
Credit: Plan / Neil Brandvold


Credit: Plan / Neil Brandvold

Young lives on lockdown:

The impact of Ebola on children and communities in Liberia

Interim report
12 December 2014

plan-international.org/ebolareport

Plan

This report has been authored by David Rothe with inputs from Mary Lagaay, Jacqui Gallinetti and Linda Campbell from Plan International.

Lead researcher: David Rothe.

Field research in Liberia was conducted by the Liberian Association for Psychosocial Services (LAPS) and Restoring Our Children's Hope (ROCH).

A reference group from Plan International also contributed to this interim report, this group consisted of: Aftab Alam; Rasmus Bering; Gorel Bogarde; Suzanne Brinkmann; Sahr J. Nyuma; Damien Queally; Anita Queirazza; Collins Sayang; Sweta Shah; John Schiller; Sweta Shah; Jan Til; Aneeta Williams.

Special thanks go to the community leaders, community members, parents, carers and children who participated in this study as well as the key informants that were consulted.

In addition, this study was made possible with support from Plan International's Disaster Risk Management Team at International Headquarters, Plan International's West African Regional Office and Plan Liberia. Special thanks go to Roger Yates, Unni Krishnan, Damien Queally, Adama Coulibaly, Koala Oumarou, Jeff Juaquellie, Sayang Collins and Sahr J. Nyuma

Ethics approval for this study was obtained in accordance with Plan International's Research Policy and Standards. The research adhered to Plan International's Child Protection Policy and Guidelines. In addition, the research was conducted in accordance with Plan International's safety protocol put in place in response to the Ebola outbreak.

This interim report is available at: plan-international.org/ebolareport

Table of Contents

1 Introduction

The 2014 outbreak of the Ebola Virus Disease (EVD) in West Africa has been declared an international public health emergency (WHO, 2014). It is clear from the experience of Plan International's staff in the three most affected countries, Liberia, Sierra Leone and Guinea, that the outbreak has a range of implications far beyond the direct impact of the virus on people's health. This has been confirmed by reports from other NGO's and the international press.

There is currently a lack of empirical research investigating these issues, in particular for children and young people. To address this gap, Plan International commissioned research on the wider consequences of Ebola in Liberia and Sierra Leone. This initial report is intended to give a preview of the research in Liberia and the issues it addresses. Work is on-going to complete the analysis of data and extend the field work to Sierra Leone. A comprehensive report detailing the methodology, findings and analysis from the field research in both countries will be available in early 2015.

Fieldwork was carried out by two Liberian NGOs,[1] leading teams of researchers, in a sample of twenty (20) urban and rural sites across Liberia during November-December 2014. The sites were selected to represent the different circumstances experienced by communities across Liberia, in terms of urban and rural, different parts of the country, and different severity of outbreak. In each site, small group consultations were held with: children (age 12 to 18); female parents/carers; male parents/carers; and community leaders. In addition, one-to-one interviews were held with key informants and case studies of children affected by Ebola were conducted. A loose, semi-structured methodology was used to allow people to tell their own stories, building up from the individual child to the family and wider community.

In total, over 740 people have participated in this study.* Their willingness to welcome researchers and share thoughts is remarkable, given the extremely difficult circumstances. The research teams also deserve great credit. They undertook training and piloted the research tools before starting, then operated within strict safety rules. Ethical approval for the study was obtained in accordance with Plan's Research Policy and Standards.

Five research sites in Liberia

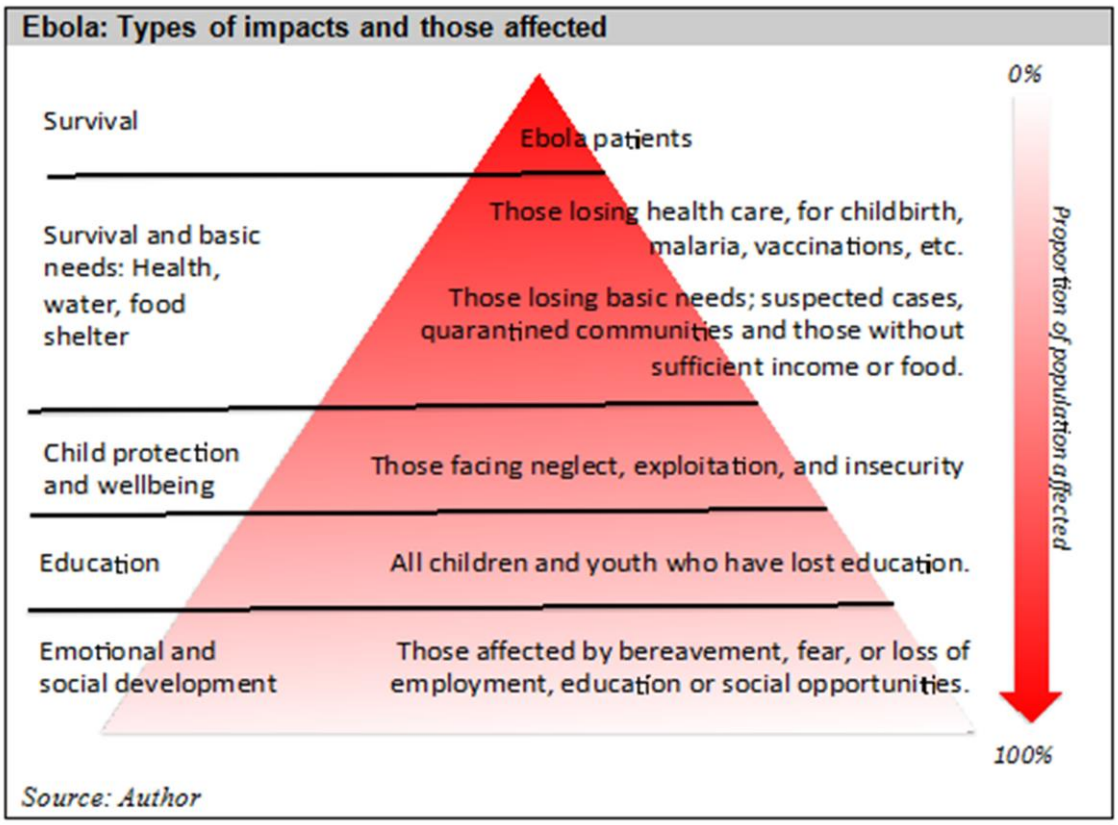
County	*Sites*	*Severity of Ebola (Confirmed deaths)*
Montserrado	**Urban**: Bushrod Island & 72nd community. **Rural**: Mount Barclay & Johnsonville.	**High**: Over 1500 deaths, mostly in Monrovia.
Bomi	**Urban**: Tubmanburg & Saw Mill. **Rural**: Guie Town & Klay	**Medium**: Under 100 deaths, but rapid spread in Sept. - Oct.
Nimba	**Urban**: Ganta & Saclepea **Rural**: Karnplay & Bahn	**Medium**: Under 100 deaths. Bordering Ivory Coast.
Grand Gedeh	**Urban**: Zwedru & Toe's Town **Rural**: Solo Town & Jarzon.	**Low**: Under 10 deaths. One of least affected counties.
Lofa*	**Urban**: Foya Town & Zorzor City **Rural**: Barkedu & Lutisu	**High**: Over 350 deaths. First county to be infected over border with Guinea.

*This report is written using the results from four of the five counties; Montserrado, Bomi, Nimba and Grand Gedeh. Fieldwork in Lofa started in the week beginning 5 December 2014 and these findings are not included in this interim report.

[1] Liberian Association for Psychosocial Services (LAPS) and Restoring Our Children's Hope (ROCH).

