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Ebola: beyond the health emergency

Summary of research into the consequences of the Ebola outbreak for children and communities in Liberia and Sierra Leone

Acknowledgements

This is a summary of a full report available at http://plan-international.org/ebolaresearch

The first phase of the research is available at http://plan-international.org/ebolareport

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Introduction

In August 2014, the World Health Organisation declared the Ebola crisis an international health emergency that required a coordinated global response **(WHO, 2014c)**. A combination of the virulence of the disease, social attitudes and weak health systems, as well as the slow detection and response from national and international actors, led to the rapid spread of the disease across Mano River basin countries: Guinea, Liberia and Sierra Leone.

The crisis was perceived primarily as a health emergency and responses reflected this. Plan is currently responding to the outbreak in the areas of child protection, food assistance, water, sanitation and health, social mobilisation, education and research.

As part of the work in addressing this humanitarian crisis, Plan has sought to understand some of the wider consequences of the Ebola outbreak. After initial discussions with field staff in the three most affected countries of Liberia, Sierra Leone and Guinea, it was clear that the multi-dimensional nature of the crisis at the community level was receiving relatively little attention and required further investigation. To explore the wider impact of the outbreak on local communities, Plan International commissioned a qualitative study in late October 2014. Fieldwork was carried out in November and December 2014 in Liberia and Sierra Leone respectively. Teams of researchers visited 20 communities, purposively sampled, in urban and rural locations across different regions in each of the two countries, including sites with both a high and low incidence of Ebola. Girls and boys aged between 12 to 18 years, as well as men and women, took part in focus group discussions and one-to-one interviews. In total, 1,836 children and adults participated in the study; 820 in Liberia and 1,016 in Sierra Leone.[1]

This study describes the range of impacts that Ebola has had on children and families, looking beyond the immediate health effects. Beyond those infected with the virus, there was a large number of children and families whose survival and development has been threatened by the loss of already precarious health services, the loss of community cohesion and the loss of basic needs such as food. Many children have been placed at risk by a breakdown in the protective environment usually provided by families and the wider community. Children and adults, even in communities with no Ebola cases, have experienced the loss of education, income and livelihoods, and social ties with family and community: children's lives have been comprehensively affected by the wider consequences of the Ebola outbreak.

As of 18 February 2015, a total of 9,380 people are reported to have died of Ebola in the three countries **(WHO, 2015)**. Over 16,000 children are estimated to have been directly affected (either falling victim or through the loss of one or both parents) **(UNICEF, 2015; UNMEER, 2015)**. Recent figures show a reduction in detected new cases across the three countries, with Liberia and Guinea showing the sharpest decline **(MSF, 2015)**. These figures are encouraging and show that measures put in place by national governments, the international community and local communities themselves are slowing the spread of the disease. However, new cases are still emerging and communities continue to suffer under the strain of Ebola and its long-term effects, which will resonate across the affected countries for years to come.

Health and survival

Maternal and infant health services. The outbreak of Ebola has placed enormous strain on all aspects of the health system. This study demonstrates that people are unable to access routine services due to the closure of health services and staff shortages, or out of fear. For example, in almost 80 per cent of the research sites in Liberia and 40 per cent of those in Sierra Leone,[2] mothers reported that they had no access to maternal health services. Infant and maternal mortality rates were already high in both Liberia and Sierra Leone, falling short of Millennium Development Goal targets **(WHO, 2014 and WHO 2014b)**. A recent UN study estimated that 120,000 women in Liberia, Guinea and Sierra Leone could die of complications if emergency obstetric care was unavailable **(UNFPA, 2014)**. In the majority of the research sites in Liberia, and in just less than half of those in Sierra Leone, the reported number of births attended by skilled health workers had fallen to zero. The implications of these findings for infant and maternal mortality rates are worrying, and demand further research.

Most research participants, especially in high outbreak sites, said that they were avoiding attending clinics because they felt that all sicknesses were treated by medical staff as Ebola, which meant an automatic 21 day quarantine – with further implications for their work and livelihoods. This reluctance to attend health services indicated that a number of Ebola cases remained unreported.

