



From response to recovery: Supporting children and communities in Ebola-affected countries

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This Policy Brief is targeted towards national governments, institutional donors, regional and international actors, particularly those attending the EU High Level Conference on Ebola in Brussels on 3 March, 2015 to support the three affected countries; namely Guinea, Sierra Leone and Liberia to transition from the emergency response phase to recovery phase.

Introduction

As of 18 February 2014, almost 9380 people are reported to have died of Ebola¹ and an estimated 16,600 children have been directly affected (either falling victim or through loss of one or both parents).² This public health emergency of international concern has emerged as a result of social conditions often linked to poverty, weak social care and public health systems which impacts across many areas of life. Unless the underlying causes of the spread of Ebola are addressed, many communities now risk being pushed into another crisis as a result of lost livelihoods and rising food prices.

Plan International has been operational in the region since 1976, working in 1,246 communities across the three Ebola-affected countries, supporting vulnerable children and communities. Since the outbreak, Plan International has responded in the areas of child protection through psycho-social casework and support; food assistance; public health campaigns and related services; community mobilization and children's educational programmes using mass media, working with a total budget of US\$62,074,626, directly benefitting 2.5 million people including 1.2 million children.

To explore the wider impact of Ebola on children and local communities, Plan International commissioned a qualitative study in late 2014 where a total of 1,836 children (under the age of 18)³ and adults participated. Plan International's published report **Ebola: Beyond the Health Emergency (Research into the consequences of the Ebola outbreak for children and communities in Liberia and Sierra Leone)**⁴ clearly states that the Ebola epidemic has had a devastating health and social impact on children and local communities. Therefore Plan International urges national governments, institutional donors, regional and international actors to support affected countries to transition from the emergency response phase to recovery phase by ensuring focus on the following key areas:

1. Strengthening health systems

The outbreak shook pre-existing fragile public health systems in all 3 countries endangering the lives of more people, especially those of the most vulnerable and marginalised e.g. children, women, people with disabilities and older people. Plan International's research indicates that maternal and new-born health care will likely meet higher demand as children missed their vaccinations, giving rise to a huge long-term public health issue. Public fear of accessing health facilities still exists and there continues to be inadequate number of health workers, despite Plan International having trained many to support and respond to those affected. The closure of medical facilities meant that communities had an impact on the treatment of other diseases, particularly malaria and on maternal and new born health.

Therefore it is imperative to strengthen health systems, focussing on primary health care by:

- Investing more resources to build a strong public health care system with a focus on maternal and child health and investigate further the increase in teen pregnancy
- Building greater participation of civil society and communities through child-care centres including improving triage at health centres for all illnesses
- Building the capacity of primary health care workers to prevent a recurrence of the epidemic
- Capitalising on already trained community health workers who are frontline first responders and absorbing them into the workforce where possible
- Restoring vaccination services and quickly identifying children who may have missed them to prevent an outbreak of other preventable diseases
- Increasing investment in disease tracking systems at a local, national and regional level
- Maintaining community health messaging with clear instructions on prevention

2. Reducing the vulnerability of children

The Ebola crisis has harmed the capacity of families and communities to protect and care for their children thereby generating a number of child protection issues. Plan International's weekly reports indicate that the overextended capacity of social welfare services, breakdown in community-based child protection structures and fear of contamination among service providers and communities has led to delays in the identification, reporting and referral of child protection concerns.

Child protection case management systems are weak and there is a need for clear and standardized referral procedures and guidelines. Time is crucial in responding to child protection concerns, including meeting the needs of those who are orphaned or are unaccompanied. Children require placement as soon as possible with families able to care for them in order to reduce their vulnerability to abuse, exploitation and violence, which are experienced differently by boys and girls.

Therefore it is imperative to reduce the vulnerability of children by:

- Increasing investment in national, community and civil society capacity to identify, refer, report and follow-up child protection cases
- Strengthening child protection systems at community level
- Reinforcing clear referral pathways to essential services and case management with a means to identify the most vulnerable children
- Improving care for unaccompanied and orphaned children and ensuring appropriate family-based placement and follow-up
- Providing psychosocial care and support for children affected by Ebola and their families
- Ensuring vulnerability and capacity assessments are undertaken and children's views inform recovery plans
- Implementing cash transfer programming to supplement the incomes of families, including foster carers and extended families
- Promoting sexual and reproductive health programs, particularly for adolescents

3. Supporting safe return to schools

Plan International welcomes the decision to re-open schools in Ebola-affected countries as they are important institutions for learning, protecting and supporting children's development however this must be carried out in a systemic and safe way. The Ebola epidemic forced all public and several other schools to close across the affected countries and as a result, children's education has been severely interrupted learning needs unmet for almost a year and they may fall behind. Some school premises were also used to quarantine those that were infected with Ebola. Several children could not access radios to listen to lessons that were being broadcast on air.

