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Young lives on lockdown:
The impact of Ebola on children and communities in Liberia

Introduction: The wider consequences of Ebola

The outbreak of Ebola in 2014 has been declared a global health emergency. As the death toll and speed of transmission reached crisis point in Liberia, Sierra Leone and Guinea, Plan International recognised that the consequences of the outbreak extended far beyond the immediate harm to people's health, and comprised the collapse of medical services,[1] the closure of schools, a rising number of orphans, economic catastrophe[2] and food shortages.[3,4]

With the aim of gathering evidence on the wider consequences of Ebola, Plan International commissioned research to be conducted in Liberia and Sierra Leone focusing on the impact of Ebola Virus Disease (EVD) on children, youth and families in Liberia. A recent report estimates that more than two million children in Liberia are either directly or indirectly affected by Ebola; 600,000 of these are under five years of age.[5]

Research teams visited communities in a selection of 20 urban and rural sites across Liberia during November-December 2014. Led by two local Liberian NGOs,[6] the teams met with over 740 children, parents and community leaders to conduct small group and individual interviews. In each site, group consultations were held with children (aged 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. The interim report of the research findings from Liberia was published in December 2014 and is mainly a descriptive report. This is a summary of that report. The full research study relating to Liberia and incorporating results from Sierra Leone will be available in March 2015.

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Key messages

► The impacts of Ebola are very wide, interlinked and affect the majority of the population. This calls for a comprehensive 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 among 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 reopening of schools and other learning establishments is critical.

► Children have been greatly disempowered by the outbreak and response. Child-centred approaches in emergency response and rehabilitation are vital.

► 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.

Main report available to download at
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Initial findings

Health and essential care

The loss of health services and the capacity to care among families and communities has placed those who are care-dependent – especially children – at acute risk. 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 on the quality of care. Patients, especially children, depend entirely on others for their basic needs such as water, food, shelter and care.

As a result of the Ebola outbreak, communities report that they are experiencing an almost complete loss of maternal health services, as well as health care for non-Ebola patients. The price of medicines has also risen greatly, according to communities, becoming unaffordable for many. Additionally, the shut-down of vaccination and other preventative programmes presents a long-term public health issue. 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. Family and community care for the elderly, sick, long-term sick, and disabled has slowed or ceased entirely.

"Due to the closure of hospital, I lost my husband from different sickness and he left me with three children with no support."

Mother, Liberia*

Priorities for action

▶ Improve the 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 the elderly, disabled and long-term sick.

Food security

The extent of food shortages and hunger is a striking finding from the research. Isolation, abandonment, quarantine and stigmatisation deny children and adults access to basic needs, including food. Undernourishment is also widespread. Protein intake is limited by the ban on bushmeat and the limited availability or affordability of alternatives (e.g. fish and chicken). The majority of people in all the communities consulted say they lack sufficient quantity and quality of food. Reasons include food price inflation – rice is reported in the communities to have increased in price by around 50 per cent; incomes have dropped and there has been a reduction in farming leading to shortages. Those stigmatised by Ebola find they cannot buy food even if they have the money. Reports from the communities bear out the more pessimistic official reports,[7] which warn that West Africa is on the brink of a major food crisis in the wake of Ebola.

Priorities for action

▶ Nutritional support for pregnant women and mothers nursing babies and small children.

▶ Assistance to treat moderate and severe malnutrition among children and communities.

▶ 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: salaried employment and self-employment have been dramatically reduced, and most households are finding it difficult to afford food, medicines, agricultural materials and other essentials due to lower incomes and higher prices. Women are disproportionately active in the food sector and informal economy and so are hit hardest by the economic impacts of Ebola.[8] Their ability to work and provide food or income is further compromised by the additional childcare responsibilities imposed by the closure of schools.

> "My mother used to go to villages to buy farm products as business in Ganta city. But now my mother just stays at home because she told me that they are no longer allowed to enter into the villages because of the state of emergency by the Liberia government."
>
> Child, Liberia*

Priorities for action

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

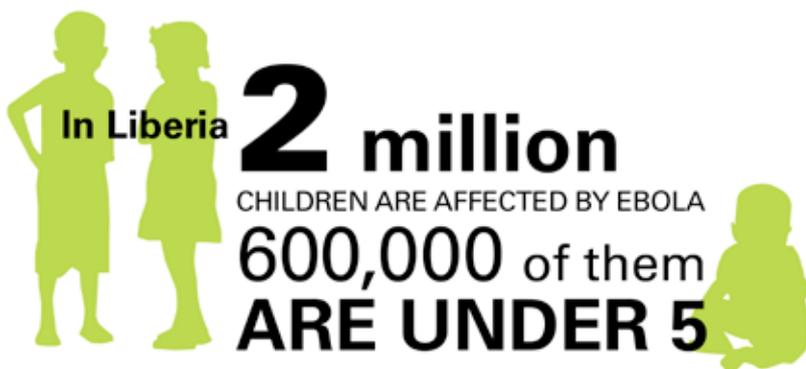▸ Provide credit for restarting businesses, including support to community credit/savings schemes.

Child protection and well-being

Besides the impact on basic needs, Ebola has a wider impact on the safety and well-being of children. Children are at greater risk of neglect, exploitation and emotional harm. Children and young people who lose parents or carers are at a high risk of being without essential care and sustenance. They suffer not only the emotional and psychological harm that comes from bereavement, but also the stigmatisation and fear associated with having a family member who is sick or who has died from Ebola. Children experience the bereavement of parents or family members and witness it in their communities. The shock of witnessing death and mourning is compounded by feelings of helplessness.