> *Now if you are sick our parents treat us at home because they said 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, Liberia*

In the absence of professional healthcare, participants stated that they were treating routine sicknesses such as malaria at home, or they were remaining untreated. As a result of this self-medication, and the closure of markets, the price of medicines increased and became unaffordable for many. These findings add weight to the prediction of health experts that the additional death toll from malaria and other endemic diseases is likely to exceed the number of deaths from Ebola **(WHO, 2014d, BBC, 2014)**.

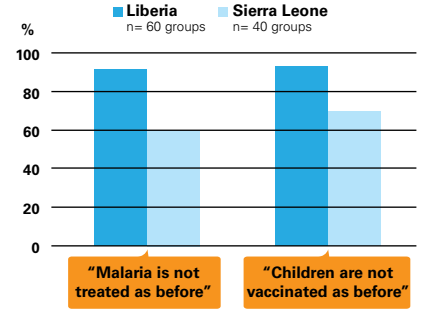
> *I totally believe that most of the death of people in this community is not of Ebola but other sicknesses. Because of the fear of Ebola, people were left to die.*
>
> *Male carer, Liberia*

Vaccinations. The suspension of health services and the lack of attendance are likely to have a longer term public health impact. This is sharply illustrated by the case of vaccinations. According to participants, vaccination programmes in parts of Liberia appeared to have come to a complete stop. The situation in Sierra Leone appeared slightly better; however 70 per cent of communities included within the research stated that children were no longer being vaccinated as they were before the outbreak.

Malaria treatments and vaccinations

Based on the percentage of groups expressing this view

Source: Focus group (Adults)



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, Liberia

Food security

Unavailable and expensive. Food availability and prices were commonly reported as a problem in all communities, even those less directly affected by the outbreak. Adults described a shortage of food staples such as rice and cassava, due to the closure of markets, the quarantining of districts and neighbourhoods, and the closure of international borders by governments to prevent the spread of Ebola. The government ban on the sale or consumption of bush-meat compounded the problem and is likely to have resulted in a substantial part of the population losing their main source of protein.

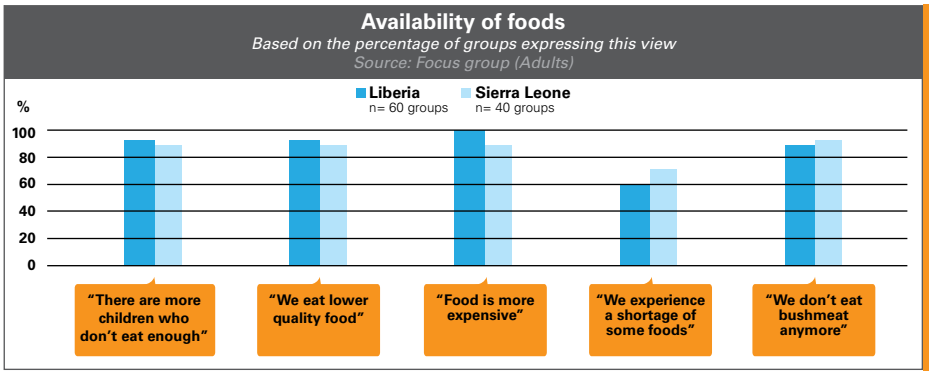
Around 90 per cent of the focus groups in both countries said that there had been a reduction in farming compared to the same time in the previous year: farmers could no longer travel to their farms due to travel restrictions, and in several research sites, such as Kailahun in Sierra Leone, adults reported that the quarantining of communities and the nationwide three-day lockdown had prevented them from visiting their fields. Crops were therefore damaged by pests and weeds.

> *This community was quarantined so the farmers cannot go out to work on their farms and so lost many crops.*
>
> *Girl, Sierra Leone*

Such food shortages led to a sharp increase in the price of many staple foods, coinciding with a significant decline in household incomes as a result of diminished economic activity. Furthermore, those stigmatised by Ebola sometimes found that they could not buy food at any price:

> *We 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 food for our family.*
>
> *Mother, Liberia*

Children undernourished. Children described in detail a reduction in the number of cups of rice their family were eating per day and how they were no longer eating meat, fruits or other quality foods. Almost all those interviewed described an increase in child undernourishment in the community as a result of Ebola.