According to feedback received from local communities, it is an economic challenge to households affected by Ebola for children to return to schools if they are now the bread winners, particularly in child-headed households. The strain on family incomes is forcing many older children to

go out to work, sometimes engaging in harmful activities such as transactional/survival sex. Older children who leave school to work are far less likely to return to education. Even teachers have found alternative forms of income and may be unwilling to return to schools even when they re-open. Finally stigma and fear exists within communities against children who may attend schools from affected homes.

Therefore we urge the re-opening of schools in a planned and safe way, by:

- Adopting the recommendations in the Global Business for Education report “Ebola Emergency: Restoring Education, Creating Safe Schools and Preventing a long-term crisis”⁵ and reaffirm that closure of schools should always be a measure of last resort
- Supporting community participation in line with the INEE Minimum Standards for Education: Preparedness, Response, Recovery⁶
- Using stringent infection control measures and information in a child-friendly language
- Ensuring water and sanitation facilities are in good, working order, regularly inspected and maintained
- Ensuring that each school has access to a Community Health Worker or Focal Point to provide information and continuous surveillance
- Employing accelerated learning methods to prioritise children who are taking examinations
- Training teachers to provide psychosocial care and support to children in schools
- Co-ordinating cash programming with food assistance for households with school-going children
- Waiving of fees related to schools and or providing income support for families to afford them

4. Securing household incomes and livelihoods

Food security is often an issue in Guinea, Liberia and Sierra Leone however in the wake of Ebola; the number of people in need of food assistance has grown.⁷ Food harvesting, production and trading during the Ebola crisis was seriously disrupted due to travel restrictions and reduction of manual labour. A shift from commercial to subsistence farming resulted in reduction of local food production and increased food prices. Support networks of extended families were severely strained due to the scarcity of food, resulting in increased levels of malnutrition and increased susceptibility of children to diseases such as diarrhoea and malaria. Plan International’s research indicates that 50% or more Village Savings and Loans (VSLs) schemes in Sierra Leone were forced to halt; thereby severely affecting household incomes. Ebola has affected all sectors of economy of local communities with long term consequences.

Therefore it is imperative to secure household income and economic security by:

- Donors maintaining the momentum in resource mobilisation by funding recovery plans
- Providing measures to supplement household incomes (eg. unconditional loans, start-up grants, vouchers, food/cash for work, unconditional cash transfers)
- Encouraging the agricultural sector by providing seeds, tools and livestock transfers with additional social safety nets for the next two harvesting cycles
- Building-up the capacity of civil society participation to engage in advocacy and hold governments accountable to recovery plans

5. Continuing engagement of children and communities

Plan International’s daily site-reports indicate that sporadic cases of Ebola do occasionally occur in Ebola-free zones, and this is attributed to a lax in behaviour, unsafe practices and remaining social resistance. Stigma and distrust have grown within families due to fear, isolation and poor messaging. Although the Ebola outbreak has affected all parts of society, it is those who live in poverty and the most vulnerable who are disproportionately affected. Those with reduced economic capacities or social safety nets (eg. marginalised groups such as children, those living with disabilities, older people and women) have struggled to cope, however some communities have demonstrated strong resilience which should be acknowledged and harnessed moving forward towards recovery.:

It is an imperative that efforts are sustained to prevent a recurrence of the epidemic which should include:

- Ensuring communities and national agencies are engaging in the reduction of fear and stigmatisation by providing accurate information and encouraging community-reconciliation and mediation initiatives
- Keeping infections under control by ensuring continuously safe burial methods owned by the communities with built-in safeguard
- Continuing prevention and containment of the virus with community involvement regarding safe practices through mass media, reinforced messaging in schools and other public places

- Encouraging civil society involvement (particularly children and youth) together with national agencies in designing, planning, budgeting and implementation of Ebola recovery plans
- Donors to support civil society and media to hold national governments to account for robust recovery plans
- Supporting actors such as faith-based organisations and traditional healers to promote correct health messages and good practices to prevent a recurrence of Ebola

Conclusion

The Ebola epidemic tore at the economic and social fabric that children and local communities relied on previously. Therefore it is imperative when transitioning from the response to the recovery phase national governments, donors, regional and international actors work on integrated and comprehensive strategies that go beyond a focus on health. It is vitally important as well that we draw lessons from the crisis and would recommend a multi-agency evaluation supported by a multi-donor consortium similar to one undertaken in Rwanda after the genocide. In doing so, Plan International urges national governments, donors; regional and international actors continue to engage with children and local communities as they are pivotal to the success of recovering from the Ebola epidemic in the three affected countries.

References

¹ <http://apps.who.int/ebola/en/ebola-situation-report/situation-reports/ebola-situation-report-18-february-2015>

² UNICEF (2015) *More than 16,000 children lost parents or caregivers to Ebola*. (News note press centre online, 6/2/15)

³ As defined in Article 1 of the UN Convention on the Rights of the Child, 1989

⁴ www.plan-international.org/ebolaresearch

⁵ <http://gbc-education.org/wp-content/uploads/2014/12/EbolaEducationReport1232014.pdf>

⁶ <http://www.ineesite.org/en/minimum-standards/handbook>

⁷ UN News Centre, 2014