

EBOLA IS STILL HERE

Voices from Liberia and Sierra Leone on
response and recovery



www.oxfam.org





PUTTING PEOPLE FIRST

The world has not yet won the battle against Ebola. Until Ebola is eliminated, getting to zero should remain the highest priority.

In Sierra Leone and Liberia, thousands of local people have taken part in campaigns to spread the message about how Ebola can be controlled, and millions have taken vital practical steps to prevent infection. When the last case of Ebola is eliminated, it will not only be because of medical treatment and action by governments and the international community, but because communities have been at the heart of the response.

Before Ebola struck West Africa, Liberia and Sierra Leone were among the poorest countries in the world – now they are even poorer. The challenge of recovery is enormous and communities must be at the heart of it.

Oxfam has listened to women and men in Liberia and Sierra Leone to hear their priorities for the immediate response, the recovery and beyond. Underpinning all of those priorities, listed on the right, was the need to continue listening to communities as the struggle against Ebola continues and recovery plans are formed and implemented.

Oxfam publishes this report in the strong belief that it is for the people of Liberia and Sierra Leone to say what their priorities are for both the immediate response and long term recovery. However, it is for all of us to demand that helping all affected countries remains a global priority and that we stand by them through recovery once the Ebola headlines are over.

Above: Clara Town, a township to the north of Monrovia, Liberia.
Photo: Pablo Tosco/Oxfam

Priorities that Oxfam has heard from local communities

Oxfam heard passionate calls for:

- The continuation of strong community engagement to support effective treatment, case finding, contact tracing and safe burials.
- Urgent resources such as soap and chlorine, transport to allow health workers to reach remote areas and ambulances to take people who are sick quickly to treatment centres.
- A stronger health care system with more clinics, more equipment and more health workers. This requires greater investment, including in sufficient training and payment for health workers.
- The gains made in this response – including thousands of new community health workers and increased community understanding surrounding hygiene – to be retained and strengthened.
- A boost to livelihoods and the economy to help tackle the increased poverty and debt following the Ebola outbreak. This could be through cash grants and new sources of credit, allowing people to begin trading and restart their businesses again.
- Children to return to school, which will only be possible for many families with support from the government or international donors to pay fees.
- Improved access to water and sanitation, particularly in health centres, clinics and schools.

STILL SHORT OF ZERO

Almost everyone Oxfam spoke to during our community interviews and focus groups said that the struggle against Ebola is not over yet. When groups and individuals were asked for their views on priorities for recovery, many answered with passionate calls for what must be done now in the response in order to eliminate Ebola as quickly as possible.

The fear and threat of new Ebola cases is still very real, particularly in Sierra Leone where the number of cases appears to plateau in February 2015 at 70–80 per week. Hundreds of families are currently in quarantine, struggling to get the food, water, health care and sanitation that they need.

For those who have been infected with Ebola and survived, many have been welcomed and supported, but many others still suffer stigma and discrimination.

// I returned home. But no one would welcome me back. Neighbours barred my children from fetching water from their wells. They pointed at them because they are related to an Ebola survivor; the same with my husband. He decided to leave.¹ //

Midwife Amie Subah, Monrovia, Liberia.



Living 'behind the string' - quarantined homes in Grafton, Freetown, Sierra Leone. Photo: Abbie Trayler-Smith/Oxfam

// Ebola is still here. And it can still kill. //

James Bundoo, Clara Town, Liberia



Daily life in West Point, Monrovia, an area that was severely affected by the Ebola outbreak. Photo: Abbie Trayler-Smith/Oxfam

We will only 'get to zero' by changing the local behaviours and beliefs that still help the spread of infection and by breaking the chain of transmission through early effective action. This includes actively finding new cases, early referral, isolating sick people and ensuring treatment is received quickly. All of this will only work successfully when it is accepted and supported by communities.

// Our main priority is this: to see an end to Ebola. //

Community Health Committee member, Thunder Hill, Sierra Leone



NO COMPLACENCY

// No one should be complacent – because this deadly disease is still around. //

A focus group participant in Thunder Hill community, Sierra Leone

As Oxfam listened to women and men from local communities in Liberia and Sierra Leone, we heard an overwhelming demand that the local and volunteer structures developed to fight Ebola should not be forgotten.