We are starving; we don't have enough to eat.

Girl, Sierra Leone

The only sites where food shortages and hunger were not heavily reported were those receiving food aid as part of the Ebola response. There was disquiet among the interviewees in relation to the distribution of food aid to Ebola victims. People felt that the crisis was affecting every community and family, not just those suffering directly from Ebola.

Additionally, travel restrictions and fear of contact prevented extended families from sharing food resources, removing a vital safety net for families.

Livelihoods and incomes

The loss of livelihoods and household income as a result of the crisis had a significant impact on all research participants, even in areas with fewer incidences of Ebola.

The majority of adults included in the research worked in small-scale agriculture and in the informal economy, trading food and other commodities. Those who had salaried jobs were in the minority but supported the informal economy through spending and funding other businesses. The families who participated in the research were typically dependent upon both adults in the family working. As they put it, the men "work" (usually as casual labour) and the women "sell" (usually in food trading).

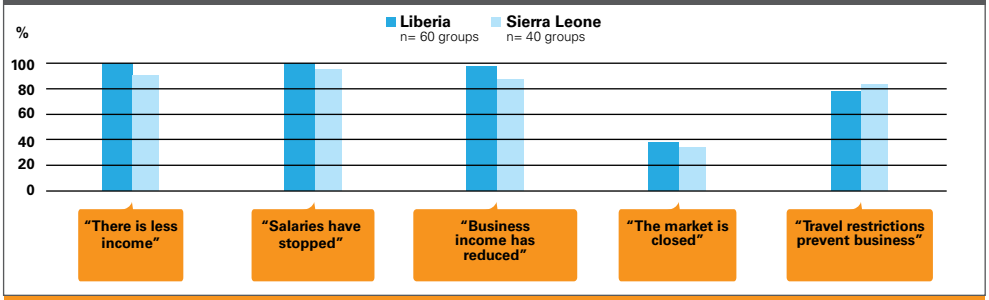
> *All our children are hungry because our husbands are not working; we are not selling to provide food.*
>
> *Female community leader, Liberia*

In both countries, almost all participants reported loss of salaries and a substantial drop in earnings from business activity, causing a collapse in household income.

Impact of Ebola on household income and business

Based on the percentage of groups expressing this view

Source: Focus group (Adults)



> **My father was a driver but he lost his job because of my sister's condition [suspected Ebola]. Since then things have gone from bad to worse. You can't go to another family member to help you because everyone is affected one way or the other. My mother can't do petty trade because she doesn't have money.**
>
> Girl, Liberia

Travel ban disruption. Adults explained how travel bans, the closure of borders and markets, and people's fear of mixing with others had severely damaged economic activity.

> *When the chiefs noticed that the death of people was intensified by body contact [and] public gatherings they passed a by-law that all local businesses be closed forthwith.*
>
> *Mother, Sierra Leone*

The closure of large wholesale markets where traders buy their stock meant that goods were either not available or prohibitively expensive for many. Many smaller local markets, which form the bulk of economic activity, remained open but participants reported that the amount of selling and

buying was significantly reduced. Where markets were closed, the research respondents reported that they were more likely to be closed in rural areas than in urban areas in Sierra Leone – 50 per cent of rural research sites as opposed to 20 per cent of urban research sites – but in Liberia the closure of markets was similar in both the rural and urban research sites. The severe reduction in small-scale trading found in this research is in line with the conclusions from other studies. A household survey conducted in Liberia, for example, found that the self-employed people (mostly women) who make up the informal economy were hardest hit by the side-effects of Ebola **(LISGIS, 2014)**.

Communities described how farming had been seriously disrupted in a number of ways: farmers could no longer travel to their farms due to travel restrictions, in some high-outbreak areas substantial numbers of farmers had died, and communal or hired labour necessary for cultivation and harvesting was not available.

Farmers and business people interviewed in both countries described how they had consumed their stocks, including grain and seed reserves, and could not afford to invest in new crops or stock.

> *We have eaten all of our business money and don't know where to start again.*
> *Mother, Liberia*

Savings schemes. In Sierra Leone we asked specifically about savings schemes, an issue which was not explicitly explored in Liberia. Just under 60 per cent of adult groups in Sierra Leone said they had closed the savings scheme they had before the Ebola outbreak. They gave several reasons for this: business activity was significantly reduced; households were having to use their savings to buy food; people withdrew from their savings schemes in case they died from Ebola; and loan schemes closed because many people were defaulting.