A review of published literature on the outbreak, response and impacts of Ebola was undertaken, to inform the fieldwork and to give a baseline and context for the evidence gathered from the communities. In a rapidly-changing situation, media coverage remains an important source but it tends to give a one-dimensional picture, presenting issues as separate headlines. What is different and powerful about the experiences told by communities is that the connections between one impact and another, the causes and effects, are revealed more clearly.[2] By understanding these chains of events, interventions can be targeted more accurately.

The following sections describe the range of impacts that Ebola has on children and families, looking beyond the immediate and health implications of the virus. Impacts are found to come about as a result of both the outbreak and response to the outbreak. Beyond those infected with the virus, there are a large number of children and families whose survival and development is threatened by the loss of health care and basic needs. Many children are placed at risk by a breakdown in the protective environment usually provided by families and the wider community. Almost all children and adults, even in unaffected communities, feel the psychological harm of bereavement and the loss of what gives them confidence and self-esteem; education, employment and social ties with family and community. However one looks at it, from a needs perspective or a right's-based perspective, children's lives are comprehensively harmed by the wider consequences of Ebola.



[2] The quotations in italics are from fieldwork notes and may not necessarily be verbatim from the child or adult interviewed. The wording of the note is reproduced to keep the language authentic. Consequently, the grammar is often incorrect, although the meaning is clear.

2 Impacts on children and families: survival and basic needs

2.1 Loss of maternal and child health services

Médécins Sans Frontières (MSF) report that they are seeing a near 100% mortality rate amongst pregnant mothers in their Ebola care centres (MSF, 2014). The risks to non-infected children and mothers in pregnancy and childbirth have also increased dramatically. Health centres are either closed or are seen as too dangerous to visit, so mothers are giving birth without medical assistance:

> *Baby mothers who were at the clinic got discharged due to Ebola and others no longer attend the health centres to give birth. (Mother, Ganta, Nimba, 20 November)*

Communities in most areas describe how mothers are now giving birth at home or outside health centres. However there are exceptions: it was reported by mothers in Saclepea, Nimba county, that their maternity centre is now open and midwives are assisting home deliveries.

Infant and maternal mortality was already high in Liberia,[3] falling short of Millennium Development Goal targets. It is likely that this will have worsened as an indirect result of Ebola. It has been estimated that 120,000 women in Liberia, Guinea and Sierra Leone could die of complications if emergency obstetric care is unavailable (UNFPA, 2014).

Most communities also say that pregnant women are not receiving sufficient nutrition to nourish the unborn child or when breastfeeding their infants:

> *The closure of clinics has pregnant women delivering outside in public, while breast feeding mothers don't have the right food to build up breast milk for the child. (Community leader, 72nd Community, Monrovia, Montserrado, 15 November)*

In terms of breastfeeding practices, a change in maternal care mentioned by communities was that mothers now clean their breasts before feeding. This was confirmed by mothers in several communities:

> *Before I use to breastfeed my baby without washing my breast but now, I always clean my sweat on my body before breast-feeding my baby. (Mother, Bahn, Nimba, 23 November).*

2.2 Loss of treatment for routine illnesses

The research found that people are left without medical care for routine sicknesses and injuries by the closure of medical facilities overrun by Ebola patients and infection control problems. This is compounded by the loss of medical workers, through death or refusal to come to work.

Communities confirm that clinics, public and private, closed when the numbers of Ebola patients began to rise rapidly. Some have re-opened (e.g. in Nimba and Grand Gedeh communities). However, in all areas included in the research, it was reported that doctors

[3] 56 infant deaths per 1000 births. Maternal mortality is particularly high at 770 mothers dying for every 100,000 births (WHO, 2014b).

and nurses still do not care properly for the sick out of fear of Ebola. The reasons given for this by research participants are that every case is treated as an Ebola case and that local doctors and nurses say they don't have proper protective clothing. Consequently, people do not visit clinics in order to avoid being quarantined for 21 days and for fear of contracting Ebola. By implication, people are diagnosing and treating themselves at home, only reporting sickness and Ebola when very ill:

> *Now if you are sick our parents treat us at home because they said when they take us to clinic or hospitals the doctors will say that you are Ebola patient. In fact all clinics and hospitals are closed and all the doctors do not treat any patients because they too are afraid. (Child, Saclapea, Nimba, 22 November)*

> *Due to the closure of hospital, I lost my husband from different sickness and he left me with three children with no support. (Mother, Mount Barclay, Montserrado, 13 November)*

Public clinics are normally a source of free medicines, but their closure leaves people reliant on private drug stores. The price of medicines has risen greatly, according to the communities we spoke with, becoming unaffordable for many:

> *Few clinics are open but they are private clinics so if we don't have money we can't go there. (Mother, Johnsonville, Montserrado, 14 November)*

The unavailability or excessive cost of medicines pushes people towards traditional and herbal treatments for malaria or other ailments (and even Ebola). In the rural Jarzon community, for example, they say that traditional medicine is their main 'cure', because other medicines are not available. In the urban areas, in particular, people say that they are avoiding traditional medicines and healers. They also say that the healers are avoiding contact with patients, to protect themselves. But the views of research participants on this are mixed:

> *Doctors and nurses ran away from the hospitals and clinics leaving us with only one alternative, the use of traditional medicines or herbs to treat different types of diseases including Malaria. (Male community member, one-to-one interview, Ganta, Nimba, 20 November)*

Most communities say that children are no longer being vaccinated, mainly because clinics are closed or seen as unsafe. There is also an indication that people are associating vaccines with Ebola:

> *Children are not vaccinated like before, we all are afraid to take our children to any clinic. Health workers are not going around giving vaccine because of Ebola. (Male carer, Jarzon, Grand Gedeh, 27 November)*

> *Vaccines are no longer being given to our children for fear that vaccines contain Ebola. (Female carer, Karnplay, Nimba, 24 November)*

However, there are exceptions, for example, in the Saclepea community, which has had no Ebola cases, it was reported that since October 2014, clinics had re-opened and vaccinations were being given.

In a number of ways, people are denied the health care facilities and treatments that they previously relied upon. Health experts have predicted that the additional death toll from malaria and other endemic diseases is likely to exceed the number of deaths from Ebola (WHO, 2014$_{c;}$ BBC, 2014).

It is not just the overwhelming lack of medical services caused by Ebola that leads to greater risk of other ailments. Measures to contain Ebola by restricting people's movements can cause unsanitary conditions. For example, the Liberian government have banned access to beaches, to stop people congregating, but a large portion of the population live in slum housing along the coastline and for them the beach and sea is their only toilet. In addition, strict curfews and 'lockdowns' which have confined people to their houses present obvious problems in countries such as Liberia where the majority of people defecate outside.

2.3 Loss of basic needs

The findings demonstrate that children and adults who contract Ebola face grave danger not just from the virus, but also from the loss of their basic needs. With no cure for Ebola, survival depends upon the quality of care. Patients, especially children, depend entirely on others for basic needs such as water, food, shelter and care. But the carers risk their own lives by tending to the sick.

Communities without quality medical services are forced, by fear and necessity, to adopt the crudest of isolation measures:

> *People are quickly quarantine in their house when any member of their family show sign of any sickness. In some cases the doors and windows are sealed up by community authorities with nails and hammers. These people will stay in there with little or no food for days. Most people in this community died in that situation. Some of their children were later taken to the ETU and some survive. (Parent, Ganta, Nimba, 20 November)*

> *There is no Ebola in our community but children and adults that are suspected of Ebola are treated badly by community members. Less attention is given to them, sometimes lock door on them without food and drinking water for a week, causing death. (Female carer, Guie Town, Bomi, 19 November)*

This does not just apply to confirmed and suspected cases. It applies to all their family members and sometimes to whole communities. Attempts to isolate Ebola by placing communities or areas under quarantine deprive large numbers of people of access to their basic needs. The international press has reported several cases of communities breaking out of quarantine in order to obtain food (Telegraph, 2014).