We heard many calls for continued vigilance both amongst communities, their governments and international donors. We also heard calls for urgent practical support, such as the provision of soap, chlorine and buckets, as well as better transport to allow community health workers to reach remote areas and ambulances to take sick people swiftly for treatment.

Above: Community Chief Alie Balansama Marah, Sengbeh in Koinadugu, Sierra Leone. Photo: Michelle Curran/Oxfam

// The structures that have been put in place are very effective. My concern is that they are supported in the future. Actively finding cases has located new Ebola sufferers, but also people at home dying of curable diseases; so when we find them, we can get them the care they need. People won't die unnecessarily anymore. //

Eric Patten, secretary of the Ebola Task Force.



Eric Patten, secretary of the Ebola Task Force, New Kru Town, Liberia. Photo: Renata Rendón/Oxfam

// The government should be supporting social mobilization all the time. //

Ward Committee Secretary, Gbendenbu, Sierra Leone

Perhaps surprisingly, Oxfam heard many people talk of the positive as well as terrible consequences of Ebola. Many spoke of the greater awareness of emergency phone numbers, the benefits of early referral and the vital need to maintain high rates of hand washing and other hygiene practices. People also talked positively about new hygiene materials such as soap, and the Ebola treatment units.

People spoke of the thousands of health volunteers and community initiatives that have been at the heart of tackling Ebola, many of which received active local government support. This is seen as a new network that could be built upon in the future. People are calling for continued support for these community initiatives, both to help eradicate Ebola, and to ensure they are at the heart of the recovery.



West Point, a township in Monrovia, Liberia, where Ebola spread rapidly through the densely-packed slums. Photo: Abbie Trayler-Smith/Oxfam

// I tell people about the risks of catching Ebola – don't touch bodies, don't visit the sick, avoid public gatherings. In the beginning, there was denial. But now people respond to our message. //

Bernadette Samura, a volunteer community health worker.



Bernadette Samura, a volunteer community health worker, going house-to-house with vital Ebola health advice in Pamarankoh, Sierra Leone



TOWARDS RECOVERY

// Ebola is more than a war. It has destroyed our culture and our society. //

Community health committee supervisor, Mayenkineh, Sierra Leone

The challenge presented by the Ebola outbreak extends beyond getting to zero to helping affected countries recover and – as one person in Thunder Hill, Sierra Leone put it – ‘back on the road to development’.

Doing that effectively requires building on community and local government efforts that have already been at the heart of tackling the outbreak.

// I am well now. But I have nothing, not even something to eat. I want to go home, but I do not even have foam to sleep on. //

Fatu Conteh, John Thorpe community, Sierra Leone.

Fatu Conteh, right, lost four of her five children and five of her ten grandchildren to Ebola. But she has not returned to her home because – like so many others – her possessions have been burnt to ensure that they would not spread the Ebola virus. She is one of so many who need help to restart their lives.

// Times were hard before Ebola. Now they are worse. //

Nura Sloboh, New Kru Town, Liberia



Fatu Conteh, John Thorpe community, Sierra Leone.
Photo: Michelle Curran/Oxfam

Above, main picture: Mattresses being burned in Thigbonoh, Sierra Leone, where almost half of its residents were quarantined. Photo: Abbie Trayler-Smith/Oxfam



// Before Ebola people had so many things – a market, petty trading – but now everything is limited. I have three children. After Ebola, my main purpose is for them to go back to school. But because of Ebola, Sierra Leone is at the bottom of development. //

Mary Sesay, a public health volunteer in the John Thorpe community, western Sierra Leone. Photo: Michelle Curran/Oxfam