Child protection and well-being

Ebola orphans. An estimated 16,600 or more children in the three countries have lost one or both parents to Ebola since the start of outbreak **(UNICEF, 2015)**. The research found that in most instances relatives, friends or neighbours are taking on the responsibility of caring for orphans despite the ongoing fear and stigma that continue to surround the disease. This highlights the importance of the community as an important structure in caring for and protecting children and its members. However, some participants said that the government or NGOs could be providing more support, particularly with food and school costs, to those families caring for orphans.

Although the research indicates that most orphans are cared for by the community in some way, it was suggested that the quality of care is sometimes low. Over 20 per cent of the adult focus groups in Liberia and Sierra Leone said that orphans were either not properly supervised, or not properly fed.

> *Children are neglected, especially the orphans from Ebola. Even when they look healthy, people can still be afraid to take them. Most times they can't even have food to eat, they have to beg.*
>
> *Mother, Sierra Leone*

Child work and child labour. The research also indicates that the crisis and its broader effects are producing a number of other risks for children. Reduced family income meant that some children had to work in order to contribute to the household or to fend for themselves. Most of this work was in the home or the farm. Girls were found to have a heavier burden of domestic responsibilities as a result of the Ebola outbreak, specifically in cases where a mother had died and more generally when both parents were out seeking work or food.

Older children were much more likely to be involved in work such as trading or labour. Children and adults expressed the view that this work placed children at greater risk; the boys from 'hard labour,' gambling and crime, and the girls from sexual exploitation:

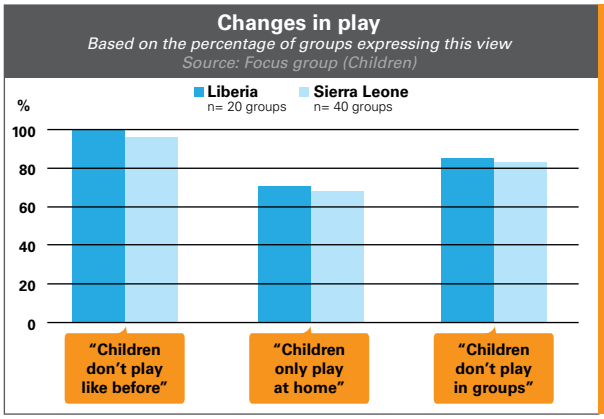
> *Most of our school friends are now engaged in stealing and gambling because that is the only alternative for them.*
>
> *Boy, Sierra Leone*

Teenage pregnancy. Children and adults, especially in Sierra Leone, said that teenage pregnancy has increased greatly because of Ebola. They linked this to girls no longer being at school and their need to seek a provider when parents have insufficient food and money. Participants also linked teenage pregnancy to an increase in the risk of sexual exploitation, for example through exposure to a working environment where girls have more contact with men.

> *We are encountering lots of teenage pregnancy…Prostitution is rampant, girls don't eat unless they sleep with older men for money…Now, we girls have sex with our fathers' age group, because we need money and men don't give money for nothing.*
>
> *Selection of quotes from a girls group, Sierra Leone*

The perception of risk with regards to teenage pregnancy associated with the Ebola outbreak varied significantly between Sierra Leone and Liberia. Whereas in Liberia people assumed an increase in teenage pregnancy, people in Sierra Leone described actual incidents of pregnancies, which they attributed to the Ebola outbreak. This highlights the need for further comparative research to assess the impact of Ebola on sexual health, teenage pregnancy and the possible sexual exploitation of girls.

Children's play. Children and adults from both countries also described a complete change in the way in which children play. Play was described as being confined to the home or family compound, and the closure of schools removed children from their daily contact with friends. The ban on gatherings meant that football, volleyball, kickball and other sports could no longer be played. The places where older children socialised were closed; the video clubs and places to get food and drink, for example.



We used to play games like hide-and-seek and who is your best friend. All these have stopped because of Ebola and now I am lonesome. We no longer enjoy our childhood.

