartphones to register houses with suspected and confirmed cases. The information is collated and plotted onto a map in the main office. The technology allows information to be collected and mapped alongside that from other teams much more quickly and accurately than would be possible using paper and pen. We also conducted a phone survey over the course of 20 days. More than 1,000 people provided feedback on our programmes, such as radio jingles, door-to-door activities and hand-washing dispensers. We will use this information to improve how we work with these communities.

CAMPAIGNING FOR CHANGE

Throughout the crisis we have lobbied governments and international organisations to commit the appropriate level of resources to manage the outbreak. For example, in November 2014, the G20 met in Australia and we called for the member states to deliver more medical expertise, money and military assistance. In March 2015, we worked with the Liberian government to deliver a conference calling for funds and resources to support the recovery, focusing on the importance of water and sanitation in schools. We also launched a paper, *Ebola is still here: Voices from Liberia and Sierra Leone* on response and recovery to bring to the fore the hopes, fears and experiences of the people most affected by the Ebola outbreak.

We cannot stop fighting the Ebola outbreak until we get to zero cases in West Africa. We are getting there –but there's still a long way to go.

Thank you for your support.

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