Participants noted that isolation centres run by the government or by communities are often unable to provide adequate clean water, food, shelter or care. The communities that were interviewed described how, following a government order requiring clinics to open and accept patients, when patients were admitted they were left without care or even water. Admission to a local health centre was described as a 'death sentence' by one group of research participants. For this reason, people in Montserrado and other areas say that families are still choosing to hide patients at home, adding to the transmission risk:

> *People are now hiding their sickness because when they are taken to government Ebola centres they will die. (Community leader, Montserrado, 15 November)*

The survival rate of people who are isolated without proper care is likely to be significantly lower than those who are admitted to properly staffed and equipped care centres of the kind that MSF have been running since the start of the outbreak. Such centres have been provided on a larger scale from October 2014, under the UN Recovery Road Map, but emergency health organisations indicate that it is likely that only a minority of patients are

being cared for in these settings. Furthermore, case numbers are said to be heavily under-reported (MSF, 2014_b). The communities which took part in this research strongly suggested that the multitude of cases outside internationally-run treatment centres are very likely to be without medical care and may even be denied water and food.

2.4 Food insecurity

The most widespread threat to children and communities resulting from Ebola appears to be from food shortages. Children and adults in the communities in which the research was conducted described how most people were eating less food, and food of a lower quality:

> *We have less food to eat now this year because Ebola have stopped people from making farms and our parents no longer sell like before. They are not travelling to Guinea to buy goods and sell to make profit and our fathers are not working like before to get salaries to buy us food. (Child, Karnplay, Nimba, 25 November)*

> *Because our parents don't have money we are not eating well. Most of us eat once a day and the food is not even enough. (Child, Johnsonville, Montserrado, 14 November)*

> *Food in our homes are limited to eat now compared to this same month last year because our parents only have little money to buy enough food, so they have to manage the little they have to carry us for that day, but last year we used to eat 8 cups of rice at our house but now we are eating 6 cups or sometimes 5 cups. (Child, Bushrod Island, Montserrado, 20 November)*

The extent of food shortages and hunger is a striking finding. There is a scarcity of some basic food supplies but the main problem appears to be that prices have risen as incomes have dropped. For example, rice is reported by communities to have increased in price by around 50 percent:

Increased cost of rice, reported by communities			
	Cost before	*Cost now*	*% change*
Cup of rice, Nimba	15-20 LD	25-30 LD	+50%
Bag of rice, Nimba	1,150 LD	1,700	+48%
Bundle of cassava leaves, Nimba	20 LD	50 LD	+150%
Cassava, Nimba	50 LD	100 LD	+100%
Bag of rice, Montserrado	1,200 LD	1,850	+54%
Bag of rice, Montserrado (Mt. Barclay)	1,200 LD	1,700 LD	+42%

Furthermore, the findings clearly illustrate that a critical factor in accessing food is the steep decline in household incomes. Prices may be much higher or only slightly higher, but many families cannot afford food even if it was at normal prices. This finding is in contrast to some studies, which have downplayed the scale of food price rises (IGC, 2014).

In addition, those stigmatised by Ebola find that they cannot buy food even if they have the money:

> *Our communities are out of food because of the stigma of Ebola on our community. People in the bordering market no longer want to receive our money when we try to get some food for our family. (Mother, Mount Barclay, Montserrado, 13 November)*

Widespread consumption of lower quality food was reported. This generally means that people are eating plain rice or rice with palm oil:

> *Almost all the households in the community eat the lowest kind of food and even less of that quality of food. For example, dry rice from 7 cups to 3 cups for a family of 10 members. (Parent, Ganta Nimba 20 November")*

For a substantial part of the population, certainly the majority in forested areas, bushmeat was their main source of animal protein:

> *We were used to eating variety of foods, such as plums from wind fall in the forest, monkey meat, baboon, but now we are not allowed to eat any of them and we are stopped from eating dry meat and all kinds of bush meat which are locally produced. (Child. Ganta, Nimba 20 November)*

The alternatives, fish and chicken, are not readily available or affordable, especially when quarantines, closed borders, closed beaches and closed markets restrict trade. People who have the choice are likely to avoid bushmeat, however, the research findings show that many continue to eat it, especially in rural areas.

Extended families and the community usually provide a vital safety net for households who have hit hard times. In describing the change experienced due to Ebola, participants noted that rural relatives had typically provided fresh food to urban relatives, who in return provided them with supplies available in the city. Other community members, as well as relatives would usually help hungry children or families by sharing food. Ebola has eroded much of this self-help:

> *Food, we used to share in common amongst friends. This used to help us but now all those things are not happening. (Child, Ganta, Nimba 20 November)*

In addition, communities confirm that farming has been seriously disrupted, providing the following reasons for this: people cannot travel to their farms due to travel restrictions; the communal or hired labour that is necessary for harvesting and preparation is not available; and farmers cannot afford the materials or labour in some instances because they have spent their capital on food:

> *I am a farmer. I no longer do my farming because the seeds we used to plant are not around. This is also making the prices of food high on the market. (Mother, Mount Barclay, Montserrado, 13 November)*

> *There is no real farming happening. There is only backyard gardening for eating purposes (Female carer, Karnplay, Nimba, 24 November)*

These findings bear out the more pessimistic reports which warn that West Africa is on the brink of a major food crisis in the wake of Ebola, with over a million people in the region in need of food aid (UN News Centre, 2014). In Liberia, over 70 percent of households said that they could not afford to buy sufficient food in a recent national survey (LISGIS 2014).

Food aid has been received by families who have been directly affected by Ebola and communities who have been quarantined, such as Saclepea in Nimba County.[4] Other areas are without help, yet the evidence from communities indicates that they also have considerable food shortages. Food shortages are not a new situation for many Liberians.

[4] The World Food Programme launched a regional communities operation to provide food assistance to around 1.3 million people in Liberia, Guinea and Sierra Leone. Food aid is also provided by local and international NGOs. Food aid is targeted at people under medical quarantine, people under treatment, and their relatives.

Around 60 percent live below the poverty line, around 20 percent of households are considered food insecure and around 42 percent of children under 5 years old are stunted by malnutrition (USAID, 2014). However, Ebola has seriously worsened the immediate and longer-term consequences of food shortages and malnutrition. Potentially this will have the knock-on effect of increasing the burden on health systems and hindering economic activity:

> *Because times are hard, the children do not have enough food to eat. They never had 100% before, but at least we could give 75%. (Community leader, Mount Barclay, Montserrado, 15 November)*

3 Livelihoods and incomes

A consistent finding from the research is that there is a loss of livelihoods and income as a result of Ebola. This is said by communities to be the main reason why many families are unable to provide food and other basic needs:

> *We have eaten all of our business money and don't know where to start again. (Mother, 72nd Community, Monrovia Montserrado)*

3.1 Unemployment and loss of household income

The majority of the Liberian population works in subsistence agriculture and in the informal economy, trading food and other commodities. The self-employed people who make up the informal economy are being hardest hit by the side-effects of Ebola (LISGIS, 2014). The communities in this study describe how traders are spending their capital on food and are therefore unable to buy new stock to sell. Similarly, farmers are unable to afford the materials and labour required to harvest and transport their products to market. Gangs of communal or hired labour normally do the work required at peak times, but their availability has been greatly reduced or they are not in action at all.