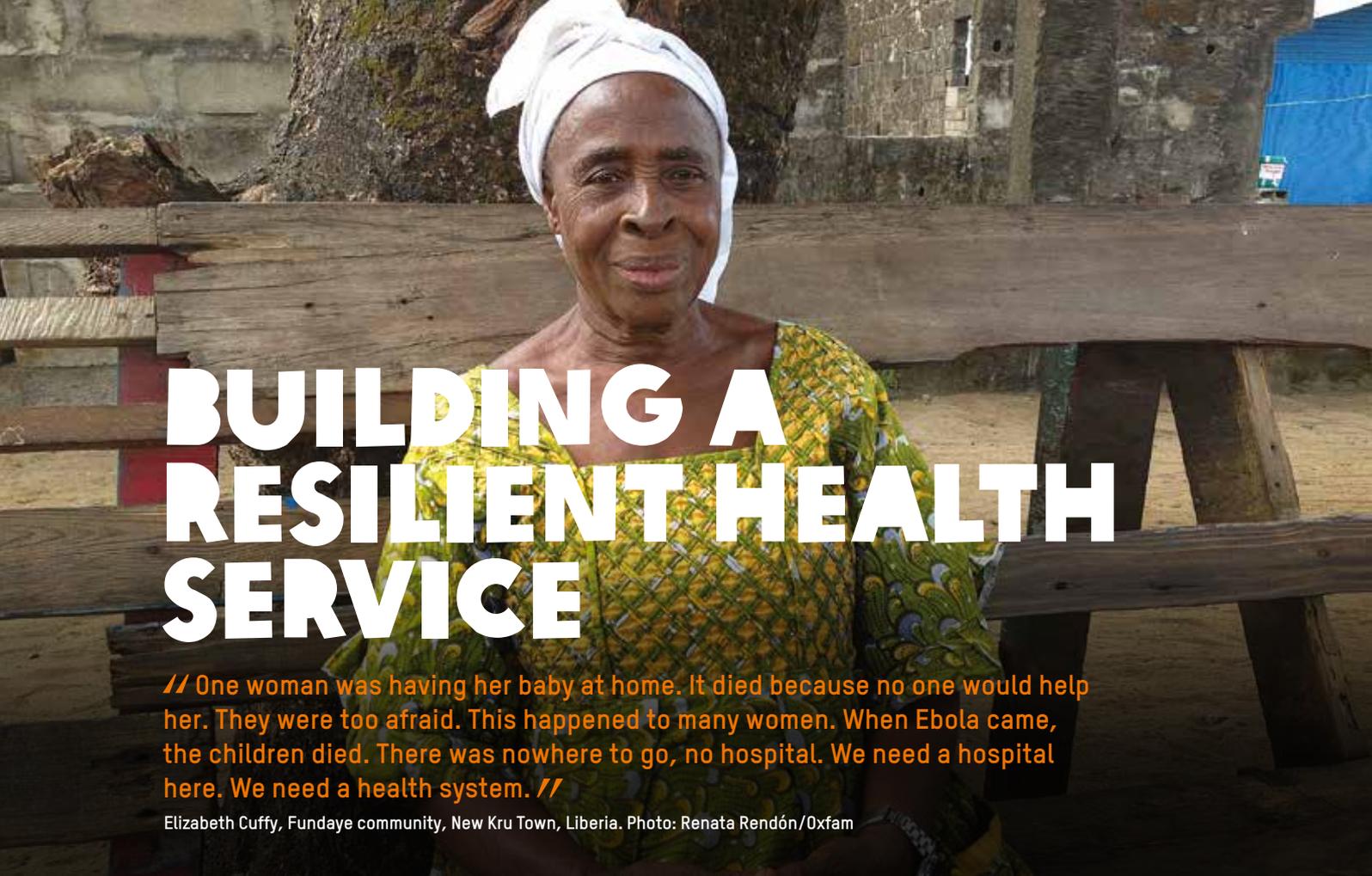
// Now it's Ebola, we have no serious development. //

Mary Kamara, a councillor in Pamarankoh, Sierra Leone. Photo: Michelle Curran/Oxfam



// Now I take care of 13 children. I lost four persons – my mother, my father, my two sisters. I was also very sick. Since I came back from the Ebola treatment unit I lost my job. I have nothing to do. I am just doing a little construction. It is not easy to take care of 13 people. It is difficult. We hope to put them back into school, make a living, live a bit better, with good shelter and things. We hope the future will be better. //

Stephen Seckor with one of his nieces, Monrovia, Liberia. Photo: Abbie Trayler-Smith/Oxfam



BUILDING A RESILIENT HEALTH SERVICE

// One woman was having her baby at home. It died because no one would help her. They were too afraid. This happened to many women. When Ebola came, the children died. There was nowhere to go, no hospital. We need a hospital here. We need a health system. //

Elizabeth Cuffy, Fundaye community, New Kru Town, Liberia. Photo: Renata Rendón/Oxfam

More than 9,500 people have died in the Ebola outbreak in West Africa, but the impact has gone far beyond those directly infected and their families.