Boy, Sierra Leone

Psychosocial effects. For survivors and the much larger number of children stigmatised by Ebola in their family, the social isolation may be complete.

> *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, Liberia*

Many children in their own words spoke about being unhappy, about feeling lonely, about being heartbroken at the loss of loved ones and about fear. It can be inferred from the interviews that Ebola has challenged the emotional well-being of children by disrupting their friendships, through bereavement, through the loss of their hopes for education and even through the loss of the normal care and intimacy from parents.

> *Some children watch their parents die before their eyes and cannot do nothing to help. This is getting our children traumatised.*
>
> *Mother, Liberia*

> *We no longer hug our parents and other relatives and friends as we used to do before Ebola.*
>
> *Child, Liberia*

Education

All schools, colleges, and other places of learning closed in Liberia, Sierra Leone and Guinea in the summer of 2014, and only began to reopen in February 2015. An estimated 5 million children were out of school in the three countries **(GBCE, 2014)**.

Limited home learning. Only the minority of children's focus groups said that studying was taking place at home in the absence of schools; 40 per cent of groups in Liberia said so, and just under 30 per cent in Sierra Leone. The level of study reported was typically light; mostly the occasional reading of old notes. The evidence from Sierra Leone suggests that girls are much less likely to home study than boys, possibly because of their greater domestic and caring responsibilities. Parents stated that there was a lack of home study taking place because a high proportion of parents are uneducated and so cannot tutor their children,[3] children are too hungry to concentrate on studying, and children are too busy working.

> *Most parents 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 lessons, or let their children out for even 30 minutes.*
>
> *Community leader, Liberia*

In Liberia and Sierra Leone, lessons were broadcast through community radio from mid-September 2014 **(UNICEF, 2014b; EDC, 2014)**. None of the children or adults who took part in the research in Liberia mentioned these broadcasts (the reason for this was not established in the research). In Sierra Leone, the radio classes were reported to be helpful by just over half of the children's focus groups. They said that the classes gave encouragement and structure to their own attempts at home-learning. However, just under half of the children's focus groups said that the radio programmes were not useful because: their parents did not have a radio, or could not afford batteries, and they could not gather to listen at another household because of the restrictions on contact; the radio-teacher went too fast; the sound was unclear; or children were not able to follow as they could not see the teacher or ask questions. Some adults were more negative about the radio broadcasts and prioritised keeping their children safe from Ebola and providing food.

> *I have a radio but I don't have the mind to buy batteries when my children are crying with hunger. I'd rather buy food for my children with the little money I have.*
>
> *Father, Sierra Leone*

Participants in both countries also described other ways in which home learning was supported (when it was happening) including: older children teaching young siblings at home; private tutors providing lessons at home; teachers continuing to teach their own offspring at home and one example of a regular study class.

Schools don't just provide classes for the children. The research illustrates how they are important places for socialising and for child protection. When they close, children are no longer spending the day with peers and teachers in an environment that can provide a level of protection. Schools are often a centre for services for children such as sexual health or feeding programmes. They give access to information that enables children to have a stronger voice in family and community decision-making.

> *When we were going to school, some NGO workers used to come and supply books and pens for us and preventive pills for our sisters. Because they are not coming now most of our sisters are pregnant.*
>
> *Boy, Sierra Leone*

Barriers to school. Substantial barriers to children returning to school were found by the research. Parents of school children and youth in higher education were no longer able to afford school fees and other costs. Lack of materials, early pregnancy and an unwillingness to return to education in adolescents who had started earning money were also cited as barriers.

How communities responded to the crisis

Despite the crucial role played by national governments and the international community in responding to the Ebola crisis, this research has demonstrated the value of community action, management and leadership. Communities have played a key role to support, bolster and, in some cases, fill the gap where a government response was lacking.

One of the most striking findings from the research in both countries is how little reference is made, by both the adults and children who were interviewed, to the actions of government and other external bodies. The findings are reflective of the perspectives of children and communities, not governments and NGOs. However, they clearly show that communities were largely coping by themselves in the first stages of the outbreak. The situation that they recounted is one in which the government set the overall rules – the closure of schools, markets and county boundaries, for example – but communities themselves largely determined what happened on the ground, including the isolation and care of suspected Ebola cases.