Women are disproportionately active in the food sector and informal economy and so are hit hardest by the economic impact of Ebola (LISGIS, 2014). Their ability to work and provide food or income for the family is further compromised by the additional childcare responsibilities imposed by the closure of schools:

> *My mother used to go to villages to buy farms product as business in Ganta city. But now my mother just stay at home because she told me that they are no longer allowed to enter into the villages because of state of emergency by Liberia government (Child, Ganta, Nimba, 20 November)*

> *I am a dry meat seller, but since we was stopped from selling dry meat, my entire business stopped and I was left with most of my goods, making me to have limited fund to support my family. (Mother, Mount Barclay, Montserrado, 13 November)*

Salaried employment is also heavily affected. Although those who have formal jobs are the minority (20 percent of total employment, less in rural areas (LISGIS, 2014)) their significance should not be underestimated. Those with salaries prop up a lot of the informal economy activity, through spending and funding other businesses:

Some of our parents were teaching in private schools prior to the outbreak and are not getting any salary but those who were teaching in public schools are still getting salary. (Child, Klay, Bomi, 19 November)

3.2 Rising costs of goods and services

All communities describe how the price of everyday items, not just food, has increased substantially. They report that the cost of transport has increased greatly, which contributes to the rising cost of food and other goods, and to the reduction of household budgets. Border restrictions have limited the import of goods. Furthermore, checkpoints within the country add substantially to travel times, and hence costs. Public transport is more expensive, because people are less willing to crowd into cars, buses and lorries.

The cumulative effect of smaller incomes and the greater cost of food, medicines, Ebola prevention provisions, like water and chlorine and so on, means that the capital for re-starting businesses will be in very short supply. This is potentially not helped by Liberian banks restricting lending to certain sectors (including agriculture) in an attempt to protect their own reserves as reported in the media (Daily Observer, 2014).

4 Child protection and wellbeing

Besides the impact on basic needs, Ebola has a wider impact on the safety and wellbeing of children. The findings illustrate how children are placed at greater risk in a number of ways. It has been noted that when schools close, children are no longer spending the day with peers and teachers in an environment that can provide a level of child protection. The shut down of wider government services and restrictions on movement (including for international aid workers) in the earlier stages of the outbreak meant that some child-protection programmes, where they existed, were no longer providing care to vulnerable children. Children also suffer the emotional or psychological harm that comes from bereavement, stigmatisation and fear.

4.1 Loss of parents and carers

The research indicates that children who lose parents or carers have a high risk of being without essential care and sustenance. This can be because they are orphaned, but also because fear and stigmatisation prevents their parents or other family members from helping them.

It has been estimated that over 3,700 children in West Africa have lost one or both parents to Ebola since the start of outbreak (UNICEF, 2014). In one of the sites visited for this research, community members said that eighty (80) orphans had been created by Ebola (Mount Barclay Community, Montserrado). Despite the risks, the stigmatisation and the extra household costs, there are numerous reports from communities that they are taking care of orphans, thus demonstrating community resilience in the continued face of adversity:

I have an additional three children whose parents died during this period and I'm alone taking care of them, plus my children. How do you expect them to have enough to eat? (Mother, Bahn, Nimba 23 November).

However, the extent of care within the community is limited by the fear of contagion. Consequently, communities also express concern about orphans and single-parent children being neglected. The feedback from communities suggests that some children are joining the already high numbers of street children, surviving by begging and (it is speculated) stealing.

4.2 Risks of exploitation

There is some evidence from communities of adverse changes in children's lives that create the risk of exploitation and abuse:

> *Ebola make me do lot of things that I never used to do, for example the preventative measure like washing of hands frequently, and also spend most the day selling in the street to help my parents take care of the younger ones. (Young person, Mount Barclay, Montserrado, 13 November)*

> *The children who parents died because of Ebola, people can neglect or put crime on them* [abuse them] *because they have Ebola. (Child, Karnplay, Nimba, 25 November)*

As children are not attending school, which is discussed in section five below, there is the possibility that they may become victims of child labour especially where families are experiencing a reduction in income and livelihoods. However, the research suggests that the extent of child labour resulting from Ebola should not be overstated. More of the children and families consulted in this study were concerned about idleness rather than being economically exploited:

> *Almost all the children remain in their yards the whole day, doing nothing except the regular home clean ups and cooking for those who have the food to cook. Some of them, very few, venture into the bush trying to kill birds. (Community leader, Karnplay, Nimba, 25 November)*

This suggests that a dramatic increase in child labour is unlikely, at least in the short term, when parents themselves are forced to be inactive by loss of work and confinement to their immediate neighbourhood. Nonetheless, there is some evidence of child labour and the associated risks:

> *Our children are out selling in the community, helping their family to get food. Some of the younger girls will soon start prostitution, because we can't control the children if we can't provide for them. (Mother, Johnsonville, Montserrado)*

> *We're not doing school lessons but we are learning some trade. Some of us are learning tailoring, electrician, others are learning beautician, blacksmith. (Child, Karnplay, Nimba November 25)*

Girls in particular describe how they have to take on domestic responsibilities because of the loss of a parent to Ebola:

> *I am used to being cared for as a child, but I am caring for my young siblings and even for my father, as a mother, since I lost my mother to Ebola. (Female young person, Ganta, Nimba, 20 November)*

4.2.1 Sexual abuse and exploitation

It has been reported in the media that the Ministry of Justice in Liberia has expressed concern about an increase in rape, although they cited no evidence that it has increased

beyond the already high levels (AllAfrica, 2014). The research has provided one report of a direct link between Ebola and sexual abuse:

> *I send my children to my uncle in another community that was not affected by the Ebola virus, but I feel bad today because somebody raped my daughter while in that community. (Father. Ganta, Nimba 20 November)*

People in several other communities said that they had sent their children away to relatives in a less affected area, but most communities say that they are keeping their children close to protect them. Other factors that make girls and women more vulnerable to sexual exploitation are certainly pronounced by Ebola: being away from immediate carers, poverty and being out of education. Mothers especially, in all communities, express the fear that their teenage girls are roaming around in the community and may become pregnant. The risk of sexual exploitation, however, is more implied than explicitly referred to:

> *My children are not even in school. I am greatly worried about the girls. Some will soon involve themselves in teenage pregnancy. (Mother, Bushrod Island, Montserrado, 20 November)*
>
> *Some children are serving as breadwinners in some homes. As a result teenage pregnancy is on the increase. (Child, Jarzon, Grand Gedeh, 27 November)*

One community reported that traditional 'female circumcision' had been ended by fear of Ebola - but there is no indication of whether female genital mutilation is likely to be reduced permanently or at all.

4.3 Loss of play and social opportunities

Children still play; they may even play more because there is no schoolwork and fewer community activities, but the quality of play has changed markedly. Some children and parents say that they now play just in the family home, or in the compound, no longer with other children:

> *Before Ebola we used to play with our friends in school and in our community but they told us not to play and our friends no longer go on the field to play football. (Child, Ganta, Nimba 20 November)*

For survivors and the much larger number stigmatised as a result of Ebola in their family, the social isolation may be complete:

> *I am no longer accepted amongst my friends since I got sick. They no longer visit me to my house as before and when I go to their house their parent will drive me to return home because they said I was sick of Ebola. (Child, Ganta, Nimba 20 November)*

For children and young people who are less confined to the home, parents are concerned about changes in the type of play and socialising. As noted in the previous section, they fear that their girls are hanging around with boys and men and will become pregnant. They say that their boys are hanging around 'gambling places' and risk coming into conflict with the law.