Already scarce health resources have been primarily focussed on Ebola treatment and fear of infection has meant that people with other, sometimes equally life-threatening health needs, haven't been able to access health services. In listening to local communities, Oxfam also repeatedly heard stories of the impact on women's maternal health.

// When in hospital, pregnant women cannot be touched because of Ebola. Because they cannot be touched, they are giving birth at home. More pregnant women are dying and suffering. //

Bernadette Samura, a volunteer health worker in Pamarankoh, Sierra Leone

// Ebola is not a normal disease. This kind of thing has never happened before. Doctors were dying, nurses were dying, cleaners were dying. People didn't know what to do in the beginning, until we were trained. Training upon training has helped us to adapt. But in the future, all medical practitioners should be trained in Ebola. //

Alice Stevens, government hospital matron, Jui, Sierra Leone.



Alice Stevens, a matron at the government hospital in Jui in western Sierra Leone. Photo: Michelle Curran/Oxfam

// Many nurses have died, it is time for the government now to train more nurses. //

Bernadette Samura, a volunteer health worker in Pamarankoh, Sierra Leone

Listening to communities in both Liberia and Sierra Leone, Oxfam repeatedly heard calls for 'proper health systems'. Community health workers in Gbendenbu, Sierra Leone, told us that the country needs improved community health centres to prepare for future outbreaks and emergencies, more health workers and equipment and training, and also safe water and sanitation, including in health centres and schools.

// My biggest fear is that the health sector is not improved. //

George Caulae, Fundaye community, New Kru Town, Liberia

Many people suggested that the thousands of new community health workers could be integrated into an improved health care system, but the challenge for both countries is huge. Liberia and Sierra Leone's health services have never been strong, although before the Ebola epidemic they were improving, including in vital areas like the rates of mortality among mothers and children. But both countries' health services were overwhelmed during the Ebola outbreak. Their health workers – already few – died alongside so many others. In one clinic in Logan Town, Liberia, 6 out of 15 staff died within 10 days.

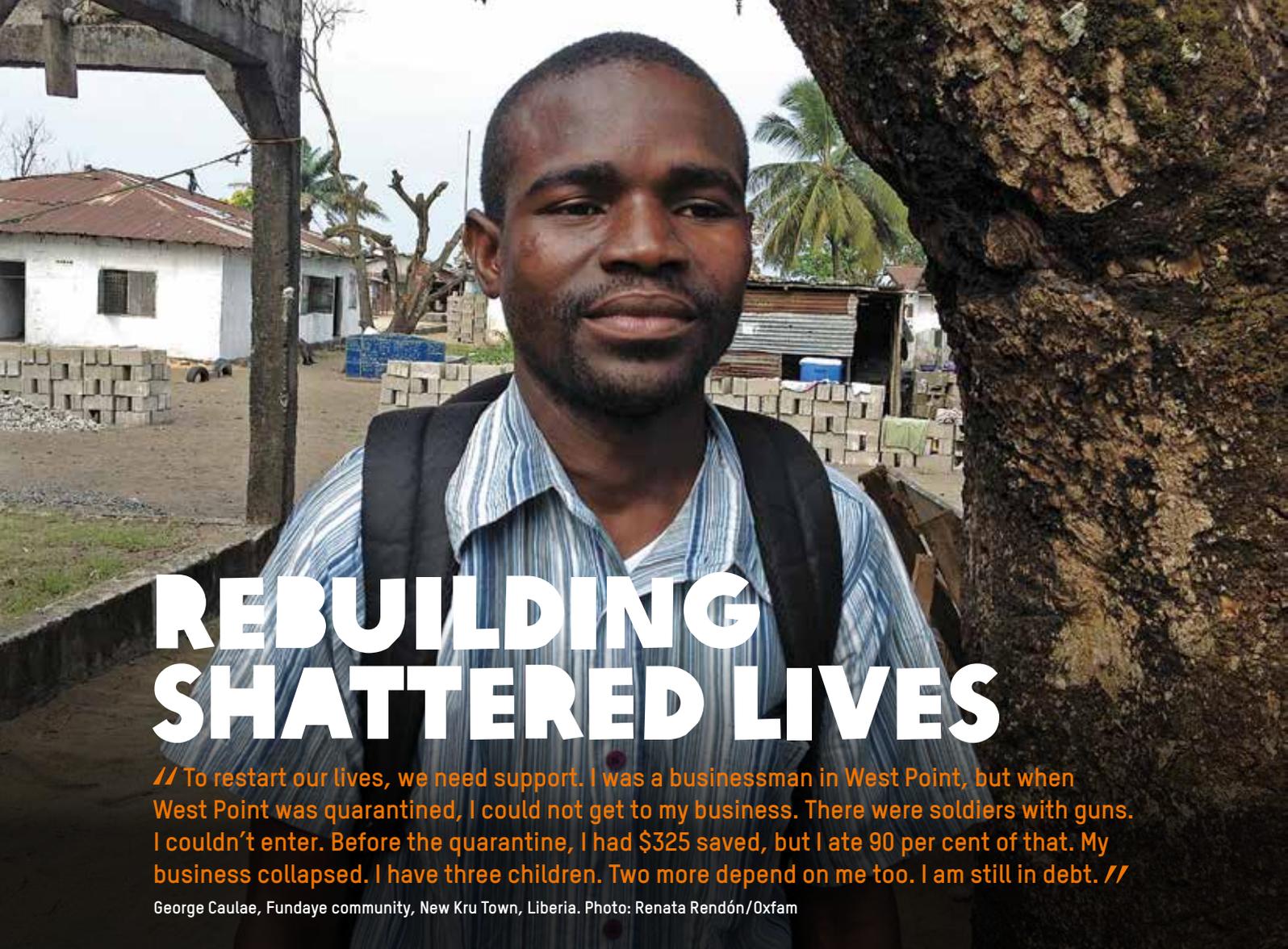
The challenge of building a resilient health care system goes far beyond numbers and training. More health workers will not make a big enough difference unless people in Liberia and Sierra Leone have access to quality health services for free; this requires major public investment.