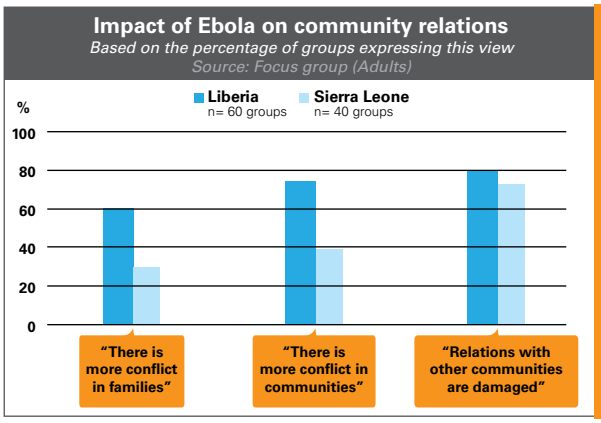
Furthermore, despite some mistrust and resistance about prevention messages and control measures imposed by government, especially in the earlier stages of the outbreak, it was ultimately communities who not only adopted, but enhanced and enforced infection control. This is evidenced in accounts of whole families and sometimes whole communities being isolated. The levels of fear and lack of facilities were such that communities responded very decisively, often at the cost of the basic rights of those infected or suspected of being infected.

> *I was quarantined in a home where four people died. When we were released, my own friends avoided me until the sensitisation team came and explained to the community about the way to treat survivors.*
>
> *Boy, Sierra Leone*

Despite a ban on gatherings, and people's own fear of meeting others, communities still organised themselves against Ebola. Although the virus eclipsed community governance of all other matters, for the critical issue of Ebola they continued to function as decision-makers. Community decision-making institutions and coping strategies were not, therefore, abandoned and communities were (after the initial stages of the outbreak) highly effective in dealing with transmission by isolating suspected cases. Importantly, the research suggests that there was not a widespread loss of community leadership. Nonetheless, some communities said that their community was weakened by the death of community leaders: for example, an adult group in Daru Town, Kailahun, Sierra Leone explained that most of their religious leaders, such as imams, had died due to the Ebola outbreak.

Cohesion within and between communities. The strict measures adopted by communities to protect the health of children and adults came at a high price. Whilst the impact on economic activity and food security has already been described, these strict measures also resulted in a substantial rise in fear and mistrust amongst communities. As a result, the research has illustrated the depth and impact of a breakdown in relations within and between communities. This, as will be shown below, has longer-term consequences if the capacity to provide a nurturing environment for families and children is diminished. In terms of development outcomes, child-centred community development becomes harder to achieve if the communities in which children live are less cohesive.

A pertinent example includes the accounts of research participants of the abandonment of community members, or those who saw their loved ones being abandoned by others, and how they felt let down or betrayed by the community that they belonged to. The Ebola hotline for reporting cases was an often-cited cause of tension and resentment amongst communities.



Many people called the 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, Liberia

In Liberia, the view that there were more tensions and disputes within communities as a result of Ebola was widely shared across the different research sites, although it was more frequently expressed in the groups in urban and high outbreak areas. In Sierra Leone, whilst there were also examples of Ebola cases being unreported and people refusing to attend treatment, these were relatively few. It appears that communities in Sierra Leone were more likely to be cooperating with each other and with the health authorities and therefore the scope for tension and blame within communities was much smaller when compared with Liberia. In this respect, they may have been inadvertently helped by the pattern of the outbreak: compared to Liberia, communities and the authorities in Sierra Leone had more time to prepare because the peak of the outbreak occurred later in Sierra Leone.

As far as tensions between communities are concerned, it appears from the research that communities in both countries had an elaborate system of self-imposed rules and incentives to prevent mixing between communities. In Liberia, the main incentive was the fear of being placed in quarantine for 21 days:

> *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 anyone for 21 days.*
>
> *Child, Liberia*

In Sierra Leone, there was the added incentive of fines imposed by the community authorities for travel between communities. Eighty-three per cent of the adult focus groups in Sierra Leone said that visitors were banned or quarantined compared with 62 per cent of groups in Liberia.