4.4 Psychosocial impacts on children

Ebola challenges the psychological needs of children for loving relationships, for hope and for self-belief, just as severely as it threatens their physical needs. Loved ones become biohazards and intimacy becomes deadly:

> *We no longer hug our parents and other relatives and friends as we used to do before Ebola. (Child, Saclepea, Nimba, 21 November)*

Children experience bereavement of parents and family members, and witness it in their community. This is also evident in the less affected areas (such as Bahn where the community reported two cases):

> *In this community, almost everyone know somebody who got sick, die or lost a family from Ebola. (Child, 72nd Community, Montserrado, November 15)*
>
> *We only hear people crying […] when they hear that their people died in Ganta from Ebola and when they quarantined some people in our community plenty people were crying. (Child, Bahn, Nimba, 23 November).*

The shock of witnessing death and mourning is compounded by feelings of helplessness:

> *Ebola make us not to take care of our sick family members making us to neglect them until they are dead. It also stop us from visiting our family members in the rural area because we are not allowed to visit or move around as before. (Child, Bushrod Island, Montserrado, 20 November)*
>
> *Some children watch their parents die before their eyes and cannot do nothing to help. This is getting our children traumatized. (Mother, Ganta, Nimba 20 November)*

Survivors or those who are suspected of being infected feel the stigmatisation they suffer to be a sort of punishment, as if they were responsible for the disease:

> *I used to go to choir practice every Saturday but since I lost my mother to Ebola, they no longer allow me in their midst. People stigmatise me as if I am responsible for what happened to my mother. (Child, Ganta, Nimba, 20 November)*
>
> *I have lost everything in my life. I'm so miserable now. Ebola has changed my life. (Child, Saclepea, Nimba, 21 November)*

When patients are taken to treatment centres there is often no feedback on where they have been taken and on their fate, especially in the early stages of the outbreak:

> *Only one dead body was confirmed to be Ebola case, but others were carried away by the Ebola team and no report came back to the community. (Mother, Johnsonville, Montserrado, 14 November)*

In addition to the effects of the outbreak on children, there is extensive evidence of the psychosocial impact on communities themselves. This is particularly pronounced in relation to those who have died. Victims are taken away for burial or cremation. For people used to dealing with their own dead and who place great importance on showing love and respect for the deceased, this is deeply upsetting. In the early stages of the outbreak there were numerous reported instances of families trying to reclaim patients and bodies. Now, families and relatives say they shun their own sick and dead, for their own safety.

For survivors and those suspected of having contracted the virus, these issues are compounded by the added stress of losing all their possessions. Typically, a person's bed, clothes, personal effects and even their house will be burnt in an attempt to eradicate the

virus. Amongst people who typically only own essentials, this is a hard economic blow but it is also psychologically damaging – in that it represents an obliteration of the past:

> *We are now sleeping on the naked floor because the Ebola Task Force burnt down all our belongings. (Child. Ganta, Nimba, 20 November)*

Family life is clearly more difficult and all communities report an increase in domestic conflict. The most frequently cited causes are parents being unable to provide sufficient food, and resentment when one family member is blamed for not caring for another:

> *Conflicts are more than before because breadwinners are not supporting homes again and the women and children (especially) are complaining a lot for food. (Mother, Saclepea, Nimba, 21 November)*

> *We see more conflict in our home, community. Where we don't have money to provide food in the homes, our women and children are not giving us the full respect. (Father and community leader, 72nd Community, Montserrado County, 15 November).*

5 Education

Since July 2014 all schools, colleges, and other places of education in Liberia were closed and remain closed until further notice. An estimated 5 million children are out of school in the three most affected countries; Liberia, Sierra Leone and Guinea (Global Business Coalition for Education, 2014).

In all communities, the conversation about school with children is short. They all say that schools are closed and almost all of them say that they are not doing any alternative learning. When asked about the consequences of this, they mostly refer to the loss of contact with friends and confinement to the house:

> *Since this Ebola outbreak in our country, my school has closed. I do not have the freedom anymore to be with my friends as I did in the past due to the fear of this sickness. This sickness has brought a total change in my life that makes me to feel sad daily. (Female young person, Guie Town, 20 November)*

> *I am not even going to school right now, even my older sister in the twelve grade class, she is also setting home. This thing keep bring tears to my eyes. (Girl, 72nd Community, Montserrado, 20 November)*

In discussions with communities, parents and teachers were more likely to refer to the impact that this will have on children's education:

> *It has brought our kids backward, it has made them wayward, children are not reading any book, they are all day playing. (Community leader, 72nd community, Montserrado, November 15)*

> *Children are growing without education. (Father, Saclepea, Nimba, 21 November)*

The closure of all schools, colleges and universities means that a cohort of children and youth will lose half a year or more of education. This can be expected to materially affect their prospects in life, as well as dent their confidence and self esteem. When asked if there are alternative education arrangements, the most frequent response from children is that

they read their old lessons. Beyond that, attempts to educate children are very limited, although the following sporadic examples were given:

- Older children are teaching younger siblings at home;
- Private tutors are providing lessons in some homes;
- Teachers continue to teach their own offspring at home;[5]
- Parents in Bushrod Island say they have established regular study classes.

Children in several communities said they were still attending bible classes on Sundays, which suggests that meeting in groups is not necessarily an obstacle to education. Other barriers to alternative education described by community members were:

- A high proportion of parents are uneducated and so cannot tutor their children. Many parents in Liberia lost their education in the years of conflict that ended in 2003 (nationally, an estimated 40 percent of adults are illiterate (World Bank, 2014));
- Parents cannot afford private tutors, especially as the income of many has decreased;
- Parents and children avoid gatherings and any contact with people outside the immediate family;
- Children are too hungry to concentrate on studying.

> *Most parent cannot read or write so they cannot help their children at home and at the same time they don't let other people come to their houses to conduct lesson for them or let their children out for even 30 minutes. (Community leader, Saclapea, Nimba, 22 November)*

Some participants noted that the downturn in incomes and employment as a result of Ebola means that, even when schools re-open, fewer families will be able to afford to send their offspring to school:

> *Schools will reopen but no money to put kids in school. (Community leader, 72nd Community, Montserrado, November 15)*

The risk of older children, in particular, not returning to education appears high. This is most obviously the case in households who have lost carers, where older children - almost exclusively girls - talk about their need to take over the parenting role. More generally, dwindling family incomes and a rise in poverty can be expected to increase the pressure on youth to leave education permanently. For these children and youth, the possibilities offered by education are replaced by the prospect of a lifetime of unskilled work or early motherhood:

> *Most children, at both elementary school and universities, will be school dropout due to lack of support. (Community leader, Saclapea, Nimba, 22 November)*

[5] An example of a teacher in Liberia continuing to give lessons to small groups of children have been reported in the media, but no community mentioned teachers continuing to teach.

6 Community cohesion

The protection and well-being of children depends greatly upon the wider community environment. The research found that communities have (recently) taken strict measures to protect the health of children and adults such as supporting quarantines and managing restrictions on movement. But this protection has come at a very high price in terms of a dramatic rise in fear and mistrust within communities.

While there was some concern about a breakdown in law and order in communities due to measures taken to stop the spread of Ebola, some children mentioned that they felt they were actually being protected from the wider risks of crime and abuse by the strict restrictions on movement and contact between people.

6.1 Care and safety in communities

It is clear from the consultations that communities have accepted the preventative measures initiated by the state, and are being active in enforcing (and even enhancing) these:

> *Even my own son I quarantined him for two weeks when he arrived from Monrovia. (Teacher, Saclepea, Nimba, 21 November)*

> *There is community law forbidding people from visiting their friends, relatives and even close family members who stays a distance from them. (Child, Saclepea, Nimba, 21 November)*

The emphasis is very much on protecting those who are not infected with Ebola. However, there are examples of some communities helping those affected by Ebola by supporting quarantined households and, more often, by caring for orphaned or estranged children of relatives. This is despite the considerable financial cost and stigmatisation that this entails:

> *We collected money and food item to support quarantine homes within our communities. (Mother, Saclepea, Nimba, 21 November)*

Communities have also noted that their leaders have been instrumental in persuading people to accept preventative messages and in organising the local-level response. All communities report that community meetings have been less frequent, because of the ban on gatherings and people's own fear of meeting others; however despite these difficulties, communities have mobilised themselves to ensure community safety. Although Ebola has eclipsed community governance of all other matters, in relation to the critical issue of managing the Ebola outbreak, findings show that community leaders have continued to function as decision-makers.