// Yes, there's a clinic. But when you get there, you won't get any treatment you need. They say it's free. But when you get there, they ask you to pay a 'reasonable amount'. It says 'free' outside. But it's not. //

James Bundoo, Clara Town, Liberia



One of Sierra Leone's Ebola health workers, Masiaka Community Care Centre, near Port Loko. Photo: Abbie Trayler-Smith/Oxfam

A man with a beard and a blue and white striped shirt is standing outdoors in a village. He has a black backpack on his shoulders. In the background, there are simple buildings, some with corrugated metal roofs, and stacks of bricks. A large tree trunk is visible on the right side of the frame.

REBUILDING SHATTERED LIVES

// To restart our lives, we need support. I was a businessman in West Point, but when West Point was quarantined, I could not get to my business. There were soldiers with guns. I couldn't enter. Before the quarantine, I had \$325 saved, but I ate 90 per cent of that. My business collapsed. I have three children. Two more depend on me too. I am still in debt. //

George Caulae, Fundaye community, New Kru Town, Liberia. Photo: Renata Rendón/Oxfam

The far-reaching impact of the Ebola epidemic has crippled the economies of Liberia, Sierra Leone and Guinea.

// Jobs are lost, businesses run down, and unemployment is soaring. //

Community health coordinator, Thunder Hill, Sierra Leone

In many interviews and focus group discussions, communities told Oxfam about the human cost of this economic devastation and how people are struggling to rebuild their livelihoods, with little additional credit or government support. A survey, which Oxfam conducted in three counties in Liberia in December 2014, found that 73 per cent of families had seen their incomes fall, the average decrease being 39 per cent.²

// Agriculture, fishing and petty trading are my community's livelihood. Ebola has put a stop to them all. //

Elizabeth Cuffy, Fundaye community, New Kru Town, Liberia



// I want the international community to assist traders, especially businesswomen. Women have suffered even more from Ebola because so many have lost their husbands, lost their elder sons who were helping. //

Kadiatu Turay, who returned to Thunder Hill, Sierra Leone from the United States in March 2014 to be close to her family. Photo: Michelle Curran/Oxfam



// Most survivors have lost their jobs, and don't have money to continue with businesses. I am not doing anything since I recovered. //

Mamani Kamara, (above) an Ebola survivor who used to make a living selling rubber in Pamaronkoh, Sierra Leone.
Photo: Michelle Curran/Oxfam

Mamani Kamara (above) is not alone. Many women in West Africa make their living through informal trade, with 70 per cent of traders crossing borders being women.³ Informal trade has been heavily affected by the Ebola outbreak due to restrictions on the movement of people and limitation of market opening hours. As a result, women have been particularly affected and many have lost their livelihoods.