Conclusion

This study sought to examine the indirect consequences of the Ebola outbreak for children and families in relation to defined rights-based issues: education, food, livelihoods, child protection, and health. Furthermore, it sought to examine these issues in the light of cross-cutting themes such as youth, gender, rural/urban differences and community cohesion. The findings, on the one hand, provide a community and child-based perspective on the intricate and complex ways in which children's lives were affected. On the other hand, the findings have illuminated fundamental issues that need to be addressed within the response and recovery phase of the Ebola emergency.

An integrated, interconnected recovery approach is needed

The research findings clearly demonstrate the complex and interconnected ways in which Ebola affected children and their families. Therefore, a key recommendation that arises from the research is that interventions should be comprehensive and integrated. In this regard it is recommended that:

- **Measures to protect children's rights and restore services should be taken at scale, in recognition of the way in which all children are seriously affected by the indirect effects of Ebola.** This means working through existing nationwide infrastructure (such as the education system or health system).

- **Emergency committees and planning processes should involve all relevant stakeholders** (e.g. health, education, child services, justice, employment and gender) **in the design, planning, budgeting and implementation of the Ebola response and recovery.**

- **Community representatives and those with local knowledge should be included in top-level decision making**.

- **Targeted assistance should be provided within a comprehensive approach because acute needs are created by the wider impacts of Ebola (such as hunger) and some groups are particularly vulnerable (such as children).** For example, coordinating cash programming with providing food aid and the opening of schools.

Strengthening systems

The research did not address government systems directly: nevertheless, the findings point to conclusions and recommendations regarding national government systems that contribute to the care environment for children. Schools have an importance for children beyond the provision of education. They provide the time and space for socialising and peer support. They are important centres for sexual health, child protection and other programmes. Least developed and aid-dependent countries such as Liberia, Sierra Leone and Guinea have major weaknesses in their national child-services and child-protection systems. They also lack any state-sponsored social protection systems to assist those in poverty. This emphasises the importance of community-based support in the absence of state provision.

The most pertinent recommendations that follow are:

- **The closure of schools should be a measure of last resort, only taken with full recognition of the impacts that it will have on the wider well-being of children, as well as on their longer term prospects.**

- **Measures that increase the resilience of schools against complete closure should be prioritised within disaster risk reduction.** For example, infection control measures, coupled with accurate and child-friendly information.

- **Alternative means of delivering classes to children in homes or other safe environments should be planned and piloted so that future contingency arrangements are in place.**

- **In the absence of national social protection systems, the revival of economic and social activities must be prioritised.** For example, cash programming, waiving of school fees, or support to village savings and loans groups.

Communities are central to response and recovery

The findings demonstrate that communities have played a central role in responding to and ultimately controlling the Ebola outbreak. Communities enforced their own isolation methods, coping strategies were not entirely abandoned and decision-making continued to function. The findings provide confirmation that externally imposed control measures such as isolation, contact tracing or safe burial do not work unless supported and implemented by communities.

However, isolation of suspected cases led to family members, households and even whole communities being shut off and, to a large extent, abandoned. The resulting tensions within and between communities damaged important safety nets such as the care normally available to children from extended family, or the practice of sharing food amongst families and friends. To capitalise on the strength and centrality of communities, reconciliation is a critical feature of recovery efforts. The role of communities and the leadership that they displayed is a critical strength that must be supported and built upon in the recovery phase.

In this regard there are some clear recommendations that arise from the findings:

- **Stigmatisation should be addressed by supporting communities with accurate information about risks and how to provide safe care.**

- **Community-reconciliation initiatives should be used to help families and communities resolve disputes and divisions.**

- **Local civil society organisations that can help fill the gap left by absence of state-led services should be an important component of response and recovery, and should be supported by governments, UN agencies and INGOs at critical stages of emergencies and in resilience planning.**

- **Governments, UN agencies, donors and INGOs should work with and through communities in order to make infection-control measures effective. This is also true for managing the wider impacts of Ebola.**

Community resilience

Although an Ebola outbreak of this nature is new to West Africa, sickness, hunger and poverty are not. Parents and communities therefore have coping strategies that the research shows were applied in response to the wider impacts of Ebola. Families resort to home-diagnosis and treatment when medical services are unavailable or unaffordable. They also reduce the number of meals and the quality of food eaten in response to food shortages. Although severely strained, the elaborate systems of familial and community-based support enhance the resilience of children and families. The recommendations that follow from this are that:

- **The strategy for relief and recovery should be built around an understanding of existing coping mechanisms and have the central aim of supporting, not replacing, the care services that communities provide.** For example, supporting community care of orphans rather than removing children into state care.