Traditional coping strategies have not, therefore, been entirely abandoned and communities have (after the initial stages of the outbreak) been highly effective in dealing with transmission by isolating suspected cases. But as a consequence of the strict preventative measures, most suspected cases are treated very harshly and this has caused a great deal of distrust and conflict.

6.2 Distrust and conflict

6.2.1 Conflict within and between communities

Children and families depend upon their community as a safety net. Ebola has torn large holes in this net by breaking bonds of mutual dependence, care and love. People are abandoned, or see their loved ones being abandoned by others, and feel let down or betrayed by the community that they belonged to:

> *More conflict started in our community during this Ebola time. In fact, the conflict will grow stronger and bigger even after this Ebola, because my own blood sister and best friends despise me, abandoned me and pretended never to know me when I lost my mother to Ebola and even after our quarantine period is over and we are declared free from EVD infection, almost all of them have never come to sympathise with us. They will never be my family and friends. (Young person, Ganta, Nimba 20 November)*

> *There will be conflict in family and community because they were not there for each other when Ebola attacked (Father, Mount Barclay, Montserrado)*

> *My friend and her children all died of Ebola in Ganta. And I was the one taking care of them. For this reason, I lost my family's relatives and even my respect as a human being in my community. My community was quarantined because of me and many other people were humiliated for my sake. (Teacher and female carer, Saclepea, Nimba, 21 November)*

The ongoing practice of hiding the sick adds to fear and suspicion amongst communities. They cannot be certain that neighbours are not harbouring the virus and this causes people to be less supportive and less caring.

The Ebola hotline for reporting cases (4455 number in Liberia), while an attempt to ensure help and ensure a necessary response, appears to be a frequent cause of conflict and distrust amongst communities. Research participants described the anger and conflict that results when one community member reports another as a suspected case. This is understandable, when so many people believe, as mentioned earlier, that being taken to a treatment centre is a 'death sentence':

> *Many people called Ebola Team on their neighbour without being sure that what they really saw was signs of Ebola, and some of those people died from such action. (Female carer, 72nd community, Montserrado, 15 November)*

Within communities there is a clear separation between 'them' and 'us', physically and emotionally, reinforced by stigmatisation:

> *Ebola divided our community into two zones. We now have zone free from Ebola and zone two, which have some households infected with Ebola. Zone two was quarantined for over 21 days during this period. [Interviewer: "After Ebola, what do you think will happen"?] The community that has been divided will remain as it is. (Child, Ganta, Nimba 20 November)*

> *Now we only see the people that come here to do awareness and also the car that can come to pick up dead and sick people (Child, Johnsonville, Montserrado, no date recorded)*

In answer to the question 'How are children or adults in households with Ebola treated by others in the community?', one set of community leaders answered in a way typical of all the communities visited:

Nobody shares anything with them. They stigmatise them. They are highly discriminated against. They are denied access to the community pump, market, video clubs and other social activities. (Karnplay, Nimba 25 November)

Between communities, the divisions are even stronger. The strict implementation of infection controls by communities has meant that extended families are unable to travel to help one another. On top of that, many are refusing to help, out of fear of confinement or infection:

Nobody is allowed to go to another village or town. If anybody comes to you from another community, they will stay indoors without getting in contact with any one for 21 days. (Child, Karplay, Nimba, 25 November)

When asked how long will it take for the community to return to normal after Ebola is stopped, most research participants talk in terms of years. Children tend to see a quicker recovery, thinking about when schools will re-open and it will be possible to mix with friends (although some also mention deep and long-lasting changes):

For me, what I know is that people will be close again, schools will open and we will play with friends again. (Child, 72nd Community, Montserrado, November 15)

After Ebola, visiting friends and family members will not be our constant habit anymore. (Young person, Guie Town, Bomi, 20 November)

Adults are less optimistic and many expect Ebola to be a permanent threat, even after this outbreak has been controlled. One set of male carers who participated in the research discussed maintaining prevention practices: not shaking hands, avoiding contact with corpses and sick people, being careful about meeting others, especially strangers and avoiding multiple sexual partners. Other participants speak hauntingly about the change that has come about as a result of the outbreak:

We all believe that things will never be the same again. We will never eat together as before. We will never wash our dead bodies as before. We don't believe we will ever shake hands again. We may not welcome visitors as before. We will find it difficult to rally around sick persons like before. (Community leaders, Karnplay, Nimba, 25 November)

The community can be the same but it will take lots of time because people need to be detraumatized. The confusion within community dwellers, financial, educational and economic problems, all of these changes that have taken place need to be settled. (Community leader, 72nd Community, Monrovia, Montserrado)

6.2.2 General law and order

Incidents such as the protests and shooting in West Point, the murder of health care workers in Guinea and reports that pre-trial prisoners were released in an attempt to reduce congestion and Ebola risk in prisons caused concern in the media about a breakdown in law and order, and a consequent rise of crime (The New Dawn, 2014).

Communities did not, on the whole, share this concern, despite their criticisms of the State and an observation that police are less present for 'normal' crimes:

When there exist any other problems within the communities and you invite the police, they will not pay attention to you. (Mother, Saclepea, Nimba 21 November).

It was more frequently perceived that crime and violent conflict had reduced, because people were largely confined to their houses:

Conflicts or confusions have slowed down because in this Ebola time people can't talk to one another closely or even touch others. (Child, Karnplay, Nimba, 25 November)

6.2.3 Attitudes towards government and external aid agencies

The state of emergency declared by the government of Liberia, as in Guinea and Sierra Leone, introduced strict measures to maintain security amongst a frightened and angry population, as well as to establish infection control. These rigid controls themselves led directly to fatalities. A boy aged 15 was killed when troops opened fire on protestors from the quarantined neighbourhood of West Point, in Monrovia, following an earlier incident when residents had looted and destroyed an Ebola treatment centre (New York Times, 2014).

Despite such incidents, the communities who participated in the research did not, on the whole, express great concern about the actions of the police and troops. This may be because the communities themselves are enforcing and even enhancing the oppressive movement restrictions. However, they do describe ways in which the relationship with the government has been undermined by heavy-handed actions of the police and Ebola Task Force:[6]

Ebola has make the relationship between we and the police, army and other state actors not cordial. They harass us each time we want to go somewhere or when they see us together (Community leader, Ganta, Nimba, 20 November)

In our community a man was eating his rice and fell dead. It was concluded that he died of Ebola. After he died the chickens ate the food on the ground. The Ebola Task force killed all the chickens in our community to avoid people eating them and contracting Ebola. Now there is not one chicken in our community, no meat and nothing. (Community leader. Saclapea, Nimba 22 November)

They also described incidents of police misusing roadblocks and curfews to extort money. Where this occurs, it adds to the distrust that people already have for their security forces and government as a whole:

The petty business-women lost almost all of their businesses to the police brutality. (Community leader, Saclapea, Nimba, 22 November)

Some of the consultations suggested that this pre-existing distrust has increased the severity of the Ebola outbreak, because many people initially viewed Ebola as a means by the government to get international aid. It was stated as one of the reasons why, in the early stages of the outbreak, many people did not heed infection control messages.