// We need a credit union for women, to help them work. We need loans. Before Ebola, women used to work more; they sold food and other things in the market. Now they need loans and credit. They are really suffering. //

Elizabeth Cuffy, Fundaye community, New Kru Town, Liberia

Household incomes have plummeted with many family providers having died or lost their jobs. A lot of households can no longer buy enough food, even when it is available. At the same time, restrictions on travel have stopped farmers taking their produce to market. As a result, revenue has fallen and left farmers calling for help in the form of seed supplies, equipment and credit.

// The biggest change I want for Sierra Leone is to have job opportunities for everyone. We have lost a lot of lives. The biggest change I want for Sierra Leone is to have job opportunities for everyone. We have lost a lot of lives ... no business has been going on. Everything has gone backwards. //

Samuel Kambo, (below) is a community health worker in the John Thorpe community in western Sierra Leone.
Photo: Michelle Curran/Oxfam





MAKING SCHOOLS SAFE – AND FREE FOR ALL

// Ebola stopped education. //

Francis Foray Dalakroma, head of the Youth Council in Koinadugu, Sierra Leone. Photo: Michelle Curran/Oxfam

After the struggle against Ebola itself, the number one issue individuals and communities expressed was the unaffordable cost of education, worsened by the fact that many people have lost their jobs and livelihoods.

A lack of adequate funding means that – despite laws enshrining free primary education – schools demand informal fees, making it very difficult for many families to send their children to school.

In Sierra Leone, many people echoed this call from a woman in Gbendenbu that *'the government should help parents by paying school fees, since their income is down.'* In Liberia, many told Oxfam of schools planning to increase fees as they reopen.

// I have three children that will not be able to go back to school because I have no money and no support. Before Ebola, I was working as a mechanic – fixing cars, machines. I tried to get my job back, but they said that they could not take me back because of the Ebola. I don't know when I will be able to send my children back to school. My hopes for the future are that they can learn so they have a chance. The government should make school free. //

Nintos Roberts, an Ebola survivor in central New Kru Town, Liberia



// I need help to get an education now. I miss school. At school we were learning and now miss it. We are just playing now. //

Alusine Kamara Taylor, 10 years old, who survived Ebola but lost his mother, grandmother, brother and sister, with his aunt, Aminata Kamee, in Thunder Hill, Sierra Leone.

Photo: Michelle Curran/Oxfam



“The international community, NGOs and government must come together to repair schools and construct schools and put things in place that we have lost – school furniture, benches, blackboards, books. And as schools reopen we need health centres too, so anyone sick can reach help.”

Fatmata Kamara, a teacher at the Baptist Community Primary School, Meyenkeneh, Sierra Leone. Photo: Michelle Curran/Oxfam

Even before the Ebola epidemic resulted in school closures, both Sierra Leone and Liberia were experiencing a severe shortage of investment in schools, and access to quality education was limited. Lack of water and sanitation facilities is one consequence of this.

In Liberia, 82 per cent of schools were found to have no facilities to wash hands⁴ and a survey of 351 schools found that, on average, 113 girls shared each female latrine and 118 boys each male latrine.⁵

A clear programme for the rehabilitation of schools is necessary, including improvement of facilities and continued awareness of good hygiene practices. Parents want desperately to send their girls and boys back to school to get the quality education that they need, but there are fears that schools may not be safe. The universal drive to give children a brighter future has been intensified for many people – as they have seen the damaging consequences of school closures, including a rise in teenage pregnancies. From listening to communities, Oxfam heard various reasons for this, including girls being driven to prostitution after their parents had died.



A school in West Point, Monrovia which has been shut during the Ebola outbreak. Credit: Abbie Trayler-Smith/Oxfam

“I don’t feel 100 per cent safe or good about sending my children to school. Many schools are not equipped with proper latrines and hand pumps for washing. There is no sewage system. We need the government to step in and make sure that schools are safe. But even when the country is Ebola free, parents won’t be able to send children back to school because they can’t afford it.”

Jacob Myers, central New Kru Town, Liberia



OXFAM'S RESPONSE TO EBOLA

Oxfam's response to Ebola currently focuses on supporting communities to prevent the spread of infection, as well as providing medical facilities with water, sanitation, cleaning equipment and protective clothing.