Older children who have lost parents or who face poverty are likely to take on work and domestic responsibilities, and there is a concern that girls are at greater risk of sexual abuse and early marriage due to the loss of education, greater poverty and loss of carers. Orphans and those who have lost carers due

> "I have lost everything in my life. I am so miserable now. Ebola has changed my life."
>
> Child, Liberia*

In Liberia **2** million CHILDREN ARE AFFECTED BY EBOLA
600,000 of them ARE UNDER 5

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to abandonment or stigmatisation are at particular risk. The feedback from communities suggests that some orphans and children of single parents are joining the already high numbers of street children, surviving by begging or (it is speculated) stealing.

In addition to the loss of family care, there are lost opportunities for play and socialising, which are important for child development and coping strategies. Children still play, but the quality of play has changed markedly. Some children and parents say they now play just in the family home, or in the compound, and no longer with other children due to the risks of Ebola. The closure of schools also removes an important location for child protection. When schools close, children are no longer spending days with peers and teachers in an environment that can provide a level of child protection. The shutdown of wider government services and restrictions on movement (including for international aid workers) in the earlier stages of the outbreak meant that child-protection programmes, where they existed, were no longer providing care to vulnerable children.

Priorities for action

► Provide safe options for children and young people to resume interaction.

► 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 have been since July 2014 and no official or widespread alternative teaching is in place. All children and young people, in all communities, have ceased education and may lose half a year or more of their education. This can be expected to materially impact their prospects in life, as well as dent their confidence and self esteem. 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, most families are unable to afford home tuition and may not be able to afford school fees when centres of education reopen. 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 the need to take over the parenting role. More generally, a dwindling family income and a rise in poverty can be expected to increase the pressure on youth leaving education permanently. For these children and youth, the possibilities of education are replaced by the prospect of a lifetime of unskilled work or early motherhood.

"Since this Ebola outbreak in our country, my school has closed. I do not have the freedom any more 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."

Girl, Liberia*

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 reopening.

► Investigate different means of financing a return to school for children and young people.

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Community cohesion

The protection and well-being of children depends greatly on the wider community environment. Communities have (recently) taken strict measures to protect the health of children (and adults), such as supporting quarantines and managing restrictions on movement. However, this protection has come at a very high price in terms of a dramatic rise in fear, stigmatisation, anger and mistrust within communities (and within families). Furthermore, the ongoing practice of hiding the sick adds to fear and suspicion within communities. People can't be certain that neighbours are not harbouring the virus and this causes people to be less supportive and less caring.

Between communities the divisions are even stronger. The strict implementation of infection controls has meant that extended families are unable to travel to help one another. In addition, many are refusing to help, out of fear of being confined or infection. Community practices such as meetings, celebrations and burials have also largely ceased and some customs may change permanently. In short, the ability of communities to provide a caring, peaceful and secure environment for children and young people has been significantly reduced.

Communities noted that their leaders have been instrumental in persuading people to accept preventative messages and in organising the local-level response. When asked about the support they had received, people describe a mixed picture. Some communities say they have received substantial help and medical care – usually from Médecins Sans Frontières (MSF) – and food – usually from the World Food Programme (WFP). Others say they have received almost no help.

When asked how long it will take for the community to return to normal after Ebola is stopped, most talk in terms of years. Children tend to see a quicker recovery, thinking about when schools will reopen and when it will be possible to mix with friends (although some also mention deep and long-lasting changes). Community members use the language of war when describing the impact of Ebola. For people with recent experience of civil war and atrocities it is easy to see how the reappearance of widespread deaths, orphans, checkpoints, 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.

> "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."
>
> Female teacher and carer, Liberia*

Priorities for action

▶ Support peace-building and reconciliation among children, families and communities.

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

▶ Avoid unnecessarily strict prevention and isolation measures 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 in a safe and dignified manner.

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The most vulnerable

The findings point to some particularly vulnerable groups: the poor; those most dependent on care; women and girls. Ebola kills wealthy as well as poor people but the poor are more susceptible because they lack adequate nutrition, access to clean water and sanitation, they live in overcrowded, inadequate accomodation and they are less able to pay for medical care or essentials. They cannot afford to move or stay away from work. In numerous ways they have fewer options to avoid or overcome Ebola.

Communities identified children in affected families as being particularly vulnerable because they have lost parents and the community is reluctant to accept them. The research shows they have been shut out of awareness-raising and risk-reduction measures by the closure of institutions they usually rely on for information and support – education establishments and development programmes. They report having no safe places to meet with peers. Those who are forced from education into work or early marriage express feelings of having their future taken out of their hands. To ensure survival, most other needs and rights have been pushed aside.

Women and girls are particularly vulnerable for a number of reasons. Women are more likely to be infected by Ebola because of their role in tending to children, the sick and the dead. Pregnant women and nursing mothers are vulnerable due to the lack of medical care and insuffient nutrition due to food shortages. Girls are taking over the caring and domestic responsiblities when they lose a parent and there is a concern that the risk of sexual abuse is rising with girls out of school, moving to other communities or losing their carers. Early marriage and prostitution is often seen by communties as a way to secure a living.

NOTES

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

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

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

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

5. UNICEF (2014) *Liberia Ebola Situation Report no. 62,* 26 November 2014. Available at: http://reliefweb.int/sites/reliefweb.int/files/resources/20141126%20UNICEF%20Liberia%20SitRep%20%2362%2026%20November%202014.pdf.

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

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

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

*   Quotes are not verbatum but based on field researchers' notes.