The findings illustrate a sense of betrayal and loss of trust in government and the international community. Communities point out that the response was slow, resulting in many deaths and even now, the aid that is available is perceived as insufficient and randomly distributed. The breakdown in trust of the government is captured as follows:

Most of our people died not because they contracted the virus, but rather out of heartbreak or they contracted the virus while in the [ETU] centre because the government itself failed to protect their own health officers. (Community leader, Nimba, 22 November)

[6] The Ebola Task Force is comprised mainly government staff (Ministries of Health and Internal Affairs) and local community leaders. It is supported by National Government and some International Partners.

When asked about the support that people have received, people describe a mixed picture. Some communities say that they had received substantial help in the form of prevention kits and medical care (usually from MSF) and food (usually from the World Food Programme (WFP)). Local churches and NGOs, and other international organisations, are also said to be giving help towards preventative measures, information and care for orphans and survivors:

> *NGOs like Plan, WFP and Mary's Meal as well as government officials, especially lawmakers, other politicians, have brought some anti Ebola materials to us. (Child, Klay, Bomi, 19 November)*

Other communities say they have received almost no help and it is frequently said that the assistance provided by local and international organisations has been inadequate. There is considerable dissatisfaction with the 'unfair' way in which people perceive the help has been distributed. It has been noted that aid has mostly gone to patients and the immediate families, whereas when it comes to food and preventative help, most people feel that they are equally in need:

> *There hasn't been any fair play by government of Liberia and NGOs in the fight against Ebola. Sick people were being neglected, leaving them to die all by themselves. Materials meant for the community to fight Ebola were not distributed fairly. (Parent, Ganta, Nimba 20 November)*

> *Only one church donated ten buckets with some chlorine to ten households in a community of close to 2000 houses. (Child, Ganta, Nimba 20 November)*

Given the scale and severity of the distrust and conflict that has been played out across most communities, it may be appropriate to talk about trauma at a community level. Community members use the language of war when describing the impacts on Ebola. For people with recent experience of civil war and atrocities, it is easy to see how the re-appearance of widespread deaths, orphans, check-points, curfews, movement restrictions, armed troops, surveillance, house-to-house searches, and divided communities is a fearful step backwards. A decade after the conflict ceased, but before Ebola, children and adults in Liberia were still being supported with initiatives for peace-building, reconciliation and other forms of psychosocial support. The extent to which Ebola has damaged the social fabric of communities suggests that this sort of intervention may need to be stepped-up for post-Ebola recovery.

7 The most vulnerable

The findings point towards some particularly vulnerable groups. The principal factors governing vulnerability to the wider impact of Ebola are poverty, care-dependency and care giving.

7.1.1 Poverty

Ebola impoverishes children, families and communities as evidenced by findings from the communities in which the research was conducted, but it is equally clear that poverty is a large factor in the spread and deadliness of the outbreak. Although Ebola kills wealthy as well as poor people, as shown in previous sections, the poor are more susceptible because they lack adequate nutrition and access to clean water and sanitation, they live in

overcrowded, inadequate accommodation and they are less able to pay for medical care or essentials. They cannot afford to move away or stay away from work. In numerous ways, they have fewer options to avoid or overcome Ebola.

7.1.2 Those most dependent on care

Communities identify children in affected families as being particularly vulnerable, because they lose their parents and the community is reluctant to accept them:

> *The children have been mostly affected by the consequences. This is because they have lost their parents. (Community leader, Mount Barclay, Montserrado, 15 November)*

The following table summarises some of the findings which illustrate the particular effects of the outbreak and response on children and young people.

Children, young people and the impact of Ebola: research findings

- Children and young people are universally affected by the closure of schools, colleges and universities.
- Loss or postponement of exams affects the prospects of young people with regards to moving to higher education or qualifying for jobs.
- Children and young people are expected to take over domestic or work responsibilities.
- Children are confined and prevented from meeting friends at a stage in life when socialising with peers is particularly important to their development and coping strategies.
- Young children are particularly restricted in their movements and isolated from others, because parents do not trust them to follow the Ebola prevention rules.
- Young children and infants are especially reliant on parents or close carers for basic needs and emotional development. Babies are at greater risk during childbirth, and in early years from routine diseases, as a result of the closure or contamination of health facilities.

The vulnerability of children to the wider consequences of Ebola can be seen in terms of the extent to which they have been disempowered. The research shows that they have been shut out of awareness-raising and risk reduction measures by the closure of the institutions that they usually rely upon for information and support - education establishments and development programmes. They report having no safe spaces to meet with peers and so help each other or their community. Those who are forced from education into work or early marriage express feelings of having had their future taken out of their hands. To ensure survival, pretty much all other needs and rights have been pushed aside. This outcome is a challenge to the principles that underpin child-centred and rights-based approaches to disaster risk reduction and community development, as the table overleaf illustrates.

The four pillars of the UN Convention on the Rights of the Child	Challenges presented by Ebola
i) Non discrimination	Orphans, survivors, children in Ebola-affected families and even children in quarantined communities face serious stigmatisation, with consequent physical risks and emotional harm.
ii) Best interests of the child	Measures to protect the population from viral outbreak seriously compromise the needs and rights of children; to education, access to basic needs and freedom of movement.
iii) The right to life, survival and development	Survival of a large number on non-infected children is threatened by the loss of essential health care and basic needs. Their development is compromised by the increase in poverty, the shut-down of a range of development opportunities and the psychosocial implications of bereavement and loss.
iv) The views of the child	Children have been marginalised from risk reduction and preparation, awareness raising and the planning and implementation of the response.

Children are not the only dependents who can be left without care. The research indicates that persons with disabilities and the long-term sick are amongst those placed at greater risk, because people are now afraid to give them essential care:

> *Before the coming of Ebola my children use to help me but now some have died, and nobody to help me, the other ones can't go nowhere because of Ebola. (Father with a disability, Ganta, Nimba, 20 November)*

> *Disabled and those who have been sick for long before the coming of Ebola are the most affected, as those who were taking care of them abandoned most of them and hence majority of them died. (Male community member, one-to-one interview. Ganta, Nimba 20 November)*

7.1.3 Women and girls

The findings show ample evidence that single parents, usually mothers, are particularly vulnerable because they are both carer and bread-winner:

> *Single mothers are the most affected because they don't have the means to take care of their self and the child. (Father, Klay Community, Nimba 19 November)*

Mothers, working women and girls are, in general, more vulnerable, as the findings summarised in the table below illustrate:

The gender dimension to Ebola impacts: research findings
• Women are more likely to be infected by Ebola because of their roles in tending for children, for the sick and for the dead.
• Childbirth has become more dangerous because of the loss of medical facilities.
• Nursing mothers may not be receiving sufficient nutrition for themselves or their baby.
• Men tend to be engaged in 'work' (salaried employment) and women 'selling' (informal trading) and when work is put on hold it is informal trading that is often relied upon to make up the family income.
• Girls are having to take over domestic and care responsibilities when they lose a parent.
• The risk of sexual abuse is raised by girls being out of school, moving to other communities, or losing their carers. Prostitution or early marriage is often seen by communities as a way to secure a living.

8 Preliminary messages from research amongst children and communities

It is too early in the research to make conclusions or recommendations, but the preliminary results from the community consultations point towards some initial core messages and priorities for action:

- The impacts of Ebola are very wide, interlinked and affect the majority of the population. This calls for a comprehensive, rather than single-issue approach and an integrated set of interventions.
- Those who require most care and those who give most care are at grave risk. In addition, there are acute needs amongst those who are not infected by Ebola. This calls for targeted assistance, within a comprehensive approach.
- Schools are closed and children are not receiving an education. Alternative means of learning and wide-ranging support to prepare for the resumption of schools and other learning establishments is critical.
- Children have been greatly disempowered by the outbreak and response. This points to the importance of child-centred approaches in emergency response and rehabilitation.
- Communities provide an essential environment for children and families in terms of support and Ebola prevention measures and are now at the forefront of prevention and control. This calls for a community-centred approach to emergency response and rehabilitation.