With a budget of \$35m to cover initiatives in Sierra Leone, Liberia, Mali, Gambia, Guinea Bissau and Senegal, Oxfam aims to help over 3.2 million people at risk of catching the disease. To date, we have supported more than 1.1 million people in Liberia and Sierra Leone. In Liberia, Oxfam currently works with community health workers to carry out 'active case finding'. This involves seeking out individuals who are showing Ebola symptoms and ensuring that they are isolated immediately and referred for treatment. In Sierra Leone, we are supporting community health committees to identify and address barriers to controlling the spread of Ebola.

In both Sierra Leone and Liberia, Oxfam supplies water, sanitation and hygiene materials to Ebola treatment centres and community care centres. In other countries – including Guinea Bissau, Gambia and Senegal – Oxfam and its partners have launched programmes to disseminate educational messages surrounding Ebola through posters, SMS and door-to-door outreach.

Above; Oxfam community support workers teach children in West Point, Monrovia the importance of hand washing.
Photo: Abbie Trayler-Smith/Oxfam

Report methodology

This report is based on interviews and focus group discussions that Oxfam conducted in Liberia and Sierra Leone in February 2015. In Sierra Leone, 23 focus group discussions and 30 individual interviews were conducted across both urban and rural parts of Western Area and Koinadugu district. In Liberia, 10 focus groups and 18 interviews were conducted in New Kru Town, Clara Town and West Point, Montserrado. In Liberia, Oxfam also conducted a survey to assess the economic impact of Ebola. This was carried out in December 2014 and involved 1,600 people from Montserrado, Nimba and Grand Gedeh counties.



Focus group of community health workers in Thunder Hill, Sierra Leone, February 2015. Photo: Michelle Curran/Oxfam

Notes

- ¹ The New Dawn (2015), 'Liberia: Fighting Ebola, Ending Stigma-the Story of Survivors,' 9 February 2015:
<http://allafrica.com/stories/201502091560.html>.
- ² Oxfam survey conducted in December 2014. Unpublished
- ³ IASC Reference Group for Gender in Humanitarian Action (2015), 'Humanitarian Crisis in West Africa (Ebola): Gender Alert: February 2015,'
<http://bit.ly/1DJrtfc>
- ⁴ Based on a survey conducted in 2014 recorded in the Liberian Ministry of Education database: Education Management Information System (EMIS). Unpublished
- ⁵ Based on a survey conducted in January 2015 by the Education Cluster: <http://educationcluster.net/education-response-for-the-ebola-crisis/>

© Oxfam International March 2015

This paper was written by Ed Cairns. Oxfam thanks the communities where we work – without which this report would not be possible – and acknowledges the assistance of many Oxfam staff, including Matthieu Moraly, Renata Rendon and Debbie Hillier in its production.

For further information on the issues raised in this paper please e-mail:
advocacy@oxfaminternational.org

Published by Oxfam GB for Oxfam International under ISBN 978-1-78077-825-9 in March 2015. Oxfam GB, Oxfam House, John Smith Drive, Cowley, Oxford, OX4 2JY, UK.

Front cover: Hassanatou (not her real name), 17, survived Ebola but her six month old baby girl Khadijatu died. She was then quarantined at her family home in the Kontoloh community in Jalloh Lane, Rokupa, Sierra Leone.
Photo: Abbie Trayler-Smith/Oxfam



LAST WORDS

Kadiata Sesay, 18, a student, in Grafton, Sierra Leone. Her family live inside the quarantine but she has to stay outside.
Photo: Abbie Trayler-Smith

// To people outside West Africa, we want to thank you. But we still need help from you too. We need good health facilities. We need jobs. We need money and business so we can send our children to school. //

A focus group of women in Clara Town, Liberia

// We want Freetown zero, Makeni zero, everywhere zero. We want no more Ebola now. We are tired. //

Fatmata Kamara, a teacher at the Baptist Community Primary School, Meyenkeneh, Sierra Leone

// I want to ask the international community to help my country develop – after Ebola – because our economy has collapsed. //

A councillor in Kabala, Sierra Leone

// My hopes? It's my prayer that the international community will not stop coming to Liberia. They should keep helping the government to make Liberia a better place for our children's future. //

Jacob Myers, central New Kru Town, Liberia