- **The adverse consequences of short-term coping strategies need to be recognised and mitigated.** For example, changes in food intake are likely to exacerbate undernourishment and stunting in infants.

- **The limitations of community-based care should be recognised, in particular the vulnerability of children being informally placed in alternative care.** Support for community care should therefore be complemented by enhanced protection safeguards.

Social mobilisation and awareness raising

This was an emergency that rocked the core of each of the three nation states most severely affected by the outbreak of Ebola. The messaging employed by the governments and UN agencies to prevent the spread of the disease are shown by the research to have been problematic in the way they were received and enacted in communities: prevention messages, for example, "Ebola kills", "There is no cure for Ebola" and "Don't touch" were reasons given by participants for avoiding health services and refusing to care for others. The ban on bushmeat addressed a minor risk of infection yet had a very far-reaching effect on food security. Ebola Task Forces or Sensitisation Units were often perceived as playing more of a security than a health-care role, sometimes brutal in their enforcement of laws such as the ban on bushmeat or gathering in groups. Whilst the priority must be to get the essential safety messages across, other messages about what could be done safely would have supported communities in their understanding and in the actions they were attempting to take.

In this regard, some recommendations on messaging can be made as follows:

- **Messaging should include information to counteract rumours.**
- **Messages should be accompanied by measures which enable communities to do what is being asked.** For example suspected cases could not present to the authorities for isolation and treatment when no such facilities were in place.
- **Lessons need to be learnt on how to ensure more effective messaging is delivered at community level.** Local governance structures such as community leaders should be involved at the outset on both the content and mode of delivery.

Vulnerability of children

The vulnerability of children was exacerbated by the Ebola outbreak, because family and community safety nets were less able to care for and protect them. The vulnerability of children to the wider consequences of Ebola can be seen in terms of the extent to which they have been disempowered. They have been shut out of awareness raising and risk reduction by the closure of the institutions that they usually rely upon for information and support: education establishments and development programmes. Those who are forced from education into work or early marriage have their future taken out of their hands.

Another principal factor governing children's vulnerability to the wider impacts of Ebola is poverty. Ebola impoverishes families, as the evidence from communities shows, and this has consequences for children in terms of shortages of food and other essentials. Although the impact of the Ebola outbreak affects all sections of society, those who live in poverty are disproportionately affected because they have fewer reserves to cope with the loss of food security and livelihoods. The recommendations that follow from this are:

- **Relief and recovery planning should be informed by vulnerability assessments, specifically including children.** Conventional assessments, which typically concentrate on care-dependent people, should be expanded to include care-givers, including parents and carers at community level.
- **The wider impacts of outbreak control measures and their likely effects on the population at large, and on vulnerable groups in particular, should be built into crisis assessments and planning from the outset of any emergency.**
- **There is a pressing need for safe spaces and safe means of communication so that children can exchange information and support one another.**
- **Vaccination services need to be restored.** Children who have not been vaccinated need to be identified and vaccinated and future disaster risk reduction efforts must safeguard vaccination programmes.

The need to listen and learn

This research demonstrates the value of listening to the voices of children and communities. Humanitarian action often involves rapid assessments and situation analysis, but the value of structured dialogue to give voice to those affected at grassroots level cannot be underscored enough.

- **It is therefore recommended that in emergency situations, a multi-faceted approach to information gathering and learning needs to be implemented, including in-depth qualitative research with children.**

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Notes

1. Full details of the methodology can be found in the full report: www.plan-international.org/ebolaresearch.
2. Simple numerical analysis of the number and percentage (per cent) of group responses was carried out. Percentage in this report therefore relates to the percentage of groups responding to a question.
3. Approximately 40 per cent of adults are illiterate in both countries (World Bank, 2014, UNICEF, 2014c).