8.1 Comprehensive response to the wider impacts of Ebola

The accounts of children and families in this report make it clear that Ebola has affected their lives in multiple, connected ways. To illustrate the breadth of the response needed to address this, the priorities for action that arise from the initial research findings are outlined below:

Health and essential care - the loss of health services and the capacity to care amongst families and communities has placed those who are care-dependent at acute risk.

Main findings:

Almost complete loss of maternal health services.

Almost complete loss of health care for non-Ebola patients.

Shut-down of vaccination and other preventative programs.

Loss of family and community care for elderly, sick, long-term sick, disabled.

Priorities for action:

Improve resilience and strength of existing health services, including providing health workers and community carers with more protective clothing and training on good triage, isolation, testing and referral.

Protect carers, including community midwives and carers of elderly, disabled and long-term sick.

Food security - food shortages and under-nourishment are widespread.

Main findings:

The majority of people in all the communties consulted say they lack sufficient quantity and quality of food.

Isolation, abandonment, quarantine and stigmatisation denies children and adults access to basic needs, including food.

Protein intake is limited by the ban on bushmeat and the limited availability or affordability of alternatives (e.g. fish and chicken).

Priorities for action:

Nutritional support for pregnant and nursing mothers.

Assistance to treat moderate and severe malnutrition.

Encourage a rapid shift away from food aid to income generation (to avoid undermining the food economy).

Livelihoods - unemployment and loss of household income are widespread.

Main findings:

Salaried employment and self-employment has been dramatically reduced.

Most households are finding it difficult to afford food, medicines, agrigultural materials and other essentials due to lower incomes and higher prices.

Priorities for action:

Investigation of measures to mitigate any negative impact of infection control procedures on economic activity and subsistence.

Provision of credit for re-starting businesses, including support to community credit/savings schemes.

Child protection and well-being - children are at greater risk of neglect, exploitation and emotional harm.

Main findings:

Orphans and those who have lost carers due to abandonment or stigmatisation are at greater risk.

The closure of schools removes an important location for child protection.

Older children who have lost parents or who face poverty are likely to take on work and domestic responsibilites.

Girls are at greater risk of sexual abuse and early marriage due to the loss of education, greater poverty and loss of carers.

Children and young people have lost opportunities for play and socialising which are important for child development and coping strategies.

Children and young people have experienced traumatic bereavement.

Priorities for action:

Provision of safe spaces for children and young people to resume socialising.

Counteract the stigmatisation of individuals and communities.

Psychosocial support for children in families and communities affected by Ebola or stigmatisation.

Education - all places of education are closed and no official or widespread alternative teaching is in place.

Main findings:

All children and young people, in all communities, have ceased education and may lose half a year or more.

There are attempts by children and adults to maintain education but these are very limited due to the restrictions on movement and gatherings.

Due to loss of incomes, families are unable to afford home tuition or fees when places of education re-open.

Priorities for action:

Identify and support rapid, alternative means of learning for when education institutions are closed.

Improve the resilience of education establishments so that total closure is avoided.

Make schools safe for early re-opening.

Investigate means to support children, young people and families who cannot afford a return to education.

Community cohesion - the ability of communities to provide a caring, peaceful and secure environment for children and young people has been reduced.

Main findings:

There are high levels of mistrust and anger within families and within communities, because of refusal to give care, strict quarantining and stigmatisation.

Community practices such as meetings, celebrations and burials have largely ceased and some customs may change permanently.

Priorities for action:

Peacebuilding and reconcilliation amongst families and communities.

Make care within the community safer, through provision of information and protective equipment.

Avoid unnecessarily strict prevention and isolation meausures through better information.

Restore the central role played by families and communities in how they care for their vulnerable and sick and how they conduct burial practices.

8.2 Completing the research

This initial report is mainly descriptive; intended to give a preview of the research and the issues it addresses. Work is on-going to complete analysis of the consultations with communities and to extend the fieldwork to Sierra Leone. A further twenty communities will be visited there.

The first-hand evidence gathered in Sierra Leone and Liberia will then be put alongside the information available from published sources, including media coverage and the growing number of studies that are being conducted on the impacts of Ebola. On this broader

evidence-base it will be possible to judge the extent and scale of the various ways in which Ebola is affecting the lives of people in the worst affected countries.

The evidence and analysis will be set out in a full research report to be published in early 2015. This will include priority measures for meeting immediate needs, as well as alleviating longer-term consequences.

Reference List

AllAfrica (2014) *Liberia: MoJ worries over increased rape cases amidst Ebola*. November 2014.

BBC (2014) *Fears that Ebola outbreak will set back malaria fight*. BBC News 27 October 2014. (Article by Jane Dreaper, based on interview with Dr Fatoumata Nafo-Traoré of the Roll Back Malaria Partnership, See also BBC News 3 November 2014: *Ebola intensifies the struggle to cope with Lassa Fever*).

Daily Observer (2014) *Bank lending slows due to Ebola*. Monrovia, 2 November 2014.

Global Business coalition for Education (2014) *Ebola Emergency: Restoring education, creating safer schools and preventing a long-term crisis*. November 2014.

International Growth Centre (IGC) (2014) *The economic impact of Ebola: Monitoring the impact of potential transport disruption on traders, food availability and market prices*. Sierra Leone, August 2014.

LISGIS (2014) *The socio-economic impacts of Ebola in Liberia*. Monrovia, 19 November 2014.

Mail Online (2014) *Revealed: How American tyre giant Firestone forces families of dead Ebola victims to leave their homes*. Sunday 23 November 2014.

MSF (2014) *Guidance Paper Ebola Treatment Centre (ETC): Pregnant and lactating women.* V.12. MSF, Brussels.

MSF (2014_b) *Ebola response: Where are we now*? MSF Briefing paper December 2014.

Mupapa, K. et al Ebola Haemorrhagic Fever and Pregnancy. *Journal of infectious diseases* (1999) 179.

New Dawn (2014) *Prisoners face Ebola threat: Government releases 581 inmates*. Monrovia, 15 October 2014

New York Times (2014) *Inquiry faults Liberia force that fired on protestors*. 3 November 2014.

Telegraph (2014) *Ebola patient escapes quarantine centre in search of food*. 2 September 2014 (See also reporting of 4 November incident in the town of Kenema, Sierra Leone, where thousands were said to have violated quarantine to obtain food).

The World Bank (2014) *Liberia data profile*. 2009 literacy data.

UN News Centre (2014) *West Africa 'on brink' of major food crisis in the wake of Ebola outbreak.* 11 November 2014.

UNFPA (2014) *Pregnant in the shadow of Ebola: Deteriorating health systems endanger women*. 20 October 2014.

UNICEF (2014) *Thousands of children orphaned by Ebola.* UNICEF Press centre, 30 September 2014.

USAID (2014) *Liberia: Nutrition profile* (citing data from 2012 National Comprehensive Food Security and Nutrition Survey).

WHO (2014) *Statement on the 1st meeting of the IHR Emergency Committee on the 2014 Ebola outbreak in West Africa*. WHO Statement 8 August 2014.

WHO (2014_b) *Country Cooperation strategy: Liberia*. WHO online (citing WHO Global Health Observatory figures for infant mortality (2012 data) and maternal mortality (2010 data).

WHO (2014_c) *World Malaria Report:* 2014.